



Lincoln County Resource Board Strategic Plan
Fiscal Years 2025-2027

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 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:

- *Compass Health, Inc. d/b/a/ Compass Health Network*
- *Department of Elementary and Secondary Education (DESE)*
- *Division of Social Services*
- *Elsberry R-II School District*
- *Family Advocacy and Community Training (F.A.C.T.)*
- *Immaculate Conception*
- *Juvenile Office 45th Circuit Juvenile Court*
- *Missouri Department of Mental Health*
- *Missouri Department of Social Services*
- *Missouri Kids Count*
- *Nurses for Newborns*

- *Best Choice*
- *Presbyterian Children's Homes & Services*
- *PreventEd*
- *Sacred Heart Catholic School*
- *Saint Alphonsus Catholic School*
- *Saint Louis Counseling*
- *Saint Louis Crisis Nursery*
- *Sts. Joachim & Ann Care Service*
- *Silex R-I School District*
- *The Child Advocacy Center*
- *Troy R-III School District*
- *Winfield R-IV School District*
- *Youth In Need*

The most recent Lincoln County Resource Board Needs Assessment was completed in 2023. The next assessment is scheduled for 2026. In addition to summarizing the current state of the LCRB-funded programs, the 2023 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 2023

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)** -15,660 out of 61,586 general population; makeup 25.4% of the general population total. Youth population increased by 1,023, approximately 7% from 2007 to 2021. There are 5,098 children under the age of 6 in Lincoln County (LC), which increased 11% since 2007. These youth under the age of 6 make-up 8.4% of the general population.
- **Gender** – Out of the 58,569 Lincoln County residents (5-year average for 2021), there were 29,497 males (50.3%) and 29,192 females (49.7%).
- **Race (general population)** – 92.7% White; 2.0% Black or African American; 0.3% Asian; 2.1% two or more races; and 2.6% Hispanic.
- **Minority Children** – 10.5% of the LC children under age 18 or 1,651 children. From 2007 to 2021, the number of minority children in Lincoln County increased by over 61%. There are 568 minority children under 6 in LC, an increase of 69% since 2007. Eleven percent (11%) of children under 6 are minorities.
- **Median Household Income** - \$78,693 in 2021; increased by 33% (\$58,954) since 2010. Overall income increased by \$19,739 since 2010.
- **Adult unemployment** – At 4.6% for 2021. Peaked in 2009 with an 11.8% rate. Since 2007, unemployment has decreased by 1%. However, from 2020 to 2021, unemployment decreased by 1.7% from its recent spike in 2020 due to the employment issues experienced nationally from COVID-19. The county's rate was only 0.2% greater than the Missouri rate of 4.4% for 2021.

- **Children in Single-Parent Households** – 24.1% and less than the state percentage of 24.2%. This is the household type for 3,622 children, which decreased by 4% since 2009. There were 24.1% single-parent households in Lincoln County for 2021. Additional resources need to be extended to 3,622 children in single-parent families so their basic needs, including educational and social-emotional, can be met if other supports are not in place.
- **Children in Married-Parent Households** – 65.8% of LC children live in married-parent homes, representing 9,897 children (in comparison to 66.7% in Missouri). This has decreased by 8% since 2010.
- **Disability Types Increasing** –
 - Autism once again surged in the public school districts, with a 479% increase from 2007 to 2023; 162 children with autism diagnoses in 2023. Autism has increased by 3% in 1 year, 35% in 3 years, and 67% in 5 years.
 - Emotional disturbance diagnoses have surged by 123% since 2007; from 73 to 163 as of 2023. This diagnosis has increased 7% in 1 year, 38% in 3 years, and 63% in 5 years.
 - Young children with a developmental delay (children aged 3 through pre-kindergarten typically five-year old youth) increased by 103% and linked to 130 youth. There was a 31% 3-year increase and a 67% 5-year increase.
 - Children with “other” health impairments increased 57%, linked to 313 youth for 2023.
 - Language Impairment - 49% increase since 2007 and linked to 188 youth as of 2023. This diagnosis has increased 10% in 1 year, and 18% in 3 and 5 years.
 - Beyond the generalized disability type categories including other health impairment, the disability type that was the most prevalent was “specific learning disabilities” with 329 children (2023). This was followed in order by these diagnoses: language impairment (188), emotional disturbance (163), autism (162), young children with a developmental delay (130), and speech impairment (117).

Key Findings of the Lincoln County Community Indicators

Type of Indicator	Needs Attention	Mixed Results	Positive Findings
<i>Economic Well-being</i>		➤ Youth who are Homeless	➤ Children in Poverty ➤ Households at Risk of Homelessness ➤ Children in Families Receiving SNAP ➤ Food Insecurity ➤ Students Enrolled in Free/Reduced-Price Lunch Program
<i>Behavioral/ Mental Health</i>	➤ Juvenile Violent Offenses ➤ Self-inflicted Injury ➤ Youth Receiving Psychiatric Services	➤ Children Entering/Re-entering State Custody ➤ Reported & Substantiated Cases of Child Abuse and Neglect ➤ Suicide Rate of Youth and Suicidal Ideation ➤ Substance Use Trends/Juvenile Drug Offenses	➤ Births to Teens ➤ Juvenile Law Violation Referrals

<i>Physical Health</i>		➤ Infants Born with Low Birth Weight ➤ Infant Mortality ➤ Violent Teen Death Rate	➤ Child Deaths
<i>Educational</i>	➤ MAP test: 4 th Grade Math ➤ MAP test: Algebra 1 Proficiency ➤ Licensed Childcare Capacity	➤ Out-of-school Suspensions ➤ Disciplinary Incidents ➤ MAP test: 3 rd grade ELA ➤ MAP test: 8 th grade ELA ➤ School Attendance Rate	➤ High School Dropout Rate ➤ High School Graduation Rate

See the 2023 LCRB Needs Assessment Table of Contents to find data for each topic shown in the above table.

Additionally, the LCRB conducts school-based assessments 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

School personnel were tasked with identifying the most pressing behavioral/mental health (BH/MH) issues perceived among students during May of the 2023-2024 school year (N = 50 respondents for this question). The findings underscored critical concerns across all grade levels:

- The most critical behavioral health issue: “Friend/peer relationships, social skills, problem solving, and self-esteem” (84%), consistent with May 2023 findings.
- The second most critical behavioral health issue: “Anxiety, worry a lot, fear” (82%).
- The third most critical behavioral health issue: “Controlling emotions, anger management, and conflict resolution” (80%).
- The fourth most critical behavioral health issue: “Truancy/education neglect” (50%); a rise from the previous 38%.
- The fifth most critical behavioral health issue: “Depression/sad a lot” (48%); up from 30% in December 2023.

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 2023 Needs Assessment, summarizing submitted responses from the executive directors of LCRB-funded programs.

Agency staff were asked to identify the most prevalent behavioral and mental health (BH/MH) issues among the youth they serve in Lincoln County.

1. The most common BH/MH issue reported by 91% of the agencies, was “controlling emotions, anger management, and conflict resolution.”
2. The second most common issue, identified by 82% of respondents tied with “friend/peer relationships, social skills, problem solving, and self-esteem” and “bullying/cyber-bullying.”

3. Three different issues tied as the 3rd most common among 73% of the agencies, which included “anxiety, worry a lot, fear,” “feelings of acceptance/belonging,” and “depression/sad a lot.”
4. The fourth most common BH/MH issue was “drug and alcohol use and abuse” by 64% of agency staff.
5. Among the agencies surveyed, 55% reported “self-harm and suicide” as the fifth most common issue affecting the youth they serve.

Other responses:

- Engaging in risky behavior (getting into a vehicle with someone who is under the influence).
- Sexual assault/abuse.
- Unhealthy/inappropriate boundaries; identity; family transition/changes struggles; communication skills.

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

Agency staff were asked to pinpoint the most significant unmet needs or under-funded services for Lincoln County youth. The top qualitative themes that emerged from their responses include:

1. **Counseling Support and Additional Affordable Mental Health Services:** There were mentions of a need for more counseling support and increased availability of affordable mental health services for youth, particularly for addressing conditions such as depression and anxiety. (Four related comments)
2. **Enhanced Support for Parents and Families:** Several comments emphasized the need for enhanced support for parents and families facing various stressors, which can result in mental health challenges for all family members. An educational focus on assisting parents in their caregiving roles was also highlighted. (Three related comments)
3. **Financial Restraints and Basic Needs Support:** Agencies noted that financial constraints can make it difficult for parents to provide a stable and healthy household. This includes limitations in accessing basic necessities like food, clothing, and gas, with a particular mention of increased need during the summer months. (Two related comments)
4. **Trauma Services/Trauma-focused Therapy:** There is a need for consistent and ongoing services to address trauma. (Two related comments)
5. **Coping, Stability, and Self-Regulation Skill-Building:** Agencies mentioned the need for services that help youth develop coping mechanisms, stability, and self-regulation skills. (Two related comments)

Additional unique comments highlighted various other needs and concerns, including:

- Limitations in parents' skill sets and their ability to set and maintain boundaries to support their children's needs.
- Lack of transportation for accessing services.
- Addressing the gap year after high school when youth-based services may be lacking.
- Support for youth during transitional phases.
- Shortage of qualified mental health professionals.
- A need for abuse/neglect-focused education in schools with an emphasis on how to respond to youth in need.
- Support and education specific to LGBTQ+ youth, who may struggle with self-worth issues.
- The rise in youth substance use/abuse, stemming from deficits in emotional intelligence, limited access to intervention, lack of positive attention, and a need for alternative activities.

These insights provide a comprehensive view of the diverse and complex needs of Lincoln County youth, as identified by agency staff.

Current Gaps in Behavioral Health Services for Lincoln County Youth

Current Gaps in Behavioral Health Services for Lincoln County Youth

Agency staff identified several gaps in behavioral and mental health (BH/MH) services for Lincoln County youth, with many agencies noting multiple gaps. Eight out of the eleven (73%) of the agencies provided a response. Here are the key themes that emerged:

1. **Need for More Qualified Staff:** Several comments emphasized the need for more qualified staff in the county to respond to the increased BH/MH needs of young people. This was mentioned as a critical factor in addressing service gaps. (Seven related comments)
2. **Increased and Overwhelming BH/MH Needs:** Agencies noted that the BH/MH needs of youth have grown significantly in recent years. Factors contributing to this include staff shortages in the MH field, a higher volume of students in need (which is a continued aftereffect of the pandemic), and the need for more classroom support to facilitate interventions. (Six related comments)

The remaining gaps were noted by one agency each:

1. **Emergency Shelter Options:** Gaps were identified in finding emergency shelter options for youth in need.
2. **School-Based Mental Health Services:** Agencies expressed a need for more school-based mental health services to support students in educational settings.
3. **Services for Youth After Hospitalization:** There is a need for services to help youth reintegrate into society/school setting after hospitalization for mental health concerns.
4. **Trauma-Informed Care:** The importance of trauma-informed care as a gap in existing services was highlighted.
5. **Neurodiversity Education and Resources:** There is a need for education and resources related to neurodiversity to better support youth with diverse neurological profiles.

Additionally, agencies provided insights into the contributing factors behind these gaps in BH/MH services in the community:

1. **Aftereffects of the Pandemic:** The pandemic has had a lasting impact on youth BH/MH needs, with agencies noting its role as a contributing factor. (Three related comments)
2. **Staff Shortages:** Shortages within the behavioral and mental health field were identified as a contributing factor to service gaps. (Two related comments)
3. **Impact of Social Media and Technology:** Social media and technology were noted as factors increasing youth needs, leading to deficits in belonging, social-emotional functioning, and age-appropriate boundaries and expectations in school and home environments.
4. **Increased Demand for Services:** The increase in youth needing services has led to longer evaluation times.
5. **Transportation Limitations:** Transportation limitations experienced by families, particularly to access services in Troy, were cited as a contributing factor.
6. **Economic Factors:** Inflation costs, a lack of affordable housing, food insecurity, and widespread poverty were mentioned as factors contributing to increasing youth needs.
7. **Appointment Availability:** Limited availability of service appointments was noted.
8. **Access to Youth Activities:** The availability and access to youth activities were considered factors in addressing service gaps.

9. **Emotional Intelligence Education:** The lack of emotional intelligence education for youth was highlighted as a contributing factor.
10. **Family Planning Resources and Education:** The need for family planning resources and education to support parents and families in their roles was mentioned.

These insights provide a comprehensive understanding of the challenges and contributing factors surrounding BH/MH service gaps for Lincoln County youth, as identified by agency staff.

Recent Roadblocks that Have Hindered Utilization of Funds or Provision of Services

Agency staff were asked to provide insights into recent challenges they have encountered, beyond funding, which have impacted the utilization of funds and the delivery of services. Table 11 presents a prioritized list of these recent challenges reported by program staff:

- The most significant challenge, experienced by 64% of the represented agencies, is the need for high-quality, professional staff.
- Following closely, the second most common challenge, reported by 55% of agency staff, is the lack of reliable transportation for clients.
- Approximately 36% of the agencies mentioned that their programs compete with essential school activities, posing a notable hurdle.
- Three separate challenges emerged as the next most frequent issues, each cited by 27% of agency respondents. These include difficulties in scheduling services with youth clients, clients not attending scheduled appointments, and limited space for providing services to clients.

V. 2025-2027 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.

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

- I. Enhance awareness and programming to reach younger children (0-5 and their caregivers) for earlier identification and prevention.
- II. Meet the evolving and timely crisis intervention needs of our children and youth.
- III. Secure and enhance funding streams to keep pace with growing demand for services.
- IV. Ensure the LCRB's long-term organizational viability.

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