

Assessing Mental/Behavioral Health and Substance Abuse Needs of Lincoln County Youth in 2020: Condensed Version



Lincoln County Resource Board

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Stakeholders

This report was designed to be a resource for Lincoln County. It is a lengthy report with sections that are relevant for different purposes, and it is recommended that the Table of Contents be utilized to review the respective sections necessary for your purposes.

NOTE: All Tables and Figures referenced in this Condensed Report are provided in the Full Version of the Needs Assessment

Acknowledgement

All of the applicable non-profit organizations located in Lincoln County participated in the study, and several other sources of information were utilized to prepare this assessment. The LCRB-funded 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 conduct this focused needs assessment.

The following agencies and organizations provided data for this assessment:

- *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.)*
- *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*
- *Preferred Family Healthcare*
- *Presbyterian Children's Homes & Services*
- *Sacred Heart*
- *Saint Louis Counseling*
- *Sts. Joachim & Ann Care Service*
- *Silex School District*
- *Troy School District*
- *Winfield School District*
- *Youth In Need*

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The Current State of Children’s Services in Lincoln County–LCRB-funded Agency Programs and Youth Served by Funded Category

This section provides the current state of behavioral health services available in Lincoln County for youth, with the information gathered utilizing a survey tool developed by BOLD, LLC in conjunction with information that has been previously gathered by the Lincoln County Resource Board (LCRB) processes. The identified categories in this section adhere to the list of programs and services that are funded by the children’s services fund, and include a general description of the types of programs that can be funded within the category. LCRB can provide a full list of program descriptions and their eligibility upon request. This section presents information on the number of youth who have been served and who were unable to be served in 2019, the number of youth projected to be served in 2020, in addition to waitlist information, and typical referrals for youth receiving the specific types of service.

Table 1. LCRB-Funded Programs: Numbers Served for 2019

	Direct Service Number of children	Direct Service: Number of parents/ guardians/ adults	Direct Service: Number of households/ families	Prevention: Total number of children	Prevention: Total Number of parents/guardians/ adults/ teachers/others
Crisis Intervention Services	80				
Home and Community-based Family Intervention Services	667	336	311		
Individual, Group, and Family Counseling Services	631	77	3		
Outpatient Psychiatric Services	33				
Outpatient Substance Abuse Treatment Services	65				
Respite Care Services	47	22	22		
School-based Prevention Services	357	35		13,527	1,411
Total	1,880	470	336	13,527	1,411

School-based Prevention Programs

LCRB-funded prevention programs served 13,527 students in 2019, and project serving 10,916 students with LCRB funding in 2020. In 2018/19, there were 11,436 youth enrolled in school from pre-K through 12th grade. Allowing for a 20% duplication rate, it is estimated that 10,821 different youth may have received a LCRB-funded prevention program in 2019 (aka one “dose” of prevention and perhaps on an annual basis if funding is consistent across years). This is an estimated 94.6% coverage rate (an increase of more than 25% coverage since the 2017 Needs Assessment report). Some of the prevention programming identifies students who are at-risk or in need of intervention or other group-oriented classes. This includes Compass Health’s Pinocchio early intervention program, which directly served 120 of the 689 students who were screened; 276 students were eligible for direct services. Preferred Family Healthcare’s Team of Concern (TOC) program reached 3,847 students through prevention (focused on substance use/abuse), and directly served 165 at-risk students. Saint Louis Counseling’s School-based Counselors in Catholic Schools of Lincoln County provided prevention programming to 530 private school students, and directly served 72 of them with additional counseling services. Waitlists are not common with prevention programming. Preferred’s Team of Concern program reported that they were unable to serve 30 youth in 2019 with more in-depth services (not including general prevention programming).

Table 2. Enrollment of Students in Lincoln County, 2018

	Est.	%
Population 3 years and over enrolled in school	11,436	
Nursery school, preschool	857	7.5%
Kindergarten	841	7.4%
Elementary school (grades 1-8)	6,304	55.1%
High school (grades 9-12)	3,434	30.0%

Table 3. School-based Prevention Programs

Agency Name:	Program Name:	# Unable to Serve	Direct: # Youth Served 2019	Prevention: # Youth Served 2019	Prevention :# of Adults Served 2019	Direct: # Youth plan to serve - LCRB funds 2020	Prevention: # of youth plan to serve- LCRB funds 2020	# of youth plan to serve - Other funds 2020
School-based Prevention Services								
Compass Health	Violence Prevention Program K - 8th grade			5,793			5,800	0
Compass Health	Pinocchio Early Intervention		120	689		130	690	0
Preferred Family Healthcare	Team of Concern (TOC; Substance use/abuse)	30	165	3,847	1,288	143	1,296	0
Saint Louis Counseling	School-Based Counselors in Catholic Schools of Lincoln County		72	530		70	530	0
The Child Center	School Based Prevention Services (Child Sexual Abuse Prevention)			2,018	123		2,500	0
ThriVe St. Louis	Best Choice Sexual Risk Avoidance Program			650			100	550
Total		30	357	13,527	1,411	343	10,916	550

Direct Service Programs

LCRB-funded direct service programs served 1,523 youth in 2019, and project serving 1,359 youth (through LCRB funding) and 212 youth with other funding in 2020, for a grand total of 1,591 youth in 2020 (see Table 5). This needs assessment accounts for youth who may have received multiple services from several providers. For example, a child may experience a mental health condition while suffering from homelessness. Our providers are encouraged and expected to collaborate and refer among the available programs to promote effective care that treats the root cause of the crisis. Therefore, the reported numbers are adjusted with an estimated 20% duplication rate for direct programs and for the school-based prevention programs. Allowing for this 20% duplication of service rate for the reported 1,523 youth served in 2019, we estimate that 1,218 distinct youth received a direct service. However, an additional 357 youth were provided direct services in 2019 through prevention programming (after identification of need). All combined, 1,880 youth received services, or 1,504 distinct/unduplicated youth. Using the population estimate of youth 0-19

of 15,644 there are approximately **9.6% of the Lincoln County youth population who received direct program services funded by LCRB in 2019**. Accounting for LCRB funding and other funding sources reported for 2020, **8.8% of the LC youth may be benefiting from these behavioral health services**.

We cannot determine the percentage of youth who are receiving services the family can afford, or paid for by another source and not reported by these providers. While there may be some apparent needs to prioritize programs for community attention, we should applaud the impact the LCRB and its funded mental health programs have made with direct services, which just in 2019 and 2020 totals to more than 3,602 youth (2,902 with direct services, and an additional 700 for direct services provided after identifying need in a prevention program).

- In 2019, LCRB funded **Individual, Group, and Family Counseling Services**. They served 393 youth and estimate serving 485 youth in 2020. These agencies project serving an additional 75 youth in 2020 with funding outside of LCRB. Since approximately 10-12% of the youth population has a serious emotional disorder, we can project that 1,466 – 1,759 Lincoln County school-age children may be in need of counseling services. In the “home and community-based intervention services” section, one provider was funded for school-based mental health services, which reached 238 more students in 2019. Compass Health’s program anticipates reaching 215 students in 2020, for a total of 700 youth through LCRB funds. Therefore, LCRB funds are estimated to be reaching 36-43% of the total number of students in Lincoln County that have these needs on an annual basis. Both Saint Louis Counseling (SLC, 2) and Compass Health’s school-based Mental Health Specialist Program (Compass, 50) had pre-Covid 2020 current waitlists representing 52 youth. The average length of time on the waitlist for SLC was 2 weeks with Compass’ waitlist ranging from 26-39 weeks. None of these programs reported that there were youth who they were unable to serve in 2019.
- In 2019, LCRB funded **Outpatient Psychiatric Services** (Saint Louis Counseling), which reported serving 33 youth. There were no students turned away in 2019, and none reported as on a waitlist pre-Covid. They expect to serve 35 youth with LCRB funding in 2020, and reported no other funded services for Lincoln County.
- In 2019, LCRB funded **Crisis Intervention Services**, which served 80 youth with estimates to serve 80 in 2020. The Child and Family Advocacy program (The Child Center) did not have a current waitlist pre-Covid, and did not turn away any youth for services in 2019. Lincoln County families can also utilize the United Way 211 hotline, and the BHR hotline (1-800-811-4760; 1-314-469-6644 for crisis line). Lincoln County Resource Guide available at: http://www.lincolncountykids.org/download/reports_&_publications/2019-Lincoln-County-Resource-Guide.pdf.
- LCRB-funded **Outpatient Substance Abuse Treatment** program served 65 youth through LCRB funding in 2019 and estimates serving 61 youth in 2020 with LCRB-funding, and an additional 30 with other funding sources. No waitlists existed for Preferred Healthcare’s Outpatient Substance Use Disorder Treatment program in 2020, and they did not turn youth away in 2019.
- **Respite** services reached 47 youth with LCRB funding in 2019, and estimate serving 55 youth in 2020 and an additional 10 youth with non-LCRB funding, for a total of 65 youth. The Saint Louis Crisis Nursery Wentzville program had a waitlist pre-Covid in 2020, representing four youth, and reported being unable to serve 34 youth in 2019. This service is designed to be available in an emergency, crisis situation so turning clients away is not an adopted practice. The waitlist is two days on average with support services in place until respite care can be provided.
- Lincoln County funds a variety of services with local providers for **Home and Community-based Family Intervention** services. In 2019, these agencies served 905 youth, with an estimated 659 for 2020. Two out of the five programs had a waitlist in the winter of 2020, which totaled to 80 youth (Compass Health’s School-based Mental Health Specialist program had 10 youth on a waitlist with an average wait of 4-6 weeks; Compass Health’s Partnership with Families had 50 on a waitlist with an average wait of 26-39 weeks, but this program was noted in a previous section). None of these programs turned away youth in 2019.

Table 5. Direct Service Programs

Agency	Program Name:	Current waitlist	# on Waitlist	Ave. Length of time on waitlist	Unable to serve or provide services- 2019	# Unable to Serve	# Youth Served 2019	Direct Service: Number of adults	# of youth plan on serving - LCRB funds 2020	# of youth plan on serving - Other funds 2020
Crisis Intervention Services										
The Child Center	Child and Family Advocacy	No			N/A		80		80	0
Total			0			0	80	0	80	0
Home and Community-based Family Intervention Services										
Compass Health	Partnership with Families	Yes	30	26 weeks	No		190		190	0
F.A.C.T.	Partnership With Families	No			No		115	166	60	0
Nurses for Newborns	Nurses for Newborns for Lincoln County Children	No			No		26	25	30	2
Sts. Joachim and Ann Care Service	Child and Family Development Program	N/A			No		207	145	64	95
Presbyterian Children's Homes/Services	Therapeutic Mentoring	No			N/A		129		100	0
Compass Health	School Based Mental Health Specialist	Yes	50	26-39 weeks	No		238		215	0
Total			80	0	0	0	905	336	659	97
Individual, Group, and Family Counseling Services										
Arise Equine Therapy Foundation	Arise Equine Therapy Foundation	No		N/A	N/A					
Saint Louis Counseling	Individual Counseling Services	Yes	2	2 weeks	No		276	52	300	75
Youth In Need	Professional Mental Health Counseling	No			No		117	25	185	0
Total			2	0	0	0	393	77	485	75
Outpatient Psychiatric Services										
Saint Louis Counseling	Outpatient Psychiatric Services	No			N/A		33		35	0
Total			0	0	0	0	33	0	35	0
Outpatient Substance Abuse Treatment Services										
Preferred Family Healthcare	Outpatient Substance Use Disorder Treatment	No			No		65		65	30
Total			0	0	0	0	65	0	65	30
Respite Care Services										
Saint Louis Crisis Nursery	Crisis Nursery Wentzville	Yes	4	2 days (ave.)	Yes	34	47	22	55	10
Total			4	0	0	34	47	22	55	10
Grand Total			86	0	0	34	1523	435	1379	212

Assessment of Clients' Basic Needs

Relating to the basic needs of Lincoln County youth, agency staff were asked to estimate the percentage of their clients that are food insecure, living in unstable housing or in need of housing support, in need of clothing/shoes, or do not have access to clean drinking water. As can be seen in the table below, the highest average percentage of clients were found to have a housing insecurity (28%); a client was either in unstable housing or in need of housing support. There were, on average, 23% of clients who had food insecurity, with 21% on average who experienced lack of clothing/shoes. Access to clean water to drink and/or the ability to bathe on a daily basis was linked to 9% of clients seen by agencies in 2019 (on average). Youth need support on both fronts in order to be successful.

Table 6. Average Percentage of the Basic Needs of Clients as Rated by Program Staff

	Food	Clothing/Shoes	Housing	Water
2017 Average %	40%	40%	36%	17%
2019 Average %	23%	21%	28%	9%

The Agency Perspective

The agencies who provide LCRB-funded services and programs to Lincoln County youth possess a wealth of knowledge regarding gaps in behavioral and mental health services.

Most Common Behavioral/Mental Health Challenges Youth are Experiencing in Lincoln County

The LCRB-funded staff were asked to identify the most common behavioral/mental health challenges Lincoln County youth are experiencing, which led to various responses. The top qualitative themes that emerged for these challenges across the ten agencies were:

- Handling trauma and/or developing coping skills to have healthier reactions to trauma, impacted by a variety of factors (noted by 50% of the agencies) noted below:
 - Parents incarcerated, domestic violence, and/or drugs in the home leading to increased anxiety/sadness among youth and possibly responsible for a carry-over effect into their school day
 - Parents with no insurance so they are unable to receive the mental health and/or prescription medications they need to support their child(ren)
 - Increase in the number of grandparents raising youth as a result of the parents' situation potentially linked to previous traumatic experiences of the child
- Anxiety and/or stress of youth (30% of agencies)
- Depression and/or suicidal ideations and/or grief (30% of agencies)
- Drug and alcohol use among youth (20% of agencies)
- Improved social-emotional regulation for youth
 - Focus on prevention programs for early childhood; many kindergarteners are starting school with a lack of communication skills, separation anxiety, and/or appropriate peer interactions
 - Bullying/cyber-bullying related topics
 - Empathy
- Miscellaneous responses (provided by one agency each) included:
 - ADHD diagnoses are most common

Greatest Unmet Need/ Under-Funded Service for Lincoln County Youth

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)

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
- Poverty levels seen with clients
- Parent-related issues affecting the youth
- Limited knowledge on the availability of LCRB-funded programs

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 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

Table 7: Roadblocks that Have Hindered Utilization of Funds or Provision of Services

Roadblocks	#	% Total Responses	% Agencies Rep.
1. Clients do not show up for appointments	6	23%	60%
2. Need for quality, professional staff	5	19%	50%
3. Lack of reliable transportation for clients	5	19%	50%
4. Difficulty scheduling services with youth clients	3	12%	30%
5. Communication/coordination issues with referring agency	2	8%	20%
6. Communication/coordination issues with school	2	8%	20%
7. Programs compete with time for essential school activities	2	8%	20%
8. Limited space to provide services to clients	1	4%	10%
Total Responses	26		

For the 2020 Needs Assessment, agencies were asked if they had any recommendations or thoughts about the roadblocks they had experienced. Some of the recommendations were nuanced and/or specific to an agency, so these recommendations were given directly to LCRB to review. However, recommendations that were generalized are provided in the full version of the report, with the exception of the one noted below that is recommended for all agencies to consider for implementation.

- An agency has moved to setting consistent appointment schedules for an entire month with clients, so that the client has a scheduled day/time for their treatment (roadblocks #1 and #3).

Barriers Experienced by Agencies When Implementing New or Enhanced Approaches to BH/MH Services/Programs

Agency representatives were asked to identify the barriers they have experienced when implementing new or enhanced approaches to their BH/MH programs. The table below shows those prioritized barriers.

Table 8: Top Barriers Experienced by Agencies When Implementing New/Enhanced Approaches to BH/MH Services/Programs

	#	% Total Responses	% Agencies Rep.
The need for quality, professional staff who can provide these services/programs	7	28%	70%
Lack of reliable transportation for clients	5	20%	50%
Funding new approaches	4	16%	40%
The cost of having staff become certified in evidence-based or new services/programs	4	16%	40%
Difficulty scheduling services with youth clients	2	8%	20%
Time spent developing/researching new services/programs	1	4%	10%
Limited space to provide services/programs	1	4%	10%
Marketing/education of new programs in community and with the schools	1	4%	10%
Total Responses	25		

Various suggestions were provided by agency staff regarding how to overcome these barriers, including:

- Developing relationships and establishing partnerships with local colleges that have counseling-related and/or social work programs in or near Lincoln County.
- Developing internal training and support structures for new staff members to ensure they have the effective skills to work with youth, and the staff receive the coaching they need to provide the best services possible.

Additional Recommendations to Improve the Behavioral/Mental Health Service Provision for Lincoln County Youth

Additional recommendations were provided by agency staff regarding how to improve the behavioral/mental health service provision for Lincoln County Youth, and some of these are listed below:

- Increase the number of counselors trained in trauma-based treatment.
- Increase access to school-based mental health services, potentially decreasing transportation issues.
- Coordinate a team-based approach between agencies for some youth clients and allowing for regular team meetings to discuss a comprehensive, integrated approach to services.
- Improve how agencies provide services by focusing on increased family/parent engagement/education.

Lincoln County Youth Demographic and Community Indicators Section

This section presents the key findings of the demographic information and the community indicators for the Lincoln County youth population, and in some cases, for the general population.

First, the demographic information about the Lincoln County youth population is presented to foster understanding of how to specialize or gear services, resources, and educational opportunities. After the demographic section, the community indicator data is presented in one of three categories based on the trends reported from 2007 through 2018 (2019/2020 reported if data is available, but this is rare).

The first category (Community Indicators that Need Attention) groups all of the indicators that diminished over time, or were not comparable to local regions or with state trends. These indicators need special attention, resources, and services to resolve.

The second category (Community Indicators with Mixed Results) groups all of the indicators with data trends that showed mixed results, meaning that the county data was not conclusive as to what might have been occurring (plausible explanations). Mixed results could also be tied to an indicator where the trend was showing promise, but demonstrated a struggling youth population in comparison to other local regions or with the state. Mixed results can shed light on community changes, interventions, processes, or policies that could be moving the mark, but require continued resources and services to remain on this positive trend and/or to move closer to the rates of comparative regions.

The third category (Community Indicators with Positive Findings) groups all of the indicators that have shown some promising trends. These are areas that should be celebrated, duplicated, and replicated if underlying interventions/strategies that may have attributed to the positive impact can be identified.

Before the full narrative section, an abbreviated demographic profile of the Lincoln County Youth has been provided on the next page. This page is followed by a table showing the community indicators' placement in one of these three categories (needs attention, has mixed results, or is a positive finding) by type of community indicator:

- Economic Well-being
- Education
- Health – Physical
- Health – Behavioral

Note: Diff = the difference between the first and the last data point for the specified years. % Ch. = the percentage that this number has changed over time, in either a positive or negative direction. For some community indicators, colors were used to highlight the trends with green used to identify a positive trend, and red a negative trend over time.

NOTE: All Tables and Figures referenced in this Condensed Report are provided in the Full Version of the Needs Assessment

Demographic Profile of Lincoln County Youth

- **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 3.3% for 2018. Peaked in 2010 with an 11.3% rate. Since 2007, unemployment decreased by 2.3%. The same unemployment pattern could be seen across all of the comparable entities from 2007 to 2018. The county’s rate was only 0.1% greater than the Missouri rate of 3.2% for 2018.
- **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. The Lincoln County percentage of children in single-parent households was 30.3% for 2018; in line with many of the comparative regions and less than the state percentage of 32.8%. Additional resources need to be extended to 4,329 children in single-parent families so their basic needs, including educational, and social-emotional, can be met if other supports are not in place.
- **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

See the Table of Contents on where to find data

NOTE: All Tables and Figures referenced in this Condensed Report are provided in the Full Version of the Needs Assessment

Community Indicators Section

Lincoln County Community Indicators that Need Attention

Children in Poverty (Economic Well-being)

As of 2018, there were 15.3% of the Lincoln County children (age 0-17; 2,185) who were in poverty in comparison to 10.6% of the general population (6,055 in poverty); a trend that has been consistent from 2007 to 2018. Focusing on youth age 0-17, there was a 2.2% increase in the number of those who were in poverty since 2007. Lincoln County's youth poverty rate for 5 to 17-year-olds of 14.2% is better than both Missouri at 18.9% and the nation at 19.5%.

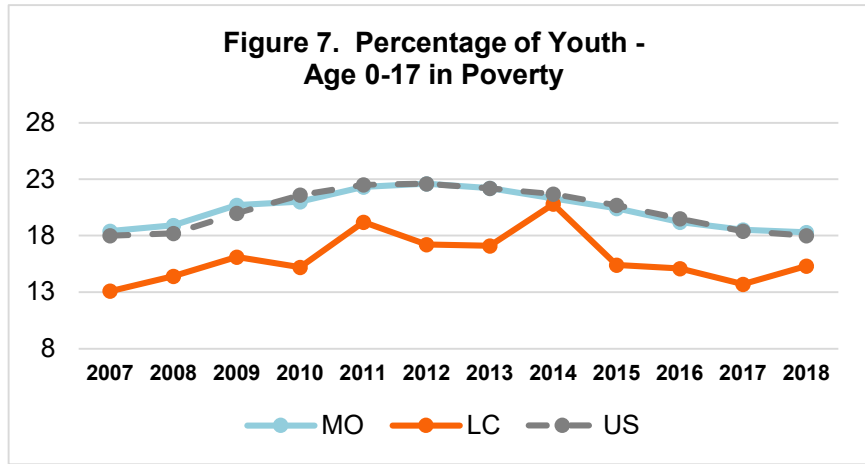


Table 23: Poverty Trends for Lincoln County

	2007	2010	2015	2016	2017	2018	Diff.	% Ch.
# of Ind. in Poverty	4768	5834	6089	6132	5436	6055	1,287	27.0%
% of Pop. in Poverty	9.4%	11.2%	11.3%	11.2%	9.8%	10.6%	1.2%	
# in Poverty- Age 0-17	1781	2195	2150	2099	1911	2185	404	22.7%
% Age 0-17 - In Poverty	13.1%	15.2%	15.4%	15.1%	13.7%	15.3%	2.2%	
# in Poverty- Age 0-4	625	769	682	689	663	648	23	3.7%
# in Poverty - Age 5-17	1156	1426	1468	1410	1248	1537	381	33.0%
% of Youth - Age 5-17 - In Poverty	11.7%	13.7%	14.2%	13.9%	12.3%	14.9%	3.2%	

Households at Risk of Homelessness (Economic Well-being)

An indicator that is a predictor of becoming homeless is if owner and/or renters spend more than 30% of their income on their gross household costs. There were 49% of LC renters who paid 30% or more of their income on their gross household costs covering 2014-2018. This places approximately 1,801 renter households at risk of homelessness. In 2018, 25% of Lincoln County owners with a mortgage spent 30% or more in comparison to 29% of Missouri owners. This represents an additional 2,580 households at risk of homelessness in Lincoln County. In addition, 8% of homeowners without a mortgage spent 30% or more of their income on household costs, putting 361 homeowners without mortgages at risk of homelessness.

Table 26: Percentage of Housing Units by Type that Spend more than 30% of their Income on Gross Household (Rent or Mortgage) Costs - 2018

	US		MO		LC	
	Est.	%	Est.	%	Est.	%
Housing units with a mortgage	48,198,598	63%	992,529	62%	10,172	69%
Housing units with a mortgage	47,954,474		988,123		10,085	
30.0 to 34.9 percent	3,382,913	7%	60,268	6%	633	6%
35.0 percent or more	10,367,360	22%	166,251	17%	1,947	19%
Housing unit without a mortgage	27,849,981		601,361		4,411	
30.0 to 34.9 percent	848,155	3%	16,548	3%	88	2%
35.0 percent or more	3,031,262	11%	53,218	9%	273	6%
Occupied units paying rent	40,122,372		728,241		3,671	
30.0 to 34.9 percent	3,666,362	9%	62,087	9%	330	9%
35.0 percent or more	16,474,995	41%	270,710	37%	1,471	40%

Infants born with low birth weight (Health – Physical)

The county’s low-birth weight infant rate was 8.1% in 2014-2018 compared to 8.5% for Missouri. The county’s rate increased by 1.5% covering the 2007-2011 range to 2014-2018, while the state rate increased by 0.4% in the same period of time. There were 304 live infants recorded during 2014-2018 that had a birth weight under 2,500 grams or 5 pounds, eight ounces.

Children Entering/Re-Entering State Custody (Health-Behavioral)

The number of children entering/re-entering state custody for Missouri increased by 30%, while Lincoln County increased by only 2% from 2007 to 2018. In 2018, there were 63 children entries for Lincoln County. A majority of the placements made in 2018 were parental drug-use related, which experienced a 740% increase over time, to 42 placements.

Table 30. Out of Home Placement Entries - Rate per 1,000 Children - 2007 to 2018

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
MO	3.8	3.8	3.9	4.4	4.4	4.6	4.8	5.2	5.1	5.2	5.0	5.1	1.4
LC	4.2	2.4	4.7	2.7	4.0	4.8	3.0	2.1	3.5	4.4	4.6	4.3	0.1

Source: MO Dept. of Social Services; US Census Bureau; MO Office of Administration, Division of Budget and Planning

Substantiated Cases of Child Abuse and Neglect (Health – Behavioral)

For 2019, Lincoln County had 681 reported incidents (a 9.3% increase from 2011) of child abuse and neglect, with 924 reported children, an increase of less than 1% since 2001. In addition, the number of substantiated incidents and children increased slightly over time. There was an 11.3% increase in substantiated incidents from 62 in 2011 to 69 in 2019. The same pattern was found with the number of substantiated children in this time span; an 8% increase from 85 in 2011 to 92 in 2019. Substantiated incidents made up 10% of the total reported incidents for Lincoln County in 2019; the same as in 2011. In Lincoln County for 2019, there are 6.3 substantiated cases for every 1,000 children, the highest rate, matching 2018’s covering this nine-year period. Furthermore, based on the comparative data available for 2019 including the state, Lincoln County had the highest rate of 6.3 for every 1,000 children.

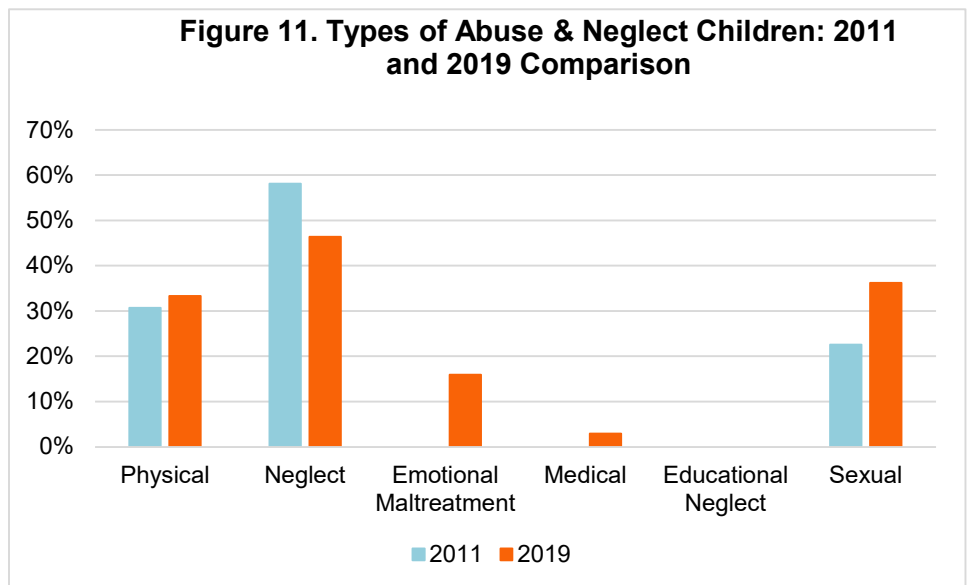
These findings support the continued practice of mandated reporter training and prevention programming, and continually improving reporting practices so child cases can be identified early, or avoided through prevention programming. The number of incidents and children requiring and receiving family assessments increased significantly over time, and represented 68% of the incidents reported in 2019, with 19.2% of incidents defined as unsubstantiated (unsubstantiated in addition to unsubstantiated PSI).

Table 32. Substantiated Children per 1,000 -2019

Regions	2019
Missouri	3.7
Franklin	3.4
Lincoln	6.3
Montgomery	2.8
St. Charles	2.7
St. Louis	1.4
Warren	4.6

Source: Missouri Department of Social Services Annual Reports 2019

Data is also available on the type of abuse/neglect cases that make up the substantiated cases (incidents and children are both reported). Neglect made up the majority of substantiated children in 2019 for Lincoln County



(55%). Physical abuse made up 28% of the total number of substantiated children, while sexual abuse was the third highest abuse reported that made up 32% of the cases in Lincoln County. For the first time, emotional treatment emerged as a prevalent type among 15% of the substantiated children cases. While physical abuse and neglect slightly increased over time and need attention, sexual abuse and emotional maltreatment experienced a 15% increase since 2011. These four areas of child abuse and neglect need to be a focal point for discussion and the provision of services.

Another important data point comes directly from the public school district program participants. While no identifying information is gathered, students who attended The Child Center's 4th grade Child Sexual Abuse Prevention Program in 2018-2019 and 2019-2020 were asked if they would like to speak to a school counselor after the class lesson was over. Shown in a table in the full version of the assessment, 22% or 140 4th grade Lincoln County students selected they would like to speak to a counselor in greater detail about this particular topic in the 2018-2019 school year. This increased to 27% or 155 4th graders for the 2019-2020 school year.

Table 36: Number of Children Involved in CA/Neglect Subst. Incidents for Lincoln -2011-2019

		2011	2012	2018	2019	Diff.	% Ch.
Substantiated	#	85	81	93	92	7	8%
	%	9.2%	8.0%	8.4%	10.0%	0.7%	
Unsub- PSI	#	65	96	15	17	-48	-74%
	%	7.1%	9.5%	1.4%	1.8%	-5.2%	
Unsub.	#	356	302	218	154	-202	-57%
	%	38.7%	30.0%	19.7%	16.7%	-22.0%	
FA	#	351	482	746	632	281	80%
	%	38.2%	47.9%	67.3%	68.4%	30.2%	
Other	#	63	46	37	29	-34	-54%
	%	6.8%	4.6%	3.3%	3.1%	-3.7%	
Total	#	920	1,007	1109	924	4	0.4%
Children per 1,000 - Subst.		5.8	5.5	6.3	6.3	0.5	8%
Per 1,000- Total Reported		62.5	68.4	75.3	62.8	0.3	

Source: Missouri Department of Social Services Annual Reports from 2011 to 2019. Unsub-PSI = Unsubstantiated- Preventive Services Indicated; Unsub = Unsubstantiated; FA =Family Assessment and Services Needed

Table 37. Types of Reported Incidents/Children of CA/Neglect for Lincoln - 2011 vs. 2015-2019

	2011		2015		2018		2019		MO - 2019	Diff.	Diff.	Diff.
Type	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Inc.	Child	MO vs. LC
Physical	19	21	16	16	23	25	23	26	1,377	4	5	
	31%	25%	41%	36%	37%	27%	33%	28%	36%	2.6%	3.6%	26%
Neglect	36	8	6	10	28	55	32	51	1,700	-4	43	
	58%	53%	15%	23%	45%	59%	46%	55%	45%	-11.7%	2.1%	67%
Emotional Maltreatment	-	-	2	2	3	3	11	14	477	11	14	
	0%	0%	5%	5%	5%	3%	16%	15%	13%	15.9%	15.2%	-1%
Medical	-	-	-	-	3	4	2	4	144	2	4	
	0%	0%	0%	0%	5%	4%	3%	4%	4%	2.9%	4.3%	1%
Educational Neglect	-	-	-	-	-	-	-	-	49	0	0	
	0%	0%	0%	0%	0%	0%	0%	0%	1%	0.0%	0.0%	0%
Sexual	14	14	19	5	23	28	25	29	1,583	11	15	
	23%	17%	49%	25%	37%	30%	36%	32%	41%	13.6%	15.0%	18%
Total	62	85	39	20	62	93	69	92	3,820	7	7	

Source: Missouri Department of Social Services Annual Reports 2011, 2015, and 2016

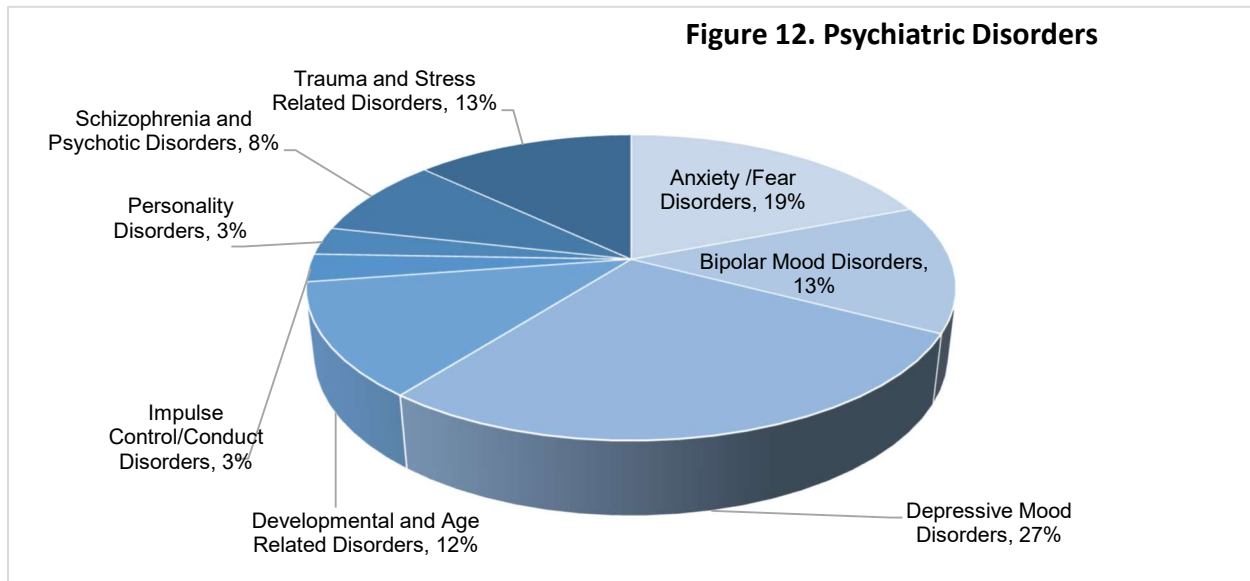
Youth Receiving Psychiatric Services (Health – Behavioral)

LC youth (397) made up 40% of the total number of individuals (985) who received psychiatric services from the Division of Behavioral Health in 2019. There were increases in the number of youth who received these services since 2009 within each of the age ranges represented, with the largest increase of 222% found with 6-9 year olds.

Table 38. Number of Youth in Lincoln County who received Psychiatric Services from the Division of Behavioral Health – FY 2009-2015.

Age Ranges	2009	2010	2015	2016	2017	2018	2019	2009 % of Total	2019 % of Total	% Ch. 2009-2019	% Ch. 2018-2019
Under 6	7	7	0	7	17	14	13	1.1%	1.3%	86%	-7%
6 to 9	37	37	81	76	99	118	119	5.6%	12.1%	222%	1%
10 to 13	58	74	110	118	106	132	157	8.8%	15.9%	171%	19%
14 to 17	82	102	113	132	108	105	108	12.5%	11.0%	32%	3%
Pop. Total	658	743	1,052	1085	969	953	985			50%	3%

When psychiatric services are provided to those in need from the Division of Behavioral Health, they classify each case by the type of disorder displayed based on behaviors/symptoms. The “mood disorder” type was the most prevalent from 2011 to 2016, followed by “anxiety disorder” which had the highest increase over time. When the names changed, mood disorder was split into “depressive mood disorder” which made up 27% (399) of the 2019 diagnoses, and “bipolar mood disorders” which made up 13% (193) of the 2019 total. Anxiety was renamed as “anxiety/fear disorders”, and was still the second most prevalent diagnosis at 19%, which represented 273 individuals. From 2017 to 2019, the only diagnosis that had increased was for “anxiety/fear disorders”, and this was by 19% since 2017.



Source: Status Report on Missouri’s Substance Use and Mental Health; Division of Behavioral Health, Missouri. Note: Individuals who received psychiatric services had one of the disorders listed in the next table. The total number of diagnoses is larger than the number served because some individuals had more than one type of disorder.

Self-inflicted Injury: Emergency Room Visits and Hospitalizations (Health – Behavioral)

Self-inflicted injury data was available for Lincoln County as shown in the next table, but the years the data was available was not consistent. Self-inflicted injuries that resulted in death was available covering 2008-2018, but hospitalizations and emergency room visits data was only available covering 2005-2015. For youth 15-19 years of age, the Lincoln County self-inflicted injuries resulted in four (4) deaths, 52 hospitalizations, and 75 emergency room visits. When you look at LC residents age 20-34, the hospitalization rate was significantly higher (15.3) than the state rate (11.8).

Furthermore, within Juvenile Law Violation Referrals shown on page 39 *Injurious Behavior was the only status violation that increased over time which was by 81% since 2008; 85 offenses were reported for 2018. Last, on the Missouri Student Survey for Lincoln County, there was one item relating to suicide and self-injury that produced a negative trend from 2012 to 2018. There were 12% of respondents who confirmed they had engaged in self-injury in the prior year in 2012, which increased to 16.1% of respondents in 2018.*

Substance Use Trends/Juvenile Drug Offenses (Health – Behavioral)

LC youth made up 5.6% of those clients admitted to a Substance Abuse Treatment Program in 2018. There were 46 youth admitted in 2018, an 84% increase since 2009. In addition, juvenile law violation drug offenses increased by 100% (10 in 2008 to 20 in 2018) and juvenile court placements due to parental drug-use increased 740%; from 5 in 2008 to 42 in 2018.

Table 42. Number of Youth (under 18) in Lincoln County admitted to Substance Abuse Treatment Program from the Division of Behavioral Health - FY 2009-2018.

Age	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	% of total - 2018	Diff.	% Ch.
Under 18 years old	25	25	44	49	43	27	31	29	31	46	13.6%	21	84.0%
Population Total	365	412	362	376	375	366	384	377	322	339		-26	-7.1%

Lincoln County Community Indicators & Data That Demonstrated Mixed Results

Students Enrolled in the Free/Reduced Price Lunch Program (Economic Well-being)

The rate of students enrolled in the Free/Reduced-Price Lunch program increased by 5.1% over time from 2007 to 2019, with 37.6% of students, or 3,483 enrolled in this program in Lincoln County (2019). For 2019, the Lincoln County rate was 12% less than the Missouri rate of 50% of students, and LC was doing better than all of the other comparative regions (with the exception of St. Charles County). Since 2007, three out of the four school districts' rates increased, with the only decrease found in Silex.

Out-of-School (OSS) Suspensions (Education)

Missouri's rate improved from 1.7 to 1.2 in the same period of time, with Troy being the only school district with a higher rate.

Table 45: Out of School Suspension (rate) - 2007 to 2019 out of 100 students

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.
Missouri	1.7	1.7	1.7	1.6	1.3	1.2	1.2	1.1	1.0	1.2	1.2	-0.5
ELSBERRY R-II	1.2	2.1	0.5	0.9	1.3	1.5	1.0	1.0	1.6	0.8	0.4	-0.8
SILEX R-I	0.0	1.0	0.3	0.0	0.0	0.0	1.6	0.3	0.0	0.2	0.0	0.0
TROY R-III	1.3	2.4	3.0	1.9	1.6	1.1	1.2	1.8	1.1	2.6	1.8	0.5
WINFIELD R-IV	1.9	2.0	2.9	1.2	1.3	1.3	0.9	1.8	2.0	1.2	1.1	-0.8

Source: DESE District Report Card

Disciplinary Incidents (Education)

So once again the data showed that Troy (1.8) and Winfield (1.1) had the highest rates/numbers in 2019, and Silex had the lowest at 0.0 per 100 students. Elsberry had the same OSS rate at 0.4 per 100 students for 2019. Missouri's rate improved from 1.9 to 1.2 in the same period of time, with Troy's rate being the only district with the higher rate of 1.8 per 100 students. Of the 136 total incidents in Lincoln County for 2019, 114 were tied to Troy, the largest school district, with 16 incidents linked to Winfield students, and six tied to Elsberry. School enrollment data is the full version of the needs assessment.

Table 47: Disciplinary Incident Information (rate) - 2007 to 2019 out of 100 students

	2007	2018	2019	Diff.	% Ch.
Missouri					
Incidents Rate	1.9	1.2	1.2	-0.7	
Lincoln County					
# Incidents	140	192	136	-4	-3%
ELSBERRY R-II	10	10	6	-4	-40%
SILEX R-I	0	1	0	0	N/A
TROY R-III	99	163	114	15	15%
WINFIELD R-IV	31	18	16	-15	-48%
Incidents Rate					
ELSBERRY R-II	1.2	0.8	0.4	-0.8	
SILEX R-I	0.0	0.2	0.0	0.0	
TROY R-III	1.7	2.6	1.8	0.1	
WINFIELD R-IV	1.9	1.2	1.1	-0.8	
School Enrollment					
ELSBERRY R-II	843	761	810	-60	-7%
SILEX R-I	376	426	416	-6	-2%
TROY R-III	5821	6211	6256	340	6%
WINFIELD R-IV	1622	1481	1469	-132	-8%

Violent Teen Death Rate (Health – Physical)

The violent teen death rate (ages 15-19) increased from 31.2 out of 100,000 in 2006-2010 to 35.0 out of 100,000 in 2014-2018. The state rate decreased from 60.5 out of 100,000 in this same period of time to 53.5 out of 100,000, which is considerably higher than LC’s rate. While the LC rate increased by 3.8 out of 100,000 since 2006-2010, since LC’s rate is less than Missouri’s rate, it is viewed as a mixed result.

Juvenile Law Violation Referrals (Health-Behavioral)

The Lincoln County referral rate per 1,000 youth, age 10-17, was lower than the Missouri rate annual comparisons starting in 2007 until 2014. After 2014, the Lincoln County rate remained higher than the Missouri rate in every annual comparison through 2018 with the exception of 2017. In 2018, Lincoln County’s rate was 34.4 per 1,000 (MO = 25.0 out of 1,000). However, the Lincoln County juvenile law violation referral rate decreased by 14.4 out of 1,000 since its highest rate of 48.8 out of 1,000 in 2007, and ended at 34.4 per 1,000 youth age 10-17. While this rate decreased over time, it was at its highest rate in 2018 in an eight-year period, and had the second highest rate among the comparative regions. There were 230 juvenile law violation referrals made in 2018 for Lincoln County youth, aged 10-17. Specific data about the type of referrals being made is presented in the full version of the needs assessment.

Table 50. Juvenile Law Violation Referrals Rate for Youth -Missouri & Regional Comparison, Ages 10-17

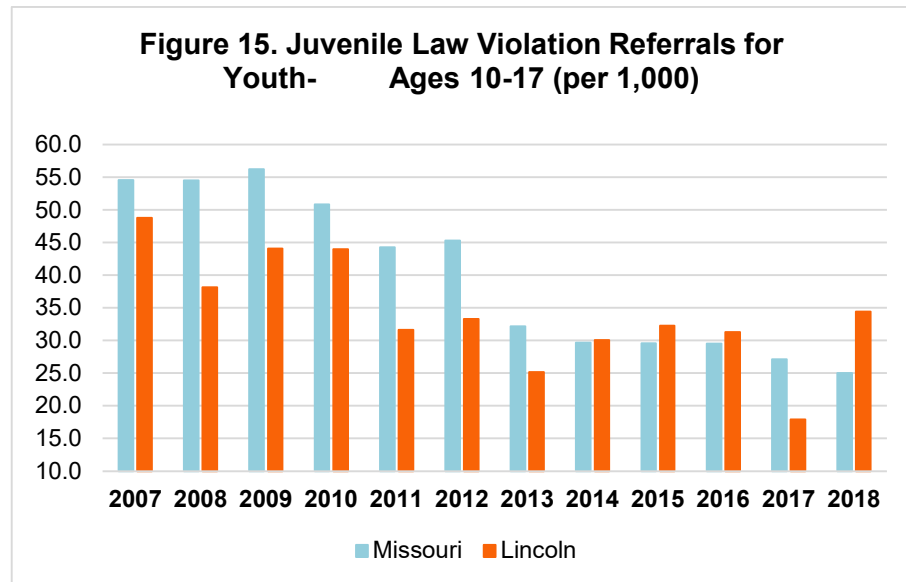
Regions	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
Missouri	54.6	54.5	56.2	50.8	44.3	45.3	32.2	29.7	29.6	29.5	27.1	25.0	-29.6
Lincoln	48.8	38.1	44.1	44.0	31.6	33.3	25.1	30.1	32.3	31.3	17.9	34.4	-14.4

Source: Missouri Department of Social Services; Missouri Office of Administration. Definitions: Number of referrals to juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code if committed by an adult. The count represents separately disposed court referrals, not individual youth. Rate is expressed per 1,000 youths ages 10 through 17.

The types of Juvenile Law Violation Referrals are divided into multiple categories. Violent offenses increased by 2% (55 to 56 in 2018), which made up the majority of law violation offenses at 56 offenses, and was the third highest number of offenses out of all categories for 2018. Juvenile law violation drug offenses increased by 100% (10 in 2008 to 20 in 2018).

Within the Status violations, three out of the four status offenses decreased significantly over time, but Truancy still made up the

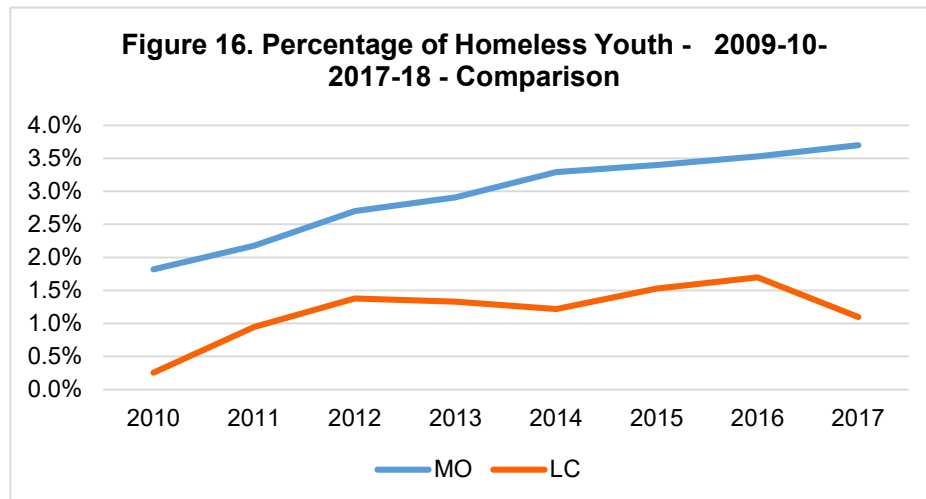
majority of the status violations with 179 reported in 2018. This reduced substantially from 2008 with 319 reported. Truancy was the highest reported offense within that category. Neglect again had the highest number of offenses out of all categories at 233 for 2018, but this had decreased by 47% since 2008 (at 443).



Lincoln County Community Indicators that are Positive

Youth who are Homeless (Economic Well-being)

The percentage of reported homeless youth in Lincoln County increased by 0.5% from its 2010 rate of 0.3% to 0.8% for 2018. For 2018, 0.8% of children in schools were noted as homeless, or 75 homeless youth. By comparison, Missouri's rate increased by 1.9%, and for 2018 was at 3.7%.



Children in Families Receiving the Supplemental Nutrition Assistance Program (SNAP, aka Food Stamps) (Economic Well-being)

There were 137 more children on food stamps in 2018 than in 2007, with 25.3% of LC children receiving food stamps, an increase of only 0.9% since 2007. The rate in 2018 was the lowest it had been since 2007. It is important for Lincoln County stakeholders to address the 3,712 youth in need of food.

Table 56: Percentage of Children in Families Receiving Food Stamps -2007 to 2018

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	1-YR	5-YR
MO	30.9%	37.5%	37.8%	39.0%	36.9%	34.7%	34.2%	33.5%	32.6%	31.6%	0.7%	-1.0%	-5.3%
LC	24.4%	33.2%	34.6%	36.3%	33.0%	31.0%	30.1%	28.1%	27.7%	25.3%	0.9%	-2.4%	-7.7%

Source: MO Dept. of Social Services; US Census Bureau; MO Office of Administration, Division of Budget and Planning

High School Dropout Rate (Education)

Lincoln County experienced a 59% decline in the number of students who dropped out of high school from 2007 to 2018 (from 76 to 31), with a percentage decrease of 1.6% from 2.7% to 1.1% for 2018. By comparison, Lincoln County's drop-out rate was .7% less than the state rate of 1.8%. Lincoln County had the lowest rate in 2018 among all of the comparative regions.

High School Graduation Rate (Education)

The Lincoln County high school graduation rate increased by 8% from 86.9% in 2007 to 94.9% in 2018. The rate was more than 3% greater than the state's rate of 91.3%, and was again higher than all of the comparative regions. There were 656 graduates in 2018 for Lincoln County.

Infant Mortality - (Health – Physical)

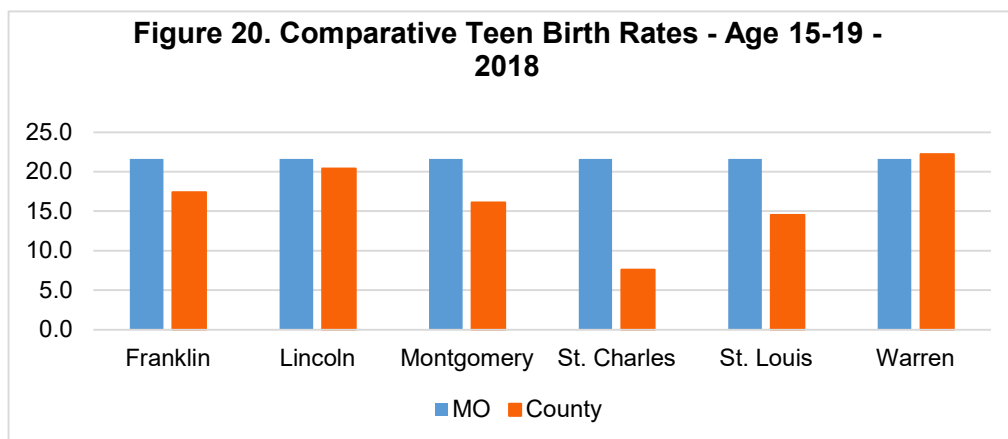
Infant mortality is defined as babies born alive and dying before their first birthdays. Lincoln County experienced a 25% reduction from 2006 to 2018 in the number of infants who died, and the rate decreased by 1.7 to 5.6 in the 2014-2018 time period. There were 21 infants who died in 2014-18. In addition to this improvement, LC's rate is significantly lower than the state rate of 6.3 per 1,000 live births.

Child deaths, ages 1 – 14 (Health – Physical)

Child deaths, ages 1-14, steadily improved over time with a rate decrease of 9.8 per 100,000 children from 24.7 in 2007-11 aggregated period to 14.9 in 2014-2018. The county rate was also lower than the state rate of 15.7 per 100,000 children.

Births to Teens - (Health – Behavioral)

The number of births to teens in Lincoln County decreased by 72% from 2007 to 2018, with a reported 37 in 2018. The rate of teen births decreased by 23.5 from a rate of 43.9 in 2007 to 20.4 in 2018. Lincoln County's births-to-teens rate improved dramatically over time, and its rate is in line with the state rate of 21.6 out of 1,000 yet on the higher end for the county comparison data shown in Figure 20.



Source: Missouri Department of Health and Senior Services.

Suicide Rate of Youth (Health – Behavioral)

Lincoln County's suicide rate of 9.5 was lower than the state rate of 11.7 covering 2008 through 2018 for youth 15 to 19 years old. Lincoln County is one of the regions that experienced a decrease in this rate from 2003-2013 to 2008-2018. Suicide was linked to four youth during this ten-year period.

Table 70: Deaths by Suicide - Ages 15-19 – Per 100,000

	2003-2013		2008-2018		# Ch.	Rate Ch.
	#	Rate	#	Rate		
Missouri	395	8.6	524	11.7	129	3.2
Franklin	9	11.6	12	16.4	3	4.8
Lincoln	4	9.8	4	9.5	0	-0.2
Montgomery	1	10.9	0	0.0	-1	-10.9
St. Charles	23	8.4	32	11.4	9	2.9
St. Louis County	64	8.2	74	10.0	10	1.8
Warren	2	8.6	1	4.4	-1	-4.3

Source: DHSS-MOPHIMS Community Data Profiles - Child Health

Summary of Survey Findings from the School-based Prevention Programs and Mental/Behavioral Health Needs of Lincoln County Students 2020

Twenty-five school staff across the four public school districts (Elsberry, Silex, Troy, and Winfield) and two private schools (Sacred Heart and St. Alphonsus) in Lincoln County, Missouri participated in an assessment about the school-based BH/MH-focused prevention programming funded in part, or in whole, by the Lincoln County Resource Board (LCRB). The school staff that were sent the survey link in April of 2020 included superintendents/principals, counselors/social workers, and assistant principals.

A summary of the participants can be found in the full version of the Needs Assessment report (see Appendix Table D1):

Most Critical Behavioral/Mental Health Issues of Lincoln County Students

School personnel were asked to identify up to five of the most critical behavioral/mental health issues they believe the youth they work with encounter when trying to resolve or seek help for these issues. Findings showed that across all grade levels:

- The most critical behavioral health issue was “anxiety, worry a lot, fear” (96%; N = 24).
- The second most critical behavioral health issue was “friend/peer relationships, social skills, problem solving, and self-esteem” (92%; N = 23 out of 25, see Table D2). These two issues flipped their prioritized order from 2019 (see Table D3 in comparison to Table D2) when this item was ranked the highest.
- The third most critical behavioral health issue was once again “controlling emotions, anger management, and conflict resolution” (84%; N = 21 out of 25), similar to the 2019 results.
- The fourth most critical behavioral health issue changed from “self-harm and suicide” (59%; N = 19) in 2019 to “coping with grief, loss, and/or divorce” (56%; N = 14/25) in 2020.
- The fifth most critical behavioral health issue also changed from “depression/sad a lot” noted by 47% of school personnel (N = 15) in 2019 to “feelings of acceptance/belonging” with 52% of the staff respondents (N = 13/25).

Overall, eight BH/MH issues were rated as a critical by more than 40% of the staff respondents.

This same data set was analyzed to determine the most critical behavioral health issue of youth by grade level, where it was found that:

- For the elementary grades (see Table D5), “controlling emotions, anger management, and conflict resolution” was once again rated as the most critical issue by 100% of elementary school personnel (N = 14 out of 14 staff), but this tied with “anxiety, worry a lot, fear”. The third most critical issue was “friend/peer relationships, social skills, problem solving, and self-esteem” (N = 13; 93%) followed by “food and basic needs’ insecurity” (N = 11; 79%). “Abuse and neglect issues/ body safety” came in as the 5th most critical issue with 10 staff or 71%.
- For middle school (see Table D6), the highest rated issue was “self-harm and suicide prevention” (100%; N = 4 out of 4), and “friend/peer relationships social skills, problem solving, and self-esteem”, which mirrored the findings from 2019. This was followed by four issues rated by 67% (N = 2 out of 3) of middle school staff as the third highest rated issue and included: “anxiety, worry a lot, fear”, “coping with grief, loss and/or divorce”, “depression/sad a lot”, and “feelings of acceptance/belonging”. With the exception of anxiety, these issues replaced bullying/cyber-bullying in prioritization from the 2019 trends.
- “Anxiety, worry a lot, fear” was rated the most critical BH/MH issue by 100% (four out of four staff) of high school (see Table D7) staff respondents. It ranked fourth in 2019. Four issues tied as being the 2nd most critical issue for high school students by 75% of staff (N = 3), which included: “friend/peer relationships, social skills, problem solving and self-esteem”, “self-harm and suicide”, “controlling emotions, anger management, and conflict resolution” and “depression/sad a lot”.

Staff Perspective on BH Trends of Students Since COVID-19 (Table D8)

School staff were asked to share their perspective on the behavioral health trends of their students since COVID-19 began (see Table 8). We provided school staff with the same list of behavioral/mental health issues and asked them to rate if they believe the issue would increase for students, stay the same, decrease or if they did not know or had not heard as a result of COVID-19. Considering counselors are typically able to interact with students on a daily basis when coming into a physical building, it was expected that they may not know some of this information with limited access to students. This was supported in that out of the 16 possible BH/MH issues, more than 50% of staff reported that they did not know about TEN of the issues including some of the riskier issues including abuse, suicide/self-harm, housing instability, and drug use.

Here are the top trends in prioritized order (N = 24):

- 75% - increase in food and basic needs' insecurity.
- 63% - increase in "anxiety, worry a lot, fear".
- 50% - increase in depression/sad a lot".
- 33% - increase in "friend/peer relationships, social skills, problem solving, and self-esteem".
- 33% - increase in "controlling emotions, anger management, and conflict resolution".
- 21% - increase in "coping with grief, loss, and/or divorce".
- 17% - increase in "housing instability/nowhere to live".
- 13% - increase in "abuse and neglect (body safety)".
- 13% - increase in "self-harm and suicide".

Other Concerns:

- I am concerned about abuse and neglect of students, online safety, and mental health however, am not aware of specific situations due to not having regular contact with students and families because of barriers.
- Concerned about abuse and neglect cases, online safety, many of these issues during the COVID-19 closure, but because of the limited contact with students, we don't know the reality of the situation.
- I have concerns about a lot of things, but with the closure I am not hearing or learning about these things.
- Family conflicts; sense of disconnect from peers; lack of motivation.

After this question, staff were asked an open-ended question relating to COVID-19, which was, "How has COVID impacted the mental and behavioral health needs of your students, if at all?" Among the staff in general, they felt a lack of communication and knowing if the students that they consider higher risk are doing okay. Many staff noted that they are not hearing from the parents either, so they cannot assess what, if any changes are occurring in the home environment and/or with the students. There are heightened risks for youth at home for long periods of time. It is strongly recommended that BH/MH-focused stakeholders, including school districts and providers, identify strategies to increase ways for youth to communicate with others outside of their home on a more regular basis to assess the students' BH/MH-needs, in addition to satisfying educational needs that may be going unnoticed. The staffs' full comments are provided by grade level in Table D9.

Behavioral/Mental Health Prevention Program Availability and Necessity Assessment

School staff were asked to assess the availability and necessity of various behavioral/mental health prevention programs (see Table D10 in the full version). The table provides a wealth of information that should be reviewed for future planning and decision-making purposes. In Table D10, the reader will find the issues prioritized by need (any issue identified as a need by 90% or more of the staff members was **highlighted in red**). The availability of programs that address these issues begins in the 6th column, but the focus should be placed on the "% Not Available" and "Combined Limited or No Availability" columns as well. From the six topics identified as needed by 90% or more staff, two of them had more than 70% of staff assess them as not being available (also **highlighted in red** in that column). This included "anxiety/worry prevention and control (74% of staff assessed it as low/no availability)" and "coping with grief, loss, and/or divorce training" (75% of staff assessed as low/no availability).

- “Social/emotional skills training” received a 100% needed rating across all of the respondents, with 65% limited or no availability. No availability was identified by Troy and Winfield Elementary level staff.
- “Online safety training” was needed by 95% of staff, with 73% of staff rating this as having no or limited availability. These resources are available in the community, so this is an access issue that could be easily resolved for 2020-2021.
- “Counseling (at school) for students with social, emotional, or BH needs was needed by 91% of staff, with 65% limited availability. There is access to counseling across all of the school districts and grade levels that responded.
- “Bullying/cyber-bullying” was needed by 91% of respondents, but only had 23% of staff rate it as being available on a limited basis with 9% saying there is no availability (Boone Elementary and Winfield Elementary).
- “Chronic absenteeism prevention” was needed by 100% of the high school and middle school staff respondents, with all but Winfield staff saying they have it available.
- “Self-harm and suicide prevention/resources” was needed by eight out of the ten staff linked to the middle and high school levels.
- “Drug and alcohol use and abuse prevention” was identified as needed among nine out of ten of the school staff tied to the middle/high school grades.
- Topics where more than 10% of staff rated it as not available should be reviewed to determine if the topic is essential for the grade levels. For example, 50% of the total staff respondents rated “healthy dating relationships education” as not available, but this would only be an issue for the high school grades and not the elementary grades. Comments related to these prevention topics are provided by school district and grade level after Table D10.

Primary barriers (if any) over the last three years staff have seen students in Lincoln County encounter when trying to address a behavioral health need/issue (Table D13)

School staff were asked to identify any barriers they have seen students encounter when trying to address a behavioral health need/issue (see Table D13). One barrier emerged as the largest by 87% of school staff, which was “lack of access to mental health professionals for services”. This barrier swapped places from 2019 with what was considered the second largest barrier for 2020, “lack of parent involvement to assist student with the need” noted by 83% of school staff (N = 19 out of 23). The next barrier noted by 78% of the school staff (N = 22) was “lack of time within the school day to respond to the youth with the behavioral health needs”. 74% of staff rated “severity of students’ problems” and “students have difficulty accessing services due to transportation limitations” as major barriers for students. One noticeable comparison between 2019 and 2020 is that for 2020, there were a higher percentage of staff who noted many of these barriers being present than in 2019. It could be construed that the barriers are becoming more widespread and noticeable among the staff.

In an effort to develop action items to remedy some of these barriers, the researcher has provided the top barriers by grade level in Table D13 (see red highlighting per grade level column). In addition, barriers by school district can be found in Table D14. A majority of the barriers were experienced by the Troy R-III school staff.

Behavioral/Mental Health Service Needed the Most for Students

School staff were asked, “What behavioral/mental health services is needed the most for your students?” Staff comments by school district and grade level are presented in Table D15. Qualitative theming analysis was not conducted due to the large sample size for Troy school staff. Across all of the school districts, some recurring comments were focused on managing emotions and reducing anxiety and stress. Various school staff noted the need to take services and education more to the parent level in an effort to “heal the entire family” as one staff member mentioned. Another prevalent request was for more ongoing and consistent counseling for students.

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She has over twenty-one years of experience in Human Resources, Organizational and Fund Development, Evaluation and Research including large-scale community needs assessments and customer/employee/stakeholder surveys, Psychometrics and Employee and Management Training. She has vast experience in organizational and community-based assessments allowing for guided strategic plan development complete with outcome measurement tools and procedures to match. Many of the community-based projects assess opinions, satisfaction and needs relating to a specific area of interest within a community.

BOLD is further strengthened by providing services for full organizational and program budget development, fund development and writing in-depth policies and procedures. She has worked with numerous not-for-profits, for-profits and government agencies involving strategic program planning and development, employee development, fundraising and/or fund development, survey/outcome development, board facilitation activities, and organizational assessments. Since 2007, Cynthia has personally raised over \$10 million dollars for many programs she has helped develop and implement. Furthermore, she has strengthened many not-for-profits with the development of measurement tools and processes to track outcomes, and the implementation of various quality improvement projects. Finally, she was an adjunct professor for the Evaluation of Programs and Services Master's level course at the George Warren Brown School of Social Work at Washington University from 2012 through 2019.