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

Lincoln County Resource Board

Prepared by Cynthia Berry, Ph.D. of BOLD, LLC with guidance from LCRB's Executive Director, Cheri Winchester.

2020

Berry Organizational & Leadership Development, LLC
3740 Forest Meadow Drive, Defiance MO 63341
(636) 544-7328; cynberry42@msn.com

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.

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*

Introduction

This report represents the seventh study of children's mental health services conducted for Lincoln County, and the fifth study conducted since the creation of the *Community Children's Services Fund (CCSF).* The *CCSF* was created through a voter-approved ¼ cent sales tax (approved in November 2006) designated to provide mental health services for Lincoln County kids, ages 0-19.

The Lincoln County Resource Board (LCRB) oversees this funding, facilitating the establishment, operation and maintenance of mental and behavioral health and substance abuse services for Lincoln County children and youth. The LCRB-funded programs and services have effectively prevented child abuse and neglect; homelessness; substance abuse; and school-based violence. In 2019, our providers served:

- Approximately 12,326 youth
  *(*Total number served, 15,407, reduced by 20 percent to account for potential duplication when multiple agencies service a child or youth, e.g., in cases of mental illness and homelessness.)*
- 1,881 additional family members/Lincoln County mandated reporters

By providing a comprehensive, multilayered system of intervention and treatment services, all Lincoln County citizens reap benefits. These community benefits are derived from a better educated, more productive population and workforce and decreased taxpayer costs for crisis services and law enforcement. Above all, we are working to ensure that every child has a chance to reach his or her potential.

History of the Lincoln County Resource Board

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 programs
- Examining mental health care providers' programs against Lincoln County's needs assessment, funding statute, utilization rates and proven clinical success
- Overseeing mid-year and annual clinical outcomes reporting; financial statements; 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 confirm the highest priority needs
- Funding only services rendered—prohibiting pre-billing and ensuring any unused funding allocations are forfeited

LCRB trustees and staff meet regularly with local school leadership and counselors, law enforcement, civic leadership and concerned citizens to assess progress and needs.

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, based on local need, funding capacity and/or availability of local mental health specialists/programs.

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

- Outpatient Substance Use Disorder 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

Three areas of identified need that were **not funded** during the 2020 funding cycle include:

- Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
- Transitional living services
- Services for teen parents

Additional details about the programs that were funded are provided in a section beginning on page 2. A full description of these types of services can be found in Appendix A.

What This Current Study Measures

This assessment report was purposefully designed to focus on the LCRB's next funding priorities based on youth's mental/behavioral needs and not based on cost considerations. Therefore, costs are not included in this report. The presentation of community indicators data--when paired with the profile of the current LCRB-funded programs on waitlists, numbers they serve or have had to turn away--can lend support for a current program or demonstrate that additional funding is needed to help improve a current situation.

Agency program contacts were approached to gather some current information, which included:

- Descriptions of services and programs available to children, and the eligibility criteria (information available through LCRB)
- Number of Lincoln County children and youth served and unable to be served in 2019 and anticipated numbers to be served in 2020
- Number of youth placed on wait lists, average length on waitlist, and referral information

Agency executive directors were contacted to share their perspective on the following areas:

- Greatest unmet or under-funded service for Lincoln County youth
- Current gaps in behavioral health services for Lincoln County youth
- If additional funding were available for an internal agency program/service, what agencies would be selected to address the highest priority unmet or under-funded need
- Recent roadblocks (beyond funding) that has hindered utilization of funds or provision of services
- Another behavioral/mental health providers/programs LCRB should consider funding that would enhance the effectiveness of the local system of care
- The impact of COVID-19 to the services they provide, including plans to serve youth in the 2020-2021 school year where various schools will have different methods of teaching (i.e., in-person, hybrid model, virtual learning, etc.).

In addition to summarizing the current state of the LCRB-funded programs, the 2020 assessment also gauges what is transpiring in the community with specific indicators to identify areas that may need attention and areas that have been positively affected by the influx of programs and services funded by LCRB. The most current statistics available during the research phase of this project were accumulated for this study, with most of them reflecting information from 2007 through 2018/2019. 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.

Following the demographics review, information about Lincoln County is seen with various community indicators—offering comparisons to other representative counties similar to or close to Lincoln County. The counties that are included for some comparisons are: Franklin, Montgomery, St. Charles, St. Louis, and Warren. The county data is presented with the state data, if available, for every community indicator.

The next section of the report provides a summary of the Missouri Student Survey 2018 results (2020 results to be available in October of 2020), with a special focus on changes with Lincoln County youth since 2010 and comparative state information to help gauge need.

The report concludes with a brief section of the school staff assessment regarding school-based prevention programming and needs of the student population they represent.

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. St. 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 TOC program reported that they were unable to serve 30 youth in 2019 with more in-depth services (not including general prevention programming).

For 2020, it is estimated that 8,732 (accounting for a 20% non-duplicated adjustment to the 10,916 reported by agency staff for 2020) youth will attend an LCRB-funded prevention program, with a 76.4% coverage rate. There is additional programming offered by school staff and law enforcement that is not included in this assessment. School staff, if available and feasible, are able to provide prevention programming about more generalized topics such as bullying, self-esteem, and coping with emotions, as some examples. The table below shows the list of the LCRB-funded, school-based prevention programming that is available within the Lincoln County public and private schools.

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.***

Table 4. Assistance Provided to Children/Youth Waiting for Services (If Provided)

The program supervisor monitors the situation and provides supports as needed, including referrals to LCRB funded services, school based Integrated Health Specialist services if appropriate and approved by the school as well as other community resources including psychiatry, therapy and other programming. Compass Health Network provides a cadre of comprehensive health care services in the community that the target population has adequate access to (Compass, Partnership with Families program)
Program staff members monitor monthly, or as needed based on the acuity of presenting students. Staff members are available for crises as they arise in the school system and community. Staff members and program supervisors provide resources to families as well as link them to other LCRB funded programs and community resources (Compass, School-based Mental Health Specialists)
Partner agency referrals or linkage with a school support staff/program (Saint Louis Counseling, counseling services)
Therapists conduct an assessment with the youth on the wait list and provide appropriate referrals as needed. They also offer group counseling to serve more clients when possible (Youth In Need, counseling services)
During times of high call volume, the Nursery has been able to streamline the most severe cases for immediate admission, while engaging families whose children who are not in immediate danger in intensive safety planning and direct resource referral until a space is available to admit their children for care, typically within 48 hours (Crisis Nursery Wentzville, respite 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 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.
- In 2019 and 2020, LCRB did not fund Lincoln County specific ***Teen Parent*** services. (No such program funding applications were received by the LCRB.)
- ***Transitional Living*** services were not funded in 2019 or 2020 by LCRB. (No such program funding applications were received by the LCRB. Other available programs offer housing supports available to respond to families in need (Sts. Joachim and Ann Care Service)).
- ***Temporary Shelter*** services were not funded by LCRB in 2019 or 2020. (No such program funding applications were received by the LCRB.)

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

Behavioral/Mental Health and Basic Needs' Support Referrals

Referrals Utilized in Lincoln County when a LCRB-funded Behavioral/Mental Health Provider Needs Additional Supportive Services or CANNOT Provide Behavioral/Mental Health Services for Clients

All ten agencies provided referral information that they give to clients when they need additional behavioral and/or mental health services (beyond what the agency can provide). The referrals in alphabetical order included:

- Behavioral Health Response
- Centerpointe Hospital
- Compass Healthcare Inc.
- F.A.C.T.
- Mercy Behavioral Health
- Preferred Family Healthcare
- Presbyterian's Therapeutic Mentoring program
- Sts. Joachim and Ann Care Service
- Saint Louis Counseling
- The Child Center
- Youth In Need

Most Frequent Referrals Given for Basic Needs' Support in Lincoln County

All ten agencies provided a response when asked about the most frequent referrals they provide to their clients who are lacking in basic needs' support. The referral list (in alphabetical order) included:

- Bright Futures
- Churches (local) for food pantries and/or mobile markets including St. Vincent de Paul
- Crisis Nursery Family Empowerment Program
- Food pantries (local)
- Lincoln County Health Department
- Ministerial Alliance
- NECAC
- Nurses for Newborns (basic needs for baby and/or mom)
- Sts. Joachim and Ann Care Service (food pantry and housing/utilities support)
- School districts (local) for meals and/or mobile markets

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.

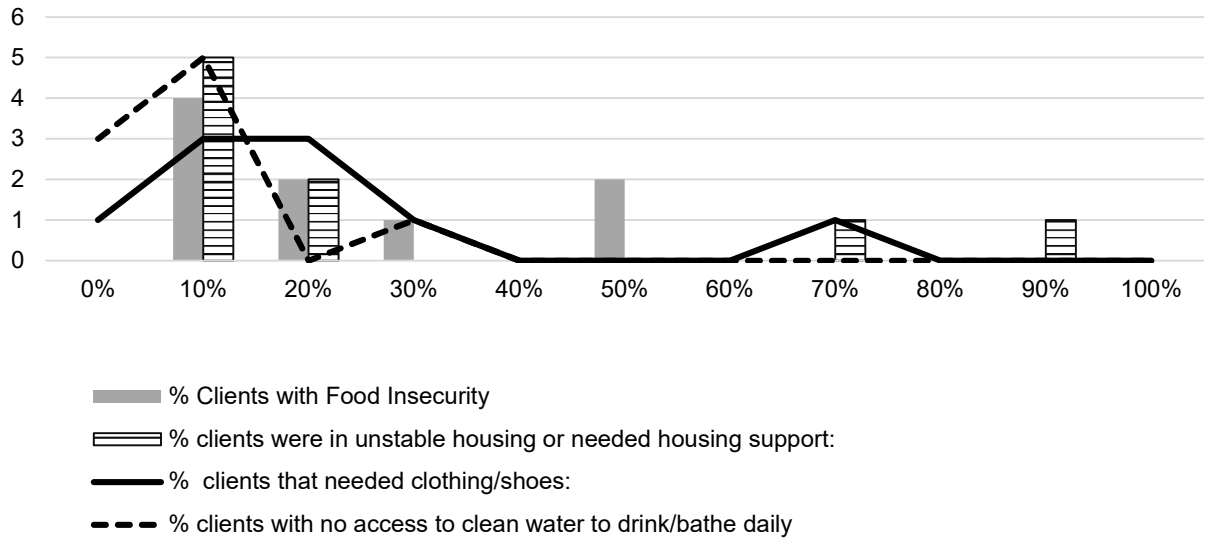
As can be seen in the table below, the highest average percentage of clients were found to have a housing insecurity (28%); a client was either in unstable housing or in need of housing support. There were, on average, 23% of clients who had food insecurity, with 21% on average

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). The chart below provides the number of agencies who noted the percentage of their clients with these basic need insecurities, which is a barrier to serve youth with mental health needs (note that this is based on a sample size of nine agencies). 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%

Figure 1. Agency Response on Average Percentage of Clients Requiring Basic Needs' Support: Item Analysis



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. To advance the needs assessment report, funded agencies received two separate surveys, with one focused on the individual program information and the other focused on generalized youth needs/trends from the perspective of the agencies' executive directors. Only one agency survey was completed per each of the ten (10) funded agencies regardless of how many programs are funded. Then, one program survey was completed per LCRB-funded program. All of the agencies responded to both survey processes.

The information presented in this section contains the agency survey information with summarized findings across all of the executive directors'/designees' responses.

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

The 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:
    - Sexual activity among youth
    - The need for counselors who are specialized in sexual/physical abuse
    - Prevention programs that are deemed "mandatory," but are currently not covered in all of the middle schools within Lincoln County
    - Post-partum clinical depression of mothers/caregivers, which if unaddressed could have a serious, negative impact on the development of a child
    - 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)
- 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

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 below, noting the numbers shown in the table above per roadblock for identification purposes.

- Agencies provided gas vouchers to clients or a relative/friend of a client to get them to an appointment. One agency assisted in transporting clients to the service location. 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).
- An agency has moved away from doing billing face-to-face only, which required some families/clients to have to meet in person, which is not desirable and/or feasible. Billing can now be completed over the phone, which is a very effective practice (roadblock 1 and 4).
- One of the LCRB-funded agencies trained internal staff to work on better engagement with their youth clients and their parents, in an effort to improve various scheduling and communication issues.
- Agencies are needing to be creative in an effort to find quality, professional staff. With the development of the initiative of the Associates Degree programming for social services by the Coalition for Community Mental Health Centers in Missouri, more individuals are available for successful recruitment and retainment within these types of jobs, especially in rural areas with limited access to the larger network of services. Another agency has begun the use of a new HR recruitment system that is helping them find qualified candidates (roadblock #2).

In addition, agencies were asked to identify barriers they have when coordinating with other service providers. Due to the confidential nature of this information, agency staff were able to provide this information confidentially to the LCRB staff to assess for strategic planning purposes. There were no known reports of barriers experienced between agencies while coordinating their services for the benefit of the Lincoln County Youth.

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. Seventy percent of the agencies identified the need for quality, professional staff who can provide those programs. Reliable transportation was again heavily represented by 50% of the agencies. Forty percent of the staff had difficulty funding these new approaches, and separately, the cost of training their staff and/or funding the certification process for the new, evidence-based programs(s) posed difficulties. There were 20% of the agencies who had difficulty scheduling services with youth client. Additional unique responses are included in the table below.

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, and included:

- 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.
- Lincoln County could consider providing sponsorship and/or scholarships for evidence-based training that the agencies could apply for a regular basis.
- Agency with staff in other larger counties send experienced staff to work in the new communities since learning the job and resources available is not feasible for a new staff member in a new region with no other supportive staff.

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 these are listed below:

- Increase the number of counselors trained in trauma-based treatment.
- Increase access to office-based providers possibly by offering free transportation.
- Increase access to school-based mental health services, potentially decreasing transportation issues.

- Allow for more services to be available and funded by telehealth. Additional families could be served if transportation time/costs were not a factor.
- 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.
- (As a community and/or agency), Seek out and diversify revenue streams to address the uninsured vs. insured dilemma previously posed.
- Improve how agencies provide services by focusing on increased family/parent engagement/education.
- Develop partnerships between certain agencies who are lacking adequate and/or timely referrals (specifically linked to specialized services for clients of The Child Center and Nurses for Newborns).

Another Behavioral/Mental Health Provider/Program that LCRB should consider that would Enhance the Effectiveness of the Local System of Care for Lincoln County Youth

There were four agencies that provided responses when asked if there are external programs and services that would enhance the effectiveness of the local system of care for Lincoln County youth. Two responses provided by agencies were regarding expansion of their own current services, which was included in a previous question. Additional responses that were unique included:

- Community Living in St. Charles, since they provide after-school care for children with significant behavior needs.
- Catholic Charities
- Effective prevention programs for drug and alcohol for youth at all school levels, with need for increased intervention services.

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

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 3.2% 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
Economic Well-being	➢ Children in Poverty ➢ Households at Risk of Homelessness	➢ Students Enrolled in Free/Reduced Price Lunch Program	➢ Children in Families Receiving SNAP. ➢ Youth who are Homeless
Education		➢ Out-of-school Suspensions ➢ Disciplinary Incidents	➢ High School Dropout Rate ➢ High School Graduation Rate
Health - Physical	➢ Infants born with low birth weight	➢ Violent Teen Death Rate	➢ Infant Mortality ➢ Child deaths – 1-14 years of age
Health - Behavioral	➢ 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	➢ Juvenile Law Violation Referrals	➢ Births to Teens ➢ Suicide Rate of Youth

See the Table of Contents on where to find data for each topic shown in this table.

Demographic Information for Lincoln County Youth

Youth Population Under 18

The percentage of youth in Lincoln County decreased by approximately 2.7% covering this 12-year period of time from 2007 to 2018. In Lincoln County, there were 14,658 youth under 18 in 2018 out of the total population of 55,583. Youth make up 26% of the total population, which is approximately 3% more than the percentage of youth in Missouri. Please note that there were 15,644 youth under the age of 20, which is relevant since this is the age-range that LCRB programs can serve. There are 1% more females than males in Lincoln County.

Table 9. Youth Population Trends in Lincoln County

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff	% Ch.
# LC	14637	14702	14624	14434	14401	14345	14267	14188	14315	14658	21	0.1%
% LC	28.4%	28.0%	27.6%	27.1%	26.7%	26.4%	26.1%	25.7%	25.5%	25.7%	-2.7%	
% MO	24.3%	23.8%	23.5%	23.3%	23.1%	23.0%	22.9%	22.8%	22.6%	22.7%	-1.6%	

Source: US Census Bureau; MO Office of Administration, Division of Budget and Planning. Definitions: Total resident population under age 18, including dependents of the Armed Forces personnel stationed in the area.

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.

Figure 2. US, Missouri, and Lincoln County - Gender Distribution - 5 - Year Average

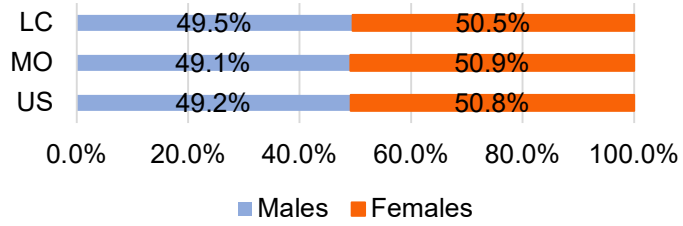


Table 10: US, Missouri, and Lincoln County Age Breakdown- 2014-2018- 5 Year Average

	US	MO	LC	% Total
Total	322,903,030	609,062	55,563	
Under 5 years	6.1%	6.1%	3,764	6.8%
5 to 9 years	6.3%	6.3%	4,010	7.2%
10 to 14 years	6.4%	6.4%	3,868	7.0%
15 to 19 years	6.6%	6.5%	4,002	7.2%

Race

For the Lincoln County (LC) general population including 55,563 residents, 94.7% White; 1.9% Black or African American; 0.4% Asian; 1.9% two or more races, and 2.4% Hispanic.

Table 11: US, Missouri, and Lincoln County Racial Breakdown- 2014-2018- 5 Year Average

	US	MO	LC	% of Total
Total population	322,903,030	609,062	55,563	
One race	96.8%	97.4%	54,509	98.1%
White	72.7%	82.2%	52,635	94.7%
Black or African American	12.7%	11.6%	1,061	1.9%
Asian	5.4%	1.9%	214	0.4%
Native Hawaiian/ Other Pacific Islander	0.2%	0.1%	15	0.0%
Two or more races	3.2%	2.6%	1,054	1.9%
Hispanic or Latino	17.8%	4.1%	1,330	2.4%

Minority Children

As of 2018, 8.3% of the LC children under age 18 were minority children representing 1,221 children. By comparison, there were 25.4% who were minority children in Missouri; a difference of 17.1%. Since 2007, the number of minority children in Lincoln County increased by over 19%. From 2017-2018, the number of minority children in Lincoln County increased by 5.3%.

Table 12. Number and Percentage of Minority Children in Lincoln County & Missouri from 2007 to 2018

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff	% Ch.
#-LC	1025	1057	1069	1111	1156	1166	1217	1162	1160	1221	196	19.1%
#-MO	327,343	337,947	337,650	338,841	340,840	343,852	346,233	346,801	349,168	349,664	22,321	6.8%
%-LC	7.0%	7.2%	7.3%	7.7%	8.0%	8.1%	8.5%	8.2%	8.1%	8.3%	1.3%	
%-MO	22.9%	23.7%	23.9%	24.1%	24.4%	24.7%	24.9%	25.0%	25.2%	25.4%	2.5%	

Source: Missouri Kids Count

Table 13. 2017-2018 Percent Change for Lincoln County and Missouri

	Diff	% Ch.
#-LC	61	5.3%
#-MO	496	0.1%
%-LC	0.2%	
%-MO	0.2%	

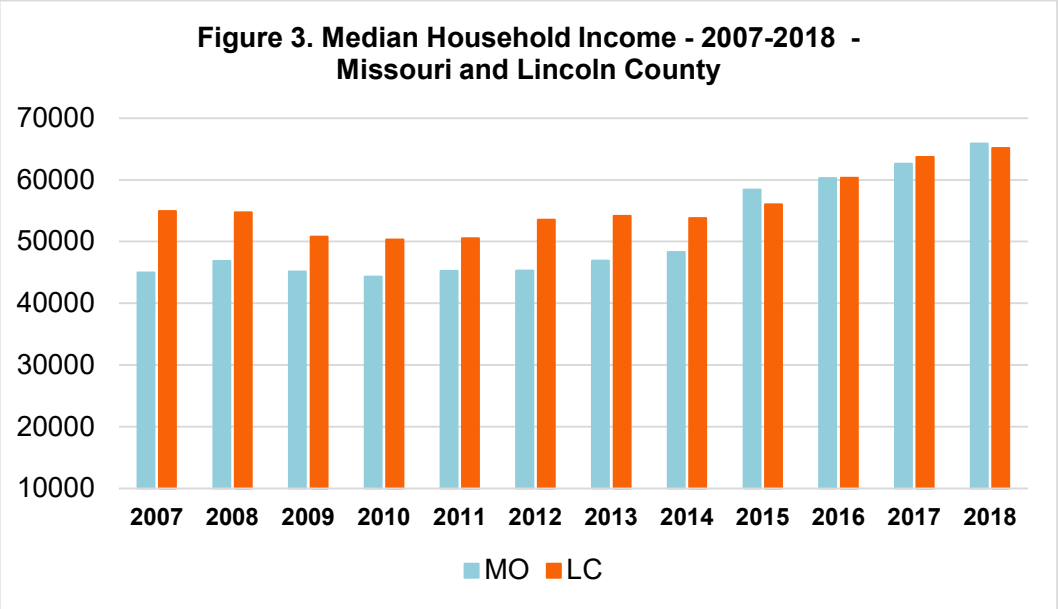
Median Household Income

Income is another factor that can directly impact a youth's access to some of the programs and services. Lincoln County's median household income was $65,137 in 2018; from $54,938 in 2007. Median household income increased by 18.6% in this 12-year range or $10,199, in comparison to a 46% growth for the state income. Income plunged to $50,307 in 2010, then jumped to $53,542 in 2012. Lincoln County's median household income had been consistently higher than Missouri's in every year, with the exception of 2018, with Lincoln County at $65,137, in comparison to $65,872 for Missouri.

Table 14. Median Household Income – 2007 -2018 – Missouri and Lincoln County

	2007	2009	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
MO	45012	45149	45231	45320	46905	48288	58397	60292	62613	65872	$ 20,860	46%
LC	54938	50795	50523	53542	54144	53804	56019	60340	63729	65137	$ 10,199	19%

Source: US Census Bureau. Definitions: Median income of family households with children under 18. Based on ACS 5-year estimates.



Adult Unemployment

Adult unemployment peaked in 2009 with an 11.8% rate, but as of 2018, was at an all-time low of 3.3%. 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.

Table 15. Adult Unemployment Rate - 2007 to 2018

	2007	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
Missouri	5.1%	9.3%	9.4%	8.4%	6.9%	6.7%	6.1%	5.0%	4.5%	3.8%	3.2%	-1.9%
Franklin	5.5%	12.0%	10.7%	9.2%	8.0%	7.2%	6.4%	5.0%	4.4%	3.6%	3.1%	-2.4%
Lincoln	5.6%	11.8%	11.3%	10.0%	8.3%	7.6%	6.5%	5.2%	4.5%	3.6%	3.3%	-2.3%
Montgomery	5.4%	11.8%	10.7%	9.9%	8.0%	7.2%	6.0%	5.0%	4.6%	3.3%	2.9%	-2.5%
St. Charles	4.1%	8.5%	8.3%	7.2%	6.0%	5.3%	4.8%	3.9%	3.5%	2.9%	2.5%	-1.6%
St. Louis	4.9%	9.0%	9.1%	8.1%	6.7%	6.2%	5.8%	4.6%	4.2%	3.4%	3.0%	-1.9%
Warren	5.4%	11.3%	10.5%	8.9%	7.7%	6.9%	6.2%	4.8%	4.2%	3.2%	2.8%	-2.6%

Source: Missouri Department of Economic Development, Division of Employment Security.

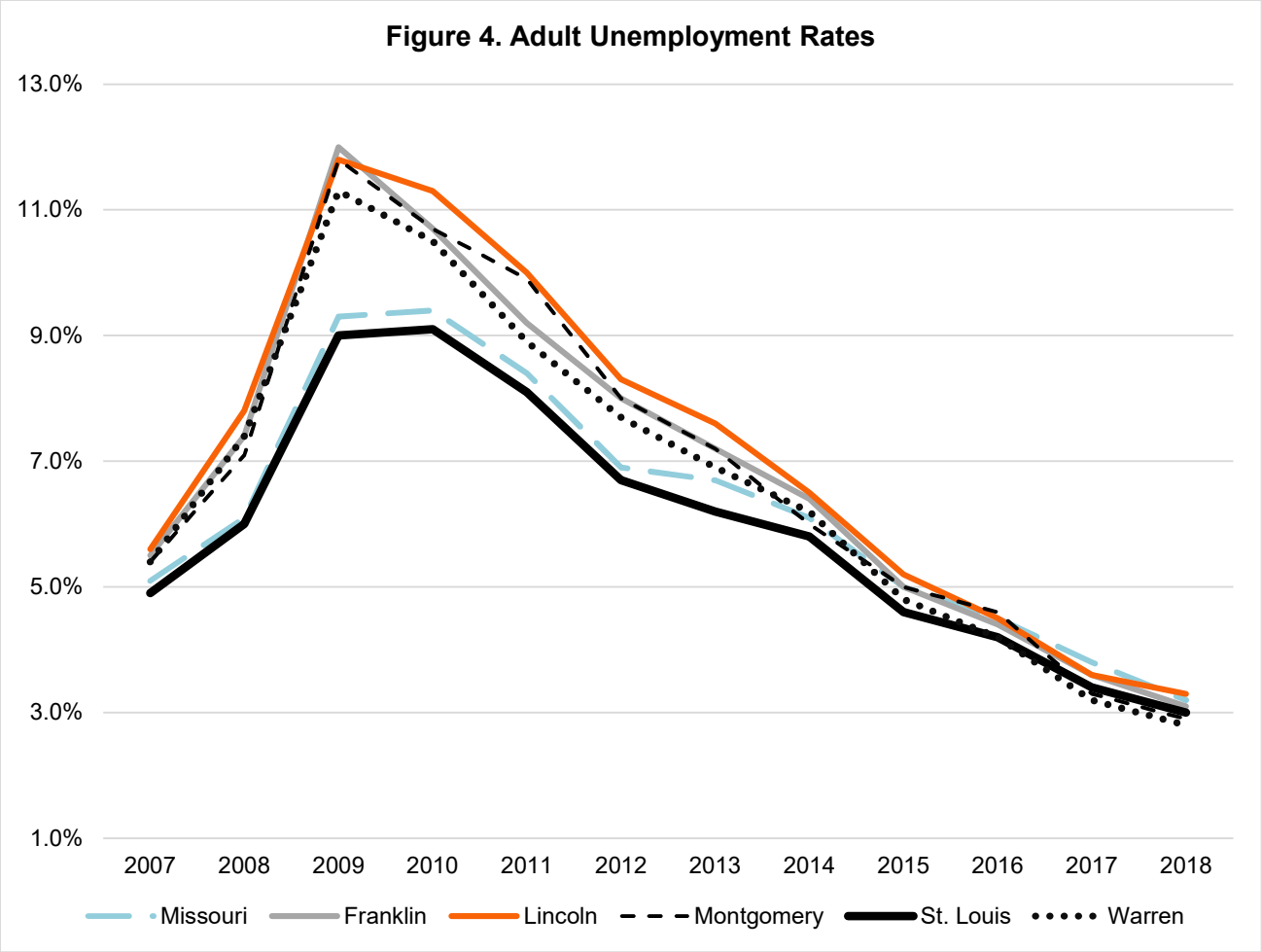


Figure 4. Adult Unemployment Rates
13.0%
11.0%
9.0%
7.0%
5.0%
3.0%
1.0%
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
Missouri
Franklin
Lincoln
Montgomery
St. Louis
Warren

Children in Single-Parent Households

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.

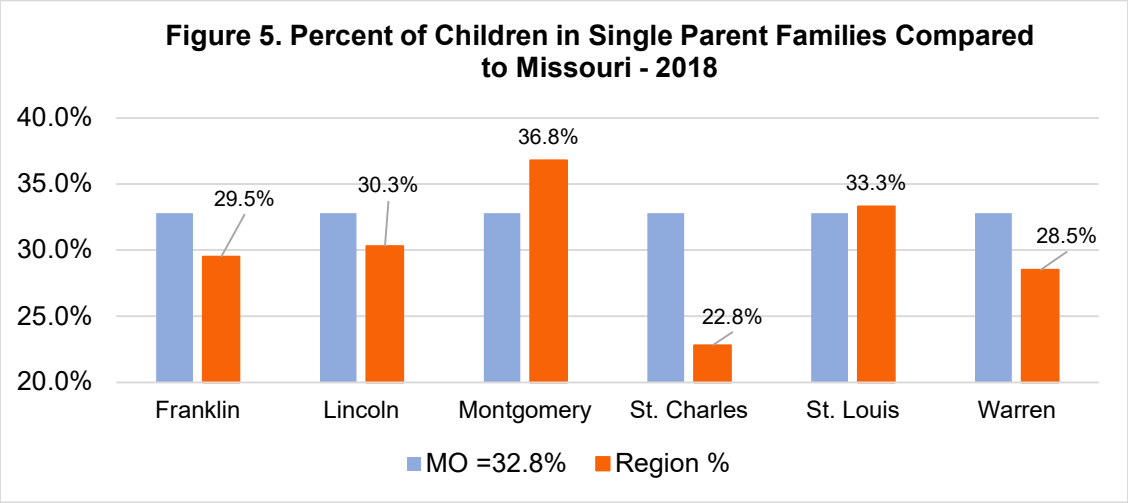
Table 16. Children in Single-Parent Household- Frequency

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
MO	444072	472380	472205	471304	461557	463095	465659	461863	454332	454529	10457	2%
LC	3629	3940	3751	3995	3716	4050	4184	4265	4464	4329	835	23%

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

Table 17. Children in Single-Parent Household- Percentage

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
MO	31.2%	33.3%	33.4%	33.5%	32.8%	33.1%	33.4%	33.3%	32.9%	32.8%	1.6%
LC	26.0%	26.7%	25.7%	27.5%	25.7%	28.0%	29.2%	30.0%	31.4%	30.3%	4.3%



Children with Disabilities

Viewing the trends for various disability types among the youth in Lincoln County is critical for proper planning and allocation of resources. Autism once again surged in the public school districts, with a 329% increase from 2007 to 2020. There were 120 children with an Autism diagnosis in the public schools for 2020. The county experienced a 44% increase in children with other health impairments, which included 288 youth for 2020. There was a 27% increase in the number of children diagnosed with language impairment with 160 noted for 2020. Young children with a developmental delay, which includes children age 3 through pre-kindergarten (typically five-year old children) increased by 55% with 99 youth diagnosed in 2020. 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). The top nine diagnoses/categories are shown on the figure below.** Enrollment figures are also shown for Lincoln County to allow for this comparison.

Table 18. School Enrollment Figures – Lincoln and Missouri

	2014-2018- LC		MO - 2018
	#	%	%
Population 3 years and over enrolled in school	13,209		
In nursery school, preschool	857	6.5%	6.3%
In kindergarten	841	6.4%	5.0%
In elementary school, grades 1-8	6304	47.7%	41.3%
In high school, grades 9-12	3434	26.0%	20.7%
In college or graduate school	1773	13.4%	26.6%

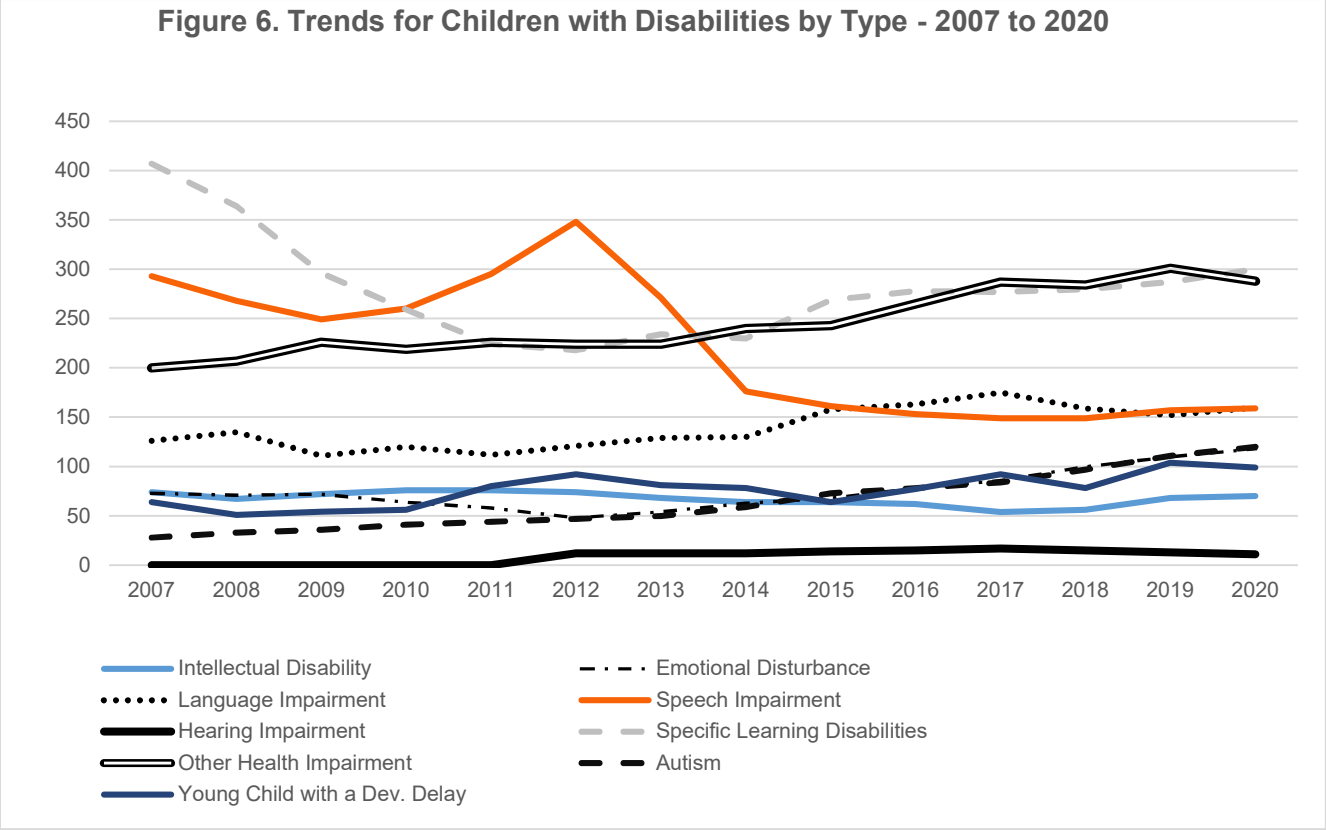


Table 19. Children with Disabilities & Type - Lincoln County Public School District Reports - 2007 to 2020

Disability Categories	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Diff.	% Ch.
Intellectual Disability	74	67	72	76	76	74	68	64	64	62	54	56	68	70	-4	-5.4%
Emotional Disturbance	73	71	72	64	58	48	54	63	68	78	86	100	110	118	45	61.6%
Language Impairment	126	135	111	120	112	121	129	130	158	163	175	159	152	160	34	27.0%
Speech Impairment	293	268	249	260	295	348	271	176	161	153	149	149	157	159	-134	-45.7%
Visual Impairment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NC
Hearing Impairment	0	0	0	0	0	12	12	12	14	15	17	15	13	11	11	NC
Specific Learning Disabilities	407	364	296	259	224	218	234	230	269	278	277	280	287	300	-107	-26.3%
Other Health Impairment	200	207	226	219	226	224	224	240	243	265	287	284	301	288	88	44.0%
Multiple Disabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NC
Autism	28	33	36	41	44	47	50	59	73	78	84	97	111	120	92	328.6%
Young Child with a Dev. Delay	64	51	54	56	80	92	81	78	64	77	92	78	104	99	35	54.7%
OI, D, B, TBI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NC
TOTAL	1,301	1,232	1,141	1,119	1,139	1,203	1,140	1,074	1,144	1,187	1,242	1,251	1,326	1,352	51	3.9%

Source: Office of Special Education
NC = due to the value of 0 in 2007; calculation not possible.
OI, D, B, TBI = Orthotic Impair., Deaf, Blindness, & Traumatic Brain Injury

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. Lincoln County has consistently had a smaller percentage of impoverished youth (15.3%) in comparison to state (18.3%) and national trends (18.0%).

Focusing on youth age 0-17, there was a 2.2% increase in the number of those who were in poverty since 2007. However, there was a 5.5% decrease from 20.8% in 2014 to 15.3% in 2018. Table 17 shows how Lincoln County compares to other regions.

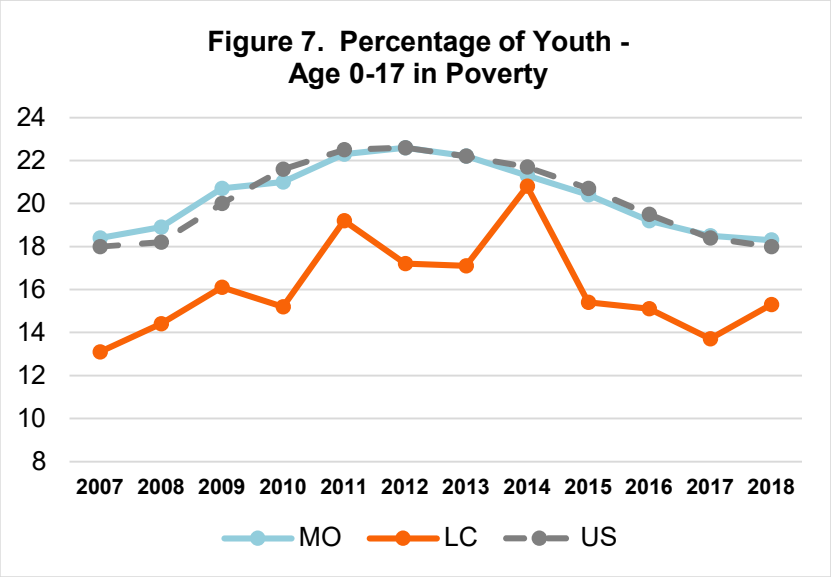


Table 20: Numbers and Rates of US, MO, and Lincoln County Individuals in Poverty 2007 to 2018

Year	US	per 100	MO	%	LC	%
2007	38,052,247	13.0	758,844	13.3	4768	9.4
2008	39,108,422	13.2	774,937	13.5	5438	10.5
2009	42,868,163	14.3	850,316	14.6	5795	11
2010	46,215,956	15.3	888,471	15.3	5834	11.2
2011	48,452,035	15.9	922,103	15.8	6902	13.2
2012	48,760,123	15.9	945,435	16.2	6488	12.3
2013	48,810,868	15.8	928,778	15.8	6310	11.9
2014	48,208,387	15.5	908,394	15.5	8376	15.7
2015	46,153,077	14.7	875,704	14.8	6,089	11.3
2016	44,268,996	14.0	826,358	14.0	6,132	11.2
2017	42,583,651	13.4	793,001	13.4	5,436	9.8
2018	41,852,315	13.1	785,343	13.2	6,055	10.6
Diff.	3,800,068	0.1	26,499	-0.1	1,287	1.2
% Ch.	10.0%		3.5%		27.0%	

Source: Small Area Income & Poverty Estimates (SAIPE). Rate is per 100.

Table 21: Percentage of Youth 0-17 in Poverty- County, State, and National Trends

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff
MO	18.4	18.9	20.7	21.0	22.3	22.6	22.2	21.3	20.4	19.2	18.5	18.3	-0.1
LC	13.1	14.4	16.1	15.2	19.2	17.2	17.1	20.8	15.4	15.1	13.7	15.3	2.2
US	18.0	18.2	20.0	21.6	22.5	22.6	22.2	21.7	20.7	19.5	18.4	18.0	0.0
Franklin	12.6	12.3	15.2	19.3	13.8	19.1	16.0	16.2	16.3	15.2	14.6	13.2	0.6
Montgomery	22.2	22.0	24.1	26.7	25.6	25.0	22.6	24.5	26.2	23.4	21.5	21.5	-0.7
St. Charles	5.7	6.6	6.8	7.2	7.8	9.3	8.3	8.9	7.8	6.5	6.7	7.0	1.3
St. Louis	11.7	12.0	13.9	14.0	16.6	17.8	16.2	13.7	14.0	12.6	13.1	15.7	4.0
Warren	13.1	14.8	18.3	20.2	20.7	19.4	18.9	19.4	18.8	18.6	14.4	16.0	2.9

Table 22: Percentage of Youth 5-17 in Poverty – County, State, and National Trends

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
MO	16.0	16.6	18.6	18.5	20.1	20.6	20.5	19.5	18.9	17.5	17.2	17.1	1.1
LC	11.7	12.0	14.3	13.7	17.6	15.8	16.1	19.3	14.2	13.9	12.3	14.9	3.2
US	16.4	16.5	18.2	19.8	20.8	21.0	20.8	20.4	19.5	18.3	17.3	17.0	0.6

The number of children age 5-17, who were in poverty, increased 27% to an estimated 1,468 children, with the biggest drop occurring after 2014 with an estimated 1,993 youth from 5-17 years of age. 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%.

Figure 8. Percentage of Children - Age 5-17 in Poverty

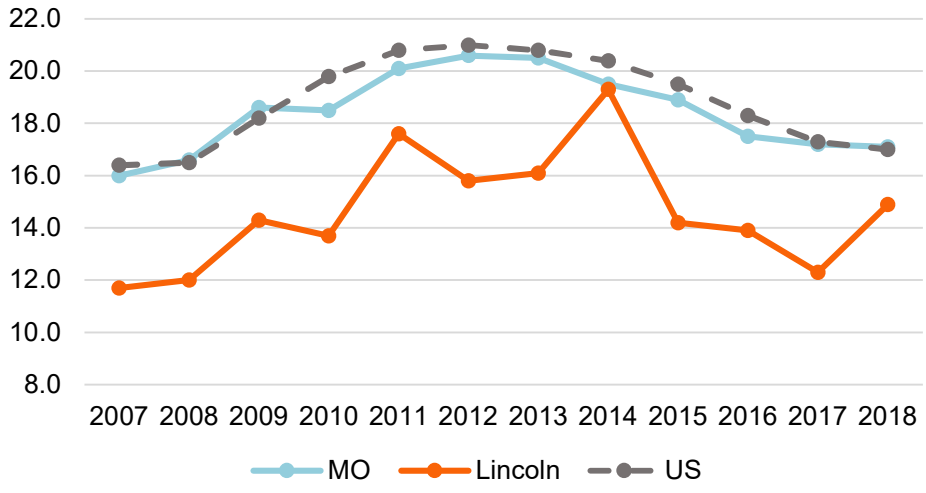
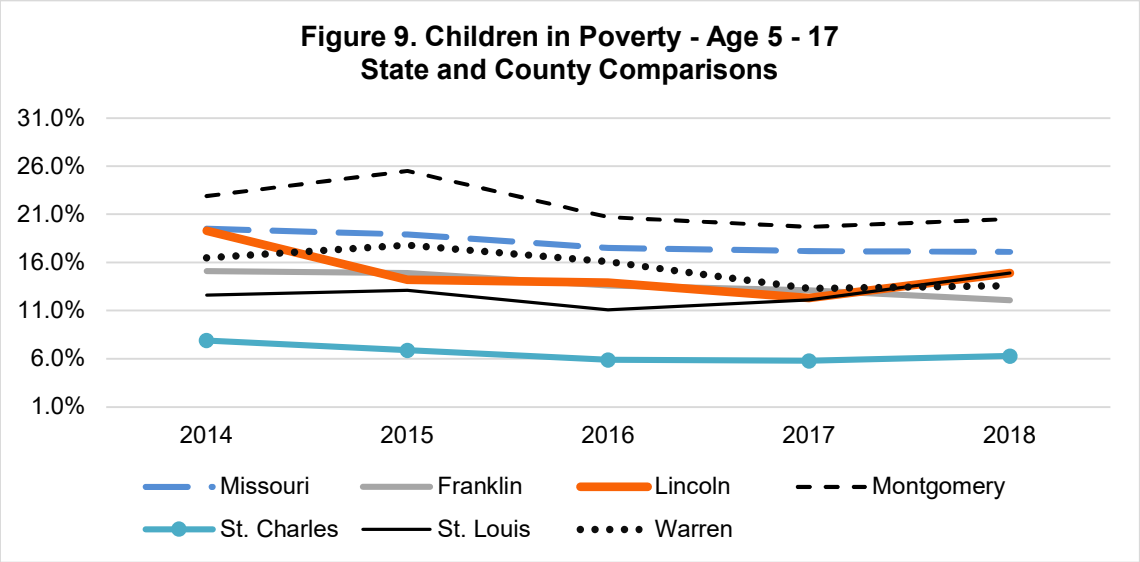


Table 23: Poverty Trends for Lincoln County

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
# of Ind. in Poverty	4768	5834	6902	6488	6310	8376	6089	6132	5436	6055	1,287	27.0%
% of Pop. in Poverty	9.4%	11.2%	13.2%	12.3%	11.9%	15.7%	11.3%	11.2%	9.8%	10.6%	1.2%	
# in Poverty- Age 0-17	1781	2195	2754	2425	2414	2911	2150	2099	1911	2185	404	22.7%
% Age 0-17 - In Poverty	13.1%	15.2%	19.2%	17.2%	17.1%	20.8%	15.4%	15.1%	13.7%	15.3%	2.2%	
# in Poverty- Age 0-4	625	769	930	791	742	918	682	689	663	648	23	3.7%
# in Poverty - Age 5-17	1156	1426	1824	1634	1672	1993	1468	1410	1248	1537	381	33.0%
% of Youth - Age 5-17 - In Poverty	11.7%	13.7%	17.6%	15.8%	16.1%	19.3%	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. Data is presented below for 2015 and 2018 for a comparison. There were 49% of LC renters who paid 30% or more of their income on their gross household costs covering 2014-2018; 40% spent 35% or more with 9% of LC renters paying between 30-34.9%. For Missouri, this was 50%. 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 24: Percentage of Housing Units by Type that Spend more than 30% of their Income on Gross Household (Rent or Mortgage) Costs - 2015

	Missouri	Lincoln	Lincoln
	%	Est.	%
Owner-occupied units	1,590,020	14,312	14,312
Housing units with a mortgage	1,006,985	9,917	9,917
30.0 to 34.9 percent	7.0%	703	7.1%
35.0 percent or more	19.5%	2,166	21.8%
Housing units without a mortgage	571,797	4,270	4,270
30.0 to 34.9 percent	3.1%	34	0.8%
35.0 percent or more	9.3%	352	8.2%
Occupied units paying rent	706,982	3,615	3,615
30.0 to 34.9 percent	8.8%	295	8.2%
35.0 percent or more	39.8%	1,602	44.3%

Source: American Community Survey, Community Profiles. US Census.

Table 25: Housing Units – Mortgage and Rent Comparative Data

	US	MO	LC	STC
Housing units with a mortgage	40%	41%	54%	59%
Housing units without a mortgage	24%	25%	24%	22%
Occupied units paying rent	34%	31%	20%	19%
Occupied Housing Units	119,730,128	2,396,271	18,738	144,643

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.	%
Total housing units	136,384,292		2,775,635		21,569	
Occupied housing units	119,730,128	88%	2,396,271	86%	18,738	87%
Vacant housing units	16,654,164	12%	379,364	14%	2,831	13%
Housing units with a mortgage	*48,198,598*	*63%*	*992,529*	*62%*	*10,172*	*69%*
Median (dollars)- monthly	*1,558*		*1,254*		*1,234*	
Housing units without a mortgage	*28,246,212*	*37%*	*609,316*	*38%*	*4,496*	*31%*
Median (dollars) - monthly	*490*		*438*		*426*	
Occupied units paying rent	*41,083,850*		*745,737*		*3,784*	
Median (dollars) - monthly rent	*1,023*		*809*		*821*	
No rent paid	*2,201,468*		*48,689*		*286*	
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 (excluding units where GRAPI cannot be computed)	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.

Table 27: Low birth weight infants – Numbers

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.	% Ch.
MO	31747	31123	30584	30345	30,326	30,810	31,335	31,700	-47	0%
LC	252	246	256	258	260	266	278	304	52	21%

Source: Missouri Department of Health and Senior Services. Definitions: Number of live infants recorded as having a birth weight under 2,500 grams (five pounds, eight ounces). Data were aggregated over five-year periods in order to provide more stable rates.

Table 28: Low birth weight infants – Percentage

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.
MO	8.1%	8.0%	8.0%	8.0%	8.0%	8.2%	8.4%	8.5%	0.4%
LC	6.6%	6.5%	6.9%	7.2%	7.2%	7.3%	7.6%	8.1%	1.5%

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. Since this statistic doesn't account for the change in the population, it is important to look at the entries per 1,000 children, which were also very stable over time. The county entry/re-entry rate increased slightly from 4.2 to 4.3 out of 1,000 children from 2007 to 2018, while the Missouri rate increased from 3.8 in 2007 to 5.1 in 2018. Due to both the stability in the rate over time, and how much lower the LC rate was in comparison to the state, this is viewed as a mixed result. A majority of the placements made in 2018 were parental drug-use related, which experienced a 740% increase over time, to 42 placements.

Figure 10. Children Entering/Re-entering State Custody Rate per 1,000 children - 2007 to 2018 - Comparisons

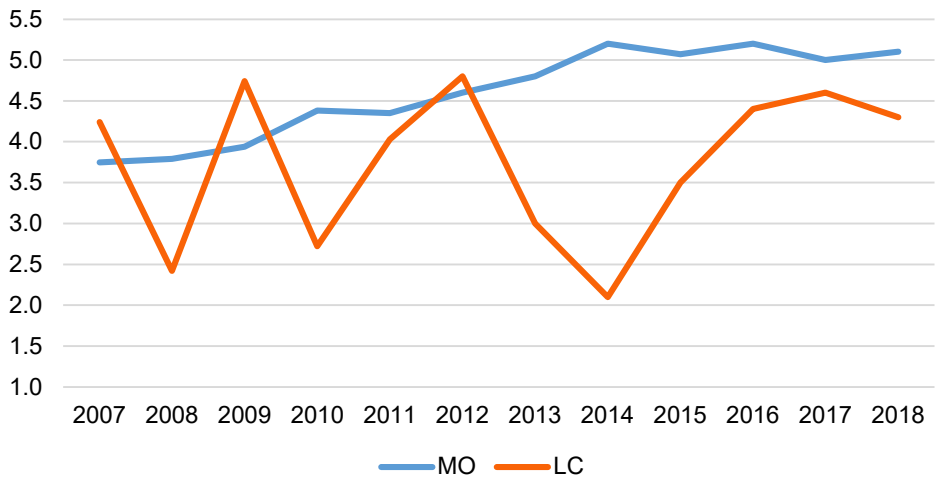


Table 29. Children Entering/Re-Entering Rates -County Compared to Missouri - 2007 to 2018

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
MO	5362	5418	5620	6236	6137	6422	6688	7259	6971	7242	6946	6962	1600	30%
LC	62	36	70	40	59	69	43	30	49	62	66	63	1	2%

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

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

Table 31. Juvenile Court Placements

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
Parental Alcohol Use Related	-	1	1	-	-	1	0	0	0	0	1	1	NC
Parental Drug Use Related	5	16	5	17	13	15	9	14	21	33	42	37	740%
Parental Alcohol & Drug Related	1	1	-	-	2	-	0	1	0	1	0	-1	-100%
Out of home placement totals	36	70	41	61	70	43	32	52	62	67	64	28	78%

Source: Status Reports on Missouri's Substance Abuse and Mental Health Problems
*NC = not able to compute since baseline year was 0.

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.

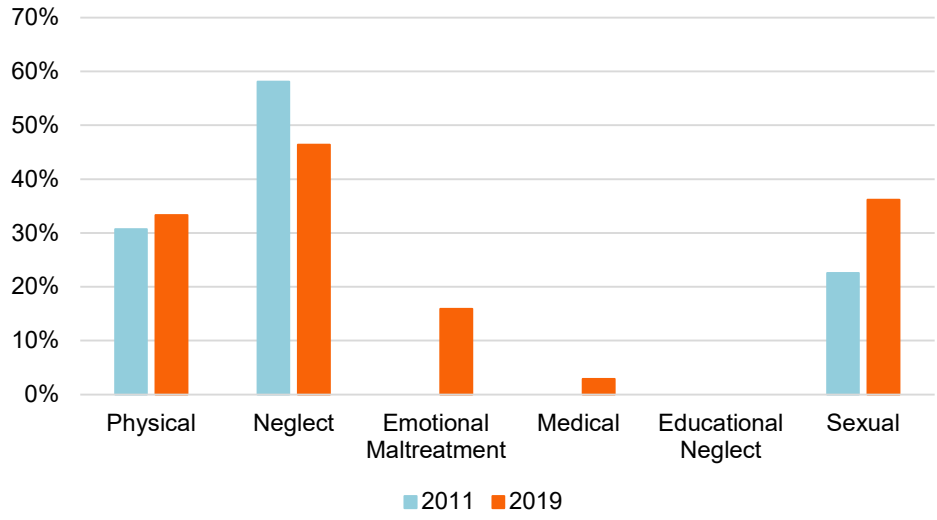
These findings support the continued practice of mandated reporter training and prevention programming, and continually improving reporting practices so child cases can be identified early, or avoided through prevention programming. The number of incidents and children requiring and receiving family 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

Figure 11. Types of Abuse & Neglect Children: 2011 and 2019 Comparison



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 below, 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. Further, school building information is shared so that you can see the varying needs of the buildings for targeted services.

Table 33. Number of 4th Grade Students in the Lincoln County School Districts (9 and 10 years old) Who Wanted to Talk to a Counselor After the Child Sexual Abuse Prevention Program – 2018-2019 School Year

Elementary Schools in Lincoln County	# to Talk to Counselor	Total # Students	% to Talk to Counselor
Boone Elementary	21	79	27%
Clarence Cannon Elementary	11	45	24%
Claude Brown Elementary	10	60	17%
Cuivre Park Elementary	23	93	25%
Hawk Point Elementary	5	24	21%
Lincoln Elementary	14	67	21%
Main Street Elementary	19	57	33%
Silex Elementary	2	30	7%
William-Cappel Elementary	14	55	25%
Winfield Intermediate	21	117	18%
Total	**140**	**627**	22%

Table 34. Number of 4th Grade Students in the Lincoln County School Districts (9 and 10 years old) Who Wanted to Talk to a Counselor After the Child Sexual Abuse Prevention Program – 2019-2020 School Year

Elementary Schools in Lincoln County	# to Talk to Counselor	Total # Students	% to Talk to Counselor
Clarence Cannon Elementary	22	65	34%
Claude Brown Elementary	18	61	30%
Cuivre Park Elementary	24	75	32%
Hawk Point Elementary	9	19	47%
Lincoln Elementary	13	65	20%
Main Street Elementary	24	74	32%
Silex	3	25	12%
William Cappel Elementary	16	70	23%
Winfield Intermediate	22	101	22%
Total	**151**	**555**	27%

Source: BOLD, LLC with The Child Center.

Table 35: Information on Reported Incidents of Child Abuse and Neglect for Lincoln County, MO. 2011 to 2019

Type		2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.	% Ch.	MO 2019	LC vs MO
Substantiated	#	62	59	53	58	39	59	34	62	69	7	11.3%	3,819	
	%	10.0%	8.9%	8.8%	8.1%	5.6%	7.1%	4.8%	8.1%	10.1%	0.1%		5.9%	4.2%
Unsubstantiated (PSI)	#	46	65	56	38	42	53	36	11	11	-35	-76.1%	1,677	
	%	7.4%	9.8%	9.3%	5.3%	6.0%	6.4%	5.1%	1.4%	1.6%	-5.8%		2.6%	-1.0%
Unsubstantiated	#	217	196	147	220	212	211	161	161	120	-97	-44.7%	15,207	
	%	34.8%	29.6%	24.5%	30.7%	30.4%	25.5%	22.9%	20.9%	17.6%	-17.2%		23.4%	-5.8%
Family Assistance	#	241	312	311	376	398	492	465	512	463	222	92.1%	40,775	
	%	38.7%	47.1%	51.7%	52.5%	57.0%	59.6%	66.1%	66.5%	68.0%	29.3%		62.8%	5.2%
Other	#	57	30	34	24	7	11	8	24	18	-39	-68.4%	3,442	
	%	9.1%	4.5%	5.7%	3.4%	1.0%	1.3%	1.1%	3.1%	2.6%	-6.5%		5.3%	-2.7%
Total		623	662	601	716	698	826	704	770	681	58	9.3%	64,920	

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 36: Number of Children Involved in Child Abuse/Neglect Substantiated Incidents for Lincoln -2011-2019

		2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.	% Ch.
Substantiated	#	85	81	66	78	44	87	45	93	92	7	8%
	%	9.2%	8.0%	7.2%	7.2%	4.2%	7.1%	4.3%	8.4%	10.0%	0.7%	
Unsub- PSI	#	65	96	91	67	63	80	54	15	17	-48	-74%
	%	7.1%	9.5%	9.9%	6.2%	6.0%	6.6%	5.2%	1.4%	1.8%	-5.2%	
Unsub.	#	356	302	225	338	310	283	221	218	154	-202	-57%
	%	38.7%	30.0%	24.4%	31.1%	29.6%	23.2%	21.3%	19.7%	16.7%	-22.0%	
FA	#	351	482	496	564	623	754	694	746	632	281	80%
	%	38.2%	47.9%	53.9%	51.9%	59.4%	61.8%	66.9%	67.3%	68.4%	30.2%	
Other	#	63	46	43	39	9	16	24	37	29	-34	-54%
	%	6.8%	4.6%	4.7%	3.6%	0.9%	1.3%	2.3%	3.3%	3.1%	-3.7%	
Total	#	920	1,007	921	1086	1049	1220	1038	1109	924	4	0.4%
Children per 1,000 - Subst.		5.8	5.5	4.5	5.3	3.0	5.9	3.1	6.3	6.3	0.5	8%
Per 1,000- Total Reported		62.5	68.4	62.5	73.8	71.2	82.9	70.5	75.3	62.8	0.3	

Source: Missouri Department of Social Services Annual Reports from 2011 to 2016

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

	2011		2015		2016		2017		2018		2019		MO - 2019	Diff.	Diff.	Diff.
Type	**Inc.**	**Child**	**Inc.**	**Child**	**Inc.**	**Child**	**Inc.**	**Child**	**Inc.**	**Child**	**Inc.**	**Child**	**Inc.**	**Inc.**	**Child**	**MO vs. LC**
Physical	19	21	16	16	19	29	12	13	23	25	23	26	1,377	4	5	
	31%	25%	41%	36%	32%	33%	35%	29%	37%	27%	33%	28%	36%	2.6%	3.6%	26%
Neglect	36	8	6	10	27	44	15	24	28	55	32	51	1,700	-4	43	
	58%	53%	15%	23%	46%	51%	44%	53%	45%	59%	46%	55%	45%	-11.7%	2.1%	67%
Emotional Maltreatment	-	-	2	2	2	2	-	-	3	3	11	14	477	11	14	
	0%	0%	5%	5%	3%	2%	0%	0%	5%	3%	16%	15%	13%	15.9%	15.2%	-1%
Medical	-	-	-	-	-	-	-	-	3	4	2	4	144	2	4	
	0%	0%	0%	0%	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%	0%	0%	0%	0%	1%	0.0%	0.0%	0%
Sexual	14	14	19	5	14	14	11	12	23	28	25	29	1,583	11	15	
	23%	17%	49%	25%	24%	16%	32%	27%	37%	30%	36%	32%	41%	13.6%	15.0%	18%
Total	62	85	39	20	39	87	34	45	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. They made up only 29% of the total in 2016. This was a 50% increase in the number of youths who received psychiatric services in 2009 (from 184). 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*. There were 171% more youth age 10 to 13, 86% more youth under six years of age, and 32% more youth age 14 to 17 who received psychiatric services from this source covering this same period of time. This data suggests there are significant needs of LC youth for Psychiatric Services. For 2019, LCRB funded psychiatric services for 33 youth. The data presented below shows the need for these services in Lincoln County.

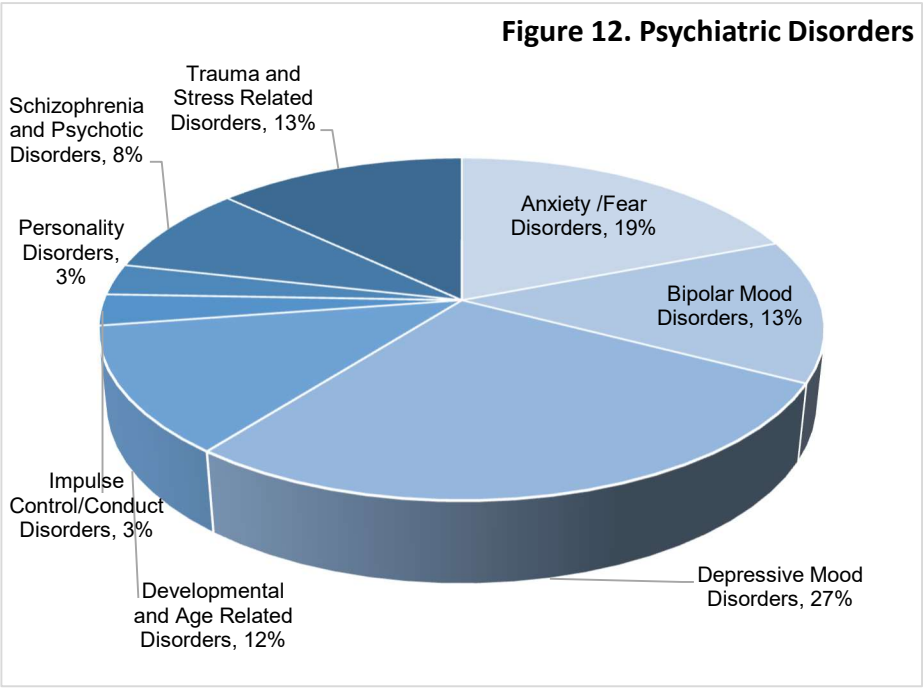
Table 38. Number of Youth in Lincoln County who received Psychiatric Services from the Division of Behavioral Health – FY 2009-2015.

Age Ranges	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2009 % of Total	2019 % of Total	% Ch. 2009-2019	% Ch. 2018-2019
Under 6	7	7	15	0	5	5	0	7	17	14	13	1.1%	1.3%	86%	-7%
6 to 9	37	37	51	66	61	73	81	76	99	118	119	5.6%	12.1%	222%	1%
10 to 13	58	74	89	85	76	79	110	118	106	132	157	8.8%	15.9%	171%	19%
14 to 17	82	102	111	96	84	100	113	132	108	105	108	12.5%	11.0%	32%	3%
Pop. Total	658	743	908	988	904	982	1,052	1085	969	953	985			50%	3%

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.

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 list of disorders changed in 2017, so trends covering 2011 to 2019 are not feasible. Therefore, Table X displays the disorders by name and frequency from 2011 and 2016, with Table X displaying the revised names for the disorders and those trends for 2017 to 2019. 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. The third most prevalent psychiatric disorder for 2019 was "trauma and stress related disorders" at 13% of those served. From 2017 to 2019, the only diagnosis that had increased was for "anxiety/fear disorders", and this was by 19% since 2017.

Figure 12. Psychiatric Disorders



This diagnosis information, while specific to the general population, is important to understand since it parallels the patterns found with the youth population, as observed by counselors, providers, and youth themselves.

Table 39: Comprehensive Psychiatric Services- Numbers Served in Lincoln County – 2011 to 2016

	2011	2012	2013	2014	2015	2016	2011% of Total	2016% of Total	% Ch.
Total Clients	909	988	903	982	1052	1085			16%
Adjustment Disorder	0	19	11	8	16	14	0%	1%	
Anxiety Disorder	332	404	302	495	561	503	25%	26%	69%
Developmental Disorder	28	26	21	36	40	30	2%	2%	43%
Impulse Control Disorder	184	196	146	191	230	230	14%	12%	25%
Mood Disorder	603	630	487	697	769	717	46%	37%	28%
Psychotic Disorder	163	178	162	164	153	142	12%	7%	-6%
Total diagnoses	1310	1453	1129	1696	1880	1955		100%	

Source: Division of Behavioral Health: Psychiatric Services.
The numbers indicate the number of clients seen with each diagnosis per year. An individual client may have more than one admission within a year.

Table 40: Comprehensive Psychiatric Services- Numbers Served in Lincoln County – 2017 to 2019

Diagnoses	2017	2018	2019	2017 % of Total Diagnoses	2019 % of Total Diagnoses	% Ch. 2017-2019	% Ch. 2018-2019
Total Clients	969	953	985			2%	3%
Anxiety /Fear Disorders	229	248	273	15%	19%	19%	10%
Bipolar Mood Disorders	241	209	193	15%	13%	-20%	-8%
Depressive Mood Disorders	415	417	399	27%	27%	-4%	-4%
Developmental and Age-Related Disorders	180	200	172	12%	12%	-4%	-14%
Impulse Control/Conduct Disorders	57	56	42	4%	3%	-26%	-25%
Personality Disorders	59	49	42	4%	3%	-29%	-14%
Schizophrenia and Psychotic Disorders	170	150	121	11%	8%	-29%	-19%
Sexual Disorders	*	*	0		0%		
Trauma and Stress Related Disorders	190	202	186	12%	13%	-2%	-8%
Total diagnoses	1557	1568	1461	100%	98%	-6%	

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 2005-1015. For LC youth under 15 years of age, only one (1) self-inflicted injury resulted in death, seven (7) in hospitalizations and 35 emergency room visits covering a ten-year span. 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. The county data was not significantly higher or lower than the state data for any of these comparisons in these age ranges. Within the 15-19 age range, hospitalizations were higher for LC youth (12.47 per 1,000) than the state (10.54 per 1,000), which comes close to being a significant difference. Also, 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.*

Table 41. Self-Inflicted Injury Indicators

	Data Years	Count	Rate	State Rate	Sign. Diff.
Total Self-Inflicted Injuries					
Deaths	2008 - 2018	114	19.63	16	N/S
Hospitalizations	2005 - 2015	448	8.22	7.24	H
Emergency Room Visits	2005 - 2015	336	0.61	0.61	N/S
Under Age 15					
Deaths	2008 - 2018	1	0.76	0.75	N/S
Hospitalizations	2005 - 2015	7	0.53	0.74	N/S
Emergency Room Visits	2005 - 2015	35	0.27	0.22	N/S
Age 15-19					
Deaths	2008 - 2018	4	9.54	11.72	N/S
Hospitalizations	2005 - 2015	52	12.47	10.54	N/S
Emergency Room Visits	2005 - 2015	75	1.8	1.87	N/S
Age 20-34					
Deaths	2008 - 2018	26	23.1	19.73	N/S
Hospitalizations	2005 - 2015	165	15.33	11.79	H
Emergency Room Visits	2005 - 2015	116	1.08	1.11	N/S
Age 35-64					
Deaths	2008 - 2018	65	27.38	22.43	N/S
Hospitalizations	2005 - 2015	216	9.47	8.96	N/S
Emergency Room Visits	2005 - 2015	99	0.43	0.45	N/S

Source: DHSS-MOPHIMS Community Data Profiles - Self-Inflicted Injury

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. Youth under 18 represented 13.6% of the total number that were provided substance abuse treatment by the Division of Behavioral Health in 2018. 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. The remaining juvenile law referral information is provided in a different section due to varying trends. The need remains for these types of programs for youth in Lincoln County. Specific substance abuse and use trends will be provided to the community after the Missouri Student Survey 2020 data becomes available. This area is marked as needs attention due to changing trends among youth who engage in substance use/abuse.

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%

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). There were varying trends found with the individual school districts in Lincoln County. Since 2007, three out of the four school districts' rates increased, with the only decrease found in Silex. All four of the public school districts had positive five-year trends. Winfield and Troy had positive 1-year trends. All four of the school districts had enrollment rates that were less than the state rate, so this indicator is viewed as having mixed results considering the difference across the four school districts.

Table 43. Percentage of Students Enrolled in Free/Reduced Price Lunch Program

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff	1-YR	5-YR
MO	41.7	46.8	47.7	49.4	49.8	50	51.5	51.5	51.2	50.7	50.0	8.3	-0.7	0.0
Lincoln	32.5	42.8	44.8	46.1	47.0	46.4	45.1	43.8	41.0	39.2	37.6	5.1	-1.6	-8.8
Silex														
Enrolled	376	396	391	383	375	370	385	370	394	426	416	40	-2%	12%
#	163	184	184	158	158	150	145	129	129	137	149	-14	9%	-1%
%	*43.4*	*47.1*	*46.8*	*42.6*	*41.5*	*40.1*	*39.1*	*35.4*	*32.3*	*32.2*	*35.9*	-7.5	3.7	-4.2
Elsberry														
Enrolled	843	807	798	770	779	792	766	783	769	761	810	-33	6%	2%
#	357.2	412	433	414	439	417	407	416	388	373	387	30	4%	-7%
%	*43.4*	*51.8*	*54.9*	*54.4*	*56.3*	*54.3*	*53.2*	*54.0*	*50.9*	*48.6*	*49.5*	6.1	0.9	-4.8
Troy														
Enrolled	5821	6083	6208	6188	6126	6184	6178	6161	6223	6211	6256	435	1%	1%
#	1682	2321	2513	2604	2670	2668	2543	2470	2396	2254	2150	468	-5%	-19%
%	*29.3*	*38.9*	*41.4*	*43.2*	*44.3*	*44.1*	*42.3*	*40.9*	*39.4*	*36.9*	*34.9*	5.6	-2.0	-9.2
Winfield														
Enrolled	1622	1534	1478	1458	1449	1495	1502	1490	1493	1481	1469	-153	-1%	-2%
#	586	787	791	807	813	809	814.1	788	728	719	681	95	-5%	-16%
%	*35.6*	*52.3*	*53.1*	*55.5*	*55.0*	*54.7*	*54.4*	*53.3*	*50.1*	*49.1*	*46.3*	10.7	-2.8	-8.4

Source: Missouri Department of Elementary and Secondary Education. Definitions: Number of students who are enrolled in the free or reduced-price National School Lunch Program. Children from households with incomes less than 130 percent of poverty are eligible for free lunches; those from households below 185 percent of poverty are eligible for reduced price lunches.

Table 44. Number of Students Enrolled in Free/Reduced Price Lunch

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.	1-YR	5-YR
Lincoln	2788	3704	3921	3984	4080	4044	3909	3803	3641	3483	695	25%	-80%	-83%

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

The four major school districts in Lincoln County varied in their out-of-school suspension rates where Troy had the highest in 2019 (1.8 per 100, which represented 114 OSS), and Silex had the lowest at 0.0 per 100 students (zero suspensions). Winfield had the second highest rate of 1.1 per 100, linked to 16 students. Elsberry had 0.4 per 100 students, linked to three students for 2019. 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. All four of the school districts had positive 1-year trends from 2018 to 2019 in both the number and rate of OSS.

Figure 13. Out of School Suspension Rate per 100

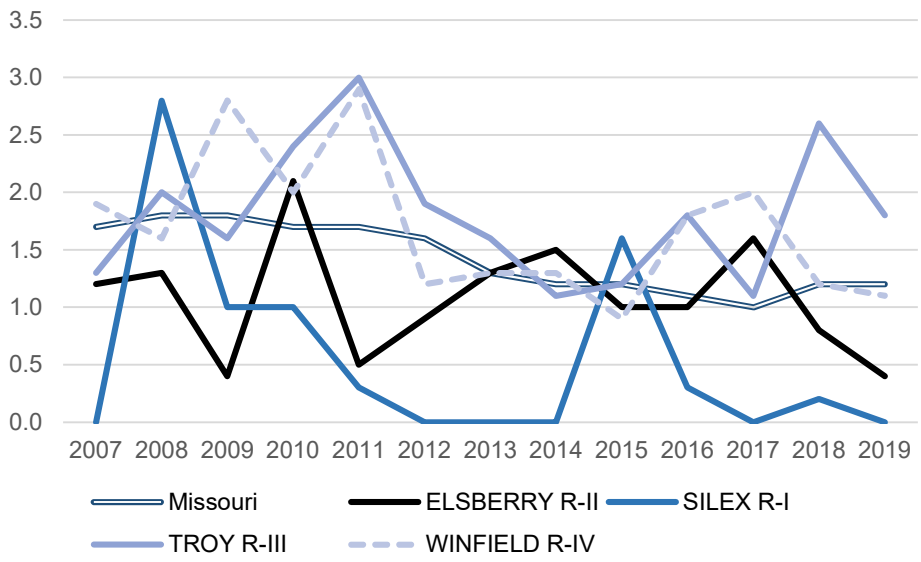


Table 45: Out of School Suspension (rate) - 2007 to 2019 out of 100 students

	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

Table 46: Out-of-School Suspension (number) - Lincoln County School Districts - Change in Percent from 2007 to 2019

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.	% Ch.	1-YR	5-YR
ELSBERRY R-II	10	17	4	7	10	12	8	8	12	6	3	-7	-70%	-50%	-75%
SILEX R-I	0	4	1	0	0	0	6	1	0	1	0	0	0%	-100%	NC
TROY R-III	76	144	187	115	101	67	73	111	67	160	114	38	50%	-29%	70%
WINFIELD R-IV	31	31	43	18	19	19	13	27	30	18	16	-15	-48%	-11%	-16%
TOTAL	117	196	235	140	130	98	100	147	109	185	133	16	14%	-28%	36%

Source: DESE District Report Card

Disciplinary Incidents (Education)

Disciplinary incident data was very similar to the number and rate of out-of-school suspensions data shown on this page. 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 available on the next page.

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

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.	% Ch.
Missouri															
Incidents Rate	1.9	2.0	1.9	1.9	1.9	1.7	1.5	1.4	1.4	1.3	1.0	1.2	1.2	-0.7	
Lincoln County															
# Incidents	140	171	167	209	239	149	131	103	101	148	111	192	136	-4	-3%
ELSBERRY R-II	10	12	3	21	5	7	11	16	9	9	13	10	6	-4	-40%
SILEX R-I	0	11	4	4	1	0	0	0	6	1	0	1	0	0	N/A
TROY R-III	99	122	117	153	190	124	101	68	73	111	68	163	114	15	15%
WINFIELD R-IV	31	26	43	31	43	18	19	19	13	27	30	18	16	-15	-48%
Incidents Rate															
ELSBERRY R-II	1.2	1.4	0.4	2.6	0.6	0.9	1.4	2.0	1.2	1.1	1.6	0.8	0.4	-0.8	
SILEX R-I	0.0	3.0	1.0	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	1.7	2.1	1.9	2.5	3.1	2.0	1.6	1.1	1.2	1.8	1.1	2.6	1.8	0.1	
WINFIELD R-IV	1.9	1.6	2.8	2.0	2.9	1.2	1.3	1.3	0.9	1.8	2.0	1.2	1.1	-0.8	
School Enrollment															
ELSBERRY R-II	843	853	811	807	798	770	779	792	766	783	769	761	810	-60	-7%
SILEX R-I	376	363	385	396	391	383	375	370	385	370	394	426	416	-6	-2%
TROY R-III	5821	5947	6019	6083	6208	6188	6126	6184	6178	6161	6223	6211	6256	340	6%
WINFIELD R-IV	1622	1633	1550	1534	1478	1458	1449	1495	1502	1490	1493	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.

Figure 14. Violent Teen Deaths -Age 15-19- Comparison

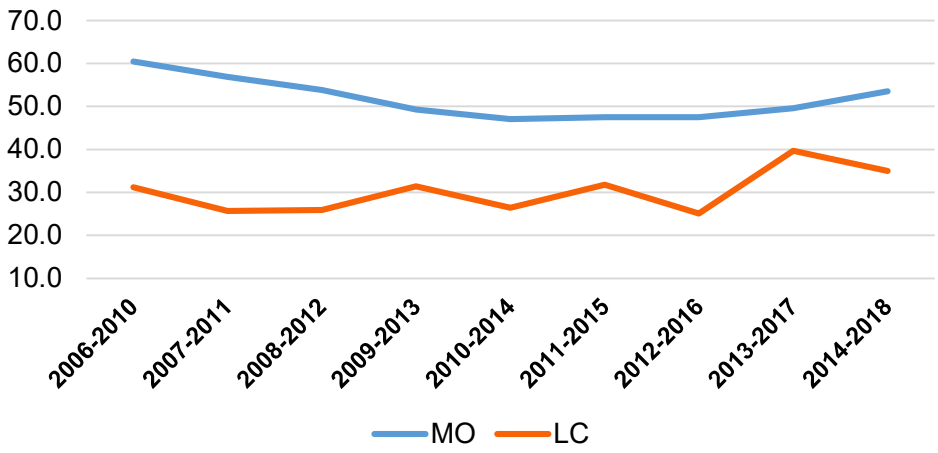


Table 48: Violent Teen Deaths -Age 15-19 – Per 100,000 Youth

	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.
MO	60.5	56.9	53.8	49.3	47.1	47.5	47.5	49.6	53.5	-7.0
LC	31.2	25.7	25.9	31.4	26.4	31.8	25.1	39.7	35.0	3.8

Source: Missouri Department of Health and Senior Services.

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 on the next page.

Table 49. Juvenile Law Violation Referrals for Youth -Missouri & Regional Comparison, Ages 10-17

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
Lincoln	331	262	297	292	211	220	167	200	216	206	118	230	-101

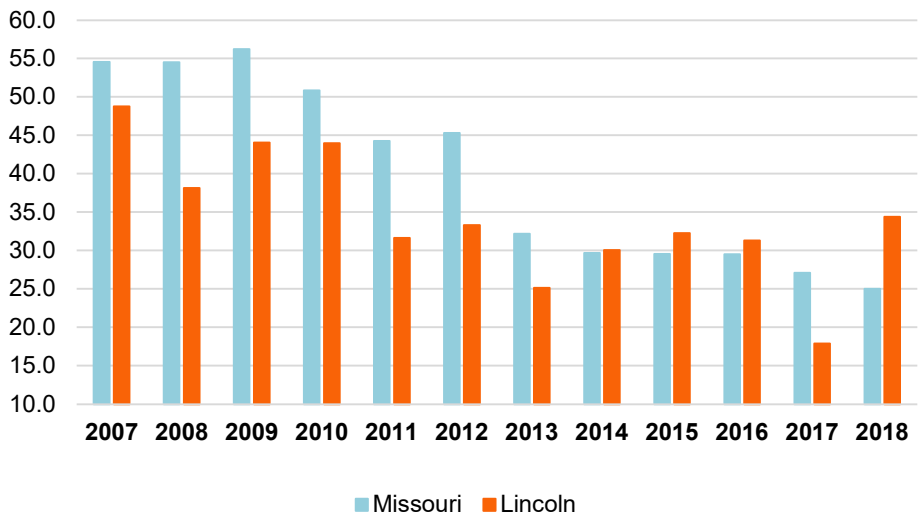
Table 50. Juvenile Law Violation Referrals Rate for Youth -Missouri & Regional Comparison, Ages 10-17

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
Franklin	46.6	48.8	42.0	32.6	29.7	35.5	23.8	36.6	29.2	26.8	28.9	28.6	-18.0
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
Montgomery	22.2	31.2	32.6	52.2	23.5	31.3	30.9	33.1	170.0	26.6	17.5	43.7	21.5
St. Charles	45.8	44.5	49.3	46.3	43.2	41.4	26.4	20.4	23.0	20.9	18.3	15.3	-30.5
St. Louis	59.1	61.3	73.1	69.6	58.2	59.0	41.1	35.3	33.0	31.1	29.2	25.2	-33.9
Warren	55.7	49.7	44.8	31.1	42.4	36.4	12.0	15.8	25.5	24.9	17.8	25.7	-30.0

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. Only one of the three law violation offenses decreased by more than 3% in this period of time which was alcohol offenses by 92% (13 to 1 in 2018). 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).

Figure 15. Juvenile Law Violation Referrals for Youth-Ages 10-17 (per 1,000)



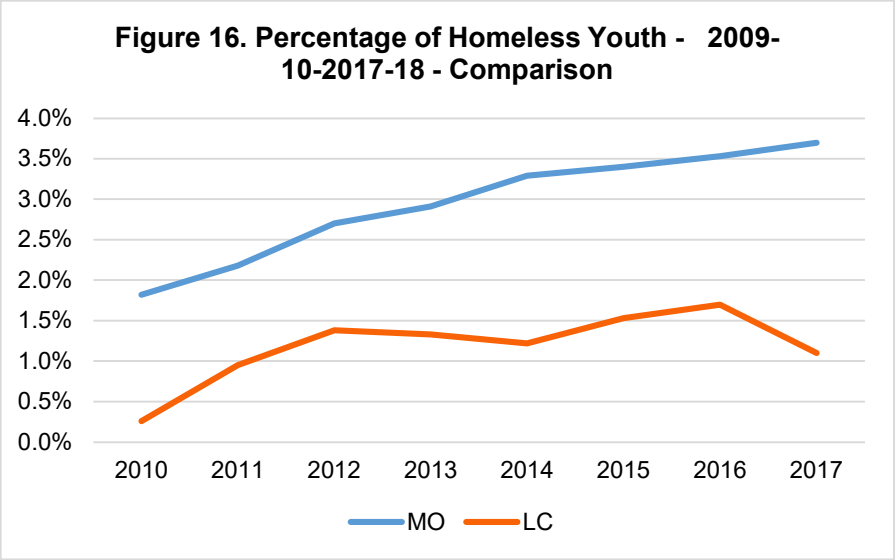
Within the Status violations, three out of the four status offenses decreased significantly over time, but Truancy still made up the majority of the status violations with 179 reported in 2018. This reduced substantially from 2008 with 319 reported. Truancy was the highest reported offense within that 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). Injurious Behavior is the only status violation that increased over time which was by 81% since 2008; 85 offenses were reported for 2018 (data included in the suicide and self-injury section), which was significantly higher than every other year.

Table 51. Juvenile Offenses for Lincoln County from 2008 to 2018

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
Law Violation Offenses													
Violent Offenses	55	88	65	38	60	41	54	80	73	46	56	1	2%
Alcohol Offenses	13	8	19	8	8	6	7	3	6	2	1	-12	-92%
Drug Offenses	10	16	23	13	28	19	16	12	25	8	20	10	100%
Truancy	319	246	137	217	113	237	144	97	112	133	179	-140	-44%
Runaway/Absent from Home	48	49	38	39	36	22	19	11	27	20	27	-21	-44%
Beyond Parental Control	7	16	21	13	6	1	5	3	6	27	3	-4	-57%
Injurious Behavior	47	53	85	59	38	59	59	38	54	52	85	38	81%
Abuse/Neglect/Custody Offenses													
Abuse	15	12	11	15	20	13	4	12	13	9	10	-5	-33%
Neglect	443	298	133	197	168	205	244	237	259	252	233	-210	-47%
Custody Disputes	10	2	5	5	15	12	6	7	4	23	11	1	10%

Source: Status Reports on Missouri's Substance Abuse and Mental Health Problems

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%. Focusing on the two largest school districts in Lincoln County, there were 45 homeless youth in Troy and 10 in the Winfield school district for the 2017-18 homeless count. While there was a slight increase in both percentage and number of homeless youths since 2009-2010, the 1- and 5-year trends were very positive, especially considering there was a 50% reduction in the number of homeless youths from 2015-16, the highest number recorded during this 9-year trend, to 2017-18, representing 75 youth. While this indicator is considered positive, it is still important to ensure there are available resources/services for homeless youth.

Table 52. Homeless Student Counts for Local School Districts – 2009-10 to 2017-18

School District	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	Diff	% Ch.
SILEX R-I	0	0	0	0	0	0	0	0	0	0	NC
ELSBERRY R-II	0	0	13	0	0	0	12	0	20	20	NC
TROY R-III	0	19	28	35	22	33	46	34	45	45	NC
WINFIELD R-IV	23	65	80	81	86	102	92	66	10	-13	-57%
TOTAL	**23**	**84**	**121**	**116**	**108**	**135**	**150**	**100**	**75**	**52**	226%

Table 53. Percentage of Homeless Youth – 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	1-YR	5-YR
MO	1.8%	2.2%	2.7%	2.9%	3.3%	3.4%	3.5%	3.7%	NP	1.9%	NC	NC
LC	0.3%	1.0%	1.4%	1.3%	1.2%	1.5%	1.7%	1.1%	0.8%	0.5%	-0.3%	-0.5%
NP – Data not provided or missing from source. NC = Not able to calculate due to missing information.												

Table 54. Number of Homeless Youth – 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.	1-YR	5-YR
MO	16162	19370	23889	25749	29127	30049	31213	33246	35532	19370	120%	7%	38%
LC	23	84	121	116	108	135	150	100	75	52	226%	-25%	-35%

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. In addition, the 1- and 5-year trends were positive for Lincoln County, showing significant decreases for both examples. While the percentage of children receiving food stamps increased over time and at a slightly faster pace than the state's percentage, Lincoln County at 25.3% was significantly less than Missouri with 31.6% of children on food stamps. For this reason, the indicator is marked as positive. 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

Table 57: Number of Children in Families Receiving Food Stamps -2007 to 2018

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
MO	442384	533309	534534	548542	515576	483741	475684	464535	450769	435614	-6,770	-1.5%
LC	3,575	4,875	5,065	5,245	4,749	4,442	4,295	3,992	3,964	3,712	137	3.8%

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.

Table 58. Annual High School - Dropout Percentages

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
Missouri	3.5%	3.2%	3.2%	3.0%	2.5%	2.4%	2.1%	2.1%	2.0%	1.8%	-1.7%
Franklin	3.2%	2.4%	3.2%	2.4%	1.9%	1.8%	2.0%	2.4%	2.6%	1.8%	-1.4%
Lincoln	2.7%	2.4%	2.1%	2.1%	1.7%	0.9%	2.0%	1.5%	0.9%	1.1%	-1.6%
St. Charles	2.6%	1.8%	1.7%	1.6%	1.4%	1.3%	1.4%	1.0%	1.4%	1.3%	-1.3%
St. Louis	2.8%	2.5%	2.1%	2.4%	2.1%	2.1%	1.8%	1.8%	1.8%	1.8%	-1.0%
Warren	4.1%	2.9%	0.8%	0.6%	1.3%	1.0%	0.3%	2.0%	1.9%	2.5%	-1.6%

Source: Missouri Department of Elementary and Secondary Education. Definitions: Percentage of students (grades 9 through 12) enrolled in public schools that left school during the school year without graduating.

Table 59. Annual High School - Dropout Numbers

	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
Missouri	10,003	8,866	8,771	7,906	6,561	5,922	5,458	5,647	5,178	4,802	-5,201	-52%
Lincoln	76	68	59	57	46	25	55	41	25	31	-45	-59%

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. The graduation rate peaked in 2014 with a 95% graduation rate, with 2018 having the second highest graduation rate covering this span of time. When looking at the separate public school districts in Lincoln County, each experienced a positive change in graduation rates since 2007. Winfield was the only school district with a graduation rate (90.1%) that was less than the state rate (91.3%) for 2018. The three other public school districts experienced positive changes in their graduation rates. This indicator is a positive trend.

Table 60. High School Graduation Rates - 2007 to 2018

Regions	2007	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.
Missouri	86.2%	86.1%	86.7%	87.8%	87.7%	88.9%	90.1%	91.5%	91.0%	91.3%	5.1%
Franklin	87.0%	86.2%	86.7%	86.8%	90.5%	90.9%	92.3%	91.3%	87.3%	88.6%	1.6%
Lincoln	86.9%	87.2%	89.7%	91.4%	91.1%	95.2%	94.0%	92.4%	93.7%	94.9%	8.0%
Montgomery	86.3%	88.2%	91.3%	90.0%	94.1%	93.8%	92.5%	89.1%	92.0%	88.8%	2.5%
St. Charles	89.1%	91.8%	91.3%	92.1%	93.8%	94.2%	93.9%	94.5%	92.7%	92.9%	3.8%
St. Louis	89.3%	89.0%	89.5%	91.0%	89.7%	91.0%	91.2%	92.5%	91.1%	91.0%	1.7%
Warren	85.8%	88.4%	86.6%	90.5%	92.5%	95.9%	96.7%	94.8%	90.3%	90.4%	4.6%

Table 61. High School Graduation - 2007 to 2018

Year	Missouri	Lincoln
2007	60,201	583
2008	61,942	572
2009	62,788	612
2010	64,058	682
2011	63,033	624
2012	61,609	627
2013	61,589	612
2014	58,653	654
2015	58,398	595
2016	61,573	621
2017	59,046	655
2018	59,564	656
Diff.	-637	73
% Ch.	-1.1%	12.5%

Source: MO Dept. Elementary and Secondary Education. Definitions: Number of students' grades 9 through 12 enrolled in public schools that graduated within four years. The formula used to calculate the rate accounts for transfers in and out of a district (adjusted 4-year cohort graduation rate). Years indicated are school years; for example, 2015 indicates the 2014-2015 school year.

Table 62. Reported Public School District Graduation Numbers

School	2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.	% Ch.
ELSBERRY R-II	54	48	52	55	42	54	64	40	55	1	1.9%
SILEX R-I	34	30	41	28	29	29	27	38	32	-2	-5.9%
TROY R-III	416	434	391	487	440	431	476	504	476	60	14.4%
WINFIELD R-IV	120	115	128	117	100	107	116	91	101	-19	-15.8%
Total	624	627	612	687	611	621	683	673	664	40	6.4%

Table 63. Reported Public School District Graduation Rates

School	2011	2012	2013	2014	2015	2016	2017	2018	2019	Diff.
ELSBERRY R-II	80.6	90.4	91.4	94.6	93.5	88.1	98.4	93.3	94.7	14.1
SILEX R-I	94.3	96.8	100.0	100.0	100.0	96.7	90.0	97.4	100.0	5.7
TROY R-III	88.4	89.2	87.1	93.1	93.0	89.7	94.8	95.9	95.1	6.7
WINFIELD R-IV	85.2	84.9	88.8	94.1	88.1	90.0	87.7	90.1	88.5	3.3
Average Rate	87.1	90.3	91.8	95.5	93.6	91.1	92.7	94.2	94.6	7.5

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.

Figure 17. Infant Mortality Rate- per 1,000 Live Births-Comparison

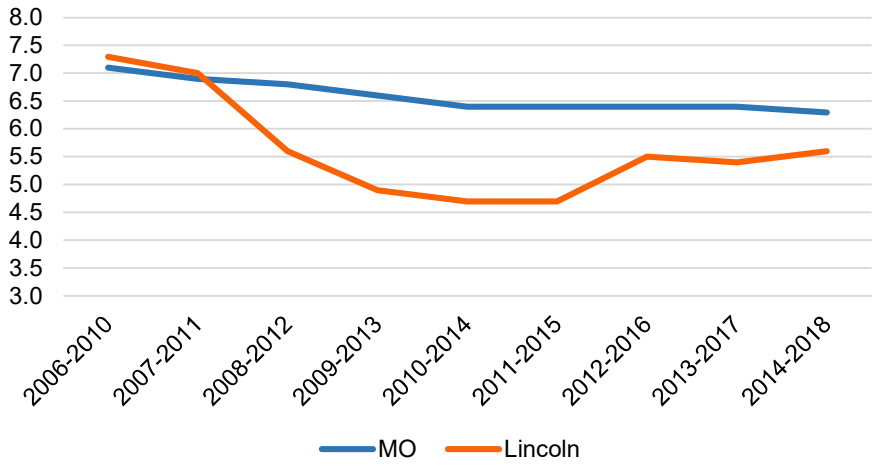


Table 64. Infant Mortality - Frequency

	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.	% Ch.
MO	2855	2738	2621	2526	2418	2411	2419	2378	2349	-506	-18%
LC	28	27	21	18	17	17	20	20	21	-7	-25%

Source: Missouri Department of Health and Senior Services.

Table 65. Infant Mortality – Rate per 1,000 Live Births

Regions	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.
MO	7.1	6.9	6.8	6.6	6.4	6.4	6.4	6.4	6.3	-0.8
Lincoln	7.3	7.0	5.6	4.9	4.7	4.7	5.5	5.4	5.6	-1.7
Montgomery	10.7	8.0	8.1	7.0	4.2	4.3	3.1	1.6	1.6	-9.1
St. Charles	5.7	5.7	5.4	5.4	4.6	4.6	4.4	4.5	4.8	-0.9
St. Louis	7.3	7.2	6.3	6.1	6.1	6.5	6.3	6.6	6.8	-0.5
Warren	4.9	4.6	5.7	5.3	4.9	4.9	5.8	5.3	5.7	0.8

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.

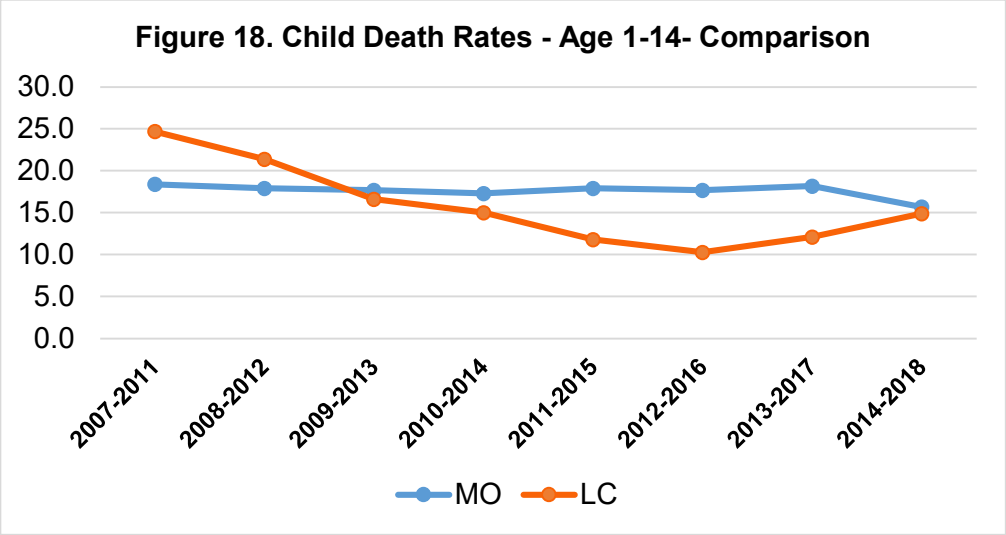


Table 66. Child Death Rate - Age 1-14 - Per 100,000 Youth

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.
MO	18.4	17.9	17.7	17.3	17.9	17.7	18.2	15.7	-2.7
LC	24.7	21.4	16.6	15.0	11.8	10.3	12.1	14.9	-9.8

Table 67. Child Deaths - Age 1-14 - Frequency

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	Diff.	% Ch.
MO	1080	1050	1035	1006	1041	1022	1048	1048	-32	-3%
LC	15	13	10	9	7	6	7	10	-5	-33%

Source: Missouri Department of Health and Senior Services.

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 X.

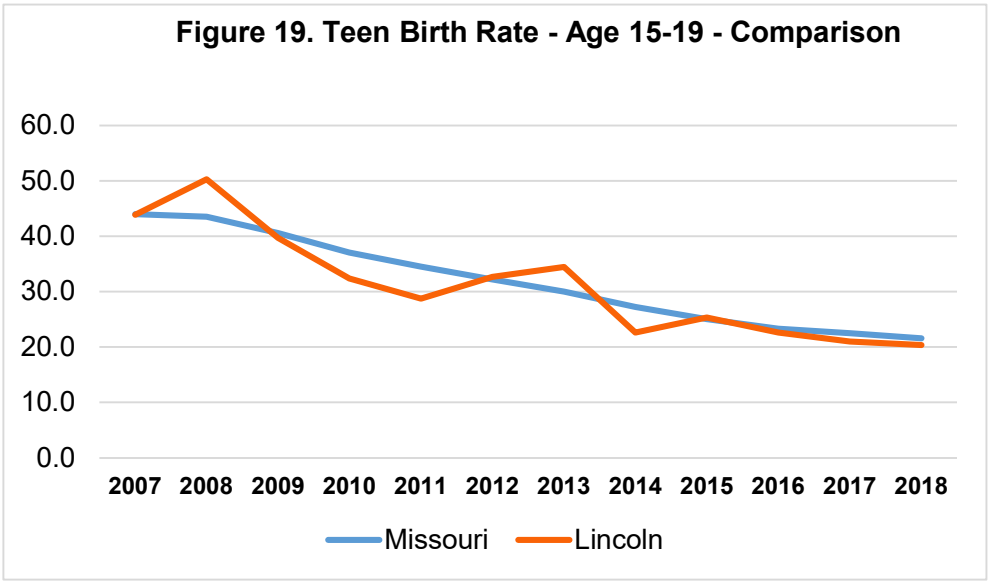


Table 68. Teen Birth Rate - Age 15-19 Per 1,000 Youth

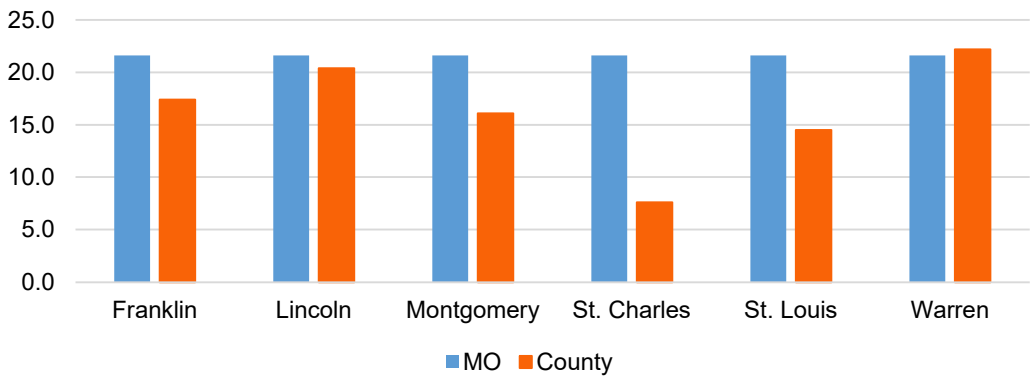
Years	Missouri	Lincoln
2007	44.0	43.9
2008	43.5	50.3
2009	40.6	39.7
2010	37.0	32.3
2011	34.5	28.7
2012	32.2	32.6
2013	30.0	34.4
2014	27.2	22.6
2015	25.0	25.3
2016	23.3	22.6
2017	22.5	21.0
2018	21.6	20.4
Diff.	-22.4	-23.5

Source: Missouri Department of Health and Senior Services.

Table 69. Teen Birth Frequency - Age 15-19

Years	Missouri	Lincoln
2007	9,232	81
2008	9,154	98
2009	8,496	76
2010	7,625	61
2011	6,937	53
2012	6,314	60
2013	5,812	64
2014	5,230	42
2015	4,835	48
2016	4,501	42
2017	4,300	38
2018	4,108	37
Diff.	-5,124	-44
% Ch.	-67%	-72%

Figure 20. Comparative Teen Birth Rates - Age 15-19 - 2018



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. Additional suicide information is presented in the Missouri Student Survey section.

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

Missouri Student Survey Trends for Lincoln County Youth – 2006 -2020 – To Be Completed in September of 2020

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.

Here is a summary of the participants (see Appendix Table D1):

- One superintendent/principal (multiple grade levels) and two counselors (one elementary and one high school) represented Elsberry school district.
- The superintendent/principal covering multiple grade levels at Sacred Heart was their one respondent.
- The superintendent/principal covering multiple grade levels at St. Alphonsus was their one respondent as well.
- One counselor represented the Silex school district across all of the grade levels.
- There were 15 surveys completed by Troy school staff. There were twelve counselors who responded from Troy (elementary =8, middle = 2, high =2), two principals (both at the elementary grade level), and one assistant principal at the elementary grade level.
- Winfield was represented by four school staff. One counselor at the middle school and high school level and two counselors at the elementary grade level.

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". With the exception of the last issue and anxiety being the most critical issue, results were similar to the 2019 data.

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. Nine BH/MH issues had more than 10% of school staff rate them as increasing trends since COVID-19 began.

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. Increases in hotline calls and abuse/neglect reports during COVID-19 lends support that 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). 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. The only school building where this was not needed was Elsberry Middle. Availability was noted as limited at Elsberry high school, Sacred Heart, and Winfield Middle school, which should be something that is discussed for 2020-21.
- "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 (St. Alphonsus staff marked this as not needed). This was a resource that was rated as unavailable by the Troy Ninth grade center staff. Winfield Middle and Elsberry high identified this resource as having limited availability.
- 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.

Additional Group-oriented prevention needs within the school, relating to the mental health of children/youth, that are not being addressed

Out of the 22 valid staff respondents for this question, it was split in half (50%) among how many of them agreed that there were additional group-oriented BH/MH prevention needs within the school that are not being addressed (see Table D11 and D12). Here are some of the key findings:

- Seven of the eleven staff who identified more group-oriented programs were needed were Troy elementary staff. They identified the need for programming focused on healthy relationship building in, and mentioned issues with aggression among girls and their relationships.
- One additional Troy staff member identified this need at the high school level. This staff member noted that it is difficult to dedicate time and staff during the school day for universal prevention, and therefore plan more small, targeted groups.
- Elsberry had two staff agree that more group-oriented prevention is needed; one at the elementary level and one across multiple grade levels. The elementary staff mentioned the need for programs focused one chronic absenteeism, parents with drug/alcohol issues, and teaching youth in general about the "normal" expectations of parenting. The other Elsberry staff asked for more planning to come from the providers regarding what trends are going one since they have limited time being in-house.
- Finally, Winfield had only one elementary level staff member identify the need for more of these types of programs, and asked for suicide prevention for 5th grade students. This need was not identified by any staff at Silex, St. Alphonsus, or Sacred Heart.

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.

The 5th highest rated barrier was "lack of sufficient resources for student support services at school" with 70% of staff respondents, followed by "unavailability of assessment/treatment resources in the community" (65% of respondents).

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.

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.

Appendix

Appendix A. General Program Type Narratives

Note: Funded Programs provide in-depth descriptions of their program by grade level, with document available by request from LCRB.

Crisis Intervention Services

Crisis intervention services are employed when youth experience an emergency. It is vital for people who are experiencing trauma or severe difficulties to have access to professionals who can assess risk, defuse the situation, have access to emergency service appointments, and make appropriate referrals. In addition, when communities are experiencing a trauma like a natural disaster, such as a flood, or a man-made trauma, like a school shooting, it is necessary for professional counselors to be available immediately to respond to the victims. In these situations, it can be extremely helpful to have a team of crisis counselors available to meet the emotional needs of many children or youth. Currently there is one program that is funded for Crisis Intervention by LCRB, which is the Child and Family Advocacy program (The Child Center). However, other programs that fall in other funded categories provide crisis intervention services and include the mental health services provided by Compass Health Network, which includes the Partnership with Families and the School-based Mental Health Specialists programs; Sts. Joachim and Ann Care Service's Child and Family Development Program; Crisis Nursery; Youth In Need; Saint Louis Counseling; and Preferred Healthcare for substance abuse.

In addition, Lincoln County has United Way Missouri 2-1-1 which is a fast, free, confidential way to get help, 24 hours a day, 7 days a week, for: basic human needs; physical and mental health resources; work initiatives; support for seniors and those with disabilities; or, support for children, youth and families. Trained, referral specialists manage these phone lines and refer callers to the appropriate resource based upon the information given by the caller. The typical referrals for crisis intervention services are housing, counseling/therapy, psychiatric services, psychological evaluations and testing, suicide response, and other home-, community-, and school-based services. Lincoln County residents also may access the Coordinate Entry hotline if facing homelessness for re-housing support services and case management. Finally, Lincoln County residents may access various 24/7 confidential hotlines for supports, including the Behavioral Health Response Hotline, Crisis Nursery Helpline, the National Suicide Prevention Lifeline and Compass Health Network's Immediate Access Disaster Hotline.

Individual, Group, and Family Counseling Services

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

The most frequently related referrals for these types of clients in general are to school and/or home based services, outpatient psychiatric services, testing/assessment services, other counseling services that may be more focused on serving specific needs of youth, respite care and other crisis /emergency services, child abuse and neglect-related services, housing and/or basic needs.

Outpatient Psychiatric Services

Outpatient psychiatric treatment services consist of the services a child or adolescent needs in order to be evaluated medically for a psychiatric disorder by a psychiatrist. Often times, these disorders require the

prescription of medications to reduce or eliminate symptoms. Psychiatric services include the initial assessment and on-going medication management by a psychiatrist, but also can involve a number of other supports including nursing, and laboratory tests. Without these services, many children are unable to function at school, at home and in the community, and there is an increased risk of acting out, recreational drug use, juvenile delinquency and suicide. Additionally, these services can make it possible for other types of counseling services to work more efficiently. The typical referrals for clients seeking *Outpatient Psychiatric Services* are counseling/therapy, referrals back to clients' primary insurance network, the special school district, other psychiatrists, and drug-treatment programs.

Outpatient Substance Use Disorder Treatment

Substance use and abuse is a common problem among adolescents and teens. Drug use among people of all ages is dangerous because it can lead to addiction, reduced self-control, and impaired decision-making. In addition to other serious physical consequences, some drugs can alter the brain in ways that persist after the person has stopped taking drugs, and which may even be permanent. (*Missouri Department of Mental Health, 2012)* Trends are very important to assess with the various substances that are available to this youth population. Information from the Missouri Student Survey that relates to substance use and perception for Lincoln youth can be found in a different section of this report.

Substance abuse has significant health and economic consequences for its citizenry. Information in a previous section of this report highlights the substance use and abuse statistics for youth and the general population (ADD PAGE NUMBERS FOR THIS SECTION). This statistical information demonstrates the need for the Outpatient Substance Use Disorder Treatment Services. Some adolescents, because of the extent of their addictions, are best treated in a residential or inpatient setting. Detoxification and 24-hour surveillance are often necessary in the beginning, because of the level of addiction and the risk to maintaining sobriety. For other adolescents, the appropriate level of care is intensive outpatient treatment; while, others are better suited for family therapy and educational sessions. Outpatient adolescent substance abuse treatment services include: assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy and aftercare services. (The LCRB is prohibited from funding in-patient residential services per its funding statute 67.1775, RSMo)

The typical referrals for youth seeking these services are for other mental and/or medical health services, crisis intervention, school, family and legal assistance, and in some cases, referrals to probation officers and through the Family Court System.

Respite Care Services

Respite care services offer temporary emergency shelter and other services for children of families experiencing a crisis that, if not provided, may increase the risk of child abuse or neglect. In addition to providing a safe haven for children, respite care workers help the parents learn age-appropriate expectations and coping skills to deal with the stressors. It is the hope that through the provision of these respite services that the generational cycle of violence and abuse may be broken. For families who have a child with a serious emotional disturbance, a few hours of respite on a regular basis can mean the difference between keeping a family together and having their child enter a residential facility.

Risk factors such as divorce rates, children in single-parent households, and financial stress all increase the need for respite care services. The typical referrals made to these clients include: homeless-related services (housing, basic needs), vocational/job search and placement services, resources for youth with developmental needs, mental health services, and in some cases, medical services or hospitalization.

Home and Community-Based Intervention Services

Home-based, community-based and school-based family intervention programs seek to: 1) stabilize families and prevent the unnecessary hospitalization of children and youth; 2) prevent placement of children and youth away from their homes; 3) encourage family support services in the home to provide support and guidance for successfully mobilizing and completing treatment for a child or youth with a serious emotional disturbance (SED); and, 4) identify and provide services to children and youth with intensive mental health needs.

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

School-Based Prevention Services

School-based prevention programs provide children with coping and response skills when exposed to various societal risk factors, and they provide opportunities to detect issues that may allow for early intervention to prevent social, emotional, educational and developmental problems. These types of programs can identify mild forms of maladaptive behaviors that, if left unaddressed, could develop into more serious problems later on. In order to help children and youth handle the pressures they face every day, either at home or at school, it is important that they possess certain skills before the pressures arise. Parents are also in need of skills, particularly when they have children who are at risk of acting inappropriately. These skills can be developed and enhanced through prevention programs that build on the child's or parent's existing strengths, while teaching new skills that enable them to handle various difficulties. General prevention programs teach skills to handle multiple issues, while other prevention programs focus on specific issues.

School-based prevention programs are cost effective and convenient. Prevention programs are typically provided to all children that meet a specified age/grade criterion, which typically aligns with a relevant developmental stage. This type of program methodology allows for consistency of skills and messaging, with some variations requested by school officials/districts.

In addition, it is important to "inoculate" youth more than once with prevention programs tied to key areas that youth face during their development. It is hoped that all children in the county could learn the skills necessary to avoid alcohol and drug usage, violence (physical and emotional), abuse and neglect, and sexual harassment/assault. In addition, every child needs to learn skills to effectively handle conflicts without violence, and they need to value themselves enough so as not to take their own lives.

Parents can also benefit from prevention courses. A high percentage of child abuse and neglect, harassment, bullying, substance abuse and other issues can be prevented if parents are given family management and parenting skills and are taught age-appropriate expectations. By making structured educational courses available to parents with high-risk children, the incidence of abuse and the prevalence of these issues can be reduced, in addition to increasing the availability of resources and assistance for the youth of Lincoln County.

Some of these prevention programs allow for identification of early warning signs for many behavioral health issues that youth may face. Therefore, referrals that are made from the prevention programs are typically to psychological testing, therapy, counseling, psychiatry, and the Children's Division.

Teen Parent Services

To become productive citizens, teenage parents require special support for developing parenting skills, completing their education in order to gain employment, and obtaining adequate counseling and health care services. If their family and community do not support them, teen parents are vulnerable to long-term dependency on welfare resources. Furthermore, due to the increased stress of their situation and living conditions, they are at a greater risk of abusing and/or neglecting their children.

Lincoln County youth clients needing these services have access to Our Lady's Inn in St. Charles County, Missouri, and to Sparrow's Nest, although there is limited availability. Typical referrals that are made for teen parents include: providing them information on Medicaid and financial assistance, prenatal health care providers, independent living (upon discharge) services, relationship and substance use education, legal assistance, and possible vocational training.

Temporary Shelter Services

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

Referrals for clients needing temporary shelter services are typically other shelters or housing information, legal assistance, in- or outpatient psychiatric services, counseling or therapy, educational services, parenting services, vocational services, and resources for other aid/benefits available to these youth.

Transitional Living Services

In order to develop independent living skills and become productive adults, homeless youth require more help than just housing assistance. They need counseling services, assistance with utilizing community resources in job training and education, and life-skills training and development (*National Network for Runaway Youth Services*; *U.S. Department of Health and Human Services, Administration for Children, Youth and Families).*

Counseling and related services, as part of a transitional living program, are about successfully supporting and reintegrating a young person from a homeless and potentially hopeless arrangement into a safe living space with opportunities for developing independent life skills. Such services provide assistance with finding jobs, pursuing educational goals, developing healthy peer and community relationships, and living independently in the community. Referrals for youth seeking these services typically involve counseling/therapy, psychiatry, access to other mainstream benefits, medical and nutritional care, educational and/or job search resources, other housing services, and services that focus on developing skills to maximize independent living.

Appendix B: Greatest unmet need or under-funded service for youth in Lincoln County region at this time

Counseling Services, Trauma Therapy. Lack of affordable safe childcare 0-5 years. Lack of homeless shelters	**Saint Louis Crisis Nursery**
Sexual Risk Avoidance	**Thrive St. Louis**
Mental health and substance abuse services to meet the need. The services and funds are not as great as the need for sessions.	**Catholic Family Services**
Mental health support for children 0-6 (not in the school district)	**Nurses for Newborns**
Preferred Family Healthcare (PFH) believes that the greatest need in Lincoln County is a shelter for homeless youth. Additionally, we believe many families in Lincoln County are in need of food assistance.	**Preferred Family Healthcare (PFH)**
School and community based mental health services for youth populations. Currently there are 90+ youth on a waiting list for services.	**Compass Health, Inc. d/b/a Crider Health Center**
Social services for economic stressed families.	**Presbyterian Children's Homes and Services**
We often see investment in substance abuse and counseling/psychiatric services offered to children, which is wonderful, but we do not see the same investment in basic needs care. Basic needs being clothing, food and most important shelter- if children and families remain unsheltered and have to worry about their basic needs being met, seeing a counselor at school or getting treatment for substance abuse is not the primary focus and gets lost in myriad of issues the family is facing. Case management, which included securing or maintaining safe and secure housing, is the start of rebuilding a family and keeping them intact. Prevention is tied closely to what I stated above because once you remove the obstacle of secure food sources or housing the family is more apt to work on issues that are holding them back.	**Sts. Joachim and Ann Care Service**
Funding for Forensic Interviews, additional funding for prevention services and transportation	**The Child Center**
In the past year we have served six families from Lincoln County in our advocacy program. As this program is not funded, parents must be able to pay for the service, which is always an issue as their resources are generally stretched to the limit because they must pay for all the other costs associated with having a child with a disability. The other issue is that we do not receive non-Medicaid funding, so we can only serve those families that have a child that has Medicaid. Anecdotally, I have families call me requesting parent support partner services that we cannot support because they don't have Medicaid. I will generally refer them to another agency that might be able to give them some support. I do not keep track of how many times that happens in a year, although I could start in order to give you more accurate information.	**F.A.C.T.**

Appendix C. Missouri Student Survey Table About Lincoln County Students -TBD

Appendix D. School Staff Assessment Tables

Table D1. Survey Respondents by School, Grade Level, and Role

	Counselor/ Social Worker	Superintendent/ Principal	Assistant Principal	Total
Elsberry	2	1		3
Sacred Heart		1		1
Silex	1			1
St. Alphonsus		1		1
Troy	12	2	1	15
Winfield	4			4
Total	**19**	**5**	**1**	**25**

Table D2. Top Behavioral/Mental Health Issues of Youth - 2020	#	%
Anxiety, worry a lot, fear	24	96%
Friend/peer relationships, social skills, problem solving, and self-esteem	23	92%
Controlling emotions, anger management, and conflict resolution	21	84%
Coping with grief, loss, and/or divorce	14	56%
Feelings of acceptance/belonging	13	52%
Abuse and neglect issues (body safety)	12	48%
Food and basic needs' insecurity	12	48%
Self-harm and suicide	11	44%
Depression/sad a lot	9	36%
Bullying	7	28%
Housing instability/nowhere to live	7	28%
Online safety	5	20%
Drug and alcohol use and abuse	2	8%
Unhealthy dating relationships	1	4%
Other (see below)	4	16%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
Total	25	

Other: Adult mental health concerns/instability (two staff); Parental drug and alcohol use and abuse; Ethical decisions, in person and online, drive to work hard to succeed, kindness toward others.

Table D3. Top Behavioral/Mental Health Issues of Youth – 2019	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	28	88%
Anxiety, worry a lot, fear	24	75%
Controlling emotions, anger management, and conflict resolution	23	72%
Self-harm and suicide	19	59%
Depression/sad a lot	15	47%
Abuse and neglect issues (body safety)	12	38%
Coping with grief, loss, and/or divorce	12	38%
Feelings of acceptance/belonging	11	34%
Housing instability/nowhere to live	9	28%
Drug and alcohol use and abuse	8	25%
Bullying/cyber-bullying	7	22%
Online safety	7	22%
Unhealthy dating relationships	4	13%
Other:	4	13%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
N = 32		

Other: toxic stress/trauma (Troy; multiple grades); lack of motivation/work ethic (Troy; high school); Parents with mental health issues or sub-standard parenting skills (Elsberry; middle school); and navigating parent mental health and substance abuse issues; symptoms related to past trauma (Troy; Ninth grade center).

Table D4. Most Critical Behavioral/Mental Health Issues of Youth Prioritized by Grade Level -2020

	Elem. (K-5)	Middle (6-8)	High (9-12)	Multiple	Total #	Elem. (K-5)	Middle (6-8)	High (9-12)	Multiple	Total %
Bullying	3	1	1	2	7	21%	33%	25%	50%	28%
Drug and alcohol use and abuse	0	1	1	0	2	0%	33%	25%	0%	8%
Abuse and neglect issues (body safety)	10	0	1	1	12	71%	0%	25%	25%	48%
Coping with grief, loss, and/or divorce	9	2	1	2	14	64%	67%	25%	50%	56%
Friend/peer relationships, social skills, problem solving, and self-esteem	13	3	3	4	23	93%	100%	75%	100%	92%
Self-harm and suicide	4	3	3	1	11	29%	100%	75%	25%	44%
Controlling emotions, anger management, and conflict resolution	14	1	3	3	21	100%	33%	75%	75%	84%
Anxiety, worry a lot, fear	14	2	4	4	24	100%	67%	100%	100%	96%
Depression/sad a lot	3	2	3	1	9	21%	67%	75%	25%	36%
Online safety	3	1	0	1	5	21%	33%	0%	25%	20%
Unhealthy dating relationships	0	0	0	1	1	0%	0%	0%	25%	4%
Feelings of acceptance/belonging	7	2	2	2	13	50%	67%	50%	50%	52%
Housing instability/nowhere to live	6	0	0	1	7	43%	0%	0%	25%	28%
Food and basic needs' insecurity	11	0	1	0	12	79%	0%	25%	0%	48%
Threats of violence or being injured by another peer	0	0	0	0	0	0%	0%	0%	0%	0%
Gang violence	0	0	0	0	0	0%	0%	0%	0%	0%
Other:	3	0	0	0	5	21%	0%	0%	0%	20%
Total	14	3	4	4	25					

Other responses: see Table 2

Table D5. Top Behavioral/Mental Health Issues of Youth - 2020 - Elementary	#	%
Controlling emotions, anger management, and conflict resolution	14	100%
Anxiety, worry a lot, fear	14	100%
Friend/peer relationships, social skills, problem solving, and self-esteem	13	93%
Food and basic needs' insecurity	11	79%
Abuse and neglect issues (body safety)	10	71%
Coping with grief, loss, and/or divorce	9	64%
Feelings of acceptance/belonging	7	50%
Housing instability/nowhere to live	6	43%
Self-harm and suicide	4	29%
Bullying	3	21%
Depression/sad a lot	3	21%
Online safety	3	21%
Other:	3	21%
Sample Size	14	

Table D6. Top Behavioral/Mental Health Issues of Youth - 2020 - Middle	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	3	100%
Self-harm and suicide	3	100%
Coping with grief, loss, and/or divorce	2	67%
Anxiety, worry a lot, fear	2	67%
Depression/sad a lot	2	67%
Feelings of acceptance/belonging	2	67%
Bullying	1	33%
Drug and alcohol use and abuse	1	33%
Controlling emotions, anger management, and conflict resolution	1	33%
Online safety	1	33%
Total	3	

Table D7. Top Behavioral/Mental Health Issues of Youth - 2020 – High	#	%
Anxiety, worry a lot, fear	4	100%
Friend/peer relationships, social skills, problem solving, and self-esteem	3	75%
Self-harm and suicide	3	75%
Controlling emotions, anger management, and conflict resolution	3	75%
Depression/sad a lot	3	75%
Feelings of acceptance/belonging	2	50%
Bullying	1	25%
Drug and alcohol use and abuse	1	25%
Abuse and neglect issues (body safety)	1	25%
Coping with grief, loss, and/or divorce	1	25%
Food and basic needs' insecurity	1	25%
Sample Size	4	

Table D8: Staff Perspective on BH Trends of Students Since COVID-19 (assessed in April/May of 2020)
"In the period of time since your students were sent home for COVID-19, what trends are you experiencing/learning about that students might be facing from the list below?"

	Increased/ increasing	Stayed/ staying (about) the same	Decreased/ decreasing	Don't know/ haven't heard	Total	Increased/ increasing	Stayed/ staying (about) the same	Decreased/ decreasing	Don't know/ haven't heard	Total
Food and basic needs' insecurity	18	1	0	5	24	75%	4%	0%	21%	24
Anxiety, worry a lot, fear	15	3	0	6	24	63%	13%	0%	25%	24
Depression/sad a lot	12	3	0	9	24	50%	13%	0%	38%	24
Friend/peer relationships, social skills, problem solving, and self-esteem	8	4	1	11	24	33%	17%	4%	46%	24
Controlling emotions, anger management, and conflict resolution	8	4	0	12	24	33%	17%	0%	50%	24
Coping with grief, loss, and/or divorce	5	8	0	11	24	21%	33%	0%	46%	24
Housing instability/nowhere to live	4	1	0	19	24	17%	4%	0%	79%	24
Abuse and neglect issues (body safety)	3	3	1	17	24	13%	13%	4%	71%	24
Self-harm and suicide	3	5	0	16	24	13%	21%	0%	67%	24
Drug and alcohol use and abuse	2	1	0	21	24	8%	4%	0%	88%	24
Feelings of acceptance/belonging	2	5	1	16	24	8%	21%	4%	67%	24
Bullying/cyber-bullying	1	1	0	22	24	4%	4%	0%	92%	24
Online safety	1	2	0	21	24	4%	8%	0%	88%	24
Unhealthy dating relationships	0	1	0	23	24	0%	4%	0%	96%	24
Threats of violence or being injured by another peer	0	1	1	22	24	0%	4%	4%	92%	24
Gang violence	0	1	1	22	24	0%	4%	4%	92%	24
Other Concerns (included on the next page)										

> 10% - Increased - highlighted red

> 50% for "don't know/haven't heard" - highlighted red

Table D9: COVID IMPACT COMMENTS "How has COVID impacted the mental and behavioral health needs of your students, if at all?"
Elementary (K-5)
At this time is difficult to tell. I have not had parents reaching out with needs. I am concerned for the safety of some of my students and the mental toll it is taking on both parents and students. Most communication is done in Zoom meetings where kids are saying they are good
Communicating with students during closure has been difficult. I have reached out to all students and individual families and not very many respond, so it is hard to know the reality of their situation. Most of the students/families that I do hear from (pictures sent to me or see them on a class Zoom) they are often families that we do not have concerns for during the normal school year and they seem to have good support at home and are doing well. Have only had one family reach out about self-harm/anxiety that started before Spring Break and flared up right at beginning of school closure.
Communicating with students has been a struggle and not knowing what their needs even are. Many of the families I want to communicate with are not responding to email, phone and/or text. The students who have been participating in Zooms seem to be doing okay but there is a lot of unknown. With not being able to see or hear from many students it has been a struggle to support them.
Communicating with students has been a struggle in not knowing what their needs are as parents have not been responsive to communication attempts (through phone or email) or reaching out and we are not able to lay eyes on students to identify needs.
Communication with students and families has been difficult. Parents have not been reaching out and we have not been laying eyes on students.
I believe it is having a huge impact on our students. Parents have not been reaching out and we are not laying eyes on students. Communication with students is not easy. Lots of unknowns!
I have students whose anxiety has increased as well as their anger, suicidal ideation, depression, etc. From what I've been able to learn about, they are low on resources at home and unable to use school as a buffer to help with food and services.
Increase in sadness from seeing friends and anger towards parents.
Lack of communication with students and families. Families not reaching out.
Parent requests for food assistance (which the district provides) and parent referrals for individual counseling (my guess is because families are struggling with increased presence and proximity of family).
Covid has made it hard for counselors to recognize and identify student needs and safety concerns. I believe internet safety concerns, feelings of anxiety and a lack of belonging, and personal safety/neglect/abuse are occurring more now than ever; however, we are unaware so we cannot respond appropriately.
Middle School (6-8)
I am worried about so many we have not heard from during this time. I know returning will be difficult for many.
Not sure since it is so new.
High School (9-12)
From the few that have responded to my communications, the majority have reported doing ok overall. A few reported increased feelings of depression, isolation, and family conflict. I worry most of all though about the ones that I do not hear from at all. I know they had severe mental health difficulties prior to this, and would assume those haven't gone away.
It has limited our ability to identify students with need. Many students primarily disclose this information face-to-face and it is hard to give quality care and maintenance with limited access to students.
This is something that I think we truly don't know yet. This has been a time of instability for many. Many of our children will be coming back to school having endured some form of trauma. It is difficult to predict what our students will specifically need, however, my guess is we will need more school-wide social-emotional education, community resources to help families who have struggled, individual and group counseling services for students with increased depression and anxiety, and further education regarding social skills, healthy relationships, and healthy communication skills.
Multiple grade levels
In a survey taken by students, most of them report that they are doing alright, while they experience boredom and loneliness, they feel happy in general. This survey was not conducted by a few of the students that I am most worried about however.
Not really sure at this time.
We feel extremely disconnected with many students. I'm sure there are lots of student concerns that are going unaddressed. I have not come up with a good plan to thwart this problem. Social isolation and more time with families is not a good combination for some of our students with high level of needs.

Table D10. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment (school district data made available to LCRB for planning purposes)

	DK	Needed	Not Needed	N	Adj. N	DK	# Avail.	# Lmtd. Avail.	Not Avail.	N	Adj. N	% Lmtd. Avail.	% Not Avail.	Combined Lmtd. Or No Avail.	% Needed
Abuse and Neglect (body safety) prevention)	3	15	5	23	20	2	9	10	2	23	21	48%	10%	57%	75%
Anxiety/worry prevention and control	0	22	1	23	23	0	6	13	4	23	23	57%	17%	74%	96%
Bullying/cyber-bullying prevention	1	20	2	23	22	1	15	5	2	23	22	23%	9%	32%	91%
Chronic absenteeism prevention	0	14	9	23	23	4	3	1	15	23	19	5%	79%	84%	61%
Coping with grief, loss, an/or divorce training	1	22	0	23	22	3	5	13	2	23	20	65%	10%	75%	100%
Counseling (at school) for students with social, emotional, or BH needs (depression, anxiety, anger, etc.)	0	21	2	23	23	0	8	15	0	23	23	65%	0%	65%	91%
Drug and alcohol use and abuse prevention	1	17	4	22	21	2	6	3	12	23	21	14%	57%	71%	81%
Feelings of belonging/acceptance (diversity) training	2	18	3	23	21	4	4	10	4	22	18	56%	22%	78%	86%
Housing, Food Insecurity, & Basic Needs' Support	1	17	5	23	22	0	7	8	8	23	23	35%	35%	70%	77%
Online safety training	2	20	1	23	21	1	6	15	1	23	22	68%	5%	73%	95%
Self- harm and suicide prevention/resources	1	18	4	23	22	0	8	6	9	23	23	26%	39%	65%	82%
Social/emotional skills training (grade/age-focused)	1	22	0	23	22	0	8	11	4	23	23	48%	17%	65%	100%
Healthy dating relationships education	3	7	12	22	19	5	5	2	11	23	18	11%	61%	72%	37%
School success/school advocacy skills training	2	15	6	23	21	5	4	9	5	23	18	50%	28%	78%	71%
Other:	1	3	2	6	5										

DK = Don't Know; N = Total Sample Size; Adj. N. = Adjusted Sample Size (removing don't know responses); Not Avail = Not Available; % Limited Avail. = % of staff who responded that service was available but limited to only some students; Combined Lmtd or NO Avail. = Total percentage of programs with limited AND no availability.

Other Responses: Most of these needs apply to parents of my elem. Students; Friendship issues - developing healthy/positive relationships; Healthy relationships/friendships for elem. kids, self-esteem; Healthy friendships (that would eventually lead into healthy "dating" relationships); Healthy friendship relationships-Students struggle with how to appropriately respond to conflict with a friend(s)- Other responses provided by Troy elementary school staff across four buildings.

Table D11. Additional Group-oriented prevention needs within the school, relating to the mental health of children/youth, that are not being addressed

	No	Yes	Total
Elsberry		2	2
Elementary (K-5)		1	1
High School (9-12)			
Multiple grade levels		1	1
Sacred Heart	1		1
Multiple grade levels	1		1
Silex	1		1
Multiple grade levels	1		1
St. Alphonsus	1		1
Multiple grade levels	1		1
Troy	5	8	13
Elementary (K-5)	3	7	10
High School (9-12)		1	1
Middle School (6-8)	2		2
Winfield	3	1	4
Elementary (K-5)	1	1	2
High School (9-12)	1		1
Middle School (6-8)	1		1
Total	**11**	**11**	**22**

Table D12: Needs that Would Benefit from Additional Group-Oriented Prevention Programming

Elsberry
Elementary (K-5)
• Chronic absenteeism, parents with drug/alcohol abuse. Generally exposing kids to "normal expectations" of parenting so they can identify they are not living in a safe home and what they can do about it.
Multiple grade levels
• It is probably my lack of vision, or the lack of time to give up in regard to instruction, but I don't feel like we have established a strong system of prevention in place at Elsberry Middle School. Providers say they are willing, but usually rely on me to tell them what would work. I would like them to tell me what their research says works with wide spread prevention and approach me with a potential plan to implement.
Troy
Elementary (K-5)
• Healthy friendships (that could later benefit dating relationships). Include perspective taking.
• Healthy relationships - 3rd-5th, Girls relational aggression
• Healthy relationships especially in grades 3-5. Girls relational aggression small groups would be very beneficial!
• Healthy relationships in elementary school (pre-dating/healthy friendship skills, self-esteem, etc.)
• Healthy relationships/friendships
• Positive peer friendships/relationships
High School (9-12)
• All of the needs listed in the question about need would benefit from group-oriented prevention programming. Our difficulty is the ability to dedicate time & staff during the school day for universal-level prevention. When we have attempted small, targeted groups, I cannot get permission forms back from enough kids to justify the group.
Winfield
Elementary (K-5)
• Suicide Prevention for 5th Grade.

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. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue

Barriers	Total %	Total #	Elem. #	Middle #	High #	Multiple #	Elem. %	Middle %	High %	Multiple %
Lack of access to mental health professionals for services.	87%	20	12	1	3	4	92%	33%	100%	100%
Lack of parent involvement to assist student with the need.	83%	19	11	3	3	2	85%	100%	100%	50%
Lack of time within the school day to respond to the youth with the behavioral health needs.	78%	18	9	2	3	4	69%	67%	100%	100%
Severity of students' problems.	74%	17	11	2	2	2	85%	67%	67%	50%
Students have difficulty accessing services due to transportation limitations.	74%	17	10	2	2	3	77%	67%	67%	75%
Lack of sufficient resources for student support services at school.	70%	16	11	1	2	2	85%	33%	67%	50%
Unavailability of assessment/treatment resources in the community.	65%	15	11	1	1	2	85%	33%	33%	50%
Lack of information/training.	52%	12	9	0	1	2	69%	0%	33%	50%
Lack of sufficient resources for special education services.	26%	6	5	0	1	0	38%	0%	33%	0%
Students require too many modifications/accommodations to assist.	4%	1	1	0	0	0	8%	0%	0%	0%
Lack of clear, consistent, school behavior rules/policies.	0%	0	0	0	0	0	0%	0%	0%	0%
Lack of support from school administration.	0%	0	0	0	0	0	0%	0%	0%	0%
Other specified:	4%	1	0	0	0	1	0%	0%	0%	25%
Sample Size		23	13	3	3	4				

Other Barriers Identified by School and Grade Level:

Elsberry (multiple) - Lack of parental ability to make wise, consistent choices for students

Table D14. Barriers by School District

Elsberry – Sample Size = 3	Total #	Total %
Lack of parent involvement to assist student with the need.	3	100%
Students have difficulty accessing services due to transportation limitations.	3	100%
Lack of time within the school day to respond to the youth with the behavioral health needs.	2	67%
Severity of students' problems.	2	67%
Lack of access to mental health professionals for services.	2	67%
Unavailability of assessment/treatment resources in the community.	2	67%
Lack of information/training.	1	33%
Other: Lack of parental ability to make wise, consistent choices for students.	1	33%

Sacred Heart – Sample Size = 1	Total #	Total %
Lack of time within the school day to respond to the youth with the behavioral health needs.	1	100%
Lack of information/training.	1	100%
Lack of sufficient resources for student support services at school.	1	100%
Lack of access to mental health professionals for services.	1	100%

Silex – Sample Size = 1	Total #	Total %
Lack of time within the school day to respond to the youth with the behavioral health needs.	1	100%
Lack of parent involvement to assist student with the need.	1	100%
Lack of access to mental health professionals for services.	1	100%
Students have difficulty accessing services due to transportation limitations.	1	100%

St. Alphonsus – Sample Size = 1	Total #	Total %
Lack of time within the school day to respond to the youth with the behavioral health needs.	1	100%
Lack of sufficient resources for student support services at school.	1	100%
Severity of students' problems.	1	100%
Lack of access to mental health professionals for services.	1	100%
Unavailability of assessment/treatment resources in the community.	1	100%
Students have difficulty accessing services due to transportation limitations.	1	100%

Troy – Sample Size = 13	Total #	Total %
Lack of sufficient resources for student support services at school.	12	92%
Severity of students' problems.	12	92%
Lack of access to mental health professionals for services.	12	92%
Lack of parent involvement to assist student with the need.	11	85%
Lack of time within the school day to respond to the youth with the behavioral health needs.	10	77%
Unavailability of assessment/treatment resources in the community.	10	77%
Students have difficulty accessing services due to transportation limitations.	9	69%
Lack of information/training.	8	62%
Lack of sufficient resources for special education services.	4	31%
Students require too many modifications/accommodations to assist.	1	8%

Winfield – Sample Size = 4	Total #	Total %
Lack of parent involvement to assist student with the need.	4	100%
Lack of time within the school day to respond to the youth with the behavioral health needs.	3	75%
Lack of access to mental health professionals for services.	3	75%
Students have difficulty accessing services due to transportation limitations.	3	75%
Lack of information/training.	2	50%
Lack of sufficient resources for student support services at school.	2	50%
Severity of students' problems.	2	50%
Lack of sufficient resources for special education services.	2	50%
Unavailability of assessment/treatment resources in the community.	2	50%

Table D15. Additional Behavioral/Mental Health Service Needed the most at your school/in your local community

Elsberry
Elementary (K-5)
Help for kids whose parents are abusive or neglectful in a variety of ways.
Multiple grade levels
Mental health counseling is becoming more effective for students. The next logical step is to connect services to parents of those students and begin to heal the entire family--mentally, economically, etc.

Sacred Heart
Multiple grade levels
Reducing anxiety/stress, learning to manage emotions and developing friendship skills.

Silex
Multiple grade levels
In our area, I have found it difficult to educate parents on the necessity for counseling. Often, we try to get services started for a student, but the parent will not reply back or ends up refusing services because of the stigma. Additionally, serving students with private insurance who cannot get Compass services at school has been a big block.

Troy
Elementary (K-5)
Availability of services (more clients to be taken on, but more staff at agency needed because their caseload is already too big), early intervention.
Early Prevention: More prevention openings through the Pinocchio program.
More availability for services in general and early intervention like Pinocchio.
More availability of quality responsive services for students with an identified mental health concern.
More early intervention Pinocchio program. More intense counseling for more students.
More early intervention--Pinocchio!!!!
Needing more availability - people and space in building; more early intervention (Pinocchio).
We need more openings in Compass. Pinocchio program for early interventions!!
Middle School (6-8)
More services for private insurance families.
We would greatly benefit from having a crisis counselor on staff with us.
High School (9-12)
Coordinated service is the biggest need. We are working on improving our response to intervention moving into next year, and I could see our partnering agencies playing a meaningful role in that process. We need one go-to person, though, to be dedicated to come to our intervention meetings, and then have the ability to work with our kids without enormous barriers to access.

Winfield
Elementary (K-5)
Managing emotions/anger, coping with trauma, anxiety/worry.
Suicide prevention 5th grade; more classroom mental health teaching opportunities.
High School (9-12)
Ongoing and consistent (regular counseling and consistent providers/workers) counseling for students.

Table D16. Additional Comments

Elsberry
High School (9-12)
Thank you for your continued dedication to our county's children and families. You keep so many of our community members alive and well and I thank you.
Multiple grade levels
Thank you for the resources. The negatives I lodge on this survey are nothing compared to the negatives I spoke of my first two years of doing this job. We have made a great deal of progress in helping students deal with Mental Health concerns. I feel good about the resources that are offered to students, and to some extent families. There is always room for growth, but the progress is encouraging.
Sacred Heart - *Multiple grade levels*
I am extremely grateful for all the services provided by the LCRB. Every year I will ask for more services from a counselor because students' stress levels continue to increase. Their continuing access to a wide range of social media influences their own personal outlook and often has a negative impact on their lives. Our counselor has provided so much professional support to students, teachers and administration. Thank you!
Silex - *Multiple grade levels*
I am so pleased and thankful for the services provided by the LCRB to our schools. Meeting the needs of an entire county can be a daunting task, but with your help, it can be done. Thank you!
Troy
Elementary (K-5)
I truly appreciate the programs provided by the LCRB. Thank you for all you do for our students :)
Thank you for all that you do for our community. The LCRB is so important to our students, families, and community and we appreciate all the time and commitment that is put in.
Thank you for caring for our students and families and all the work you are doing!!
Thank you for helping out students!!! I don't know what we would do without your services.
Thank you for the funding and taking the time to communicate with the schools to determine needs and address any concerns.
Thank you so much for your dedication and hard work for our Lincoln County children and families! We appreciate you!
High School (9-12)
Thank you so much for all you do to support our kids and our schools. Your work is critical and appreciated.
Middle School (6-8)
I cannot say enough good things about what the LCRB has done for our Troy Middle School. There has not been an incident that Cheri has not helped me when I have called for her assistance. Cheri is very compassionate about each and every situation she is called upon. Thank you, thank you for always looking out for our students!!!!
Winfield
Elementary (K-5)
I very much utilize Compass Health, Preferred Family Healthcare, and Youth In Need. I refer as many as I can to them in the hopes that students can get more consistent mental/behavioral help than I can offer with a school of 350 kids. I really appreciate the Child Center and Compass Health offering prevention topics within the classroom and wish I could use other options for Classroom topics as well. I really have no idea how I would provide my students with half the resources that are offered without CH, CC, PFH and YIN. Their help is immeasurable and greatly needed and appreciated.
Middle School (6-8)
I appreciate the opportunity to have trained professionals we can call/ talk to about our students and their issues they are experiencing. Thank you!

About the Consultant Who Prepared This Report

Cynthia Berry, Ph.D.
BOLD, Berry Organizational and Leadership Development
3740 Forest Meadow Drive, Defiance, MO. 63341- 636-544-7328
Cynberry42@msn.com

Cynthia Berry, Ph.D., is a Psychologist with a specialization in Industrial/Organizational, Personality and Experimental Psychology, and founded BOLD, Berry Organizational and Leadership Development, LLC in January of 2006. BOLD, LLC is a 100% woman-owned business registered with the State of Missouri.

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.