Assessing Mental/Behavioral Health and Substance Abuse Needs of Lincoln County Youth in 2017

Lincoln County Resource Board

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2017

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Stakeholders

This report was designed to be a resource for you within 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*
- *Catholic Family Services*
- *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*
- *Sacred Heart*
- *St. Louis Crisis Nursery*
- *Sts. Joachim & Ann Care Service*
- *Silex School District*
- *ThriVe St. Louis*
- *Troy School District*
- *Winfield School District*

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Introduction

This report represents the sixth study of children's mental health services conducted for Lincoln County, and the fourth study conducted since the creation of the *Community Children's Services Fund (CCSF).* The *CCSF* was created through a vote of the citizenry in November 2006 that authorized a 1/4 cent sales tax designated for children's mental health services for Lincoln County children and youth, 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 2016, our providers served:

- Approximately 8,974 children and youth*
  *(*Total number served, 11,217, 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.)*
- 13,471 additional family members
- 24,688 Lincoln County residents

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 adult 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

The *LCRB* remains responsive to public opinion regarding children and youth mental health services and prioritizes spending decisions according to the voiced opinion of its citizenry and stakeholders. Since the inception of the *LCRB* in 2003, two public surveys have been conducted to solicit Lincoln County residents' feedback. 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.

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

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

Three areas of identified need that were **not funded** during the 2017 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 4. The details about why the three needs identified above were not funded can be found on page 7. A full description of these types of services can be found in the Appendix.

What This Current Study Measures

This assessment report was purposefully redesigned 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 2016 and anticipated numbers to be served in 2017
- Number of youth placed on wait lists 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

In addition to summarizing the current state of the LCRB-funded programs, the 2017 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 2016. 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 (not all county comparative data is included in this report, but was analyzed to determine if LC was vastly different from any of these regions). 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 2016 results, with a special focus on changes with Lincoln County youth since 2012 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 2016, the number of youth projected to be served in 2017, in addition to waitlist information, and typical referrals for youth receiving the specific types of service.

School-based Prevention Programs

LCRB-funded prevention programs served *9,732* students in 2016, and project serving 13,115 students with LCRB funding (agencies project they will actually serve 14,125 students with their LCRB funding combined with non-LCRB fundraising dollars in 2017). In 2016, there were 11,812 youth enrolled in school from pre-K through 12th grade. Allowing for a 20% duplication rate, it is estimated that 7,786 different youth may have received or will receive a LCRB-funded prevention program in 2016 (aka one "dose" of prevention and perhaps on an annual basis if funding is consistent across years). This is an estimated 66% coverage rate.

For 2017, it is estimated that 10,492 youth received an LCRB prevention program, with an 88% coverage rate. There is some additional programming that is offered by school staff and law enforcement that is not included in this assessment (but is included in other assessments and known). 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. A more comprehensive evaluation of the prevention programming coverage is completed with Lincoln County school staff every 3-5 years.

Waitlists are not common with prevention programming. Three programs reported that they were unable to serve youth in 2016 with this information relating to issues scheduling these programs within the schools (for a variety of reasons).

Table 1. Enrollment of Students in Lincoln County, 2016

School Level	# Enrolled
Nursery school, preschool	888
Kindergarten	1,005
Elementary school (grades 1-8)	6,428
High school (grades 9-12)	3,491
Total School Enrollment	11,812

Table 2. School-based Prevention Programs

Agency	Program Name	Current Waitlist	# on Waitlist	Ave. Time on Waitlist	Unable to Serve - 2016	# Unable to Serve	# Youth Served 2016	# Youth - Plan to Serve - LCRB 2017	# Youth - Plan to Serve -Any funds 2017
School-based Prevention Services									
Thrive Lincoln	Best Choice STL	No	0	0	Yes	4,527	101	4,527	4,527
Preferred Family Healthcare	Team of Concern	No	0	N/A	Yes	2,667	134	125	125
Catholic Family Services	School-Based Services	N/A	N/A	N/A	N/A	N/A	513	520	520
Crider Health Center	School-Based Violence Prevention	N/A	0	0	Yes	269	6,185	5,403	6,413
Crider Health Center	Pinocchio Program	No	0	0	N/A	0	64	40	40
The Child Center	Body Safety Program	No	N/A	N/A	Yes	600	2,735	2,500	2,500
Grand Total			**0**			**8,063**	**9,732**	**13,115**	**14,125**

Direct Service Programs

LCRB-funded direct service programs served 1,485 youth in 2016, and project serving 1,359 youth (through LCRB funding) and 2,030 youth including LCRB funding and additional fundraising in 2017. To arrive at the percentage of Lincoln County youth who were served in 2016, we have to account for youth who receive 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 their 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. We can make some assumptions about this information as it relates to the Lincoln County youth population estimates (with school enrollment figures for 2015/2016 to be utilized to assess prevention coverage). Allowing for this 20% duplication of service rate for the reported 1,485 youth served in 2016, we estimate that 1,188 distinct youth received a direct service. Using the population estimate of youth 0-17 of 14,267, there are approximately ***8.3% of the Lincoln County youth population who received direct program services funded by LCRB in 2016.*** *Accounting for LCRB funding and other funding sources reported for 2017,* ***11% of the LC youth may be benefiting from these behavioral health services.***

Table 3. Direct Service Programs

Agency	Program Name	Current Waitlist	# on Waitlist	Average Length Time on Waitlist	Unable to Serve Youth - 2016	# Unable to Serve	# Youth Served 2016	# Youth - Plan on Serving - LCRB funds 2017	# Youth - Plan on Serving - All Funding 2017
Crisis Interventions Services									
The Child Center	Child and Family Advocacy	No	N/A	N/A	No	N/A	139	200	200
Total			**0**			**0**	**139**	**200**	**200**
Home and Community-based Family Intervention Services									
Sts. Joachim and Ann Care Service	Children and Family Development	No	N/A	n/a	Yes	120	422	405	700
Nurses for Newborns	Putting Infants First in LC	No	0	0	No	0	18	17	24
Crider Health Center	School-Based Mental Health Specialist	Yes	55	0-12 Weeks	Yes	35	213	70	190
Crider Health Center	Partnership With Families	Yes	35	0-12 Weeks	Yes	25	125	6	145
Presbyterian Children's Homes/Srvcs	Therapeutic Mentor Program	Yes	11	4 to 6 weeks	Yes	15	100	100	100
F.A.C.T.	Partnership With Families	No	0	0	No	0	63	60	60
Total			**101**			**195**	**941**	**658**	**1219**
Individual, Group, and Family Counseling Services									
Catholic Family Services	Office-Based Counseling	Yes	4	4 weeks	Yes	12	247	320	400
Total			**4**			**12**	**247**	**320**	**400**
Outpatient Psychiatric Services									
Catholic Family Services	Outpatient Psychiatry	Yes	10	12 weeks	Yes	3	61	50	50
Total			**10**			**3**	**61**	**50**	**50**
Outpatient Substance Abuse Treatment Services									
Preferred Family Healthcare	The Farm	Yes	3	12 weeks	No	0	1	1	1
Preferred Family Healthcare	Outpatient Subst. Use Disorder Treatment	No	0	N/A	No	0	52	50	60
Total			**3**			**0**	**53**	**51**	**61**
Respite Care Services									
Crisis Nursery Wentzville	Crisis Nursery Wentzville	No	0	N/A	No	N/A	44	80	100
Total			**0**			**0**	**44**	**80**	**100**
Grand Total			**118**			**210**	**1,485**	**1359**	**2030**

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. So 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 2016 and 2017 totals to more than 2,844 youth (duplication across programs).

- In 2017, LCRB funded ***Individual, Group, and Family Counseling Services*** with estimates serving 320 youth with an additional 80 to be served by non-LCRB funds. Since approximately 10-12% of the youth population has a serious emotional disorder, we can project that 1,427 – 1,712 Lincoln County youth are in need of counseling services. In the "home and community-based intervention services" section, one provider is funded for school-based counseling services, which reaches 70 more students for a total of 390 youth through LCRB funds and 590 through any funding (472 allowing for 20% duplication). Therefore, LCRB funds are estimated to be reaching 28-33% of the total number of students in Lincoln County that have these needs. Both Catholic Family Services (CFS), office-based counseling, and Crider's school-based Mental Health Specialist Program have current waitlists representing 59 youth. The average length of time on the waitlist for CFS is 12 weeks with Crider's waitlist ranging up to 12 weeks. Both programs were unable to serve some youth in 2016, for a total of 47 youth who were not served.
- In 2017, LCRB funded ***Outpatient Psychiatric Services*** (Catholic Family Services) with estimates to serve 50 youth. Ten youth who sought out Outpatient Psychiatric services were put on a waitlist, with three youth who sought services in 2016 but were unable to be served. The average length of time on the wait list is 12 weeks.
- In 2017, LCRB funded ***Crisis Intervention Services*** with estimates to serve 200 Lincoln County youth. The Child and Family Advocacy program (The Child Center) does not have a current waitlist, and did not turn away any youth for services in 2016. Lincoln County families can also utilize the United Way 211 hotline.
- LCRB-funded ***Outpatient Substance Abuse Treatment*** programs estimate serving 51 youth through LCRB funding and 61 youth with additional funding sources. No waitlists were kept for Preferred's Outpatient Substance Use Disorder Treatment program, but The Farm program has three on the waitlist, estimated wait length is 12 weeks. The Farm also intends to serve one youth in 2017 per LCRB funding. There were no reports for youth they had to turn away in 2016.
- ***Respite*** services estimate serving 80 youth with LCRB funding and an additional 20 youth with non-LCRB funding, for a total of 100 youth. The Crisis Nursery Wentzville program does not have a current waitlist and did not turn away youth clients in 2016. This service is designed to be available in an emergency, crisis situation so turning clients away is not an adopted practice.
- Lincoln County funds a variety of services with local providers for ***Home and Community-based Family*** Intervention services. In 2017, they estimate serving 588 youth with LCRB funding or 1,029 children through any funding (not accounting for Crider's school based mental health specialist program accounted for in counseling services). Two out of the five programs had a waitlist in the fall of 2017, which totaled to 46 youth (Therapeutic Mentoring had 10 with an average wait of 4-6 weeks; Partnership with Families had 35 on a waitlist with an average wait of 0-12 weeks). For 2016, three programs could not serve a total of 165 youth.
- In 2017, 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 2017 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 2017.

(No such program funding applications were received by the LCRB.)

Behavioral/Mental Health and Basic Needs' Support Referrals

Referrals Utilized in Lincoln County when a 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
- Catholic Family Services
- Crider Health
- Developmental Disabilities Resource Board
- F.A.C.T.
- First Steps
- Headstart
- Hospitals
- MPACT
- Preferred Family Healthcare
- Presbyterian's Therapeutic Mentoring program
- Sts. Joachim and Ann Care Service
- United Way 211

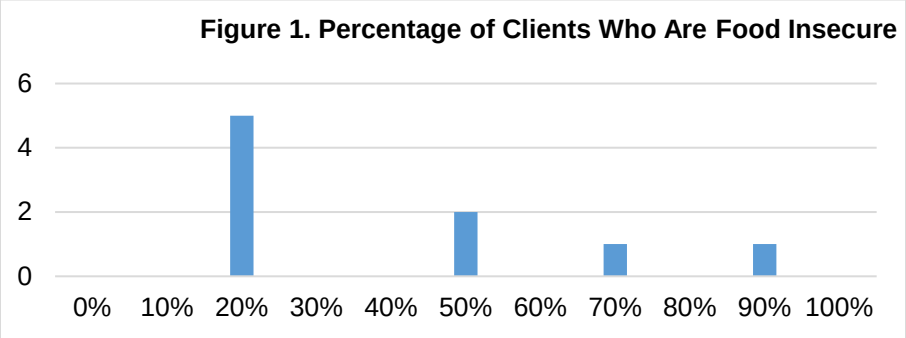
Most Frequent Referrals Given for Basic Needs' Support

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:

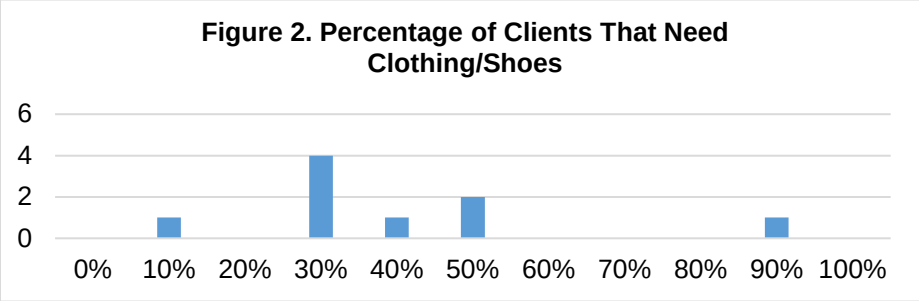
- Bright Futures
- Churches (local)
- Crisis Nursery Family Empowerment Program
- Food pantries (local)
- Lincoln County Health Department
- NECAC
- Sts. Joachim and Ann Care Service
- Salvation Army
- School districts (local)

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, and do not have access to clean drinking water.

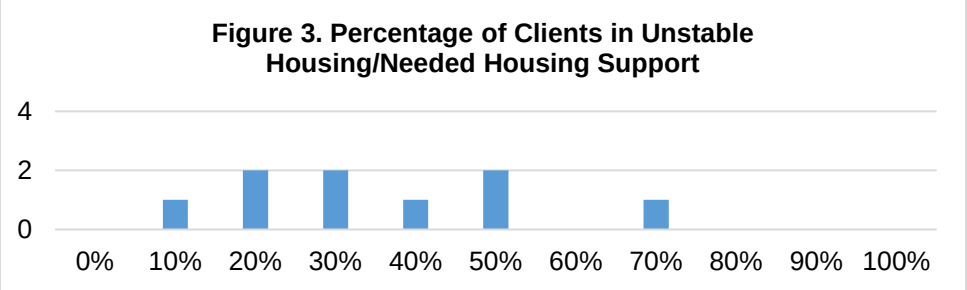


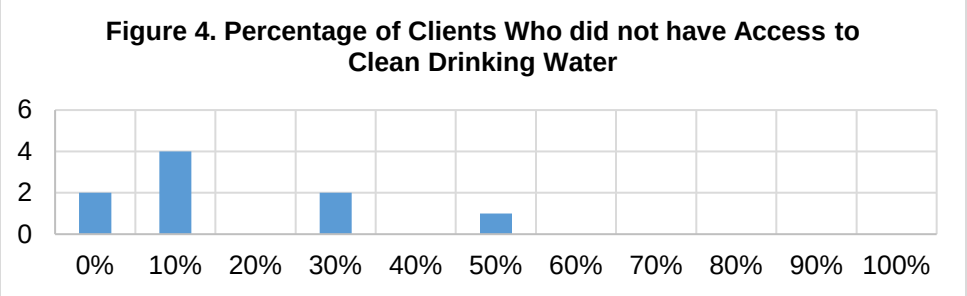
As can be seen in the table below, the average percentage of clients who are estimated to be lacking in food, and clothing/shoes is 40%, followed by 36% for housing needs. Since this information is based on a sample size of only nine, the charts are provided to show you the variation in responses across staff.



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

	Food	Clothing/Shoes	Housing	Water
Average %	40%	40%	36%	17%





The Agency Perspective

The agencies who provide LCRB-funded services and programs to Lincoln County youth possess a wealth of information and knowledge to gather and analyze to identify gaps in services. To advance the needs assessment report, funded agencies received two separate surveys, with one focusing on the individual program information and the other one focused on generalized youth needs and trends from the perspective of the agencies' executive directors. Only one agency survey was completed per each of the 10 funded agencies regardless of how many programs are funded. Then, only 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' responses. The summarized program survey data is presented in a later section, divided up by the different program types.

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

The executive directors (or their designees) were asked to identify the greatest unmet need or under-funded service for Lincoln County youth, which resulted in a list of needs. The top qualitative themes that emerged were for:

- Expanding the availability of mental health services; with a focus on trauma-informed methods (4 related comments).
- Homeless shelter/housing support for youth/their families (3 related comments).
- The remaining provided comments were unique and are; therefore, included in the Appendix.

Current Gaps in Behavioral Health Services for Lincoln County Youth

Agencies' staff were asked to identify any gaps they see 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. The one prevalent theme relating to a behavioral/mental health gap was increased need for clinicians, staff that can provide counseling to increase access, especially for younger children (noted by four agencies) and specialized in trauma. One of the providers noted that this gap is a result of current waitlists and limited funding. Transportation was once again identified as a gap by three agency staff, but this is not an allowable area for funding consideration by LCRB. The remaining responses were individualized, and provided to the LCRB for review and consideration.

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

Agencies' 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 top themes that emerged include:

- Transportation needs of clients or for clients to access services (noted by 6/10 agencies).
- Lack of motivation/involvement of parents to get their child behavioral health services, get to appointments, or due to the stigma attached to their child needing behavioral health services (noted by 5/10 agencies).

- The remaining responses represent single roadblocks that have hindered the utilization of funds or provision of services to clients by these agencies, which included: clients not being aware of services, excessive intake processes, need for additional qualified staff, overcoming scheduling hurdles with schools for programming, and last, clients are apprehensive that the referred agency is part of the Division of Family Services.

Agencies were also asked to identify barriers they have when coordinating with other service providers. Due to the confidential nature of this information, it was provided directly to Lincoln County staff to assess for strategic planning purposes.

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 all unique included:

- Expansion of Crider services to include younger children, age 0-3 (comment not provided by Crider).
- Transitional Living services
- Support for immigrant/refugee families; possible partnership or assistance working with the International Institute of St. Louis.
- Employment services for family members (not related to behavioral health or covered by LCRB funding).
- Transportation costs, vehicle repair programs (not related to behavioral health or covered by LCRB funding).

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 2015/16 (if data is available).

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.

Demographic Profile of Lincoln County Youth

- **Youth Population** -14,267 out of 53,850; make-up 26% of the total, and 3% more than youth in Missouri. Youth population has decreased by approximately 2.5% from 2007 to 2015.

- **Gender** – 51% males; 49% females.

- **Race (general population)** - 95% White; 2% Black or African American; 0.5% Asian; 2% two or more races, 2% Hispanic.

- **Minority Children** - 8.5% of the LC children under age 18 or 1,217 children. From 2014 to 2015, the number of minority children in Lincoln County increased by over 4%.

- **Median Household Income** - $54,584 in 2015; decreased by 1% ($54,938) since 2007. Income plunged to $50,795 in 2009, then jumped to $53,542 in 2012.

- **Adult unemployment** – At an all time low of 5.2%. Peaked in 2010 with a 9.4% rate.

- **Children in Single-Parent Households** - 29.5% and less than the state percentage of 33.7%. This is the household type for 4,184 children.

- **Disability Types Increasing** –
    - Autism surged in the public school districts, with a 264% increase from 2007 to 2016; 102 children with diagnoses.
    - Children with “other” health impairments increased 39% and linked to 381 youth.
    - Language Impairment - 33% increase and linked to 201 children.
    - Young children with a developmental delay (children age 3 through pre-kindergarten typically five year olds) increased by 20% and linked to 77 youth.
    - Beyond the generalized disability type categories including other health impairment, the disability type that was the most prevalent was “specific learning disabilities” with 371 children (2016). This was followed in order by these diagnoses: language impairment (201), speech impairment (153), emotional disturbance (105), and autism (102).

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 ➢ Youth who are Homeless ➢ Students Enrolled in Free/Reduced Price Lunch Program	➢ Children in Families Receiving SNAP.	➢ Children Receiving Cash Assistance.
Education	➢	➢ Out-of-school Suspensions ➢ Disciplinary Incidents	➢ High School Graduation Rates ➢ High School Drop-outs
Health (Physical)	➢	➢ Infants born with low birth weight	➢ Infant Mortality ➢ Child deaths – 1-14 years of age
Health (Behavioral) Risky/Safety Behaviors	➢ Youth Receiving Psychiatric Services ➢ Violent Teen Deaths ➢ Suicides and self-injury rate of youth ➢ Substance Use Trends/Juvenile Drug Offenses	➢ Reported & Substantiated Cases of Child Abuse and Neglect	➢ Births to Teens ➢ Juvenile Law Violation Referrals – all but two categories; drug offenses and injurious behavior

Demographic Information for Lincoln County Youth

Youth Population

The Lincoln County youth population has declined slightly. The number and percentage of youth in Lincoln County has decreased by approximately 2.5% covering this nine-year period of time from 2007 to 2015. In Lincoln County, there were 14,267 youth in 2015 out of the total population of 53,850. Youth make up 26% of the total population, which is approximately 3% more than the percentage of youth in Missouri. Males and females are represented equally at 50% for the total population, with the youth 14 and under hovering above 50% representation for males (51-54% range).

Table 5. Youth Population Trends in Lincoln County

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff	% Ch.
# Youth - LC	14637	14891	14780	14702	14624	14434	14401	14345	14267	-370	-2.5%
% Youth - LC	28.4%	28.2%	27.7%	28.0%	27.6%	27.1%	26.7%	26.4%	26.1%	-2.3%	
% Youth-MO	24.3%	24.2%	23.8%	23.8%	23.5%	23.3%	23.1%	23.0%	22.9%	-1.5%	

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.

Table 6: Lincoln County & Missouri Gender information- Total Population and for Youth - 2015

	Male		Female		Total
	#	%	#	%	#
Total	26,831	50%	27,019	50%	53,850
Under 5 years	1,896	54%	1,647	46%	3,543
5 to 9 years	2,086	51%	2,006	49%	4,092
10 to 14 years	2,155	52%	1,988	48%	4,143
15 to 17 years	1,307	50%	1,327	50%	2,634
18 to 19 years	646	50%	643	50%	1,289
20 years	236	38%	389	62%	625

Race – For the Lincoln County (LC) general population including 53,850 residents, 95% were White; 2% were Black or African American; 0.5% were Asian; 2% were two or more races, with 2% Hispanic.

Table 7: Lincoln County & Missouri Racial information- Total Population - 2015

	Missouri	Lincoln	% of Total
Total population	6,045,448	53,850	
One race	97.6%	52,840	98.1%
White	82.6%	50,974	94.7%
Black or African American	11.5%	1,033	1.9%
Asian	1.8%	258	0.5%
Native Hawaiian and Other Pacific Islander	0.1%	24	0.0%
Two or more races	2.4%	1,010	1.9%
Hispanic or Latino (of any race)	3.9%	1,160	2.2%

Minority Children

As of 2015, 8.5% of the LC children under age 18 were minority children representing 1,217 children. By comparison, there were 24.9% who were minority children in Missouri; a difference of 16.4%. In just one year, the number of minority children in Lincoln County increased by over 4%.

Table 8. Number and Percentage of Minority Children in Lincoln County & Missouri from 2007 to 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff	% Ch.
# -Lincoln	1025	1080	1073	1057	1069	1111	1156	1166	1217	192	18.7%
# -MO	327,343	331,826	335,349	337,947	337,650	338,841	340,840	343,852	346,233	18,890	5.8%
% -Lincoln	7.0%	7.3%	7.3%	7.2%	7.3%	7.7%	8.0%	8.1%	8.5%	1.5%	
% - MO	22.9%	23.2%	23.5%	23.7%	23.9%	24.1%	24.4%	24.7%	24.9%	2.0%	

Source: Missouri Kids Count

Table 9. 2014-2015 Change

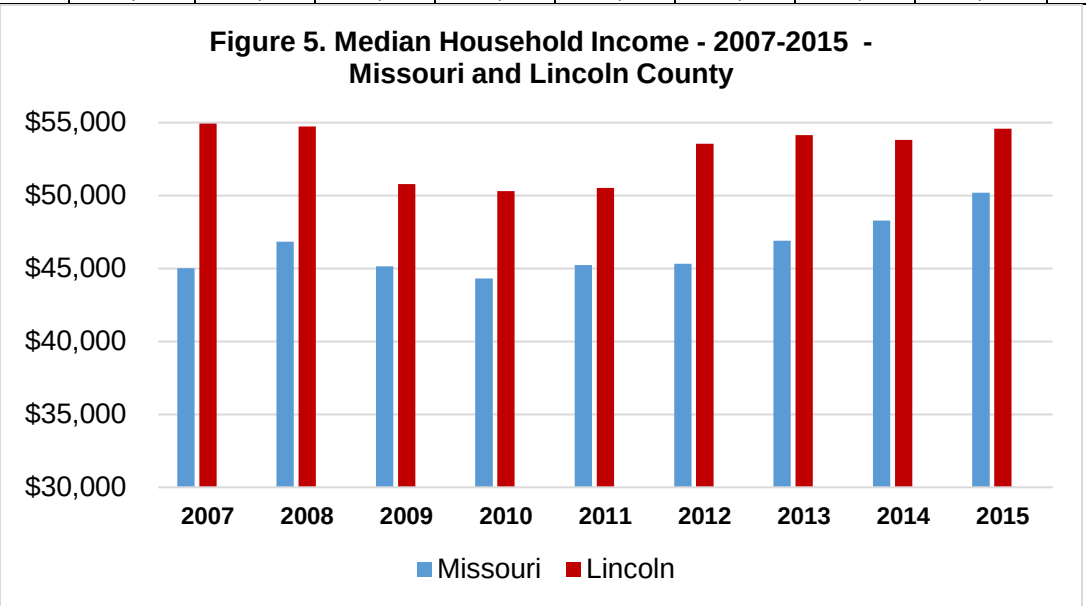
	Diff	% Ch.
# -Lincoln	51	4.4%
# -Missouri	2,381	0.7%
% - Lincoln	0.4%	
% - Missouri	0.2%	

Median Household Income

Income is another factor that can directly impact a youth's access to some of the services. Lincoln County's median household income was $54,584 in 2015, $53,804 in 2014, and $54,938 in 2007. Median household income decreased by 1% in this nine-year range. Income plunged to $50,795 in 2009, then jumped to $53,542 in 2012. However, Lincoln County's median household income is more than $4,000 greater than Missouri's median income of $50,200.

Table 10. Median Household Income – 2007 -2015 – Missouri and Lincoln County

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
Missouri	$ 45,012	$ 46,847	$ 45,149	$ 44,306	$ 45,231	$ 45,320	$ 46,905	$ 48,288	$ 50,200	$ 5,188	12%
Lincoln	$ 54,938	$ 54,740	$ 50,795	$ 50,307	$ 50,523	$ 53,542	$ 54,144	$ 53,804	$ 54,584	-$354	-1%



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 2010 with a 9.4% rate, but as of 2015, was at an all-time low of 5.2%. The same unemployment pattern could be seen across all of the comparable entities from 2007 to 2015.The county's rate was only 0.2% greater than the Missouri rate of 5%.

Figure 6. Adult Unemployment Rates

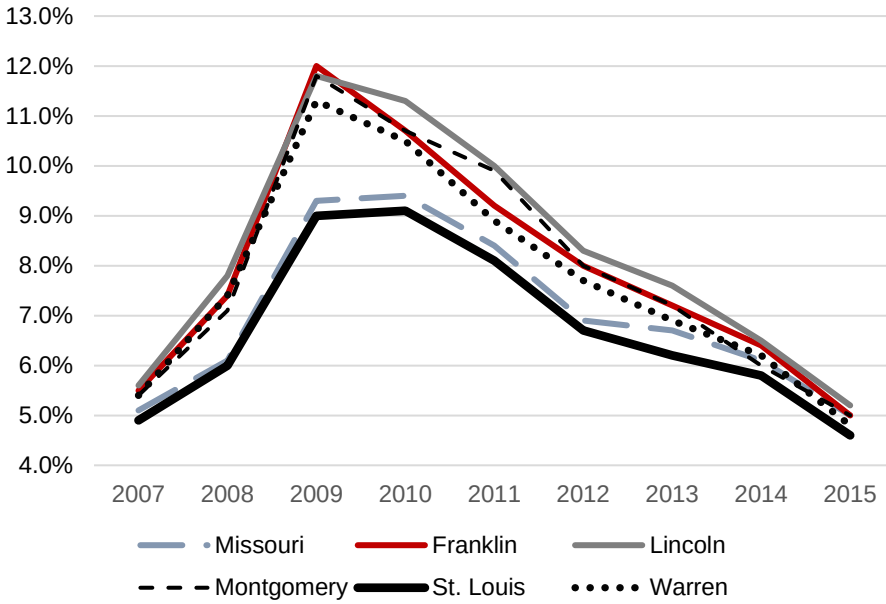


Table 11. Adult Unemployment Rate - 2007 to 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
Missouri	5.1%	6.1%	9.3%	9.4%	8.4%	6.9%	6.7%	6.1%	5.0%	-0.1%
Lincoln	5.6%	7.8%	11.8%	11.3%	10.0%	8.3%	7.6%	6.5%	5.2%	-0.4%

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

Children in Single-Parent Households

The Lincoln County percentage of children in single-parent households, which is 29.5%, is in line with many of the comparative regions and less than the state percentage of 33.7%. Additional resources need to be extended to 4,184 children in single-parent families so their basic needs, including educational, and social-emotional, can be met if other supports are not in place.

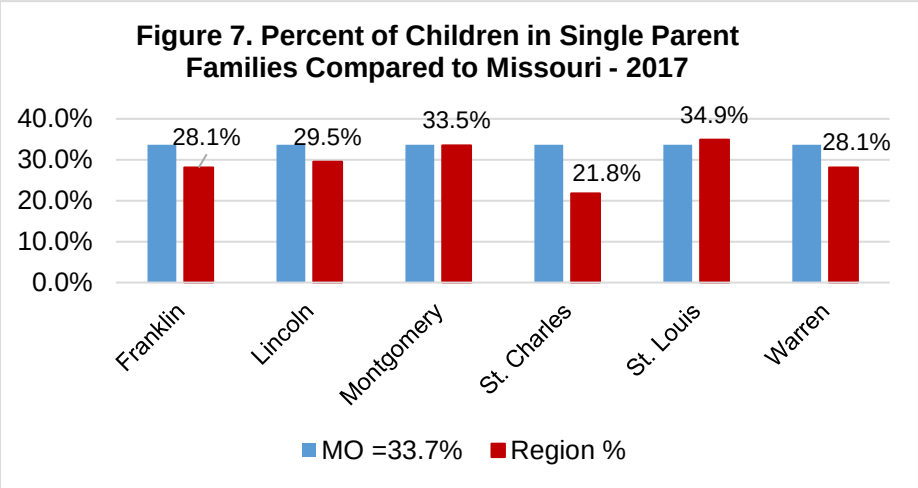
Table 12. Children in Single-Parent Household- Frequency and Trends

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.
Lincoln	3629	3666	3356	3940	3751	3995	3716	3526	3796	4050	4184	555	14%

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

Table 13. Children in Single-Parent Household- Percentage

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.
Missouri	31.2%	32.2%	32.6%	33.3%	33.4%	33.5%	32.8%	33.4%	33.6%	33.4%	33.7%	2.5%
Lincoln	26.0%	25.2%	22.6%	26.7%	25.7%	27.5%	25.7%	24.4%	26.4%	28.3%	29.5%	3.5%



Disability Types that have Increased

Increases in certain disability types are critical for Lincoln County planning as well. It is clear that Autism surged in the public school districts, with a 264% increase from 2007 to 2016. There were 102 children with an Autism diagnosis in the public schools for 2016. The county experienced a 39% increase in children with other health impairments, which included 381 youth for 2016. There was a 33% increase in the number of children diagnosed with language impairment with 201 noted for 2016. Young children with a developmental delay, which includes children age 3 through pre-kindergarten (typically five year olds) increased by 20% with 77 youth diagnosed in 2016. Beyond the generalized disability type categories including other health impairment, the disability type that was the most prevalent was "specific learning disabilities" with 371 children (2016)**. This was followed in order by these diagnoses: language impairment (201), speech impairment (153), emotional disturbance (105), and autism (102). The top eight diagnoses are shown on the figure below.**

Table 14. School Enrollment Figures – Lincoln and Missouri

	2011-2015- Lincoln County		MO - 2016
	Number	%	%
Population 3 years and over enrolled in school	13,764	13,764	25.8
In nursery school, preschool	888	6.5%	5.9
In kindergarten	1,005	7.3%	5.3
In elementary school, grades 1-8	6,428	46.7%	40.7
In high school, grades 9-12	3,491	25.4%	21.0
In college or graduate school	1,952	14.2%	27.0

Source: American Community Survey - Social Profiles; one year estimates

Figure 8. Trends for Children with Disabilities by Type - 2007 to 2016

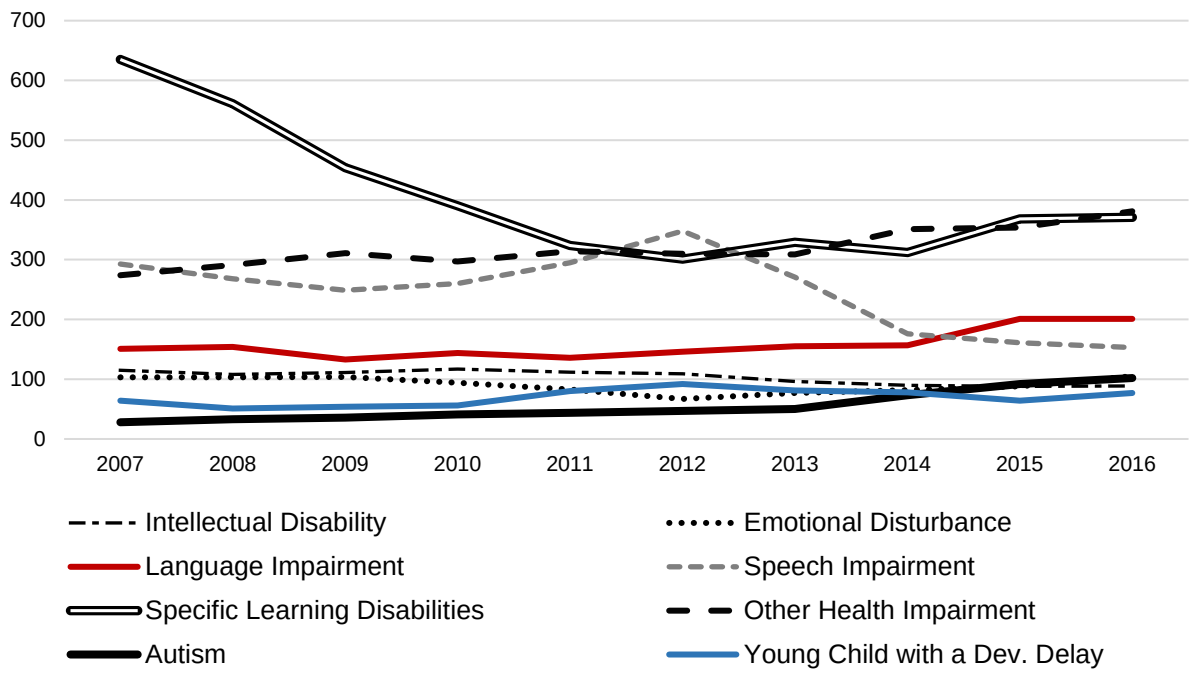


Table 15. Children with Disabilities & Type - Lincoln County Public School District Reports - 2007 to 2016

Disability Categories	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Intellectual Disability	115	108	111	117	112	109	96	90	88	89	-26	-22.6%
Emotional Disturbance	103	103	104	94	83	67	77	82	88	105	2	1.9%
Language Impairment	151	154	133	144	136	146	155	157	201	201	50	33.1%
Speech Impairment	293	268	249	260	295	348	271	176	161	153	-140	-47.8%
Visual Impairment	0	0	0	0	0	0	0	0	0	0	0	N/A
Hearing Impairment	0	0	0	0	0	12	12	12	14	15	15	N/A
Specific Learning Disabilities	635	561	454	390	324	301	329	312	368	371	-264	-41.6%
Other Health Impairment	274	291	311	297	314	310	309	351	354	381	107	39.1%
Multiple Disabilities	0	0	0	0	0	0	0	0	0	0	0	N/A
Autism	28	33	36	41	44	47	50	73	92	102	74	264.3%
Young Child with a Dev. Delay	64	51	54	56	80	92	81	78	64	77	13	20.3%
Orthotic Impair., Deaf, Blindness, & Traumatic Brain Injury	0	0	0	0	0	0	0	0	0	0	0	N/A
TOTAL	1711	1619	1493	1436	1430	1476	1422	1366	1471	1526	-185	-10.8%

Source: Office of Special Education
N/A = due to the value of 0 in 2007; calculation not possible.

Community Indicators Section

Lincoln County Community Indicators that Need Attention

Children in Poverty

As of 2015, there were 15.4% of the Lincoln County children (age 0-17; 2,150) who were in poverty in comparison to 11.3% of the general population (6,089 in poverty); a trend that has been consistent from 2007 to 2015. Lincoln County has consistently had a smaller percentage of impoverished youth (15.4%) in comparison to state (20.4%) and national trends (20.7%).

Focusing on youth age 0-17, there was a 2.3% increase in the number of those who were in poverty since 2007. However, there was a 5% decrease from 20.8% in 2014 to 15.4% in 2015.

Figure 9. Percentage of Youth - Age 0-17- In Poverty

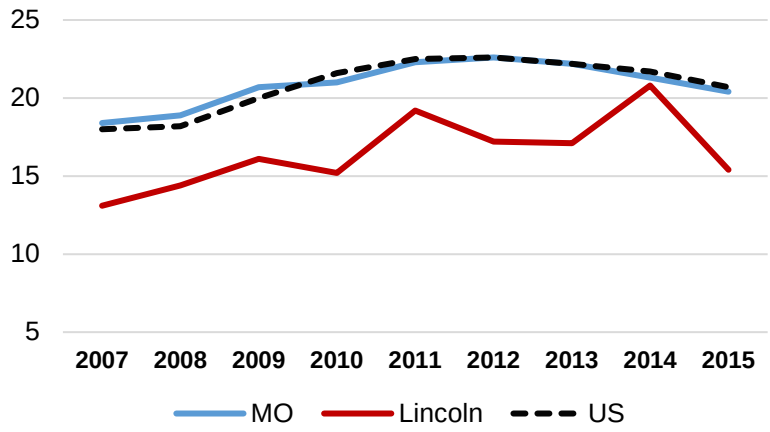


Table 16: Numbers and Rates of US, MO, and Lincoln County Individuals living in poverty 2007 to 2015

Year	USA	per 100	Missouri	%	Lincoln	%
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	11.0
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	6089	11.3
Diff.	8,100,830	1.7	116,860	1.5	1,321	1.9
Change	21.3%		15.4%		27.7%	

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

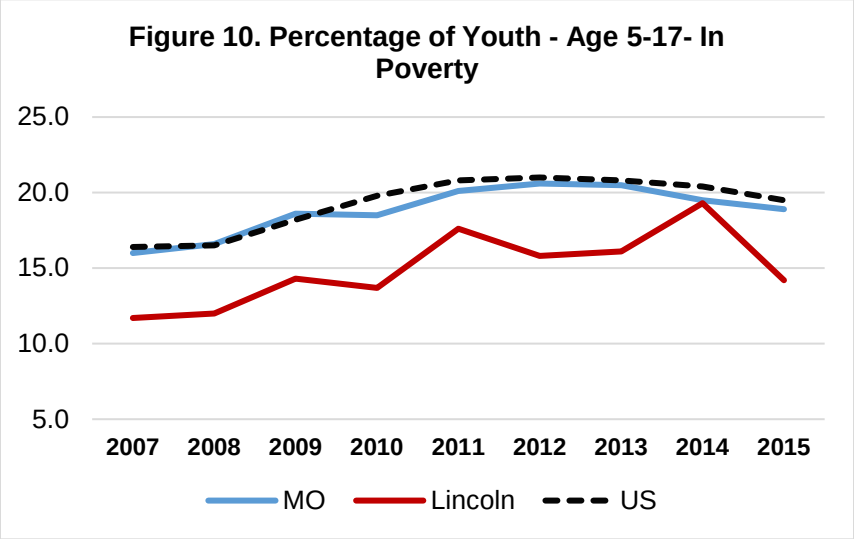
Table 17: Percentage of Youth 0-17 in Poverty- County, State, and National Trends

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff
MO	18.4	18.9	20.7	21	22.3	22.6	22.2	21.3	20.4	2.0
Lincoln	13.1	14.4	16.1	15.2	19.2	17.2	17.1	20.8	15.4	2.3
US	18.0	18.2	20.0	21.6	22.5	22.6	22.2	21.7	20.7	2.7

Table 18: Percentage of Youth 5-17 in Poverty – County, State, and National Trends

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
MO	16.0	16.6	18.6	18.5	20.1	20.6	20.5	19.5	18.9	2.9
Lincoln	11.7	12.0	14.3	13.7	17.6	15.8	16.1	19.3	14.2	2.5

US	16.4	16.5	18.2	19.8	20.8	21.0	20.8	20.4	19.5	3.1



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 5-17 year olds of 14.2% is better than both the state and nation rates.* The percentage of youth age 5-17 in poverty in Missouri was, by comparison, 18.9%, and 19.5% for the nation.

Table 19: General Poverty Trends for Lincoln County

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
# of Individuals in Poverty	4768	5438	5795	5834	6902	6488	6310	8376	6089	1,321	27.7%
% of Population in Poverty	9.4%	10.5%	11.0%	11.2%	13.2%	12.3%	11.9%	15.7%	11.3%	0.0	
# Youth in Poverty- Age 0-17	1781	1985	2287	2195	2754	2425	2414	2911	2150	369	20.7%
% of Youth - Age 0-17 - In Poverty	13.1%	14.4%	16.1%	15.2%	19.2%	17.2%	17.1%	20.8%	15.4%	2.3%	
# Youth in Poverty -Age 5-17	1156	1195	1478	1426	1824	1634	1672	1993	1468	312	27.0%
% of Youth - Age 5-17 - In Poverty	11.7%	12.0%	14.3%	13.7%	17.6%	15.8%	16.1%	19.3%	14.2%	2.5%	

Households at Risk of Homelessness

There were 3.9% more renters in Lincoln County (52.5% estimated covering 2011-2015) than Missouri who had gross rent costs of 30% or more of their household (HH) income (MO rate = 48.6%), which puts almost 1,900 renter households at risk of homelessness. In 2015 alone, 28.9% of Lincoln County owners with a mortgage spent 30% or more in comparison to only 26.5% of Missouri owners. This represents an additional 2,869 households at risk of homelessness.

Table 20: Percentage of Housing Units by Type that Spend more than 30% of their Income on Gross Household (Rent or Mortgage) Costs

	Missouri	Lincoln
Housing units with a mortgage	26.5%	28.9%
Housing units without a mortgage	12.4%	9.0%
Occupied units paying rent	48.6%	52.5%

	Missouri	Lincoln	Lincoln
	%	Estimate	%
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%

Youth who are Homeless

The percentage of reported homeless youth in Lincoln County increased by 1.4% from its 2010 rate of 0.3%. For 2016, 1.7% of children in schools were noted as homeless, or 150 homeless youth. By comparison, Missouri's rate increased by 1.7%, and for 2016 was at 3.5%. Focusing on the two largest school districts in Lincoln County, there were 46 homeless youth in Troy and 92 in the Winfield school district for the 2015-16 homeless count. Due to the increase over time, this is marked as an area that needs attention, and resources/services should be targeted to these identifiable 150 students.

Figure 11. Percentage of Homeless Youth - 2010-2016-Comparison

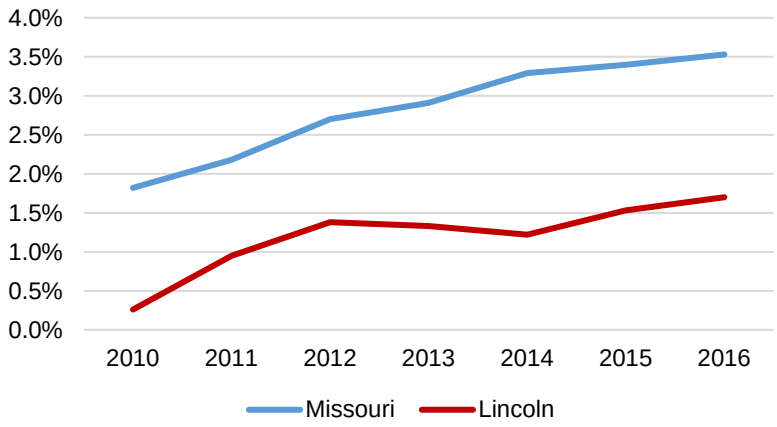


Table 21. Homeless Student Counts for Local School Districts - 2009-10 to 2015-16

School District	09-10 H. Count	10-11 H. Count	11-12 H. Count	12-13 H. Count	13-14 H. Count	14-15 H. Count	15-16 H. Count	Diff	
SILEX R-I	0	0	0	0	0	0	0	0	
ELSBERRY R-II	0	0	13	0	0	0	12	12	
TROY R-III	0	19	28	35	22	33	46	46	
WINFIELD R-IV	23	65	80	81	86	102	92	69	
TOTAL	**23**	**84**	**121**	**116**	**108**	**135**	**150**	**127**	552%

Source: Missouri DESE.

Table 22. Percentage of Homeless Youth - 2010 to 2016

	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	1.8%	2.2%	2.7%	2.9%	3.3%	3.4%	3.5%	1.7%
Lincoln	0.3%	1.0%	1.4%	1.3%	1.2%	1.5%	1.7%	1.4%

Table 23. Number of Homeless Youth - 2010 to 2016

	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	16162	19370	23889	25749	29127	30049	31213	15051	93%
Lincoln	23	84	121	116	108	135	150	127	552%

Students Enrolled in the Free/Reduced Price Lunch Program –
The rate of students enrolled in the Free/Reduced-Price Lunch program increased by 11.3% over time from 2007 to 2016, with 43.8% of students, or 3,792 on this program in Lincoln County (2016). For 2016, the Lincoln County rate was more than 7% less than the Missouri rate of 52% of students, and was doing better than all of the other comparative regions (with the exception of St. Charles County). Due to the 11.3% increase seen with this indicator over time, this is marked as an item that needs attention.

Figure 12. Percentage of Students Enrolled in Free/Reduced Price Lunch Program

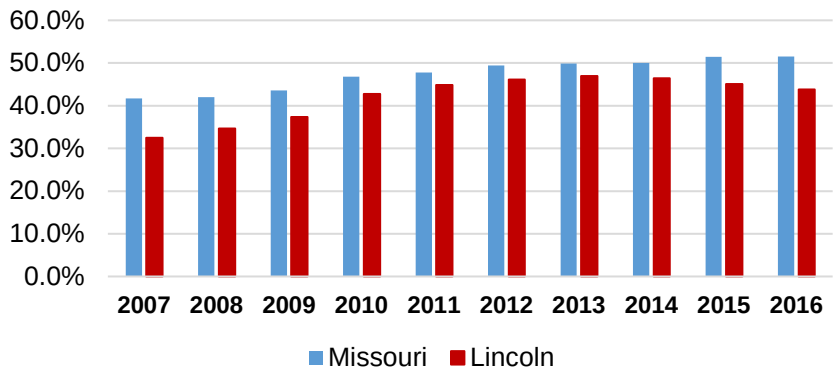


Table 24. Percentage of Students Enrolled in Free/Reduced Price Lunch Program

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	41.7%	42.0%	43.6%	46.8%	47.7%	49.4%	49.8%	50.0%	51.5%	51.5%	9.8%
Franklin	32.9%	33.7%	37.0%	42.2%	43.2%	44.9%	46.7%	46.3%	45.6%	45.8%	13.0%
Lincoln	32.5%	34.6%	37.4%	42.8%	44.8%	46.1%	47.0%	46.4%	45.1%	43.8%	11.3%
Montgomery	43.0%	47.2%	50.2%	54.8%	55.5%	57.6%	57.3%	56.7%	58.6%	58.0%	15.0%
St. Charles	15.4%	15.8%	17.0%	20.1%	21.5%	22.9%	23.8%	24.2%	23.4%	23.2%	7.7%
St. Louis	36.7%	36.9%	38.7%	40.6%	41.0%	42.3%	42.0%	41.7%	44.7%	44.4%	7.7%
Warren	37.1%	38.5%	42.7%	48.7%	50.3%	52.6%	55.3%	55.9%	55.2%	54.9%	17.8%

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 25. Number of Students Enrolled in Free/Reduced Price Lunch

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Lincoln	2788	3015	3254	3704	3922	3972	4071	4031	3900	3792	1004	36%

Youth Receiving Psychiatric Services – LC youth (304) made up 29% of the total number of individuals (1,052) who received psychiatric services from the Division of Behavioral Health in 2015. This was a 50% increase in the number of youth who received psychiatric services in 2009 (from 184). With the exception of youth under the age of 6, there were increases in the number of youth who received these services since 2009, with the largest increase of 119% *found with 6-9 year olds*. There were 90% more youth age 10 to 13, and 38% more youth age 14 to 17 who received psychiatric services from this source covering this same period of time. This data suggests there are increasing needs of LC youth for Psychiatric Services.

Table 26. Number of Youth in Lincoln County who received Psychiatric Services from the Division of Behavioral Health - FY 2009-2015.

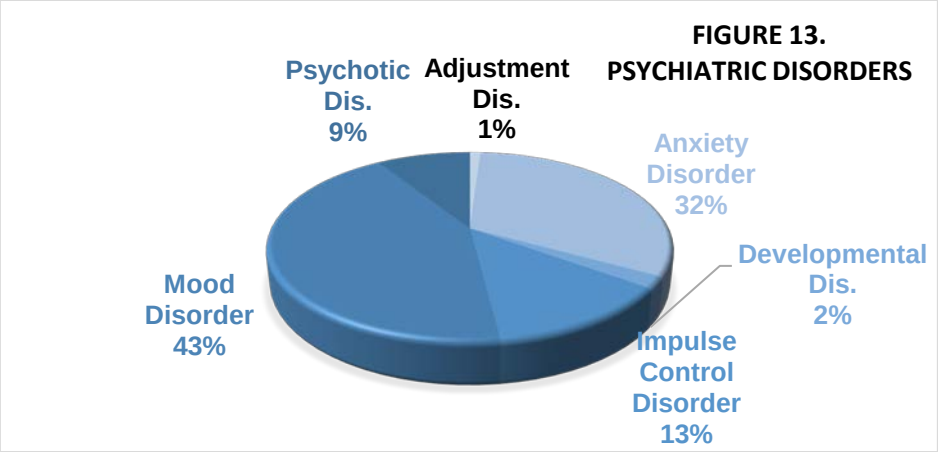
Age Ranges	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	% of total - 2015	Diff. 2009-15	% Ch.
Under 6	7	7	15	0	5	5	0	0.0%	-7	-100.0%
6 to 9	37	37	51	66	61	73	81	7.7%	44	118.9%
10 to 13	58	74	89	85	76	79	110	10.5%	52	89.7%
14 to 17	82	102	111	96	84	100	113	10.7%	31	37.8%
General Pop. Total	658	743	908	988	904	982	1,052		394	59.9%

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.

Table 27: Comprehensive Psychiatric Services- Numbers Served in Lincoln County

	2011	2012	2013	2014	2015	2011% Total Diagnoses	2015% Total Diagnoses	% Ch. -2011 -2015	% Ch. 2014-2015
Total Clients	909	988	903	982	1052			16%	7%
Adjustment Dis.	0	19	11	8	16	0%	1%	*	100%
Anxiety Disorder	332	404	302	495	561	25%	32%	69%	13%
Developmental Dis.	28	26	21	36	40	2%	2%	43%	11%
Impulse Control Disorder	184	196	146	191	230	14%	13%	25%	20%
Mood Disorder	603	630	487	697	769	46%	43%	28%	10%
Psychotic Dis.	163	178	162	164	153	12%	9%	-6%	-7%
Total diagnoses	1310	1453	1129	1591	1769			35%	11%

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.



The most widely reported diagnosis, for the general population of Lincoln County residents who received psychiatric services from the Division of Behavioral Health, was mood disorders (43%), followed by anxiety disorders (32%), and then impulse control disorders (13%).

Violent Teen Death Rate - The violent teen death rate (ages 15-19) increased from 31.2 out of 100,000 in 2006-2010 to 49.2 out of 100,000 in 2011-2015. The state rate improved in this same period of time, and matches the Lincoln County rate of 49.2 for 2011-2015.

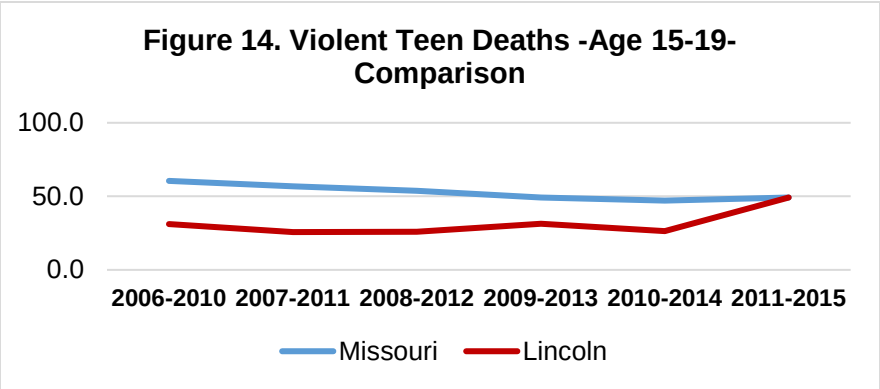


Table 28: Violent Teen Deaths -Age 15-19 - Per 100,000 Youth

	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	Diff.
Missouri	60.5	56.9	53.8	49.3	47.1	49.2	-11.3
Lincoln	31.2	25.7	25.9	31.4	26.4	49.2	18.0

Source: Missouri Department of Health and Senior Services.

Suicide and Self-Injury Rate of Youth

Lincoln County's rate of 9.75 was higher than the state rate of 8.55 covering 2003 through 2013 for youth, 15 to 19 years old. For youth 15-19 years of age, the Lincoln County self-injury rate for hospitalizations and emergency room visits fell in the middle of the comparative regions with 4 suicides as the cause of death for LC youth age 15-19 (2003 to 2013).

Within Juvenile Law Violation Referrals, *Injurious Behavior was the only status violation that increased over time which was by 26% since 2008; 59 offenses reported for 2014.*

Table 29: Deaths Ages 15-19 – Suicide – Per 100,000

Geography	Years	#	Rate	Sign. Diff.
Missouri	2003-13	395	8.55	
Franklin	2003-13	9	11.58	N/S
Lincoln	2003-13	4	9.75	N/S
Montgomery	2003-13	1	10.92	N/S
St. Charles	2003-13	23	8.43	N/S
St. Louis	2003-13	64	8.18	N/S
Warren	2003-13	2	8.64	N/S

Source: DHSS-MOPHIMS Community Data Profiles - Child Health

Substance Use Trends

LC youth made up 8% of those clients admitted to a Substance Abuse Treatment Program in 2015. There were 31 youth admitted in 2015, a 24% increase since the 25 youth who receiving these services in 2009. In addition, juvenile law violation drug offenses increased by 60% (10 to 16 in 2014), with the remaining juvenile law referral information provided in a later section due to positive trends. The need remains for these types of programs for youth in Lincoln County. Specific substance abuse and use trends are provided in a later section (see the Missouri Student Survey Section).

Table 30: Number of Youth (under 18) in Lincoln County admitted to Substance Abuse Treatment Program from the Division of Behavioral Health - FY 2009-2015.

Age Ranges	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	% of total - 2015	Diff.	% Ch.
Under 18	25	25	44	49	43	27	31	8.1%	6	24.0%
General Pop	365	412	362	376	375	366	384		19	5.2%

Children In Families Receiving the Supplemental Nutrition Assistance Program (SNAP, aka Food Stamps) - There were 720 more children on food stamps in 2015 than in 2007, with 30.1% of LC children receiving food stamps, an increase of 5.7% since 2007. While this rate has increased over time and at a more significant pace than the state rate, Lincoln County's 30.1% is less than Missouri with 34% *of children on food stamps. For this reason, the indicator is marked as an area that has mixed results.* It is important for Lincoln County stakeholders to address the 4,295 youth in need of food.

Table 31: Percentage of Children in Families Receiving Food Stamps -2007 to 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
Missouri	30.9%	32.5%	35.6%	37.5%	37.8%	39.0%	36.9%	34.7%	34.2%	3.3%
Lincoln	24.4%	27.2%	30.6%	33.2%	34.6%	36.3%	33.0%	31.0%	30.1%	5.7%

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

Table 32: Number of Children in Families Receiving Food Stamps -2007 to 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
Lincoln	3,575	4,052	4,516	4,875	5,065	5,245	4,749	4,442	4,295	720	20.1%

Infants born with a low birth weight

The county's low-birth weight infant rate was 7.2% in 2011-2015 compared to 8% for Missouri. The county's rate increased by 0.6% covering the 2007-2011 range to 2011-2015, while the state rate has remained relatively stable. There were 260 live infants recorded during 2011-2015 that had a birth weight under 2,500 grams or 5 pounds, eight ounces.

Table 33: Low birth weight infants – Numbers

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	Diff.	% Ch.
Missouri	31747	31123	30584	30345	30,326	-1,421	-4%
Lincoln	252	246	256	258	260	8	3%

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 34: Low birth weight infants – Percentage

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	Diff.
Missouri	8.1%	8.0%	8.0%	8.0%	8.0%	-0.1%
Lincoln	6.6%	6.5%	6.9%	7.2%	7.2%	0.6%

Out-of-School Suspensions - The four major school districts in Lincoln County varied in their out-of-school suspension rates with Troy and Winfield that had the highest in 2016 (1.8 per 100), and Silex had the lowest at 0.3 per 100 students. Elsberry had 1.0 per 100 students for 2016. Missouri's rate improved from 1.7 to 1.1 in the same period of time. *District data should be viewed separately considering there was a substantial increase in the number of OSS's from 2015 to 2016 for Winfield and Troy.*

Figure 15. Out of School Suspension Rate per 100

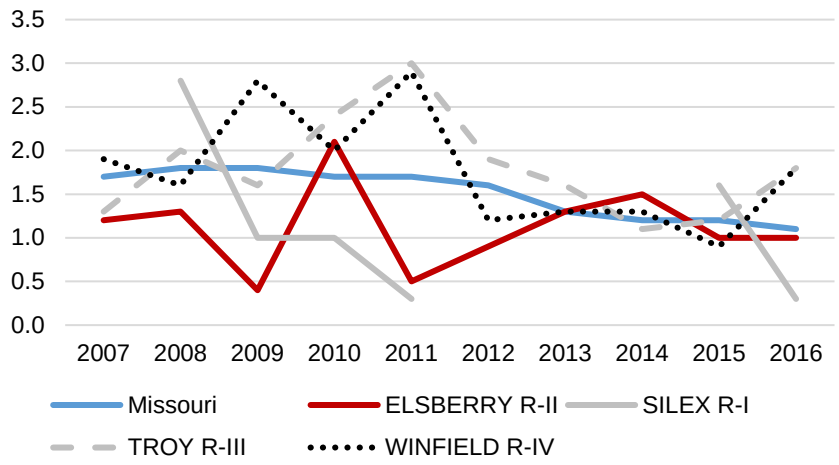


Table 35: Out of School Suspension (rate) - 2007 to 2016 out of 100 students

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Rate Ch.
Missouri	1.7	1.8	1.8	1.7	1.7	1.6	1.3	1.2	1.2	1.1	-0.6
ELSBERRY	1.2	1.3	0.4	2.1	0.5	0.9	1.3	1.5	1.0	1.0	-0.2
SILEX R-I		2.8	1.0	1.0	0.3				1.6	0.3	0.3
TROY R-III	1.3	2.0	1.6	2.4	3.0	1.9	1.6	1.1	1.2	1.8	0.5
WINFIELD	1.9	1.6	2.8	2.0	2.9	1.2	1.3	1.3	0.9	1.8	-0.1

Source: DESE District Report Card

Table 36: Out-of-School Suspension (number) - Lincoln County School Districts- Change in Percent from 2007 to 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
ELSBERRY	10	11	3	17	4	7	10	12	8	8	-2	-20%
SILEX R-I		10	4	4	1				6	1	1	N/A
TROY R-III	76	116	98	144	187	115	101	67	73	111	35	46%
WINFIELD	31	26	43	31	43	18	19	19	13	27	-4	-13%

Source: DESE District Report Card

Disciplinary Incidents -The four major school districts in Lincoln County also varied in their disciplinary incident rates with Troy and Winfield that once again had the highest in rates/numbers 2016 (1.8), and Silex had the lowest at 0.3 per 100 students. Elsberry had 1.0 per 100 students for 2016. Missouri's rate improved from 1.9 to 1.3 in the same period of time. *Of the 148 total incidents in Lincoln County for 2015, 111 were tied to Troy, the largest school district, with 27 incidents linked to Winfield students.* School enrollment data is available on the next page.

Table 37: Disciplinary Incident Information (rate) - 2007 to 2016 out of 100 students

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri												
Enrolled	900,781	895,826	894,283	892,391	889,653	886,116	888,174	887,358	886,477	885,138	-15,643	-2%
# Incidents	16,705	17,636	17,362	16,525	17,276	15,314	13,166	12,182	12,120	11,402	-5,303	-32%
Incidents Rate	1.9	2.0	1.9	1.9	1.9	1.7	1.5	1.4	1.4	1.3	-0.6	-32%
Lincoln County												
# Incidents	140	171	167	209	239	149	131	103	101	148	8	6%
ELSBERRY R-II	10	12	3	21	5	7	11	16	9	9	-1	-10%
SILEX R-I		11	4	4	1				6	1	1	N/A
TROY R-III	99	122	117	153	190	124	101	68	73	111	12	12%
WINFIELD R-IV	31	26	43	31	43	18	19	19	13	27	-4	-13%
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	-0.1	-8%
SILEX R-I		3.0	1.0	1.0	0.3				1.6	0.3	0.3	N/A
TROY R-III	1.7	2.1	1.9	2.5	3.1	2.0	1.6	1.1	1.2	1.8	0.1	6%
WINFIELD R-IV	1.9	1.6	2.8	2.0	2.9	1.2	1.3	1.3	0.9	1.8	-0.1	-5%
School Enrollment												
ELSBERRY R-II	843	853	811	807	798	770	779	792	766	783	-60	-7%
SILEX R-I		363	385	396	391				385	370	370	N/A
TROY R-III	5821	5947	6019	6083	6208	6188	6126	6184	6178	6161	340	6%
WINFIELD R-IV	1622	1633	1550	1534	1478	1458	1449	1495	1502	1490	-132	-8%
Source: DESE District Report Card												

Reported & Substantiated Cases of Child Abuse and Neglect - For 2016, Lincoln County had 826 reported incidents (32.6% increase from 2011) of child abuse and neglect, with 1,220 reported children (33% increase from 2011); both with similar increasing trends found over time. *However, the number of substantiated incidents and children did not change by much over time. When reviewing the data in the table, there was an increase in substantiated incidents in just one year from 39 in 2015 to 59 in 2016. The same pattern was found with the number of substantiated children in this two-year span of time suggesting that something occurred in 2015. The percent of overall cases that are "substantiated" has decreased slightly since 2011. Substantiated incidents made up 7% of the total reported incidents for Lincoln County in 2016; they made up 10% of incidents in 2011. 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 60% of the incidents reported in 2016, with 32% of incidents defined as unsubstantiated.

Table 38: Information on Reported Incidents of Child Abuse and Neglect for Lincoln County, MO. 2011 to 2015

Type		2011	2012	2013	2014	2015	2016	Diff.	% Ch.	MO 2015	LC vs MO
Substantiated	#	62	59	53	58	39	59	-3	-4.8%	4,360	
	%	10.0%	8.9%	8.8%	8.1%	5.6%	7.1%	-2.9%		6.4%	-0.8%
Unsub - (PSI)	#	46	65	56	38	42	53	7	15.2%	3,807	
	%	7.4%	9.8%	9.3%	5.3%	6.0%	6.4%	-1.0%		5.5%	0.5%
Unsub	#	217	196	147	220	212	211	-6	-2.8%	20,569	
	%	34.8%	29.6%	24.5%	30.7%	30.4%	25.5%	-9.3%		30.0%	0.4%
FA	#	241	312	311	376	398	492	251	104.1%	37,168	
	%	38.7%	47.1%	51.7%	52.5%	57.0%	59.6%	20.9%		54.2%	2.9%
Other	#	57	30	34	24	7	11	-46	-80.7%	2,719	
	%	9.1%	4.5%	5.7%	3.4%	1.0%	1.3%	-7.8%		4.0%	-3.0%
Total		623	662	601	716	698	826	203	32.6%	68,623	

Source: Missouri Department of Social Services Annual Reports from 2011 to 2015. Unsub-PSI = Unsubstantiated-Preventive Services Indicated; Unsub = Unsubstantiated; FA =Family Assessment and Services Needed

Table 39: Number of Children Involved in Child Abuse/Neglect Substantiated Incidents for Lincoln -2011-2016

		2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Substantiated	#	85	81	66	78	44	87	2	2%
	%	9.2%	8.0%	7.2%	7.2%	4.2%	7.1%	-2.1%	
Unsub- PSI	#	65	96	91	67	63	80	15	23%
	%	7.1%	9.5%	9.9%	6.2%	6.0%	6.6%	-0.5%	
Unsub.	#	356	302	225	338	310	283	-73	-21%
	%	38.7%	30.0%	24.4%	31.1%	29.6%	23.2%	-15.5%	
FA	#	351	482	496	564	623	754	403	115%
	%	38.2%	47.9%	53.9%	51.9%	59.4%	61.8%	23.7%	
Other	#	63	46	43	39	9	16	-47	-75%
	%	6.8%	4.6%	4.7%	3.6%	0.9%	1.3%	-5.5%	
Total	#	920	1,007	921	1086	1049	1220	300	33%
Children per 1,000 - Subst.		5.8	5.5	4.5	5.3	3.0	5.9	0.1	
Per 1,000- Total Reported		62.5	68.4	62.5	73.8	71.2	82.9	20.4	

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

Neglect made up the majority of substantiated cases in 2016 for Lincoln County (46%). Physical abuse made up 32% of the total number of substantiated cases, while sexual abuse was the third highest abuse reported making up 24% of the cases in Lincoln County. These three areas of child abuse and neglect need to be a focal point for discussion and the provision of services.

Table 40. Types of Reported Incidents/Children of Child Abuse and Neglect for Lincoln - 2011 vs. 2015, 2016

	2011		2015		2016	
Type	**Incidents**	**Children**	**Incidents**	**Children**	**Incidents**	**Children**
Physical	19	21	16	16	19	29
	31%	25%	41%	36%	32%	33%
Neglect	36	8	6	10	27	44
	58%	53%	15%	23%	46%	51%
Emotional Maltreatment	-	-	2	2	2	2
	0%	0%	5%	5%	3%	2%
Medical	-	-	-	-	-	-
	0%	0%	0%	0%	0%	0%
Educational Neglect	-	-	-	-	-	-
	0%	0%	0%	0%	0%	0%
Sexual	14	14	19	5	14	14
	23%	17%	49%	25%	24%	16%
Total	62	85	39	20	59	87

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

Lincoln County Community Indicators that are Positive

Children Receiving Cash Assistance -From 2007 to 2015, there was a 5% decrease in the number of children receiving cash assistance, which as of 2015 included 430 youth. *The rate of children receiving cash assistance was 3% for Lincoln County and 3.4% for the State of Missouri*. This indicator has not changed significantly over time in Lincoln County.

Figure 16. Children Receiving Cash Assistance - 2007 to 2015

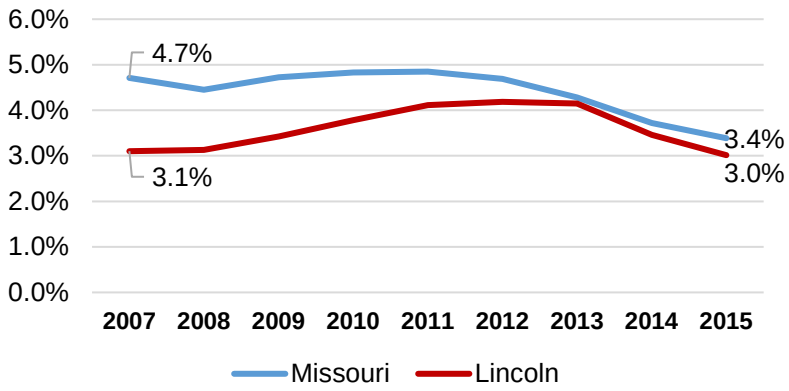


Table 41. Number of Children in Families Receiving Cash Assistance

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
Lincoln	454	466	506	556	601	604	597	496	430	-24	-5%

Source: MO Dept. of Social Services; US Census Bureau; MO Office of Administration, Division of Budget and Planning. Definitions: Number of children in households receiving public assistance under Temporary Assistance for Needy Families (TANF).

High School Dropout Rate - *Lincoln County experienced a 28% decline in the number of students who dropped out of high school from 2007 to 2015 (from 76 to 55), with a rate decrease of 0.7% to 2% for 2015.* By comparison, Lincoln County's drop-out rate was .1% less than the state rate of 2.1%.

Table 42. Annual High School - Dropout Numbers and Percentages

	Missouri	Lincoln
2007	10,003	76
2008	9,852	105
2009	10,213	91
2010	8,866	68
2011	8,771	59
2012	7,906	57
2013	6,561	46
2014	6,493	25
2015	5,458	55
Diff.	-4,545	-21
% Ch.	-45.4%	**-27.6%**

	Missouri	Lincoln
2007	3.5%	2.7%
2008	3.5%	3.8%
2009	3.6%	3.3%
2010	3.2%	2.4%
2011	3.2%	2.1%
2012	3.0%	2.1%
2013	2.5%	1.7%
2014	2.4%	0.9%
2015	2.1%	2.0%
Diff.	-1.4%	-0.7%

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.

Graduation Rates - There was an increase of 5.5% in the Lincoln County high school graduation rate since 2007, and as of 2016 it's at 92%, which is in line with the state rate. The graduation rate peaked in 2014 with 95% graduation rate, including 687 graduates. Despite this finding, this indicator is being marked as one that has shown overall positive trends.

Table 43. High School Graduation - 2007 to 2016

	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	61,259	687
2015	60,604	611
2016	61,403	621
Diff.	1,202	38
% Ch.	2.0%	6.5%

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 44. High School Graduation Rates - 2004 to 2016

Regions	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	86%	86%	86%	86%	87%	88%	88%	89%	90%	92%	5.3%
Franklin	87%	87%	87%	86%	87%	87%	91%	91%	92%	91%	4.3%
Lincoln	87%	85%	84%	87%	90%	91%	91%	95%	94%	92%	5.5%
Montgomery	86%	90%	93%	88%	91%	90%	94%	94%	93%	89%	2.8%
St. Charles	89%	90%	90%	92%	91%	92%	94%	94%	94%	95%	5.4%
St. Louis	89%	90%	91%	89%	90%	91%	90%	91%	91%	93%	3.2%
Warren	86%	84%	89%	88%	87%	91%	93%	96%	97%	95%	9.0%

Juvenile Law Violation Referrals

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, and remained higher than the Missouri rate for 2015 at 32.3 per 1,000 (MO = 20.6 out of 1,000). However, the Lincoln County j*uvenile law violation referral rate decreased significantly since its highest rate of 48.8 out of 1,000 in 2007.*

Table 45. Juvenile Law Violation Referrals for Youth -Missouri & Regional Comparison, Ages 10-17

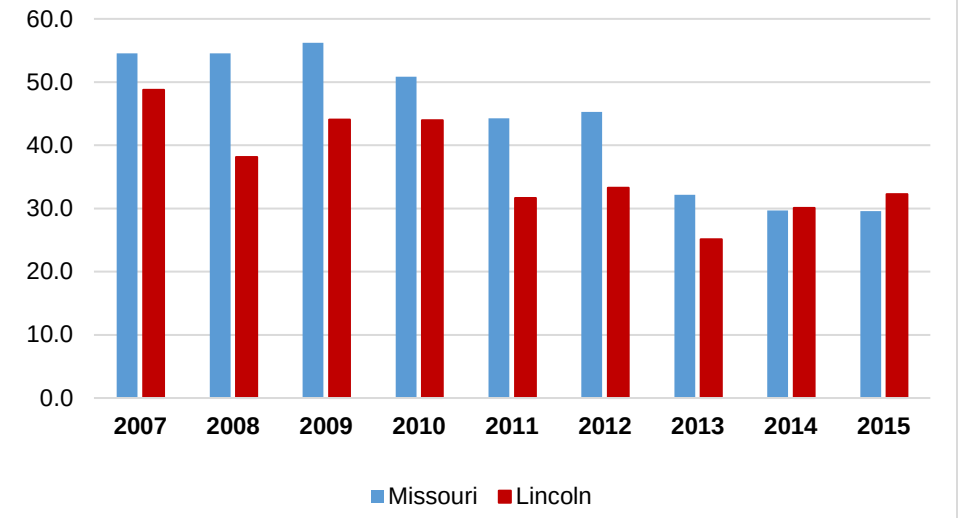
	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
Lincoln	331	262	297	292	211	220	167	200	216	-115

Table 46. Juvenile Law Violation Referrals for Youth -Missouri & Regional Comparison, Ages 10-17 (per 1,000)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
Missouri	54.6	54.5	56.2	50.8	44.3	45.3	32.2	29.7	29.6	-25.0
Franklin	46.6	48.8	42.0	32.6	29.7	35.5	23.8	36.6	29.2	-17.4
Lincoln	48.8	38.1	44.1	44.0	31.6	33.3	25.1	30.1	32.3	-16.5
Montgomery	22.2	31.2	32.6	52.2	23.5	31.3	30.9	33.1	170.0	147.9
St. Charles	45.8	44.5	49.3	46.3	43.2	41.4	26.4	20.4	23.0	-22.8
St. Louis	59.1	61.3	73.1	69.6	58.2	59.0	41.1	35.3	33.0	-26.1
Warren	55.7	49.7	44.8	31.1	42.4	36.4	12.0	15.8	25.5	-30.1

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.

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



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 46% (13 to 7 in 2014). Violent offenses decreased by 2% (55 to 54 in 2014), which made up the majority of law violation offenses at 54 offenses, and is the third highest number of offenses out of all categories for 2014.* Juvenile law violation drug offenses increased by 60% (10 to 16 in 2014), with this information provided in a previous section.

Within the Status violations, three out of the four status offenses decreased significantly over time, but Truancy still makes up the majority of the status violations with 144 reported in 2014. This reduced substantially from 2013 with 237 reported. Truancy was the second highest reported offense. Neglect had the highest number of offenses out of all categories with 244 for 2014, however this has decreased by 45% from 443 reported in 2008. Injurious Behavior is the only status violation that increased over time which was by 26% since 2008; 59 offenses reported for 2014 (data included in the suicide and self-injury section).

Table 47. Juvenile Offenses for Lincoln County from 2008 to 2014

	2008	2009	2010	2011	2012	2013	2014	Diff.	% Ch.
Law Violation Offenses									
Violent Offenses	55	88	65	38	60	41	54	-1	-2%
Alcohol Offenses	13	8	19	8	8	6	7	-6	-46%
Drug Offenses	10	16	23	13	28	19	16	6	60%
Truancy	319	246	137	217	113	237	144	-175	-55%
Runaway/Absent from Home	48	49	38	39	36	22	19	-29	-60%
Beyond Parental Control	7	16	21	13	6	1	5	-2	-29%
Injurious Behavior	47	53	85	59	38	59	59	12	26%
Abuse/Neglect/Custody Offenses									
Abuse	15	12	11	15	20	13	4	-11	-73%
Neglect	443	298	133	197	168	205	244	-199	-45%
Custody Disputes	10	2	5	5	15	12	6	-4	-40%
Juvenile Court Placements									
Parental Alcohol Use Related	-	1	1	-	-	1	0	0	NAC*
Parental Drug Use Related	5	16	5	17	13	15	9	4	80%
Parental Alcohol/Drug Related	1	1	-	-	2	-	0	-1	-100%
Out of home placement totals	36	70	41	61	70	43	32	-4	-11%

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

Out-of-Home Placements
The number of out-of-home placement entries for Missouri increased by 32%, while Lincoln County decreased by 19% from 2007 to 2015. In 2015, there were 50 out-of-home placement 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 3.5 for Lincoln County in comparison to 5.1 for Missouri. *The county entry rate decreased from 4.2 to 3.5 out of 1,000 children from 2007 to 2015, while the Missouri rate increased over time and was at 5.1 in 2015.*

Figure 18. Out-of-Home Placement Rate per 1,000 children - 2007 to 2015 - Comparisons

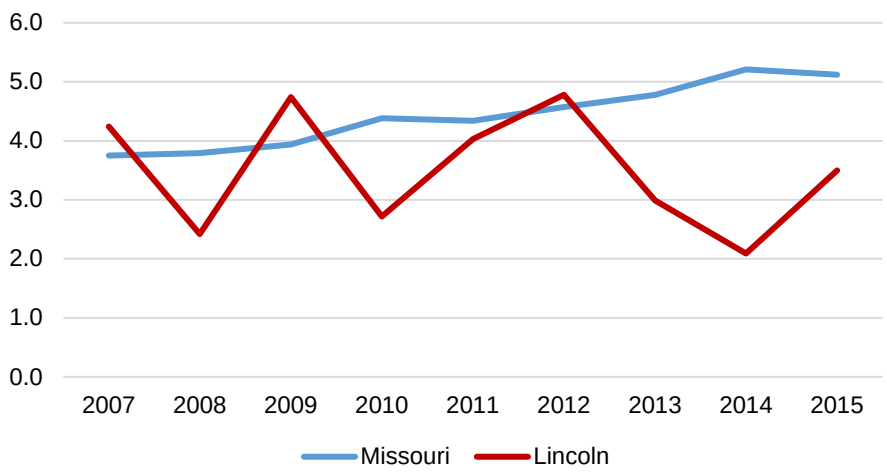


Table 48. Out-Of-Home Placement Entries -County Compared to Missouri - 2007 to 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
Missouri	5362	5418	5620	6236	6137	6422	6688	7259	7058	1696	32%
Lincoln	62	36	70	40	59	69	43	30	50	-12	-19%

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

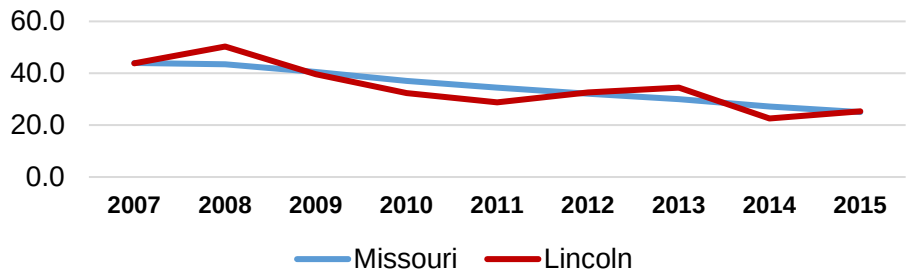
Table 49. Out of Home Placement Entries - Rate per 1,000 Children - 2007 to 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
Missouri	3.8	3.8	3.9	4.4	4.3	4.6	4.8	5.2	5.1	1.4
Lincoln	4.2	2.4	4.7	2.7	4.0	4.8	3.0	2.1	3.5	-0.7

Births to Teens

The number of births to teens in Lincoln County decreased by 41% from 2007 to 2015, with a reported 48 in 2015. The rate of teen births decreased by 42% from a rate of 43.9 in 2007 to 25.3 in 2015. Lincoln County's births-to-teens rate improved dramatically over time, and its rate is in line with the state rate of 25%.

Figure 19. Teen Birth Rate - Age 15-19 - Comparison



Source: Missouri Department of Health and Senior Services.

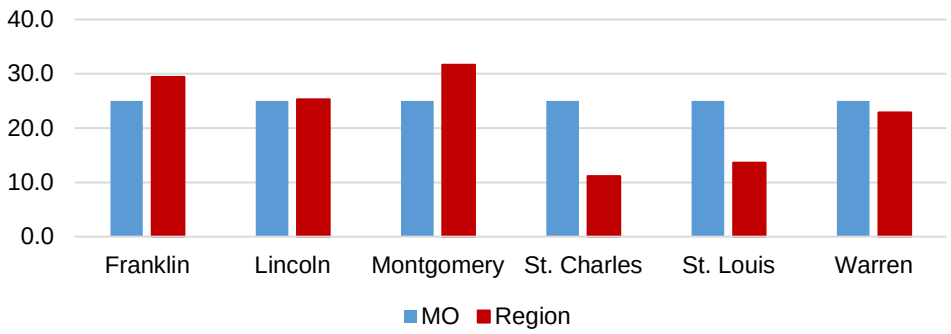
Table 50. Teen Birth Rate - Age 15-19 - Per 1,000 Youth

	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
Diff.	-16.8	-18.6
% Ch.	-38%	-42%

Table 51. Teen Birth - Age 15-19 - Frequency

	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
Diff.	-4,002	-33
% Ch.	-43%	-41%

Figure 20. Comparative Teen Birth Rates - Age 15-19 - 2015



Infant Mortality
Infant mortality is defined as babies born alive and dying before their first birthdays. Lincoln County experienced a reduction of 39% from 2006 to 2015 in the number of infants who died, and the rate decreased by 2.4 to 4.7 in the 2011-2015 time range. There were 17 infants who died in 2011-15. In addition to this improvement, LC's rate is significantly lower than the state rate of 6.4 per 1,000 live births.

Figure 21. Infant Mortality Rate- per 1,000 Live Births-Comparison

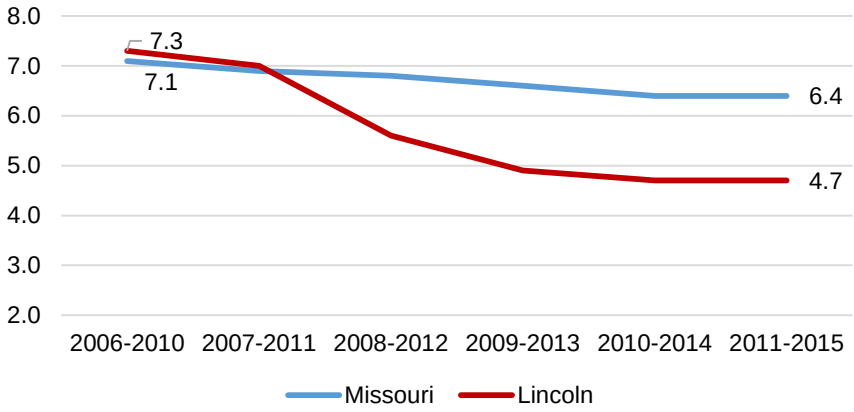


Table 52. Infant Mortality - Frequency

	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	Diff.	% Ch.
Missouri	2855	2738	2621	2526	2418	2411	-444	-16%
Lincoln	28	27	21	18	17	17	-11	-39%

Source: Missouri Department of Health and Senior Services.

Child deaths, ages 1 – 14
Child deaths, ages 1-14, steadily improved over time with a rate decrease of 12.7 per 100,000 children from 24.7 in 2007-11 aggregated period to 12.0 in 2011-15. The county rate was much lower than the state rate of 18.0 per 100,000 children.

Figure 22. Child Death Rates - Age 1-14- Comparison

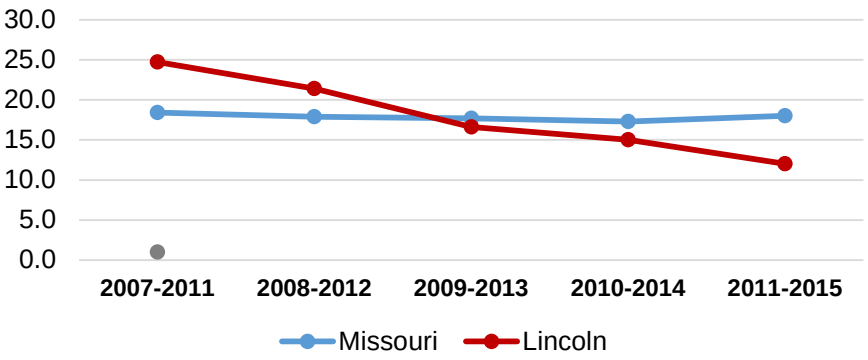


Table 53. Child Death Rate - Age 1-14 - Per 100,000 Youth

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	Diff.	% Ch.
Missouri	18.4	17.9	17.7	17.3	18.0	-0.4	-2%
Lincoln	24.7	21.4	16.6	15.0	12.0	-12.7	-51%

Source: Missouri Department of Health and Senior Services.

Table 54. Child Deaths - Age 1-14 - Frequency

	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	Diff.	% Ch.
Missouri	1080	1050	1035	1006	1041	-146	-12%
Lincoln	15	13	10	9	7	-4	-36%

Missouri Student Survey Trends for Lincoln County Youth – 2010 -2016

This section provides a review of some of the positive and negative trends from 2010 to 2016 for Lincoln County public school students ranging from 6th to 12th grade collected from the Missouri Student Survey (MSS). The Missouri Student Survey contains hundreds of questions on a variety of topics including: depression, use of alcohol and drugs, disciplinary behavior issues, bullying experiences, and self-injury/suicide. It is important to mention that the schools are instructed to have all 9th graders complete the survey, and to select an additional grade level to survey. The selection process of this additional grade is not consistent over time or across all Lincoln County schools. Table 1 was developed to compare Lincoln County to the state of Missouri on the relevant Missouri Student Survey items. The table also quantifies changes over time from 2010 to 2016 on each reviewed item for the Lincoln County student sample (note that minimal rounding errors occur). Items that are showing positive trends are highlighted in green on the Table and items showing a negative trend or underperformance are highlighted in red.

For the 2016 Missouri Student Survey, the full sample involved 94,486 students after adjustment and data cleaning tasks. The grade range was 6 to 12, with an average age of 14.67. The statewide random sample (tied to MO reported data) included 3,397 students. The sample was evenly represented by males (47.7%) and females (52.3%), also similar to the state's gender distribution (49% males and 51% females), and the Lincoln County sample.

Of the 69 selected items (with relevant data) in the MO Student Survey, over time (2010 to 2016 in most cases) the Lincoln County sample improved on 55% of the items (or 38 items). Six of these items had a 10% or greater improvement over time. The item that showed the greatest improvement was peer smoking cigarettes (one or more friends), which decreased by 26% from 2010 to 2016 with the Lincoln County students who were surveyed. In 2010, there were 54% of students who reported that they have one or more peers who smoke cigarettes in comparison to 29% for 2016. Large decreases were also seen with peers' use of alcohol, marijuana and other illicit drug use.

Negative trends were found with 26% of the items (or 18 separate items) for the years that data was available. Twelve items demonstrated negative trends that were 5% or more, which mostly related to alcohol use (six of the 18 total negative trending items; five items relating to alcohol had more than a 5% change), followed by behavioral items (student believes it is ok to cheat, skipped or cut school one or more days), bullying-related items (past 3 month bullying online or via cell phone, and bullying victim, online or via cell phone), chewing (lifetime and past month use) and e cigarettes (lifetime and past month use). The item with the largest change in a negative direction was students' reports of binge drinking in the past two weeks, followed by increases in lifetime alcohol use (one or more times).There was no change found with thirteen items representing 19% of the total.

Of the more than 70 applicable items assessed in 2016, Lincoln County youth are underperforming in comparison to the state on 26% of the items (20 items). There were 12 items with a 4% or greater difference. The largest difference between the two samples was 12.8%. There were 27% of Lincoln County youth who used alcohol at least one day out of the past month, in comparison to 14% of MO students. ***Seven of the items in the underperforming section relate to the availability, use, and perception of alcohol. LC youth are also underperforming with cigarette use related items (lifetime, past month and perception of wrongness), bullying (emotional, rumor spreading, and victim of physical bullying), behavior (peer carrying gun and past month carrying at school), and chew use (lifetime and past month).***

*Did not include item with wording change over time.

Due to the number of items included in the Missouri Student Survey, the information within this section will identify the more notable positive and negative trends. Note that when reviewing the information below, the percentages were rounded and therefore some rounding errors will exist. Let's examine some of the positive trends that have occurred over time in Lincoln County. The data is arranged by categories with the first set of items relating to alcohol and substance use/abuse, followed by depression, behavioral-disciplinary items, bullying, and then self-harm/suicide.

Age Students Used Substances for the First Time

The age LC youth first use cigarettes and marijuana is older in 2016 than it was in 2010; age of first use for cigarettes is 13.4 and 14.6 for marijuana, and in both instances, these are older than the Missouri average age.

Lifetime Substance Use

The percentage of LC youth reporting they have used substances in their life has improved with many drugs, such as cocaine, club drugs, hallucinogens, heroin, inhalants, marijuana, methamphetamine, OTC misuse, and prescription drug misuse. Out of these substances, the highest reported lifetime use is for prescription drug misuse and marijuana (both at 8%). Lifetime cigarette use has also decreased and for 2016 is at 22%. *As stated previously, significant increases in reported lifetime use of alcohol (more than one time at 42%)), chew use (at 20%), and electronic cigarettes were found (at 17%). LC is underperforming in both of the lifetime alcohol items and chew and cigarettes in comparison to Missouri data.*

The data for use of various substances in the past month was incredibly similar to the lifetime reported data. Two unique items require further attention. *The LC sample is underperforming with the state on past month driving under the influence (reported at 5% in 2016) and past month riding with a driver under the influence (reported at 24% in 2016).*

The students' responses about their peers' use was significantly positive over time from 2010 to 2016 and in comparison to the Missouri sample. For 2016, 45% report that they have one or more friends who drink alcohol, 29% of their peers smoke cigarettes, 16% smoke marijuana, and only 4% use illicit drugs. This information is in the same prioritized rating for youths' perception of wrongness of these four items. However, perception of alcohol as being wrong or very wrong is getting worse for LC youth over time (89% in 2014 and 76% in 2016), or at least in comparison to the 2014 data.

Reasons and Types of Prescription Medications Misused by Students

Eight items are displayed that show some interesting trends occurring with prescription medications. First, the top three reasons LC students gave for why they would misuse prescriptions shows that 3% do it to help them sleep, followed by 2% for stress reduction, and 1% to feel better or happier. Of the various types of prescription medications, *pain medications were misused at least one or more times in the past year by 16% of the LC sample,* followed by 9% for other Rx medications, 5% for sleeping medications, 3% for sedatives/anxiety medication, and 0% for stimulants.

Youth Depression

Six items assessed depression, with all but one of these items showing positive changes in the percentage of students who say they feel a certain way "often" or "always." All six items showed a smaller percentage of Lincoln County students feeling depressed in comparison to the state. The percentage of students feeling irritable increased from 22% in 2010 to 26% in 2016, and is the item with the highest percentage of students rating that they feel irritable "often/always."

Behavioral/Disciplinary Issues

Defiant Behaviors

There is a smaller percentage of LC students who skipped/cut school one or more days (17%) in comparison to the state at 29% There is also 3% less LC students who were suspended in the past 3 months (LC rounds to 2% of students). LC has 28% of students who believe they can cheat, which is 7% more than the Missouri sample of students.

Fighting

The percentage of students fighting (17%) and fighting with an injury (1%) in the past year has improved over time, and is on par or doing slightly better than the MO sample.

Weapons

The percentage of LC youth carrying a gun at school has decreased by 9% from 15% in 2010 to 6% in 2016, but this is higher than the MO rate of 4%. The percentage of students who say they have one or more peers who carry a gun has increased over time and is at 13% for 2016 and approximately 3% higher than the MO sample. Being a victim of a weapon threat as school has decreased by 6% since 2010 and reported by 6% of LC students, which is lower than the MO sample. Thus, students are decreasing threatening gun-related behavior while gun carrying behavior increases.

Bullying

Over time, bullying behaviors and reports are generally decreasing with the exception of bullying online or via cell phone. Both perpetrator and victim reports of this type of bullying have increased by 5-6% since 2010 for LC students.

Emotional bullying in the past 3 months as a perpetrator was reported by 57% of LC students in comparison to 54% of MO students. *Emotional bullying is the most reported type of bullying, however, this it decreased from 72% reported in 2010.*

The second highest reported type of bullying is rumor spreading selected by 27% of LC students. 46% of students report being a victim of rumor spreading. This type has decreased since 2010 as well.

There are 13% of LC students who confirmed that they engaged in physical bullying in the past 3 months, with 24% of LC students reporting that they were a victim of physical bullying (2016). This item does not have 2010 comparative data, but did not change by much since 2014.

Self-Injury/Suicide

LC students have a much lower percentage of students planning, attempting, and considering suicide when compared to the state. 10% of LC youth reported that they had engaged in self-injury, with 7% seriously considering suicide, 6% attempting, and 1% planning. There were no reports of suicide attempts that resulted in an injury. Self-injury appears to be getting worse in Lincoln County, but the comparative data was only from 2014.

Summary of Survey Findings from the School-based Prevention Programs and Mental/Behavioral Health Needs of Lincoln County Students 2017

Twenty-seven school personnel from across the four public school districts (Elsberry, Silex, Troy and Winfield) and one private school, Sacred Heart, in Lincoln County, Missouri, participated in an assessment of the school-based prevention programs funded in part, or in whole, by the Lincoln County Resource Board. (Surveys were issued to all Lincoln County schools where LCRB-funded prevention programs are implemented.) School staff, including superintendents, principals, counselors, and other special school personnel, received a survey link in April 2017 based on their roles in addressing youth's mental health needs and its impact on their educational pursuits.

- Elsberry School District was represented by three school staff; one at each grade level: elementary, middle school, and high school.
- The superintendent/principal at Sacred Heart responded.
- One superintendent represented the Silex School District across all of the grade levels.
- There were 16 surveys completed by Troy school staff. Out of the 16 school staff, nine focus on elementary grades, three on middle school, and four at the high school level.
- Winfield was represented by six school staff.

Most Critical Mental/Behavioral Health Needs of Lincoln County Students

School personnel were asked to identify the top three to five most critical mental health needs of youth across all grade levels. Findings showed that:

- The most critical mental health need was "friend/peer relationships, social skills, problem solving, and self-esteem" (81%; N = 22 out of 27, see Table 1).
- The second most critical mental health need was "controlling emotions, anger management, and conflict resolution" (59%; N = 16 out of 27).
- The third most critical mental health need was identified for "bullying/cyber bullying" noted by 41% of school personnel (N = 11 out of 27).
- The fourth most critical mental health need was "self-harm and suicide" (37%; N = 10).
- The fifth most critical mental health need was "anxiety, worry a lot, fear" (37%; N = 10).

When compared to the 2016 results, four out of five of the issues were consistent. "Coping with grief, loss, and/or divorce", which presented as a top-five issues in 2016, is now the 8th issue for Lincoln County students. "Self-harm and suicide" became one of the top five issues in 2017.

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

- For the elementary grades, "controlling emotions, anger management, and conflict resolution" was once again rated as the most critical need by 92% of school personnel representing these grades (N = 11 out of 12 staff). The second most critical issue for these grades was "friend/peer relationships, social skills, problem solving, and self-esteem", with 83% of the ratings (N = 10). The third most critical need was "abuse and neglect issues (body safety" noted by 50% of staff (N = 6), which tied with "anxiety prevention and control" receiving 50% of the ratings (N = 6). This was followed by "coping with grief, loss, and/or divorce" by 25% of staff (N = 3) (see Table 3).

- For middle school, the highest rated issue (see Table 4) was "friend/peer relationships social skills, problem solving, and self-esteem" (86%; N=6 out of 7 middle school staff), "self-harm and suicide prevention" (86%; N = 6 out of 7), and "bullying/cyber-bullying" (57%; N = 4). Two "issues" tied for the next highest rated needs for middle school students, including "drug and alcohol use/abuse" and "online safety," both rated by 43% of staff (N = 3).

- The highest rated issue for high school students was “friend/peer relationships, social skills, problem solving, and self-esteem” rating by 83% or 5 out of the 6 high school staff (see Table 5). This issue was followed by, “self-harm and suicide” noted by 67% of school staff (N = 4). The 3rd and 4th highest rated needs were “bullying/cyber-bullying” and “depression/sad a lot,” each rated by 50% of the staff (N = 3). Last, “drug and alcohol use and abuse prevention” was identified as a top need by 33% of staff (N = 2).

Barriers School Staff Witnessed Their Students Encounter when trying to Address a Behavioral Health Need/Issue

School staff were asked to identify any barriers they have seen students encounter when trying to address a behavioral health need/issue. The top barrier was “lack of parent involvement to assist student with the need” noted by 56% of school staff (N = 15 out of 27). The next two barriers were each noted by 44% of the school staff (N = 12) and included, “lack of time within the school day to respond to the youth with the behavioral health needs” and “severity of students’ problems.” Ten staff (37%) identified the “lack of access to mental health professionals for service” as another top barrier, followed by nine staff (33%) selecting, “lack of sufficient resources for student support services at school.” One of the barrier options was “other,” and these responses are listed after Table 7.

Table 55. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue	**%**	**#**
Lack of parent involvement to assist student with the need.	**56%**	15
Lack of time within the school day to respond to the youth with the behavioral health needs.	**44%**	12
Severity of students' problems.	**44%**	12
Lack of access to mental health professionals for services.	**37%**	10
Lack of sufficient resources for student support services at school.	**33%**	9
Unavailability of assessment/treatment resources in the community.	30%	8
Lack of information/training.	22%	6
Other*	22%	6
Lack of sufficient resources for special education services.	15%	4
Students require too many modifications/accommodations to assist.	4%	1
Lack of clear, consistent, school behavior rules/policies.	0%	0
Lack of support from school administration.	0%	0

N = 27

Other Barriers Identified by School and Grade Level:

Elsberry- Middle School -

- Efficiency in getting services to students, also more extensive services needed to meet severe needs (which are increasingly evident).

Troy – Elementary-

- Creating consistency when addressing behaviors or other concerns between home and school.
- Struggling with helping parents/families to understand that addressing mental health concerns and behaviors cannot be a "quick fix." There is a need for sustained support services for families and students.

Troy – High School

- Housing for teens in crisis would be beneficial.
- The existing resources are not enough to meet the frequency and severity of needs.

Group-oriented Prevention Needs

School staff were also asked if there are any group-oriented prevention needs within the school, relating to the mental health of children/youth that are not being addressed and require prevention programming. Fifteen or 56% of the total number of staff responded “yes.” Eleven of the 15 affirmative responses were within the Troy School district, with two each in Elsberry and Winfield School districts.

Comments provided per school district include:

Elsberry

- Emotion regulation classes (small group) are needed at the middle school.
- More advanced cyber security presentation is needed; focus students' attention concerning risky and inappropriate on-line behavior.

Troy

Elementary (K-5)

- Anxiety, coping with anger, social-emotional regulation/coping skills.
- Mental health of young children
- Mental health of young children and LGTB.
- Support groups for students dealing with mental health issues, but also for their families.
- It would be beneficial to have more preventative programs for parents to help their children.
- Seeing an increase in students who are diagnosed as emotionally disturbed that have a variety of mental health needs. We need more resources to successfully meet all needs.

Middle School (6-8)

- Student body lacking in good overall behavior; students need more parent involvement.

High School (9-12)

- As cell phones become more and more a part of our student's lives, it would be beneficial to address cyber etiquette at the high school level also. We've had guest speakers come in before to address our students, but it has not been every year. As mental health issues arise, we also have students sharing things on social media that is not appropriate.
- Coping with emotions and relational problem solving at high school level
- Middle schools and secondary schools need fulltime social workers, not referrals to put kids on a list, or random visits, but to have a social worker on hand all day, every day to meet the intense needs of our clientele
- Safe-dating practices, and developing relationships. I see this as beneficial for the females in the building.

Appendix

Appendix A. General Program Type Narratives

Crisis Intervention Services

Crisis intervention services help assure that support and other services are available when youth experience an emergency, whether it would be man-made or a natural disaster. It is vital for people who are experiencing trauma or severe difficulties to have access to someone who can assess risk, defuse the situation, have access to emergency service appointments, and make appropriate referrals. In addition, when communities are experiencing a trauma like a natural disaster, such as a flood, or a man-made trauma, like a school shooting, it is necessary for professional counselors to be available immediately to respond to the victims. In these situations, it can be extremely helpful to have a team of crisis counselors available to meet the emotional needs of many children or youth. 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 Crider, 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; 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 various 24/7 confidential hotlines for supports, including the Behavioral Health Response Hotline, Crisis Nursery Helpline and the National Suicide Prevention Lifeline.

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 Abuse 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. This statistical information demonstrates the need for the Outpatient Substance Abuse 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 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 criteria, 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

Table 56. Missouri Student Survey 2010, 2014, and 2016 Lincoln County Student Data in Comparison to Missouri Sample for 2016

		2010	2014	2016	MO-2016	LC Ch. 10-16	LC vs MO 2016	Rating Scale
Age of First Use – Alcohol		12.6	9.0	12.4	13.4	-0.2	-1.1	Average
Age of First Use – Cigarettes		12.2		13.4	12.7	1.3	0.7	Average
Age of First Use – Marijuana		13.6		14.6	14.1	1.1	0.5	Average
Lifetime alcohol use		46%	27%	43%	35%	-3%	7.6%	Yes
Lifetime alcohol use (times)			27%	42%	33%	15%	9.1%	1+ Times
Lifetime chew use		13%	12%	20%	9%	7%	10.6%	Yes
Lifetime cigarette use		28%	2%	22%	18%	-6%	4.4%	Yes
Lifetime club drug use		1%	0%	0%	1%	-1%	-0.8%	Yes
Lifetime cocaine use		2%	0%	1%	1%	0%	0.5%	Yes
Lifetime electronic cigarette use			2%	17%	22%	15%	-5.5%	Yes
Lifetime hallucinogen use		3%	0%	0%	1%	-3%	-1.1%	Yes
Lifetime heroin use		1%	0%	0%	0%	-1%	-0.2%	Yes
Lifetime inhalant use		6%	0%	1%	3%	-6%	-2.2%	Yes
Lifetime marijuana use		14%	0%	8%	15%	-6%	-7.4%	Yes
Lifetime methamphetamine use		1%	0%	1%	0%	0%	0.4%	Yes
Lifetime over the counter drug misuse		6%	0%	0%	5%	-6%	-4.3%	Yes
Lifetime prescription drug misuse		9%	5%	8%	14%	0%	-5.9%	Yes
Lifetime synthetic drug use			0%	1%	2%	1%	-1.1%	Yes
Past month alcohol use		22%	6%	27%	14%	5%	12.8%	1+ Days
Past two weeks binge drinking			0%	16%	6%	16%	10.4%	1+ Times
Past month chew use		7%	0%	11%	4%	4%	7.6%	1+ Days
Past month cigarette use		15%	0%	10%	6%	-6%	3.7%	1+ Days
Past month driving under the influence		3%	0%	5%	2%	2%	2.4%	1+ Days
Past month electronic cigarette use			0%	6%	11%	6%	-4.9%	1+ Days
Past month hookah use			0%	1%	3%	1%	-2.4%	1+ Days
Past month inhalant use		3%	0%	0%	1%	-3%	-1.0%	1+ Days
Past month marijuana use		7%	0%	3%	7%	-4%	-4.3%	1+ Days
Past month over the counter drug misuse		4%	0%	0%	2%	-4%	-2.2%	1+ Days
Past month prescription drug misuse		5%	5%	4%	10%	-1%	-5.6%	1+ Days
Past month riding with a driver under the influence		22%	18%	24%	14%	3%	10.2%	1+ Days
Peer alcohol use		65%	42%	45%	45%	-21%	-0.5%	1+ Friends
Peer other illicit drug use		17%	0%	4%	11%	-13%	-6.3%	1+ Friends
Peer smoking cigarettes		54%	10%	29%	29%	-26%	-0.6%	1+ Friends
Peer smoking marijuana		36%	5%	16%	35%	-20%	-19.6%	1+ Friends
Perception of wrongness - alcohol (1 or 2 drinks nearly every day)			89%	76%	87%	-13%	-10.7%	Wrong/Very
Perception of wrongness - cigarettes		78%	100%	83%	88%	5%	-5.4%	Wrong/Very
Perception of wrongness - marijuana (no dosage)		84%	100%	89%	79%	5%	9.5%	Wrong/Very

		2010	2014	2016	MO-2016	LC Ch. 10-16	LC vs MO 2016	Rating Scale
Reason given for Rx Misuse: To help me feel better or happier				1%	2%		-1.7%	Endorsed
Reason given for Rx Misuse: To help me sleep				3%	4%		-0.3%	Endorsed
Reason given for Rx Misuse: To help with stress reduction				2%	3%		-0.8%	Endorsed
Past Year Misuse Other Rx medication				9%	12%		-2.3%	1+ Times
Past Year Misuse Pain medication				16%	13%		3.1%	1+ Times
Past Year Misuse Sedatives / anxiety medication				3%	3%		-0.2%	1+ Times
Past Year Misuse Sleeping medication				5%	6%		-1.1%	1+ Times
Past Year Misuse Stimulants				0%	3%		-2.9%	1+ Times
Depression scale - Student eating disruption		14%	10%	9%	22%	-5%	-13.0%	Often or Always
Depression scale - Student feels hopeless		9%	0%	5%	13%	-4%	-8.3%	Often or Always
Depression scale - Student irritable		22%	5%	26%	33%	4%	-7.5%	Often or Always
Depression scale - Student school work disruption		19%	5%	17%	29%	-2%	-12.1%	Often or Always
Depression scale - Student sleeping disruption		22%	0%	18%	25%	-4%	-6.7%	Often or Always
Depression scale - Student very sad		15%	5%	12%	23%	-3%	-10.4%	Often or Always
Student ignores rules		24%	18%	14%	19%	-9%	-4.4%	Agree or Strongly Agree
Student is oppositional		19%	0%	13%	12%	-6%	0.3%	Agree or Strongly Agree
Student believes it is ok to cheat		22%	20%	28%	21%	6%	7.3%	Agree or Strongly Agree
Days skipped or cut			7%	17%	29%	10%	-11.8%	1+ Days
Past year fighting		25%	6%	17%	17%	-8%	-0.2%	1+ Times
Past year fighting with injury		5%	0%	1%	3%	-4%	-1.7%	1+ Times
Past month weapon carrying at school		15%	0%	6%	4%	-9%	1.8%	1+ Days
Peer gun carrying		8%	0%	13%	10%	5%	3.3%	1+ Friends
Past 3 month school suspension		8%	5%	2%	4%	-7%	-2.9%	1+ Times
Past year victim of weapon threat at school		12%	0%	6%	7%	-6%	-1.5%	1+ Times
Days missed due to safety concerns			0%	2%	6%	2%	-3.7%	1+ Days
Past 3 month bullying online or via cell phone		10%	5%	15%	16%	5%	-1.4%	1+ Times
Past 3 month emotional bullying		72%	42%	57%	54%	-15%	2.5%	1+ Times
Past 3 month physical bullying			12%	13%	15%	1%	-2.0%	1+ Times
Past 3 month rumor spreading		31%	26%	27%	23%	-4%	4.3%	1+ Times
Past 3 month victim of bullying online or via cell phone		12%	12%	17%	23%	6%	-5.7%	1+ Times
Past 3 month victim of emotional bullying		69%	44%	54%	59%	-14%	-4.5%	1+ Times
Past 3 month victim of physical bullying			25%	24%	21%	-1%	2.4%	1+ Times
Past 3 month victim of rumor spreading		52%	44%	46%	45%	-6%	0.9%	1+ Times
Past year victim of bullying at school - version 2		27%	29%	27%	29%	0%	-1.3%	Yes

		2010	2014	2016	MO-2016	LC Ch. 10-16	LC vs MO 2016	Rating Scale
Past year planning suicide		7%	2%	1%	10%	-6%	-8.4%	Yes
Past year seriously considering suicide		10%	2%	7%	14%	-3%	-7.0%	Yes
Past year suicide with injury		2%	5%	0%	1%	-2%	-1.3%	Yes
Self-injury			0%	10%	18%	10%	-8.1%	Yes

Appendix D. School Staff Assessment about Students' Needs-Tables

Table 57. Top Mental Health Needs of Youth - 2017	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	22	81%
Controlling emotions, anger management, and conflict resolution	16	59%
Bullying/cyber-bullying	11	41%
Self-harm and suicide	11	41%
Anxiety, worry a lot, fear	10	37%
Abuse and neglect issues (body safety)	7	26%
Drug and alcohol use and abuse	6	22%
Coping with grief, loss, and/or divorce	6	22%
Depression/sad a lot	6	22%
Online safety	5	19%
Feelings of acceptance/belonging	5	19%
Housing instability/nowhere to live	2	7%
Unhealthy dating relationships	1	4%
Threats of violence or being injured by another peer	1	4%
Gang violence	0	0%
Other*	3	11%

N = 27

*Other (not identified by grade level in table 3, 4, or 5): bipolar depression - not being able to come to school

Table 58. Top Mental Health Needs of Youth -2016	#	%
Controlling emotions, anger management, and conflict resolution	21	81%
Peer relationships, social skills, problem solving, and self-esteem	21	81%
Anxiety (worry/fear) prevention and control	11	42%
Bullying/cyber-bullying	11	42%
Coping with grief, loss, and/or divorce	10	38%
Self-harm and suicide prevention	8	31%
Drug and alcohol use and abuse prevention	6	23%
Abuse and neglect prevention (body safety)	5	19%
Online safety and online enticement	4	15%
Diversity/acceptance (changed to "feelings of acceptance/belonging" for 2017)	3	12%
Homelessness (changed to "housing instability/nowhere to live" in 2017)	1	4%
Other	3	12%
N = 26		

Most Critical Mental Health Needs of Youth Prioritized by Grade Level

Table 59. Most Critical Mental Health Needs of Elementary School Youth	#	%
Controlling emotions, anger management, and conflict resolution	11	92%
Friend/peer relationships, social skills, problem solving, and self-esteem	10	83%
Abuse and neglect issues (body safety)	6	50%
Anxiety, worry a lot, fear	6	50%
Coping with grief, loss, and/or divorce	3	25%
Bullying/cyber-bullying	2	17%
Drug and alcohol use and abuse	1	8%
Self-harm and suicide	1	8%
Depression/sad a lot	1	8%
Online safety	1	8%
Feelings of acceptance/belonging	1	8%
Housing instability/nowhere to live	1	8%
Threats of violence or being injured by another peer	1	8%
Unhealthy dating relationships	0	0%
Gang violence	0	0%

N = 12

Table 60. Most Critical Mental Health Needs of Middle School Youth	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	6	86%
Self-harm and suicide	6	86%
Bullying/cyber-bullying	4	57%
Drug and alcohol use and abuse	3	43%
Online safety	3	43%
Coping with grief, loss, and/or divorce	2	29%
Controlling emotions, anger management, and conflict resolution	2	29%
Other	2	29%
Abuse and neglect issues (body safety)	1	14%
Anxiety, worry a lot, fear	1	14%
Depression/sad a lot	1	14%
Unhealthy dating relationships	1	14%
Feelings of acceptance/belonging	1	14%
Housing instability/nowhere to live	0	0%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%

N = 7

Other responses:

- Daily growing pains of who they are as individuals
- We have seen such a drop in the way students treat their teachers, parents, and each other. Just overall good behavior that we could always take for granted, is lacking in this generation

Table 61. Most Critical Mental Health Needs of High School Youth	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	5	83%
Self-harm and suicide	4	67%
Bullying/cyber-bullying	3	50%
Depression/sad a lot	3	50%
Drug and alcohol use and abuse	2	33%
Controlling emotions, anger management, and conflict resolution	2	33%
Anxiety, worry a lot, fear	2	33%
Feelings of acceptance/belonging	2	33%
Coping with grief, loss, and/or divorce	1	17%
Online safety	1	17%
Housing instability/nowhere to live	1	17%
Abuse and neglect issues (body safety)	0	0%
Unhealthy dating relationships	0	0%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%

N = 6

About the Consultant Who Prepared This Report

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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 eighteen 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. In the past ten years, 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 is 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.