

Assessing  
Mental/Behavioral  
Health and Substance  
Abuse Needs of  
Lincoln County Youth  
in 2023



*Lincoln County Resource Board*

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*with guidance from*

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## ***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 needs assessment.

The following agencies and organizations provided data for this assessment:

- *Compass Health, Inc. d/b/a/ Compass Health Network*
- *Department of Elementary and Secondary Education (DESE)*
- *Division of Social Services*
- *Elsberry R-II School District*
- *Family Advocacy and Community Training (F.A.C.T.)*
- *Immaculate Conception*
- *Juvenile Office 43<sup>rd</sup> Circuit Juvenile Court*
- *Missouri Department of Mental Health*
- *Missouri Department of Social Services*
- *Missouri Kids Count*
- *Nurses for Newborns*
- *Best Choice*
- *Presbyterian Children's Homes & Services*
- *PreventEd*
- *Sacred Heart Catholic School*
- *Saint Alphonsus Catholic School*
- *Saint Louis Counseling*
- *Saint Louis Crisis Nursery*
- *Sts. Joachim & Ann Care Service*
- *Silex R-I School District*
- *The Child Advocacy Center*
- *Troy R-III School District*
- *Winfield R-IV School District*
- *Youth In Need*

## Lincoln County Resource Board (LCRB)

### Mission

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

### Vision

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

### Values

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



[To access the Lincoln County Resource Board's website, click here.](#)

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## Introduction

This report marks the eighth study of children's mental health services conducted in Lincoln County, and the fifth study conducted since the establishment of the Community Children's Services Fund (CCSF). The CCSF was created through a voter-approved ¼ cent sales tax (approved in November 2006) to amass “Local Dollars, for Local Kids, with Local Oversight.” The CCSF provides a funding mechanism to provide mental health services for children aged 0-19 in Lincoln County, offered at no out-of-pocket costs to caregivers, offered in our children’s homes, schools and communities. The Lincoln County Resource Board (LCRB) manages Lincoln County’s CCSF, overseeing the establishment, operation, and maintenance of mental and behavioral health, as well as substance use prevention and intervention services for Lincoln County kids (ages 0-19) and their families. The LCRB remains responsive to public opinion regarding the priority mental health needs of our children and youth. Consequently, every three years, the LCRB publishes a county-wide needs assessment, which delineates the state of mental health and substance use disorder services for children and youth in Lincoln County.

LCRB-funded programs and services are highly effective in preventing child abuse and neglect, homelessness, substance abuse, and school-based violence. Additionally, the LCRB takes a leadership role in the development and implementation of prevention, early intervention, and life skills programs.

The LCRB funds:

- Child and family advocacy services for child victims of abuse
- Case management
- Counseling
- Crisis care
- Forensic interviews
- Home-based prenatal, infant and caregiver program
- Outpatient psychiatric services
- Parenting programs and parent-support services
- Respite care
- Substance use prevention, early intervention and outpatient treatment services
- School-based prevention and early intervention programs
- School-based therapy services
- Therapeutic mentoring



**THE LCRB WORKS TO  
ENSURE THAT EVERY  
CHILD HAS THE  
OPPORTUNITY TO REACH  
THEIR POTENTIAL.**



During the 12-month contract period spanning from July 1, 2022, to June 30, 2023, the LCRB allocated over \$1.9 million in funding to 12 non-profit agencies and 22 mental health programs and services. For the period from July 1, 2023, to June 30, 2024, the LCRB has earmarked more than \$2.1 million in funding for children's mental health services, marking the highest 12-month funding allocation in the LCRB's history. This funding will support 13 not-for-profit agencies and 24 programs delivering direct treatment services, early intervention, and prevention programming to address mental health needs and enhance the safety and well-being of Lincoln County's youth.

In the fiscal year 2022-2023, our providers served:

- Approximately 2,274 youth through direct service programming (Total number served 2,842, adjusted by a 20 percent reduction to account for potential duplication when multiple agencies serve a child or youth, such as in cases of mental illness and homelessness.)
- Approximately 14,580 youth through prevention programming (Total number of youths who received prevention programming was 20,829, adjusted by a 30 percent reduction to account for duplication.)
- 1,685 additional family members, other adults, and teachers (a decrease from the last needs assessment of 2020, which reported 1,881 adults).

By offering a comprehensive, multi-layered system of intervention and treatment services, Lincoln County benefits as a whole. These community benefits stem from a better-educated, more productive population and workforce, ultimately reducing taxpayer costs for crisis services, including law enforcement referrals.

## History of the Lincoln County Resource Board

A group of citizens, concerned about the lack of readily available mental health services in Lincoln County, began meeting in 2000. These concerned citizens worked to bring mental health services to Lincoln County with its inaugural suicide prevention program offered to Lincoln County high schools. After working several years to address the county's mental health care needs, the group pursued the development of a permanent mental health board for Lincoln County. Through these citizens' dedicated efforts, and with the cooperation of Lincoln County's Commissioners, this board became a reality.

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). The LCRB Trustees were instrumental in securing a two-year grant, received in January of 2004 from the Missouri Foundation for Health (MFFH), allowing Catholic Family Services, Crider Health Center and Preferred Family Healthcare to provide services to children and youth at the Lincoln County Wellness Center.

After the two-year grant expired, the LCRB provided funding to keep the Lincoln County Wellness Center in operation until September of 2007, after Lincoln County voters elected to "Put Kids First" and establish the Community Children's Services Fund.

Today, the LCRB funds prevention, intervention and treatment programs for Lincoln County children and youth (ages 0-19) and their families through a ¼ cent sales tax designated for mental health services. Our volunteer-based board of trustees acts as an independent oversight board, which oversees the establishment, operation and maintenance of these mental health services and provides leadership in the development and implementation of early intervention, prevention and life skills programs.

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 program standards (audits are conducted twice annually and adhere to HIPAA regulations)
- Conducting county needs assessments (every three years) to evaluate LCRB-funded programs' impact and confirm the highest priority needs
- Funding only services rendered—prohibiting pre-billing and ensuring any unused funding allocations are forfeited

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

The services listed below are eligible for funding through the Community Children's Services Fund, which is overseen by the LCRB (Missouri Statute RSMO.210.860 was used as a guide for this study). The services are



separated below by those that are currently funded by the LCRB compared to those that are not currently funded, based on local need, funding capacity and/or availability of local mental health specialists/programs.

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

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

Three areas that were **not funded** during the 2022-23 or the 2023-24 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 7.

## What This Current Study Measures

This assessment report has been thoughtfully crafted to emphasize the LCRB's forthcoming funding priorities, centered on youth's behavioral and mental health (BH/MH), rather than being driven by cost considerations. Consequently, this report does not encompass cost-related aspects. The presentation of community indicators data, coupled with an examination of the current waitlists, the number of clients served, and instances of having to decline services by LCRB-funded programs, can serve as compelling evidence either in favor of sustaining existing programs or highlighting the necessity for additional funding to ameliorate prevailing circumstances.

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 youth served and unable to be served in contract year (CY) 2022-23, including reasons why the program/service was unable to serve youth during the funding cycle.
- If the need for this LCRB-funded program/services offered in CY 2022-23 outpaced initial expectations held by staff.
- Number of youth placed on waitlists and/or open cases, average length on waitlist, and referral information.
- The average length of time for program to initiate service (defined as making contact with the client) once the referral was received or intake was completed.
- The typical frequency of visits with a LCRB-funded client, on average per program.

Agency executive directors and their leadership teams were contacted to share their perspectives on the following areas:

- The most common behavioral/mental (BH/MH) issues agencies experience youth handling/dealing with in the Lincoln County community.
- Greatest unmet behavioral/mental health need(s) for Lincoln County youth.
- Current gaps in behavioral/mental health services for Lincoln County youth, including the contributing factors.
- Recent roadblocks (beyond funding) that providers have encountered that hindered the utilization of funds or provision of BH/MH services, including recommendations to overcome roadblocks.
- Barriers BH/MH providers experience when implementing new or enhanced approaches to BH/MH services/programs.
- Recommendations on how to improve BH/MH service provision for Lincoln County youth.
- Other BH/MH local providers/programs the LCRB should consider funding that could enhance the effectiveness of the local system of care.

In addition to providing a comprehensive overview of the current state of LCRB-funded programs, the 2023 assessment also delves into the community's dynamics through specific indicators. These indicators help identify areas that may require attention and highlight those that have experienced positive impacts due to the infusion of programs and services funded by LCRB.

The research phase of this project incorporated the most up-to-date statistics available, primarily covering data from 2007 through 2021/2023. The "Demographics of Lincoln County" profile within the report encompasses an assessment of population statistics, general demographic information concerning the youth population, race, gender, age distribution, adult unemployment rates, income levels, and also presents data on trends in youth disabilities.

After completing the demographic analysis, the report delves into Lincoln County by exploring various community indicators. These indicators facilitate meaningful comparisons with other similar or nearby counties, namely Franklin, Montgomery, St. Charles, and Warren. Where applicable, county data is juxtaposed with state-level data for each community indicator.

Additionally, four other reports have been compiled this year, providing relevant summary information for this needs assessment. The first report focuses on the Missouri Student Survey 2022 results, with a special emphasis on changes among Lincoln County youth since 2010, along with comparative state information to assess needs. An additional Missouri Student Survey 2022 report was prepared allowing for a review of the trends by grade level of the students who participated in the assessment. The two other reports centered around a school staff assessment, addressing direct services, school-based prevention programming, and the needs of the student population they serve.

Click here to access the: [\*\*Missouri Student Survey Trends for Lincoln County Youth – 2006 -2022\*\*](#)

Click here to access the: [\*\*Missouri Student Survey 2022 Grade Level Analysis Report\*\*](#)

Click here to access the summary of survey findings from the: [\*\*School-based Programs Assessment – Assessing the Mental/Behavioral Health Needs of Lincoln County Students 2022-23 \(Mid-year\)\*\*](#)

Click here to access the summary of survey findings from the: [\*\*School-based Prevention Programs and Mental/Behavioral Health Needs of Lincoln County Students 2022-2023 \(End of Year\)\*\*](#)

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

This section offers an overview of the behavioral health services available for youth in Lincoln County funded by the Lincoln County Resource Board. The information presented is based on data collected through a survey tool developed by BOLD, LLC, supplemented by data previously gathered through the Lincoln County Resource Board (LCRB) processes.

The categories identified in this section align with the list of programs and services funded by the Children's Services Fund, which is administered by the LCRB. Each category includes a general description of the types of programs eligible for funding. For a comprehensive list of program descriptions and their eligibility criteria, please contact the LCRB. Within this section, you will find data on the number of youths served during the contract cycle 2022-23, as well as those who were unable to receive services. Additionally, we provide insights into waitlists and open cases, along with typical referral pathways for youths receiving specific types of services.

**Table 1. LCRB-Funded Programs: Numbers Served for CY 2022-23**

	<b>Direct Service: # of children</b>	<b>Direct Service: # of adults</b>	<b>Direct Service: # of households/ families</b>	<b>Prevention: # of children (duplicated)</b>	<b>Prevention: # of adults</b>
Crisis Intervention Services	931	284	602		
Home and Community-based Family Intervention Services	1080	493	462		
Individual, Group, and Family Counseling Services	566	17	112		
Outpatient Psychiatric Services	43				
Outpatient Substance Abuse Treatment Services (for use/disorders)	32				
Respite Care Services	33	17	17		
School-based Prevention Services	157			20,829	874
<b>Total</b>	<b>2,842</b>	<b>811</b>	<b>1,193</b>	<b>20,829</b>	<b>874</b>

## School-based Prevention Programs

LCRB-funded prevention programs played a significant role in serving 20,829 students during the 2022-23 LCRB contract and school calendar year. Throughout the 2022-23 school year, there was a total enrollment of 11,701 youths spanning from pre-K through 12th grade. Factoring in a 30% potential duplication rate, we estimate that

14,580 distinct youths may have participated in a LCRB-funded prevention program during this school year, which can be viewed as a single "dose" of prevention, possibly on an annual basis if funding remains consistent. This equates to an impressive, estimated coverage rate of 125%.

**Table 2. Estimated Enrollment of All Students in Lincoln County (Five-Year Average-2021)**

School Levels	Estimated #	%
Population 3 years+ enrolled in school	11,701	
Nursery school, preschool	1,190	10.2%
Kindergarten	851	7.3%
Elementary school (grades 1-8)	6,578	56.2%
High school (grades 9-12)	3,082	26.3%

Source: American Community Survey 2021

Several prevention programs are designed to identify students who may be at risk or in need of intervention or participation in other group-oriented classes. These programs include (program descriptions can be found on the [LCRB website](#)):

- Compass Health Network's Pinocchio early intervention program, which screened 1,360 Lincoln County students in CY 2022-23. Of the screened students, Compass deemed 419 eligible for direct services. During the 2022-23 academic year, 85 students participated in Pinocchio. Compass staff collaborated with school personnel to provide tailored interventions for students based on their individual needs. Additionally, Compass Health Network delivered school-based violence prevention programming, reaching 6,159 Lincoln County youth.
- PreventEd administered the Prevention First school-based program, which focuses on imparting coping skills and socio-emotional skill-building to students within a school setting. A total of 2,863 youths benefited from this prevention program. GuidEd, as needed, also offered early intervention for teenagers while providing informative resources to their caregivers, benefiting 14 youths.
- Saint Louis Counseling's School-based Counselors in Catholic Schools of Lincoln County extended prevention programming to private school students through 261 presentations, directly serving 58 of them with supplementary counseling services. With an estimated average of 18 youth per presentation, this program reached 4,698 duplicated children.
- The Child Advocacy Center played a crucial role in providing school-based child abuse prevention programming, which also covered topics related to sex trafficking and the commercial sexual exploitation of minors. This comprehensive program reached 5,107 students across public

**Table 3. Enrollment of Students in Lincoln County, 2021-22 School Year – Public Schools**

	Estimated #	%
Population 3 years+ enrolled in public school	9,745	
Nursery school, preschool	349	3.6%
Kindergarten	733	7.5%
Elementary school (grades 1-5)	3,454	35.4%
Middle School (grades 6-8)	2,254	23.1%
High school (grades 9-12)	2,955	30.3%

Source: Missouri Dept. of Elementary and Secondary Education

school districts, and it also benefited 874 adults, including teachers who received mandated reporter training.

- Thrive's Best Choice school-based prevention program, with a focus on teaching healthy relationships and boundaries, positively impacted 642 youths.

Notably, waitlists for prevention programming are infrequent, and thus, this information is not included in the report. Additionally, there are supplementary programs offered by school staff and law enforcement agencies that are not encompassed within this assessment. School personnel, where resources and feasibility permit, are equipped to deliver prevention programming on more general topics such as bullying, self-esteem, and managing emotions, among others. The table below provides a list of LCRB-funded school-based prevention programs available within Lincoln County's public and private schools.

**Table 4. Enrollment of Students in Lincoln County – Per Public School, 2021-22 School Year**

Public School District Name	Enrollment K-12
Elsberry R-II	776
Silex R-I	428
Troy R-III	6,635
Winfield R-IV	1,557
Total	9,396

**Table 5. School-based Prevention Programs**

Agency	Program Name	Direct Service # Children	Prevention # Children	Prevention # Parents, Guardians, Adults & Teachers	Other outputs*	# of Children Unable to be Served
Compass Health Network	School-Based Violence Prevention		6,159			
Compass Health Network	Pinocchio Program	85	1,360			334
PreventEd	Prevention First and GuidEd – Lincoln County	14	2,863			1
Saint Louis Counseling	School-Based Counseling Services	58	4,698		261 (presentations)	
The Child Advocacy Center	School Based Child Abuse Prevention		5,107	874	2	
ThriVe	Best Choice		642		2	
<b>TOTAL</b>		<b>157</b>	<b>20,829</b>	<b>874</b>	<b>265</b>	<b>335</b>

\* includes events, presentations, and conferences held.

## Direct Service Programs

LCRB-funded direct service programs made a notable impact by serving a total of 2,842 youths during CY 2022-23 (refer to Table 6). It's important to note that this needs assessment acknowledges the possibility of youths receiving multiple services from various providers. For instance, a child might be grappling with a mental health condition while experiencing homelessness. To ensure effective care that addresses the underlying causes of crises, our providers are strongly encouraged and expected to collaborate and make referrals among the available programs.

Consequently, the reported numbers have been adjusted to account for an estimated 20% duplication rate for both direct programs and school-based prevention programs. With this adjustment considered, it is estimated that 2,274 distinct youths received direct services. This figure includes the 157 youths who received direct services during the contract year as a result of prevention programming, following the identification of their needs.

Taking into account a population estimate of youths aged 18 and under, totaling 15,660, we find that approximately 14.5% of Lincoln County's youth population received direct program services funded by LCRB during CY 2022-23. This reflects a significant increase from the 9.6% reported in the last needs assessment for the 2019 funding cycle.

It is worth noting that we cannot ascertain the percentage of youths who are receiving services that their families can afford or services paid for by alternative sources and not reported by these providers. While there may be apparent needs that warrant prioritization for community attention, we should also recognize and commend the substantial impact achieved by the LCRB and its funded mental health programs through its provision of direct services. Below is a breakdown of youths served by program type:

- ***Individual, Group, and Family Counseling Services.*** Counseling services directly reached 566 youths, and an additional 157 youths were served after their needs were identified through prevention programming. When considering all providers, a total of 723 youths received one-on-one counseling services. Considering that approximately 10-12% of the youth population grapples with serious emotional disorders, we can extrapolate that there may be a need for counseling services among 1,170 to 1,404 school-age children in Lincoln County. As a result, LCRB funds are estimated to potentially reach 51-62% of the total number of students in Lincoln County who require these more intensive services on an annual basis. It is noteworthy that all four providers in this specific program category had waitlists, encompassing a total of 76 youths. The average wait time on the waitlist for Saint Louis Counseling (SLC), Youth in Need (YIN), and Compass was approximately 4-6 months. The Child Advocacy Center's waitlist ranged from 1-5 months. Furthermore, SLC (20) and YIN (12) reported that they were unable to serve 32 youths in FY 2022-23; Compass reported only one youth who they were unable to serve with school-based therapy.
- ***Outpatient Substance Use Disorder Treatment Services.*** Served 32 youth in 2022-23 through Compass' Outpatient Substance Use Disorder Treatment. Compass does not have a waitlist for this program, but there were 11 youth considered "open cases" within Compass' program. Open cases are defined as cases that have been opened for the child in which a referral was received, but no services have begun due to various factors. These factors can include not being able to make contact with the family to schedule the intake assessment to start services, lack of family follow up with the school referral, etc. In these cases, the staff coordinate directly with the schools when they are unable to make contact with the family to ensure coordination of care. There were no youth turned away in 2022-23.



- ***Outpatient Psychiatric Services.*** Served 43 youth in 2022-23 through Saint Louis Counseling's Outpatient Psychiatric Services. There was not a waitlist for this program. Furthermore, they did not turn away any youth in 2022-23.
- ***Crisis Intervention Services.*** Served 931 youth with three separate programs. The Child and Family Advocacy program (The Child Advocacy Center) reached 170 youth, and the Forensic Interview program served 123 youth. Neither program carried a waitlist nor reported that they could not serve youth in the 2022-23 funding cycle. The Lincoln County R-III school district's Educational Support Crisis Counselors served 638 youth, in addition to 284 adults. While they did not carry a waitlist, they were unable to serve 600 youth in 2022-23. Lincoln County families can also utilize the United Way 211 hotline, and the Behavioral Health Response hotline (1-800-811-4760; 1-314-469-6644 for crisis line). The Lincoln County Resource Guide is available at: [LINCOLN COUNTY RESOURCE GUIDE \(mo.gov\)](https://www.lincolncounty.mo.gov/lincoln-county-resource-guide)
- ***Respite.*** Served 33 youth and 17 adults in FY 2022-23. The Saint Louis Crisis Nursery of Wentzville noted there were 12 youth on their waitlist. The average length of time on their waitlist is 48 hours; however, support services are put in place until respite services can be provided. During this funded period, the funded respite program was unable to serve 20 youth. This service is designed to be available in an emergency, crisis situation so turning clients away is not an adopted practice.
- ***Home and Community-based Family Intervention.*** A total of 1,080 youths received a diverse range of services from local providers, alongside providing services to 493 adults within this program category. Out of the five programs in this category, there were no youth on waitlists. F.A.C.T.'s Partnership with Families Program reported open cases; however, specific numerical data for these cases was not provided. Furthermore, there were no youth that were unable to be served during this funding cycle.
- ***Teen Parent.*** Not directly funded by LCRB; however, teen parents can access a variety of LCRB-funded programs including case management services offered by Sts. Joachim & Ann Care Service; Crisis Nursery's respite care program; Nurses for Newborns home visitation program; and more.
- ***Transitional Living.*** Services were not funded by LCRB as no program funding applications were received by the LCRB. However, it's important to note that other programs do offer housing support to assist families in need, such as Sts. Joachim and Ann Care Service. For detailed information on other non-funded but available services, please refer to the Lincoln County Resource Guide (link provided above).
- ***Temporary Shelter.*** Services were not funded by LCRB. (No such program funding applications were received by the LCRB.) Housing support is provided through Coordinated Entry and by contacting Sts. Joachim and Ann Care Service. Additional temporary shelter services are noted in the Lincoln County Resource Guide.



**Table 6. Direct Service Programs**

Agency	Program Name	Direct Service # Children	Direct Service # Adults	Current waitlists	# on Waitlist	Average length of stay on waitlist	# of youth in "open cases"	# Unable to be Served in FY 2022-23
<b>Crisis Interventions Services</b>								
Lincoln Country R-III School District	Educational Support Counselors (Crisis Counselors)	638	284	N/A			N/A	600
The Child Advocacy Center	Child and Family Advocacy	170		N/A			N/A	
The Child Advocacy Center	Forensic Interviews	123	0	No			N/A	
<b>TOTAL</b>		<b>931</b>	<b>284</b>		<b>0</b>			<b>600</b>
<b>Home and Community-based Family Intervention Services</b>								
Compass Health Network	Partnership with Families Program	370		No			N/A	
F.A.C.T.	Partnership With Families	244	353	No		Average = 12 weeks	Yes*	
Nurses for Newborns	Keeping Kids Safe in Lincoln County	5	6	No			No	
Sts. Joachim and Ann Care Service	Children & Family Development to Address & Prevent Homelessness	272	134	N/A			No	
Presbyterian Children's Homes and Services	Therapeutic Mentoring	189		No			No	
<b>TOTAL</b>		<b>1080</b>	<b>493</b>		<b>0</b>			<b>0</b>
<b>Individual, Group, and Family Counseling Services</b>								
Compass Health Network	School Based Mental Health Specialist	324		No			N/A	
Compass Health Network	School Based Therapy	17		Yes	31	4-6 months	No	1
Saint Louis Counseling	Individual, Group, and Family Counseling Services	43	7	Yes	20	Approx. 24 weeks	N/A	20
The Child Advocacy Center	Mental Health Therapy	40		Yes	15	1-5 months	N/A	
Youth In Need	Professional Mental Health Counseling	142	10	Yes	10	24 weeks	N/A	12
<b>TOTAL</b>		<b>566</b>	<b>17</b>		<b>76</b>		<b>0</b>	<b>33</b>
<b>Outpatient Substance Use Disorder Treatment Services</b>								
Compass Health Network	Outpatient SUD Treatment	32		No			Yes (11)	
<b>TOTAL</b>		<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>
<b>Outpatient Psychiatric Services</b>								
Saint Louis Counseling	Outpatient Psychiatric Services	43		No			N/A	
<b>TOTAL</b>		<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Respite Care Services								
Saint Louis Crisis Nursery	Crisis Nursery Wentzville	33	17	Yes	12	48 hours		20
<b>TOTAL</b>		<b>33</b>	<b>17</b>		<b>12</b>		<b>0</b>	<b>20</b>
School-based Prevention Services								
Compass Health Network	Pinocchio Program	85		N/A				334
PreventEd	Prevention First and GuidEd	14		No				1
Saint Louis Counseling	School-Based Counseling Services	58						
<b>TOTAL</b>		<b>157</b>	<b>0</b>		<b>0</b>		<b>0</b>	<b>335</b>
<b>GRAND TOTAL</b>		<b>2,842</b>	<b>811</b>		<b>88</b>		<b>11</b>	<b>988</b>

\* (until staff assigned)

Multiple agencies have outlined strategies to offer support to youth and their families while they await the commencement of core services. Please refer to Table 7 for a breakdown of the types and levels of assistance provided to clients and their families.

Table 7. Assistance Provided to Children/Youth Waiting for Services (If Provided)
➤ Compass Health Network understands the importance of our programs and how necessary they are for the clients we serve. If there is an extended waitlist for any program, Compass Health staff will ensure patients know about additional services either inside or outside of Compass Health Network that could provide them with assistance until the prospective client can be staffed (School-based Mental Health Specialist Program)
➤ The supervisor contacts the family to make them aware that they are on the list for services and finds out if there are any immediate, urgent needs to address. If there are, the supervisor assists with those needs until a Parent Support Partner can be assigned. (F.A.C.T., Partnership with Families Program)
➤ Youth on the waiting list are offered a virtual session if immediate assistance is requested. Otherwise, the family is contacted occasionally for updates on scheduling. If there is a high-need potential client, they are referred to our partners in the community if they have immediate openings (Saint Louis Counseling, Individual, Group, and Family Counseling Services).
➤ Families are updated on their wait time every two weeks and connected to child and family advocacy services if needed (The Child Advocacy Center of Northeast Missouri, Inc., Mental Health Therapy).
➤ Youth In Need therapists provide crisis sessions as needed that include risk assessments and referrals for other appropriate services. If no other applicable services exist, clients at high risk may be moved up on the waiting list to decrease the wait time. On-going case management is offered to the family as needed until services are initiated. Therapists will form a group to serve youth on the waitlist when possible and appropriate (Youth in Need, Professional Mental Health Counseling).
➤ For the Substance Use Disorder (SUD) program, "open cases" happen when students have been referred but service delivery has not begun. When this occurs, the Outpatient SUD team coordinates with the school referral source directly to ensure all client contact information is correct. Team will continually make attempts to contact a guardian if there is no response and will help facilitate any interim treatment that might be necessary while awaiting SUD services (Compass Health Network, Outpatient Substance Use Disorder Treatment).
➤ All families receive crisis intervention support while they are on the waitlist for care, including ongoing safety planning until intake, resource referral, provision of basic needs supplies (diapers, wipes, formula, etc.) and follow up from the Nursery's Family Empowerment staff. Interested families can receive home visits and/or visit the Lincoln County Empowerment Center for in-person support. For close to half of the families on the waitlist, this support is enough to alleviate the presenting crisis (Saint Louis Crisis Nursery).

Agencies were presented with a list of reasons regarding why youth were unable to receive services during the 2022-23 contract year. Among the agencies, three reasons emerged as the most prevalent, each accounting for 36% of the agencies (with four agencies indicating each reason). These prominent reasons were:

1. Parent did not consent or follow-up for their child's service delivery.
2. The agency faced a shortage of staff to adequately address community needs.
3. Insufficient funding to provide services at the required level in Lincoln County.

For additional reasons and details, please consult Table 8.

<b>Table 8. Top Reasons Why Youth Could Not Be Served in CY 2022-23</b>	<b>#</b>	<b>%</b>
Parent did not consent or follow-up for service/program.	4	36%
Lack of staff to respond to need.	4	36%
Lack of funding to provide program/service at level that is needed in Lincoln County.	4	36%
Youth would not engage in service/program.	2	18%
Youth did not have transportation to access program/service.	1	9%
Services/program offered is too far away from general population (near school, where youth can easily access).	0	0%
Lack of school consent or cooperation to provide program/service.	0	0%
Other (see details)	3	27%

N = 11

Other Responses:

- Lack of open appointments during specific period being requested
- Impacted by other agency decision-making processes regarding cases.
- Capacity at the nursery during a time of need.

## Needs for Programs and Services that are Increasing

Many of the LCRB-funded agencies have assessed that the need for their respective programs and services exceeded their initial expectations at the outset of the funding cycle. Summarized below are the distinct observations from these agencies:

- Within the Lincoln County R-III school district, the quantity and severity of mental health needs among high-need students have continued to rise, surpassing the capacity to serve them effectively. Education Support Counselors (ESCs) often grapple with the challenge of balancing extreme mental health needs with their primary academic mission. The demand for Tier 2 small group interventions, as identified by DESSA screeners, far exceeds the available number of ESCs and their available time for these interventions.
- The need for forensic interviews related to child abuse and neglect cases is on a continuous upward trajectory. In 2022, The Child and Family Advocacy Program at The Child Advocacy Center conducted 213 interviews. Within the first half of 2023, they had already conducted 123 forensic interviews. The agency anticipates this number will continue to rise due to their strong collaborations with law enforcement and the children's division.

- Agencies providing direct counseling and therapy to students and youth in the community report a rising need for behavioral and mental health services, not only for children but also for their families. Moreover, many agencies and school staff have noticed an increase in the severity of these needs, particularly among youth considered "high-needs/at-risk" since the COVID-19 pandemic. These needs are often crisis-oriented, with certain areas in Lincoln County experiencing a higher influx of referrals, leading to staff availability challenges.
- Agencies working with impoverished and at-risk youth and families have observed increasingly complex issues within family units, necessitating more intensive and extended case management support to ensure stability.
- The demand for respite care services has exceeded the initial funding and support requested by LCRB for 2022-23. Additionally, the time required per youth has extended beyond previous experiences. Respite care services have also extended to facilities in St. Charles City due to high demand and limited capacity in the Wentzville location.
- Younger children in the critical social development stage (K through 2nd grade) are displaying heightened anxious behaviors and social deficits, particularly in the aftermath of the pandemic. Consequently, programs like Compass' Pinocchio are in greater demand.
- Substance use prevention programming faced limitations in 2022-23 due to staffing issues, with local middle schools requesting increased availability of such programs.
- Demands for child abuse-related prevention programming exceeded initial expectations. The Child Advocacy Center expanded their prevention program to all schools that requested it after funding limitations in March 2023, including extending programming to high school grades to comply with Missouri state laws.
- The Best Choice program offered by Thrive, which focuses on fostering healthy relationships among youth, exceeded its contracted capacity with one of the Lincoln County school districts. However, the provider continued to deliver these services to local schools as needed.

## **Behavioral/Mental Health and Basic Needs' Support Referrals**

### **Referrals Utilized in Lincoln County when a LCRB-funded BH/MH Provider Needs Additional Supportive Services or CANNOT Provide BH/MH Services for Clients**

Twelve 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:

- 211
- Annie Malone
- BJC
- The Child Advocacy Center
- Clinical therapy/counselors (local private practices)
- Compass Health Network
- Crisis Nursery
- Presbyterian's Therapeutic Mentoring program
- Psychiatric providers (local through ARCA)
- Psychologytoday.com (to search local psychologists and psychiatrists)
- School-based counselors
- Sts. Joachim and Ann Care Service
- Saint Louis Counseling
- The Key
- Youth In Need

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

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

- 211
- Bright Futures (through Troy R-III)
- Catholic Charities
- Churches (local) for food pantries and/or mobile markets including St. Vincent de Paul
- Compass Health Network Open Access
- Crisis Nursery
- Food pantries (local)
- Lincoln County Health Department
- NECAC
- Operation Food Search
- Sts. Joachim and Ann Care Service (food pantry, housing/utilities support, and other basic needs support)
- School districts (local) for meals and/or mobile markets
- Youth In Need Head Start program

## Assessment of Clients' Basic Needs

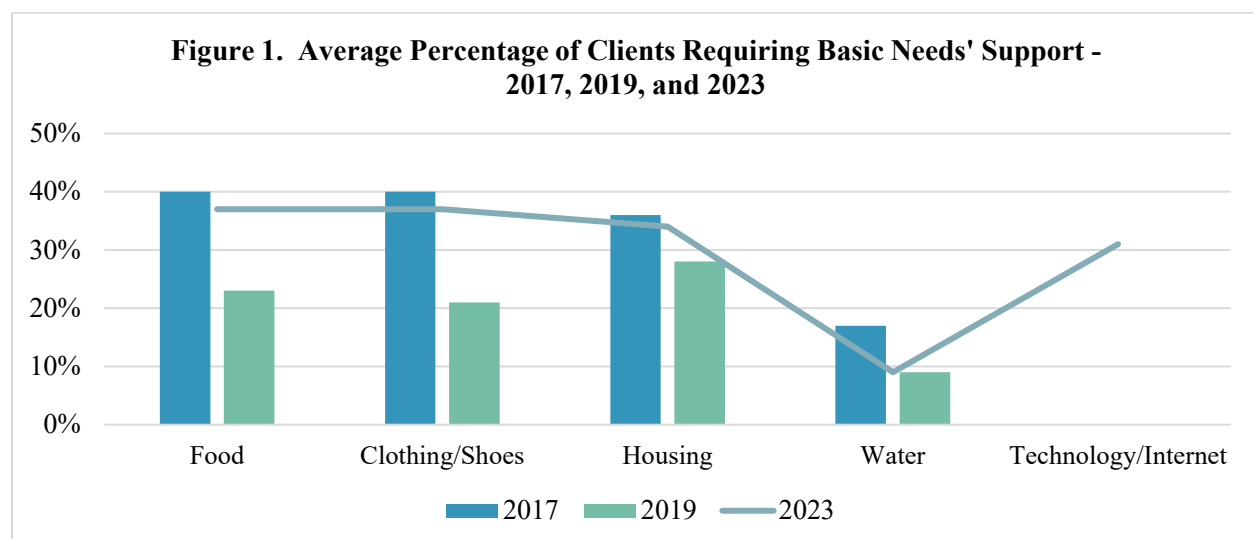
Regarding the basic needs of Lincoln County youth, agency staff were asked to estimate the percentage of their clients facing various challenges, including food insecurity, unstable housing or housing support needs, clothing/shoes needs, lack of access to clean drinking water, and absence of technology or reliable internet connections at home. The data is summarized in Table 9 and Figure 1:

- **Food Insecurity:** The highest average percentage of clients (37%) were reported to be food insecure, indicating a significant need in this area.
- **Clothing/Shoes Needs:** Similar to food insecurity, a substantial portion of clients had needs in clothing and shoes.
- **Housing Insecurity:** Approximately 34% of clients were identified as experiencing housing insecurity, defined as being in unstable housing situations or requiring housing support. This represents a 6% increase since 2019.
- **Access to Clean Water:** Approximately 9% of clients faced challenges related to access to clean water for drinking and bathing, consistent with the 2019 findings.
- **Lack of Technology/Internet:** For the first time, agency staff were asked to identify the percentage of clients lacking technology and reliable internet connections in their homes. Approximately 31% of clients were reported to face this issue.

Insecurity and instability in these basic needs can pose significant barriers for youth in need of behavioral and mental health support. It's crucial to address these fundamental needs to ensure the success and well-being of these youth. (Note: These findings are based on a sample size of nine agencies.)

**Table 9. Average Percentage of the Basic Needs of Clients as Rated by Program Staff**

	Food	Clothing/Shoes	Housing	Water	Technology/Internet
<b>2017 Average %</b>	40%	40%	36%	17%	Not assessed
<b>2019 Average %</b>	23%	21%	28%	9%	Not assessed
<b>2023 Average %</b>	37%	37%	34%	9%	31%



## The Agency Perspective

The agencies responsible for providing LCRB-funded services and programs for Lincoln County youth have extensive insights into the gaps in behavioral and mental health services. To enhance the needs assessment report, these funded agencies were engaged through two separate surveys. One survey focused on gathering individual program-specific information (program assessment), while the other aimed to capture generalized trends and youth needs from the perspective of the agencies' executive directors and key informed staff (agency assessment). All 2022-23 funded agencies, with the exception of two, participated in the agency survey process. In addition, the Juvenile Office 45<sup>th</sup> Circuit Juvenile Court was asked to engage in the agency survey process. Only one agency-level survey was completed, irrespective of how many programs they operate. Additionally, one program-specific survey was completed for each LCRB-funded program. All funded programs were represented in the program assessment process. The information presented in this section consolidates the findings from the agency-level surveys, offering a summarized overview of responses provided by executive directors and their designees.

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

Agency staff were asked to identify the most prevalent behavioral and mental health (BH/MH) issues among the youth they serve in Lincoln County. This is similar to the question posed to school staff (assessed in April/May of 2022-23 among 52 respondents) so a comparative table (see Table 10). These findings are summarized below in order of priority:

#### Agency Staff

1. The most common BH/MH issue reported by 91% of the agencies, was “controlling emotions, anger management, and conflict resolution.”
2. The second most common issue, identified by 82% of respondents tied with “friend/peer relationships, social skills, problem solving, and self-esteem” and “bullying/cyber-bullying.”
3. Three different issues tied as the 3<sup>rd</sup> most common among 73% of the agencies, which included “anxiety, worry a lot, fear,” “feelings of acceptance/belonging,” and “depression/sad a lot.”
4. The fourth most common BH/MH issue was “drug and alcohol use and abuse” by 64% of agency staff.

**Table 10. Most Common BH/MH issues LC Youth Dealing with in the Community**

Options	#	Agency Staff %	School Staff %
Controlling emotions, anger management, and conflict resolution	10	91%	79%
Bullying/cyber-bullying	9	82%	37%
Friend/peer relationships, social skills, problem solving, and self-esteem	9	82%	81%
Feelings of acceptance/belonging	8	73%	25%
Anxiety, worry a lot, fear	8	73%	87%
Depression/sad a lot	8	73%	46%
Drug and alcohol use and abuse	7	64%	23%
Self-harm and/or suicide	6	55%	46%
Unhealthy dating relationships	5	45%	8%
Housing instability/nowhere to live	4	36%	33%
Food and basic needs' insecurity	4	36%	35%
Coping with grief, loss, and/or divorce	4	36%	44%
Online safety	4	36%	25%
Truancy/educational neglect	4	36%	44%
Abuse and neglect issues (body safety)	2	18%	19%
Threats of violence or being injured by another peer	2	18%	8%
Child trafficking/commercial sexual exploitation	1	9%	0%
Gang violence	0	0%	0%
Other	3	27%	4%
Total	11		



5. Among the agencies surveyed, 55% reported “self-harm and suicide” as the fifth most common issue affecting the youth they serve.

Other responses:

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

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

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

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

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

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

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



## Current Gaps in Behavioral Health Services for Lincoln County Youth

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

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

The remaining gaps were noted by one agency each:

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

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

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

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

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

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

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

Additional unique responses highlighting the obstacles agencies faced were:

- Some clients' housing environments are not safe spaces for meetings, and there is a lack of Internet access for remote sessions. Concerns about bed bugs in certain homes have also arisen (F.A.C.T.).
- Parental negligence in following through to access mental health services for their children was noted as a challenge (Juvenile Office 45th Circuit Juvenile Court).
- Challenges related to basic necessities and housing instability, including homelessness, were highlighted (Sts. Joachim and Ann Care Service).
- Parents' inability to attend education programs due to a lack of childcare resources and engagement was mentioned (The Child Advocacy Center).
- Limited access to parents and guardians to obtain completed consents returned in a timely manner was identified as a challenge (Youth in Need).

**Table 11. Recent roadblocks Agencies have Encountered that have Hindered their Utilization of Funds or Provision of BH/MH Services**

Options	#	%
Need for quality, professional staff	7	64%
Lack of reliable transportation for clients	6	55%
Programs compete with time for essential school activities	4	36%
Difficulty scheduling services with youth clients	3	27%
Clients do not show up for appointments	3	27%
Limited space to provide services to clients	3	27%
Communication/coordination issues with referring agency	1	9%
Communication/coordination issues with school	1	9%
Other (see details below)	5	45%
Total	11	

These responses provide a comprehensive understanding of the diverse range of challenges faced by agency staff in delivering services to Lincoln County youth, beyond financial considerations.

For the 2023 Needs Assessment, agencies were asked to share their recommendations and thoughts regarding the challenges they have encountered. These recommendations include:

- Improving recruitment strategies, providing staff training, offering better compensation and incentives, and prioritizing the promotion of a positive organizational culture to enhance staff retention (three related comments).
- Enhancing transportation options within Lincoln County, such as expanding public transportation, offering cab services, considering LINC expansion, and providing gas cards for clients (three related comments).
- Suggesting that client service referrals come directly from schools, especially if they are LCRB-funded, to streamline the process.
- Identifying better ways to facilitate BH/MH services at schools without interfering with academic instruction.
- Offering or supporting childcare services for other children in families to enable agencies to serve families more effectively.
- Introducing verbal consent forms/processes for parents to minimize this barrier.
- Seeking additional funding support for recruiting and retaining high-quality staff.
- Incorporating LCRB-funded prevention programming directly into the school curriculum.
- Developing a strategy with LCRB to connect their funded programs with school officials to foster networking, build relationships, and engage in collaborative planning.

In addition to these recommendations, agencies were asked to identify any barriers they encounter when coordinating with other service providers. Notably, there were no specific reports of barriers experienced between agencies while coordinating their services for the benefit of Lincoln County Youth.

Two additional comments were provided:

- Timing of referrals can be an issue because agencies require the necessary staff to provide other agency referrals. Challenges arise in attracting enough clients who need these free (paid for by LCRB) services.
- In coordinating with other providers, it is beneficial to adopt an attitude of providing "in addition to" services rather than being perceived as "replacing" any other service offered by different resources.

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

Agency representatives were asked to pinpoint the barriers they encountered when implementing new or enhanced approaches to their BH/MH programs, drawing from a list compiled over years of gathering qualitative data from providers. The top three barriers shared a common theme related to parent engagement issues, with 64-73% of the agencies citing these challenges:

1. Difficulty with systems/processes, which was reported by 73% of the agencies.
2. Hesitation due to the stigma associated with their child's BH/MH needs, as reported by 64% of agencies.
3. Challenges with managing household functions, parents' stress levels, and their availability, which affected 64% of the agencies.

Furthermore, 45% of the agencies identified the need for quality, professional staff capable of delivering these programs, stemming from a shortage of qualified staff available for hire in the local community. Reliable transportation was recognized as a barrier by 36% of the agencies. Additional barriers are outlined in Table 12.

**Table 12: Top Barriers Experienced by Agencies When Implementing New/Enhanced Approaches to BH/MH Services/Programs**

Options	#	%
Parent engagement issues: difficult getting parents to follow systems, filling out paperwork, and other systems/process-related issues (9)	8	73%
Parent engagement issues due to stigma/bias relating to mental health needs of their child (10)	7	64%
Parent engagement issues: due to more chaotic households, availability issues, high stress of parents (11)	7	64%
The need for quality, professional staff who can provide these services/programs (lack of quality staff to hire) (5)	5	45%
Lack of reliable transportation for clients (1)	4	36%
Marketing/education of new programs in community and with the schools (2)	3	27%
Funding new approaches (4)	3	27%
Difficulty scheduling services with youth clients (8)	3	27%
The cost of having staff become certified in evidence-based or new services/programs (3)	2	18%
Limited space to provide services/programs (7)	1	9%
Time spent developing/researching new services/programs (6)	0	0%
Other (see details):	1	9%
Total	11	

Other responses:

- Parent engagement in the community. Getting the word out to parents to attend these programs. Then trying to educate them on why learning prevention can reduce risks of abuse or neglect.

Various suggestions were provided by agency staff on how to overcome these barriers, including (see Table 94 in the Appendix for specific suggestions provided):

- Implementing parent and community education programs to reduce the BH/MH stigma among parents and raise awareness of available programs. Consider designating a school official as the key program coordinator for all LCRB-funded programs to enhance knowledge and trust in the process. Promote collaboration among agencies to ensure that available resources are known and shared with those in need (seven related comments linked to parent engagement barriers).
- Identifying additional funding opportunities within Lincoln County for BH/MH services (two comments).
- Establishing partnerships with childcare providers to effectively manage families who require services on-site.
- Addressing transportation challenges.
- Addressing parent-related issues by improving the relationship and understanding between schools and parents through agency partnerships.
- Enhancing compensation plans for new and current staff to improve recruitment and retention.

Retaining a recommendation from the 2020 LCRB Needs Assessment, which remains relevant for the 2023 report due to ongoing issues in finding qualified BH/MH professionals, both LCRB and BOLD will collaborate to assess the feasibility of the following recommendation: Developing relationships and partnerships with local colleges offering counseling-related and/or social work programs in or near Lincoln County.

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

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

- Continued partnership among providers and community entities (schools, etc.) to strengthen service provision and the identification of youth and families who may benefit from the available BH/MH care services that exist in the community.
- Enhanced community education to increase the awareness of the LCRB-funded programming and how to properly access services.
- More mental health providers are needed in Lincoln County and the surrounding area.
- Additional funding for the LCRB.
- Increase the capacity of providers to help with their hiring/training needs for new employees.
- BH/MH services with more accessible hours for families and clients.
- Improved engagement with parents/legal guardians and ability of the agencies to provide them resources.

## Lincoln County Youth Demographic and Community Indicators Section

This section presents the primary discoveries gleaned from demographic information concerning the youth population in Lincoln County, with some findings regarding the general population. Preceding the comprehensive narrative, a concise demographic profile of Lincoln County Youth is presented on the subsequent page, complemented by corresponding tables found in Appendix B.

Following this, a table categorizing community indicators into these four types is provided:

- Emotional Well-being
- Behavioral/Mental Health
- Physical Health
- Educational

Within each category type, community indicators are further classified into three trend categories: "Needs Attention," "Mixed Results," or "Positive Findings." The assignment of each community indicator to a specific category is derived from an analysis of data trends, spanning from the original data period available for each indicator through 2021 (with occasional reporting for 2022/2023 if data was available).

Community Indicators labeled as "Needs Attention" are those that may have exhibited a decline over time (negative trends from baseline data point or more recently in 1-, 3-, and 5-year trends) and/or were not comparable to local regions or state trends. Such indicators demand focused attention, dedicated resources, and targeted services for resolution.

The second category, "Mixed Results," encompasses indicators with data trends revealing mixed outcomes, signifying inconclusive findings within the county data. Mixed results may also be associated with indicators showing promise but indicating a struggling youth population in comparison to other local regions or the state. This category sheds light on community changes, interventions, processes, or policies that could be influencing trends, necessitating ongoing resources and services to sustain positive trajectories or move closer to rates seen in comparative regions.

The third category, identified as "Positive Findings," denotes indicators that have demonstrated positive trends since the initial data period or more recently based on 1-, 3-, and/or 5-year trends. These areas warrant celebration and replication, provided underlying interventions/strategies contributing to the positive impact can be identified.

## Demographic Profile of Lincoln County (LC) Youth

- **Youth Population (18 and under)** -15,660 out of 61,586 general population; makeup 25.4% of the general population total. Youth population increased by 1,023 approximately 7% from 2007 to 2021. There are 5,098 children under the age of 6 in Lincoln County (LC), which increased 11% since 2007. These youth under the age of 6 make-up 8.4% of the general population.
- **Gender** – Out of the 58,569 Lincoln County residents (5-year average for 2021), there were 29,497 males (50.3%) and 29,192 females (49.7%).
- **Race (general population)** – 92.7% White; 2.0% Black or African American; 0.3% Asian; 2.1% two or more races; and 2.6% Hispanic.
- **Minority Children** – 10.5% of the LC children under age 18 or 1,651 children. From 2007 to 2021, the number of minority children in Lincoln County increased by over 61%. There are 568 minority children under 6 in LC, an increase of 69% since 2007. Eleven percent (11%) of children under 6 are minorities.
- **Median Household Income** - \$78,693 in 2021; increased by 33% (\$58,954) since 2010. Overall income increased by \$19,739 since 2010.
- **Adult unemployment** – At 4.6% for 2021. Peaked in 2009 with an 11.8% rate. Since 2007, unemployment has decreased by 1%. However, from 2020 to 2021, unemployment decreased by 1.7% from its recent spike in 2020 due to the employment issues experienced nationally from COVID-19. The county's rate was only 0.2% greater than the Missouri rate of 4.4% for 2021.
- **Children in Single-Parent Households** – 24.1% and less than the state percentage of 24.2%. This is the household type for 3,622 children, which decreased by 4% since 2009. There were 24.1% single-parent households in Lincoln County for 2021. Additional resources need to be extended to 3,622 children in single-parent families so their basic needs, including educational, and social-emotional, can be met if other supports are not in place.
- **Children in Married-Parent Households** – 65.8% of LC children live in married-parent homes, representing 9,897 children (in comparison to 66.7% in Missouri). This has decreased by 8% since 2010.
- **Disability Types Increasing** –
  - Autism once again surged in the public school districts, with a 479% increase from 2007 to 2023; 162 children with autism diagnoses in 2023. Autism has increased by 3% in 1 year, 35% in 3 years, and 67% in 5 years.
  - Emotional disturbance diagnoses have surged by 123% since 2007; from 73 to 163 as of 2023. This diagnosis has increased 7% in 1 year, 38% in 3 years, and 63% in 5 years.
  - Young children with a developmental delay (children aged 3 through pre-kindergarten typically five-year old youth) increased by 103% and linked to 130 youth. There was a 31% 3-year increase and a 67% 5-year increase.
  - Children with “other” health impairments increased 57%, linked to 313 youth for 2023.
  - Language Impairment - 49% increase since 2007 and linked to 188 youth as of 2023. This diagnosis has increased 10% in 1 year, and 18% in 3 and 5 years.
  - Beyond the generalized disability type categories including other health impairment, the disability type that was the most prevalent was “specific learning disabilities” with 329 children (2023). This was followed in order by these diagnoses: language impairment (188), emotional disturbance (163), autism (162), young children with a developmental delay (130), and speech impairment (117).



## Key Findings of the Lincoln County Community Indicators

Type of Indicator	Needs Attention	Mixed Results	Positive Findings
<i>Economic Well-being</i>		➤ Youth who are Homeless	<ul style="list-style-type: none"> <li>➤ Children in Poverty</li> <li>➤ Households at Risk of Homelessness</li> <li>➤ Children in Families Receiving SNAP</li> <li>➤ Food Insecurity</li> <li>➤ Students Enrolled in Free/Reduced-Price Lunch Program</li> </ul>
<i>Behavioral/ Mental Health</i>	<ul style="list-style-type: none"> <li>➤ Juvenile Violent Offenses</li> <li>➤ Self-inflicted Injury</li> <li>➤ Youth Receiving Psychiatric Services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Children Entering/Re-entering State Custody</li> <li>➤ Reported &amp; Substantiated Cases of Child Abuse and Neglect</li> <li>➤ Suicide Rate of Youth and Suicidal Ideation</li> <li>➤ Substance Use Trends/Juvenile Drug Offenses</li> </ul>	<ul style="list-style-type: none"> <li>➤ Births to Teens</li> <li>➤ Juvenile Law Violation Referrals</li> </ul>
<i>Physical Health</i>		<ul style="list-style-type: none"> <li>➤ Infants Born with Low Birth Weight</li> <li>➤ Infant Mortality</li> <li>➤ Violent Teen Death Rate</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child Deaths</li> </ul>
<i>Educational</i>	<ul style="list-style-type: none"> <li>➤ MAP test: 4<sup>th</sup> Grade Math</li> <li>➤ MAP test: Algebra 1 Proficiency</li> <li>➤ Licensed Childcare Capacity</li> </ul>	<ul style="list-style-type: none"> <li>➤ Out-of-school Suspensions</li> <li>➤ Disciplinary Incidents</li> <li>➤ MAP test: 3<sup>rd</sup> grade ELA</li> <li>➤ MAP test: 8<sup>th</sup> grade ELA</li> <li>➤ School Attendance Rate</li> </ul>	<ul style="list-style-type: none"> <li>➤ High School Dropout Rate</li> <li>➤ High School Graduation Rate</li> </ul>

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

***Note about how to interpret the following data tables:***

***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.***



## Community Indicators Section

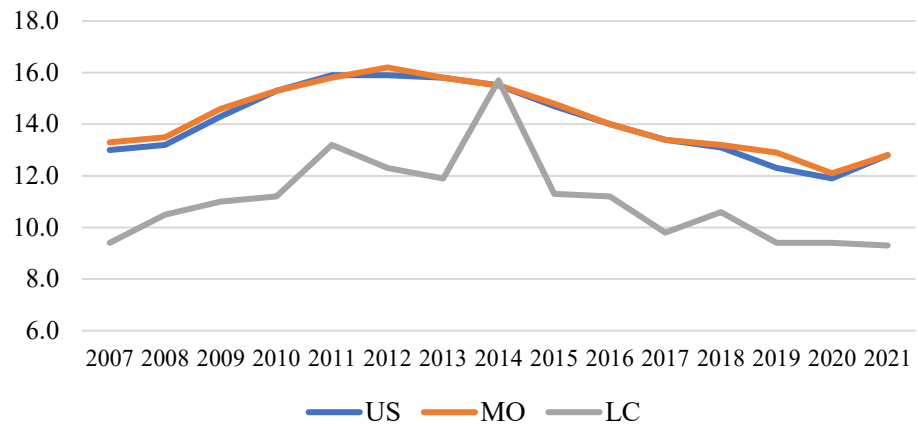
### Economic Well-being Indicators

#### Children in Poverty

As of 2018, the percentage of children in poverty in Lincoln County, aged 0-17, stood at 12.1%, accounting for 1,852 individuals. In contrast, the general population poverty rate was 9.3%, affecting 5,657 residents. This trend has shown relative consistency from 2007 to 2021. Notably, Lincoln County has consistently maintained a lower percentage of impoverished youth aged 5-17 (11.9%) compared to both state (15.4%) and national (16.1%) averages.

Turning attention to the year 2021, there was a 1% reduction in the number of youths aged 0-17 in poverty since 2007. Analyzing the 3- and 5-year trends reveals an overall decline in the poverty rate for this age group in Lincoln County, which settled at 12.1% for the year 2021. For a comprehensive comparison, refer to Table 15, illustrating how Lincoln County fares against other regions.

**Figure 2. Percentage of Population in Poverty**



**Table 13. Numbers and Rates of US, MO, and Lincoln County Individuals in Poverty 2007 to 2021**

Year	US #	US %	MO #	MO %	LC #	LC %
2007	38,052,247	13.0	758,844	13.3	4768	9.4
2008	39,108,422	13.2	774,937	13.5	5438	10.5
2009	42,868,163	14.3	850,316	14.6	5795	11.0
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	6,089	11.3
2016	44,268,996	14.0	826,358	14.0	6,132	11.2
2017	42,583,651	13.4	793,001	13.4	5,436	9.8
2018	41,852,315	13.1	785,343	13.2	6,055	10.6
2019	39,490,096	12.3	766,238	12.9	5,456	9.4
2020	38,371,394	11.9	725,117	12.1	5,604	9.4
2021	41,393,176	12.8	765,097	12.8	5,657	9.3
Diff.	3,340,929	-0.2	6,253	-0.5	889	-0.1
% Ch.	8.8%		3.5%		27.0%	
1-YR	7.9%	0.9	5.5%	0.7	0.9%	-0.1
3-YR	-1.1%	-0.3	-2.6%	-0.4	-6.6%	-1.3
5-YR	-6.5%	-1.2	-7.4%	-1.2	-7.7%	-1.9

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

**Table 14. Children in Poverty**

	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	257,404	293,856	277,687	249,829	245,703	227,828	208,410	222,992	-34412	-13%	7%	-9%	-15%
LC	1,781	2,195	2,150	1,911	2,185	1,732	1,737	1,852	71	4%	7%	-15%	-12%

Source: U.S. Census Bureau, Census Supplementary Survey & American Community Survey table

**Table 15. Percentage of Youth 0-17 in Poverty- State and Comparable County Trends**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	18.4%	21.0%	20.4%	18.5%	18.3%	17.0%	15.5%	16.5%	-1.9%	1.0%	-1.8%	-2.7%
Franklin	12.6%	19.3%	16.3%	14.6%	13.2%	12.6%	11.1%	12.1%	-0.5%	1.0%	-1.1%	-3.1%
Lincoln	13.1%	15.2%	15.4%	13.7%	15.3%	11.9%	11.7%	12.1%	-1.0%	0.4%	-3.2%	-3.0%
Montgomery	22.2%	26.7%	26.2%	21.5%	21.5%	19.7%	16.7%	19.2%	-3.0%	2.5%	-2.3%	-4.2%
St. Charles	5.7%	7.2%	7.8%	6.7%	7.0%	5.4%	5.4%	6.0%	0.3%	0.6%	-1.0%	-0.5%
Warren	13.1%	20.2%	18.8%	14.4%	16.0%	14.1%	12.2%	12.3%	-0.8%	0.1%	-3.7%	-6.3%

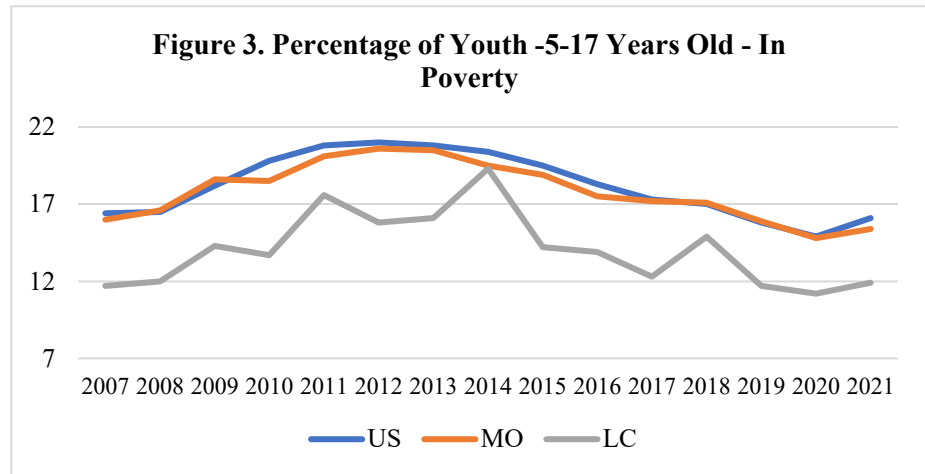
**Table 16. Percentage of Youth 5-17 in Poverty – County, State, and National Trends**

	2007	2008	2013	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
US	16.4	16.5	20.8	19.5	18.3	17.3	17.0	15.8	14.9	16.1	-0.3	1.2	-0.9	-2.2
MO	16.0	16.6	20.5	18.9	17.5	17.2	17.1	15.9	14.8	15.4	-0.6	0.6	-1.7	-2.1
LC	11.7	12	16.1	14.2	13.9	12.3	14.9	11.7	11.2	11.9	0.2	0.7	-3.0	-2.0

Lincoln County consistently maintains a lower percentage of impoverished youth aged 5-17 (11.9%) compared to both state (15.4%) and national (16.1%) trends. Despite a 14% increase in the number of children aged 5-17 in poverty since 2007, totaling an estimated 1,315 children, the 3- and 5-year trends consistently reflect a downward

trajectory in both the number and percentage of youth in this age group living in poverty (refer to Table 17). This decline has been evident since 2014, with an estimated 1,993 youth aged 5-17.

Remarkably, Lincoln County's youth poverty rate for 5 to 17-year-olds stands at 14.2%, which is lower than both Missouri at 18.9% and the national rate at 19.5%. This underscores the county's commitment to mitigating youth poverty, highlighting a positive trend in comparison to broader regional and national patterns.

**Table 17. Poverty Trends for Lincoln County**

	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
# of Ind. in Poverty	4768	5834	6089	5436	6055	5456	5604	5657	889	19%	1%	-7%	-8%
% of Pop. in Poverty	9.4%	11.2%	11.3%	9.8%	10.6%	9.4%	9.4%	9.3%	-0.1%		-0.1%	-1.3%	-1.9%
# in Poverty-Age 0-17	1781	2195	2150	1911	2185	1732	1737	1852	71	4%	7%	-15%	-12%
% Age 0-17 - In Poverty	13.1%	15.2%	15.4%	13.7%	15.3%	11.9%	11.7%	12.1%	-1.0%		0.4%	-3.2%	-3.0%
# in Poverty-Age 0-4	625	769	682	663	648	510	547	537	-88	-14%	-2%	-17%	-22%
# in Poverty - Age 5-17	1156	1426	1468	1248	1537	1222	1190	1315	159	14%	11%	-14%	-7%
% of Youth - Age 5-17 - In Poverty	11.7%	13.7%	14.2%	12.3%	14.9%	11.7%	11.2%	11.9%	0.2%		0.7%	-3.0%	-2.0%

## Households at Risk of Homelessness

One factor used for predicting homelessness is if homeowners or renters allocate more than 30% of their income to gross household expenses. The data in Tables 18 and 19 provides a comparative analysis for 2018 and 2021. Notably, over the period of 2017-2021, 37% of Lincoln County (LC) renters committed 30% or more of their income to gross household costs, with 31% spending 35% or more and 6% falling between the 30-34.9% range. This equates to roughly 1,533 renter households at risk of homelessness in Lincoln County. In contrast, the combined figure for Missouri was slightly higher at 45%. In 2018 (refer to Table 90 in the Appendix), 49% of Lincoln County residents allocated 30% or more of their income to gross household costs, a figure that has decreased to 37% in 2021.

Examining homeowners in 2021, 16% of Lincoln County owners with mortgages spent 30% or more, compared to 21% of Missouri owners, representing an additional 1,714 households in Lincoln County at risk of homelessness. The percentage of LC homeowners with mortgages allocating 30% or more of their gross income to housing costs decreased by 9% since 2018. Additionally, 12% of LC homeowners without mortgages faced a similar risk, putting 717 homeowners without mortgages at risk of homelessness, mirroring the percentage for Missouri homeowners without a mortgage in 2021.

**Table 18. Percentage of Housing Units by Type that Spend more than 30% of their Income on Gross Household (Rent or Mortgage) Costs - 2021**

	MO		LC	
	Est.	%	Est.	%
Total housing units	2,782,081		23,095	
Occupied housing units	2,433,819	<b>88%</b>	21,404	<b>93%</b>
Vacant housing units	348,262	<b>13%</b>	1,691	<b>7%</b>
<i>Housing units with a mortgage</i>	1,009,323	<b>61%</b>	10,571	<b>62%</b>
<i>Median (dollars)- monthly</i>	1,343		1,336	
<i>Housing units without a mortgage</i>	636,110	<b>39%</b>	6,603	<b>38%</b>
<i>Median (dollars) - monthly</i>	472.00		435.00	
Occupied units paying rent	741,771		4,080	
Median (dollars) - monthly rent	886.00		876.00	
No rent paid	46,615		150	
Housing units with a mortgage	1,005,272		10,571	
<i>30.0 to 34.9 percent</i>	57,695	<b>6%</b>	530	<b>5%</b>
<i>35.0 percent or more</i>	154,840	<b>15%</b>	1,184	<b>11%</b>
Housing unit without a mortgage	628,408		6,437	
<i>30.0 to 34.9 percent</i>	16,218	<b>3%</b>	102	<b>2%</b>
<i>35.0 percent or more</i>	54,069	<b>9%</b>	615	<b>10%</b>
Occupied units paying rent (excluding units where GRAPI cannot be computed)	726,672		4,068	
<i>30.0 to 34.9 percent</i>	61,408	<b>9%</b>	261	<b>6%</b>
<i>35.0 percent or more</i>	263,865	<b>36%</b>	1,272	<b>31%</b>

Source: American Community Survey, 5-year estimate, Housing Characteristics.

**Table 19. Percent of Cost-burdened Households**

Regions	2010	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	23.8%	22.7%	21.6%	26.8%	27.6%	26.8%	26.2%	2.4%	-0.1%	-1.4%	4.6%
Franklin	21.6%	21.4%	19.5%	25.1%	24.6%	22.8%	21.9%	0.3%	-0.7%	-2.7%	2.4%
Lincoln	23.2%	23.7%	21.2%	24.9%	26.4%	24.3%	19.1%	-4.1%	-2.3%	-7.3%	-2.1%
Montgomery	19.1%	21.5%	19.0%	23.3%	22.9%	22.8%	20.6%	1.5%	1.0%	-2.3%	1.6%
St. Charles	21.4%	17.8%	16.2%	21.5%	21.3%	20.4%	20.0%	-1.4%	0.0%	-1.3%	3.8%
Warren	24.1%	20.1%	21.0%	26.2%	26.7%	27.1%	22.9%	-1.2%	-1.3%	-3.8%	1.9%

Source: American Community Survey, 5-year estimate, Housing Characteristics.

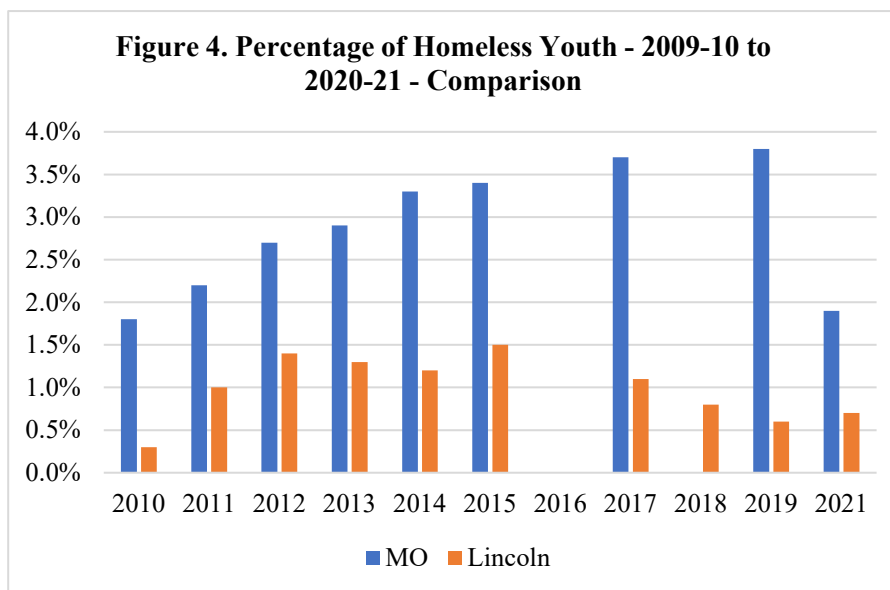
Table 19 illustrates a comparison of counties, focusing on the average percentage of homeowners and renters residing in cost-burdened households. Remarkably, Lincoln County emerged with the lowest figure, standing at 19.1% among all comparable entities. This marks a notable 4.1% decrease since 2010, with significant positive trends evident over the 1-, 3-, and 5-year periods. This underscores Lincoln County's success in mitigating the burden of housing costs on its residents over the years.

## Youth who are Homeless

The reported percentage of homeless youth in Lincoln County rose by 0.4% from 0.3% in 2010 to 0.7% in 2021-22. In the 2021-22 school year, schools identified 132 homeless youth. In comparison, Missouri's rate increased by 0.1%, reaching 1.9% for 2021-22, more than double the rate in Lincoln County. Due to a lack of updated homeless data from the Missouri

Department of Elementary

and Secondary Education (DESE), the researcher gathered information from local school district homeless liaisons. Silex did not provide data and was recorded as zeroes, similar to all but one previous year.



Examining the two largest school districts in Lincoln County, both Troy and Winfield reported 55 homeless youth for the 2022-23 school year. Troy's homeless count increased by 189% since the 2010-11 school year, rising from 19 to 55. Conversely, Winfield's homeless numbers decreased by 15%, dropping from 65 reported in 2010-11. Both of these school districts displayed negative 1-, 4-, and 5-year trends. Elsberry's numbers significantly increased from 0 reported in 2010-11 to 10 reported in 2022-23, with positive 4- and 5-year trends (3-year trends not available). Although there was a slight increase in both the percentage and number of homeless youths since 2010-2011, many of the negative findings were minimal. Lincoln County's rate, being less than half of the state's rate and ranking as the second lowest among comparative entities, deems this indicator positive. However, due to the variation in homeless data/trends, this indicator is marked as a mixed result, to ensure the availability of resources and services for homeless youth.

**Table 21. Homeless Student Counts for Local School Districts – 2010-11 to 2022-23**

School District	10-11	14-15	15-16	16-17	17-18	18-19	20-21	21-22	22-23	Diff.	% Ch.	1-YR	4-YR	5-YR
Sillex R-I	0	0	0	0	0	6	0	0	0	0	0%	0%	-600%	0%
Elsberry R-II	0	0	12	0	20	30	7	9	10	10	1000%+	11%	-67%	-50%
Troy R-III	19	33	46	34	45	37	22	35	55	36	189%	57%	49%	22%
Winfield R-IV	65	102	92	66	10	50	51	49	55	-10	-15%	12%	10%	450%
<b>TOTAL</b>	<b>84</b>	<b>135</b>	<b>150</b>	<b>100</b>	<b>75</b>	<b>123</b>	<b>80</b>	<b>93</b>	<b>120</b>	<b>36</b>	<b>43%</b>	<b>29%</b>	<b>-2%</b>	<b>60%</b>

Source: Missouri Department of Elementary and Secondary Education.

**Table 22. Percentage of Homeless Youth – 2010 to 2021**

Regions	2010	2015	2016	2017	2018	2019	2021	Diff.	2-YR	3-YR	5-YR
MO	1.8%	3.4%	*NP	3.7%	0.0%	3.8%	1.9%	0.1%	-1.9%	1.9%	N/A
Franklin	2.1%	4.1%	5.3%	4.1%	3.5%	3.5%	1.4%	-0.7%	-2.1%	-2.1%	-3.9%
Lincoln	0.3%	1.5%	0.0%	1.1%	0.8%	0.6%	0.7%	0.4%	0.1%	-0.1%	0.7%
Montgomery	0.0%	2.3%	3.0%	2.7%	2.7%	4.6%	1.6%	1.6%	-3.0%	-1.1%	-1.4%
St. Charles	0.7%	1.1%	1.4%	1.5%	1.2%	1.1%	0.6%	-0.1%	-0.5%	-0.6%	-0.8%
Warren	2.3%	6.4%	6.6%	9.2%	8.1%	5.9%	2.4%	0.1%	-3.5%	-5.7%	-4.2%

\*NP – Data not provided or missing from source. NC = Not able to calculate due to missing information.

**Table 23. Number of Homeless Youth – 2010 to 2021**

Regions	2010	2015	2016	2017	2018	2019	2021	Diff.	2-YR	3-YR	5-YR
MO	16,162	30,049	31,213	33,246	35,532	33,737	32,440	16278	-4%	-9%	4%
Franklin	339	647	607	669	548	540	441	102	-18%	-20%	-27%
Lincoln	23	135	150	100	75	53	132	109	149%	76%	-12%
Montgomery	0	36	46	46	41	71	48	48	-32%	17%	4%
St. Charles	402	613	772	803	687	615	643	241	5%	-6%	-17%
Warren	104	302	312	409	380	275	220	116	-20%	-42%	-29%

Source: Missouri Department of Elementary and Secondary Education. \*2020 data was not correctly entered into database, so unable to report

### Children in Families Receiving the Supplemental Nutrition Assistance Program (SNAP, aka Food Stamps)

In 2021, there were 189 fewer children receiving food stamps in comparison to 2007. Presently, 21.6% of Lincoln County (LC) children are beneficiaries of food stamps, reflecting a noteworthy 2.8% decrease since 2007. This marks the lowest rate observed since 2007, with positive trends evident in the 1-, 3-, and 5-year periods, displaying significant decreases in all cases. Moreover, Lincoln County's food stamp utilization rate at 21.6% stands notably lower than Missouri's rate of 28.6%, positioning it as the second-lowest among the comparative counties. This indicator is marked as positive due to the county's commendable performance in this context.

However, despite the positive trends, it remains imperative for Lincoln County stakeholders to address the needs of the 3,386 youth still reliant on food assistance. This emphasizes the ongoing importance of efforts to ensure food security for vulnerable children in the county.

**Table 24. Percentage of Children in Families Receiving Food Stamps -2007 to 2021**

Regions	2007	2010	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	30.9%	37.5%	34.2%	33.5%	32.6%	31.6%	30.1%	28.6%	-2.3%	-1.6%	-3.0%	-4.9%
Franklin	20.9%	30.7%	28.7%	28.3%	27.4%	26.2%	24.4%	22.1%	1.2%	-2.5%	-4.1%	-6.2%
Lincoln	24.4%	33.1%	30.1%	28.1%	27.7%	25.3%	24.1%	21.6%	-2.8%	-2.3%	-3.7%	-6.5%
Montgomery	30.8%	44.3%	38.0%	34.7%	33.3%	33.6%	31.2%	28.6%	-2.2%	-1.5%	-5.0%	-6.1%
St. Charles	10.7%	15.0%	13.3%	12.8%	12.3%	11.8%	10.9%	10.3%	-0.4%	-0.8%	-1.5%	-2.5%
Warren	26.6%	36.1%	33.5%	32.1%	30.5%	30.1%	26.6%	21.7%	-4.9%	-3.5%	-8.4%	-10.4%

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

**Table 25. Number of Children in Families Receiving Food Stamps -2007 to 2021**

Regions	2007	2010	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	442,384	533,309	475,684	464,535	450,769	435,614	412,685	395,603	-46781	-4%	-9%	-15%
Franklin	5,356	7,692	6,902	6,771	6,573	6,247	5,747	5,260	-96	-9%	-16%	-22%
Lincoln	3,575	4,875	4,295	3,992	3,964	3,712	3,608	3,386	-189	-7%	-9%	-15%
Montgomery	896	1,263	1,003	903	844	849	790	713	-183	-3%	-16%	-21%
St. Charles	9,769	13,913	12,349	11,970	11,468	10,932	10,017	9,651	-118	-6%	-12%	-19%
Warren	2,096	2,927	2,729	2,631	2,540	2,482	2,236	1,838	-258	-15%	-26%	-30%

### Food Insecurity

Food insecurity is a condition where individuals or households lack consistent access to enough nutritious food to lead a healthy and active life. It involves uncertainty about the availability of sufficient food due to financial constraints or other factors, leading to concerns about hunger and malnutrition.

Data on food insecurity is available from 2010 through 2020. In 2020, there was a significant improvement, with 1,410 fewer children experiencing food insecurity compared to 2010. While the 1-year trend showed

a negative increase of 6% in children facing food insecurity, the 3- and 5-year trends presented notable positive changes.

The rate of children experiencing food insecurity markedly decreased from 23.7 in 2010 to 13.8 in 2020, representing a substantial 9.9-point reduction over the decade. Furthermore, the food insecurity rate in Lincoln County was superior to the state rate of 15.4 and lower than three out of the four comparative counties. Despite a slight 0.8 increase in the 1-year trend, attributed to the unique circumstances of the COVID-19 pandemic, the 3- and 5-year trends underscore positive changes in the rate of children experiencing food insecurity.

**Table 26. Food Insecurity – Number of Children**

Regions	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	6-YR
MO	316,450	258,610	241,830	243,110	209,870	204,320	211,500	-104,950	-33%	4%	-13%	-18%
Franklin	5,830	4,440	4,150	3,950	3,270	3,190	3,460	-2,370	-41%	8%	-12%	-22%
Lincoln	3,400	2,880	2,520	2,430	2,020	1,870	1,990	-1,410	-41%	6%	-18%	-31%
Montgomery	760	580	530	490	470	460	470	-290	-38%	2%	-4%	-19%
St. Charles	16,070	13,000	11,940	11,900	7,600	6,760	7,830	-8,240	-51%	16%	-34%	-40%
Warren	1,920	1,540	1,480	1,370	1,270	1,330	1,430	-490	-26%	8%	4%	-7%

Source: Feeding America, Map the Meal Gap 2020. Definitions: Number of children estimated to be food insecure. A child under 18 years old is defined as being food insecure if he or she lives in a household having problems meeting basic food needs, as measured by the Core Food Security Module of the Census Bureau's Current Population Survey.

**Table 27. Food Insecurity – Rate of Children**

Regions	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	22.7	18.6	17.4	17.5	15.2	14.8	15.4	-7.3	0.6	-2.1	-3.2
Franklin	23.4	18.3	17.3	16.5	13.7	13.4	14.5	-8.9	1.1	-2.0	-3.8
Lincoln	23.7	20.0	17.6	17.0	14.1	13.0	13.8	-9.9	0.8	-3.2	-6.2
Montgomery	26.3	20.5	19.4	18.4	18.0	18.0	18.5	-7.8	0.5	0.1	-2.0
St. Charles	17.6	14.1	12.9	12.8	8.2	7.3	8.4	-9.2	1.1	-4.4	-5.7
Warren	24.7	19.1	18.2	16.9	15.6	16.2	17.4	-7.3	1.2	0.5	-1.7

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

The rate of students enrolled in the Free/Reduced-Price Lunch program witnessed a decline of 4.2% from 2007 to 2022, with 28.3% of students, equivalent to 2,603, participating in this program in Lincoln County as of 2022. Notably, the Lincoln County rate for 2022 stands 14.1% lower than the Missouri rate of 42.4% of students.

Analyzing individual school districts within Lincoln County reveals predominantly positive trends. Since 2007, all four school districts experienced decreasing rates, ranging from 1.5% (Winfield) to a substantial 15.1% (Silex). Elsberry, Troy, and Winfield public school districts exhibited positive 1-, 3-, and 5-year trends, with Silex being the exception, showing negative trends for the 1-year period only. Winfield and Troy, on the other hand, displayed positive 1-year trends. Importantly, all four school districts maintained enrollment rates significantly lower than the state rate, solidifying this indicator as yielding positive results.



**Table 28. Percentage of Students Enrolled in Free/Reduced Price Lunch Program**

	2007	2010	2015	2016	2017	2018	2019	2020	2021	2022	Diff	% Ch.	1-YR	3-YR	5-YR
MO	41.7	46.8	51.5	51.5	51.2	50.7	50.1	49.9	45.9	42.4	0.7		-3.5	-7.7	-8.8
Lincoln	32.5	42.8	45.1	43.8	41.0	39.2	38.2	37.0	29.8	28.3	-4.2		-1.5	-9.9	-12.7
Silex															
Enrolled	376	391	371	364	399	425	415	424	433	431	55	15%	-0.5%	3.9%	8%
#	163	184	145	129	129	137	149	152	116	122	-41	-25%	5.2%	-18.1%	-5%
%	43.4	47.1	39.1	35.4	32.3	32.2	35.9	35.8	26.8	28.3	-15.1		1.5	-7.6	-4
Elsberry															
Enrolled	823	796	766	771	763	768	782	772	745	767	-55	-7%	3.0%	-1.9%	1%
#	357	412	408	417	389	373	387	375	299	294	-64	-18%	-1.9%	-24.2%	-24%
%	43.4	51.8	53.2	54	50.9	48.6	49.5	48.5	40.2	38.3	-5.1		-1.9	-11.2	-12.6
Troy															
Enrolled	5741	5968	6015	6041	6076	6110	6160	6187	6190	6480	739	13%	4.7%	5.2%	7%
#	1682	2321	2544	2471	2397	2254	2150	2083	1675	1670	-12	-1%	-0.3%	-22.3%	-30%
%	29.3	38.9	42.3	40.9	39.4	36.9	34.9	33.7	27.1	25.8	-3.5		-1.3	-9.1	-13.6
Winfield															
Enrolled	1648	1503	1498	1480	1453	1464	1471	1500	1508	1517	-131	-8%	0.7%	3.1%	4%
#	586	787	814	788	728	719	681	676	553	517	-69	-12%	-6.5%	-24.1%	-29%
%	35.6	52.3	54.4	53.3	50.1	49.1	46.3	45.1	36.7	34.1	-1.5		-2.6	-12.2	-16

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

Table 44 illustrates the percentage of students enrolled in the free/reduced price lunch program for each building in the Lincoln County public school district. Buildings with 30% or more of their student population eligible for the free/reduced-price lunch program are highlighted in red. Notably, Claude Brown Elementary has the lowest percentage at 13.2%, while Main Street Elementary registers the highest at 53.8%. This data is crucial for evaluating whether the necessary resources are being allocated to the highlighted buildings, emphasizing the significance of equitable resource distribution.

**Table 29. Number of Students Enrolled in Free/Reduced Price Lunch – Lincoln County Public School District Buildings – 2022-23 School Year**

Building Name	#	%
SILEX HIGH	48	23.6
SILEX ELEM.	74	32.5
ELSBERRY HIGH	60	27.0
IDA CANNON MIDDLE	104	42.1
CLARENCE CANNON ELEM.	130	43.5
TROY BUCHANAN HIGH	385	19.6
TROY MIDDLE	214	28.1
TROY SOUTH MIDDLE SCHOOL	171	20.8
HAWK POINT ELEM.	51	37.0
BOONE ELEM.	143	32.6
WM. R. CAPPEL ELEM.	170	29.7
CUIVRE PARK ELEMENTARY	168	27.9
LINCOLN ELEM.	104	25.3
MAIN STREET ELEM.	215	53.8
CLAUDE BROWN ELEMENTARY	50	13.2
WINFIELD HIGH	106	23.1
WINFIELD MIDDLE	131	34.4
WINFIELD ELEM.	141	40.4
WINFIELD INTERMEDIATE	139	42.2

## Behavioral and/or Mental Health Indicators

### Births to Teens

The number of births to teens in Lincoln County witnessed a substantial 63% decline from 2007 to 2021, with only 30 reported in 2021. The teen birth rate decreased by 27.3, dropping from 43.9 in 2007 to 16.6 in 2021. Encouragingly, all 1-, 3-, and 5-year trends for both the teen birth rate and numbers showed positive developments over time.

Lincoln County's teen birth rate experienced a remarkable improvement, consistently falling below the state rate of 17.0 per 1,000. Despite this positive trend, LC ranks midrange when analyzed against county comparison data, depicted in Figure 5. The substantial reduction in teen births reflects positive community health outcomes and suggests effective measures in place to support and educate teens in Lincoln County.

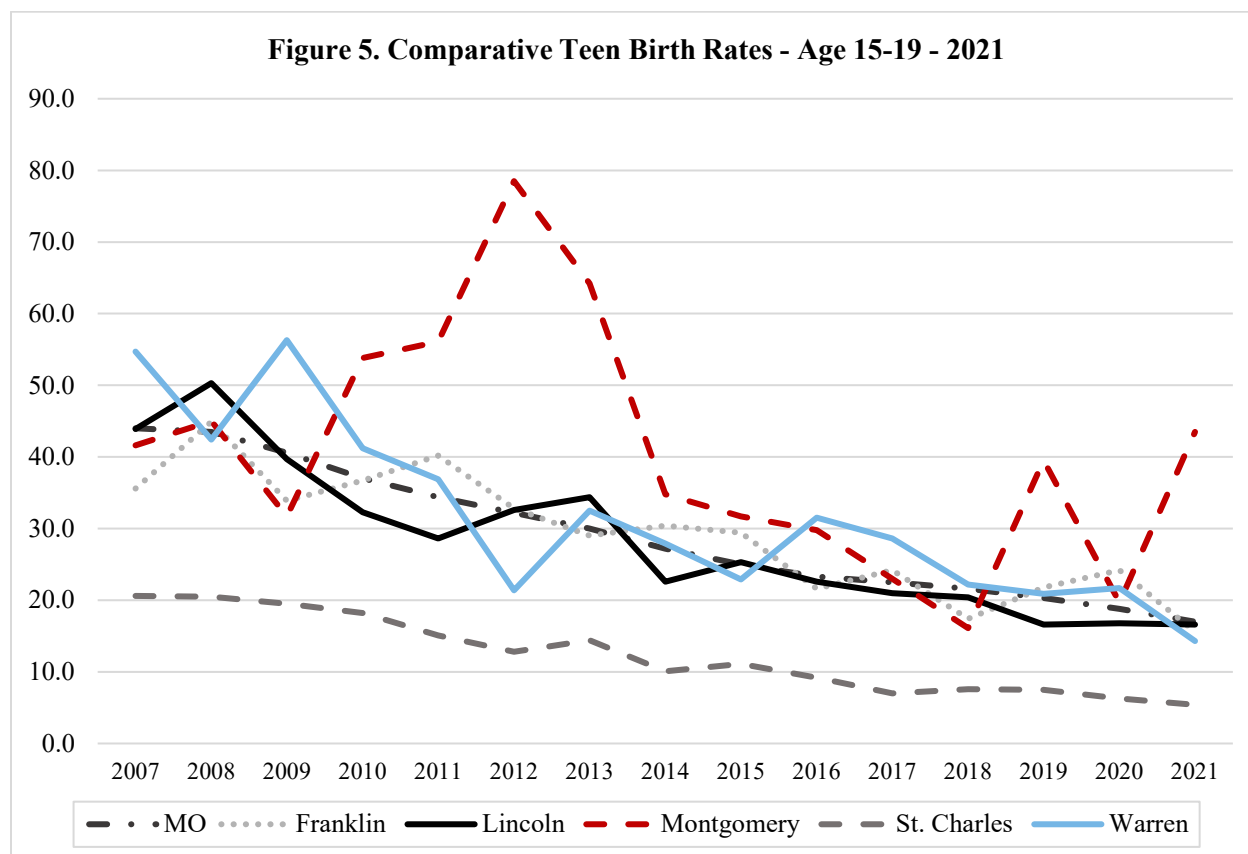
**Table 30. Teen Birth Numbers - Age 15-19**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	9,232	7,625	4,835	4,300	4,108	3,848	3,556	3,304	-5928	-64%	-7%	-20%	-27%
Lincoln	81	61	48	38	37	30	30	30	-51	-63%	0%	-19%	-29%

Source: Missouri Department of Health and Senior Services.

**Table 31. Teen Birth Rate - Age 15-19 Per 1,000 Youth**

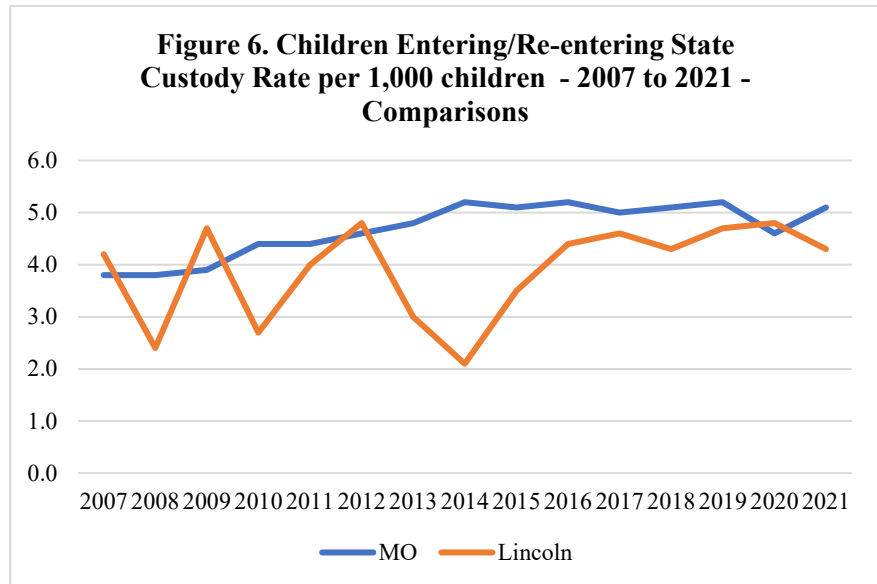
Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	44.0	37.0	25.0	22.5	21.6	20.3	18.8	17.0	-27.0	-1.8	-4.6	-6.3
Lincoln	43.9	32.3	25.3	21.0	20.4	16.6	16.8	16.6	-27.3	-0.2	-3.8	-6.0





## Children Entering/Re-Entering State Custody

From 2007 to 2021, the number of children entering or re-entering state custody in Missouri saw a notable 30% increase, whereas Lincoln County experienced a comparatively modest 8% increase. In 2021, there were 67 child entries for Lincoln County. However, to gain a more accurate perspective accounting for population changes, it's essential to consider entries per 1,000 children. This rate remained remarkably stable over time for the county, inching up from 4.2 to 4.3 per 1,000 children between 2007 and 2021. In contrast, the



Missouri rate rose from 3.8 in 2007 to 5.1 in 2021. Despite the slight increase in the county's entry/re-entry rate, it remains notably lower than the state rate. Given this relative stability and the significant gap between the local and state rates, this outcome is viewed as mixed, indicating both positive and challenging aspects.

Table 34 provides supporting documentation detailing the types of juvenile court placements made over time. Notably, since 2008, there has been a substantial 740% increase in the number of placements related to parent-drug use, rising from 5 in 2008 to 42 in 2021. This underscores a significant shift and highlights the need for a comprehensive examination of contributing factors.

**Table 32. Children Entering/Re-Entering Numbers -County Compared to Missouri - 2007 to 2021**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	5,362	6,236	6,971	6,946	6,962	7,154	6,312	6,986	1624	30%	11%	0%	-4%
LC	62	40	49	66	63	70	73	67	5	8%	-8%	6%	8%

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

**Table 33. Children Entering/Re-Entering - Rate per 1,000 Children - 2007 to 2021**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	3.8	4.4	5.1	5.0	5.1	5.2	4.6	5.1	1.3	0.5	0.0	-0.1
LC	4.2	2.7	3.5	4.6	4.3	4.7	4.8	4.3	0.1	-0.5	0.0	-0.1

**Table 34. Juvenile Court Placements**

Type	2008	2010	2015	2016	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
Parent Alcohol Use Related	0	1	0	0	1	0	4	0	0	NC*	-400%	-100%	0%
Parent Drug Use Related	5	5	14	21	42	35	33	42	37	740%	27%	0%	100%
Parent Alcohol & Drug Related	1	0	1	0	0	4	1	0	-1	-100%	-100%	0%	0%
Out of home placement	36	41	52	62	64	68	73	63	27	75%	-14%	-2%	2%

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

## Juvenile Law Violation Referrals

Juvenile law violation referrals are reports or notifications made to law enforcement or juvenile authorities when a minor (someone below the legal age of adulthood) is suspected or accused of breaking the law. These referrals can come from various sources such as schools, parents, or community members. Referrals often lead to an assessment of the situation by juvenile justice professionals to determine the appropriate course of action or intervention for the young person involved.

The referral rate in Lincoln County per 1,000 youth aged 10-17 consistently stood lower than the Missouri rate from 2007 through 2014. However, in 2015, 2016, and 2018, it surpassed the Missouri rate, albeit only slightly in 2019. Since 2020, Lincoln County's referral rate has consistently remained lower than the state's. In 2021, Lincoln County's rate was 17.0 per 1,000, whereas Missouri's rate was 18.7 per 1,000. Despite a negative rate increase of 2.0 from 2020 to 2021, the county boasts the third-lowest rate among comparative regions.

The number of youths in Lincoln County with a juvenile law violation referral witnessed a significant reduction from 331 in 2007 to 120 in 2021, marking a substantial 64% decrease. While the 1-year trend exhibited a negative increase, both the 3- and 5-year trends displayed positive developments. Specific details about the types of referrals made are presented on the following page.

**Table 35. Juvenile Law Violation Referrals for Youth -Missouri & Regional Comparison, Ages 10-17**

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	36,063	32,737	18,595	18,535	16,983	15,642	15,184	10,525	12,076	-23987	-67%	15%	-23%	-35%
Franklin	563	378	325	295	320	314	322	162	210	-353	-63%	30%	-33%	-29%
Lincoln	331	292	216	206	118	230	163	101	120	-211	-64%	19%	-48%	-42%
Montgomery	30	67	202	32	21	54	29	20	26	-4	-13%	30%	-52%	-19%
St. Charles	1,938	1,962	1,005	908	796	666	803	566	611	-1327	-68%	8%	-8%	-33%
Warren	201	111	96	92	68	98	84	75	31	-170	-85%	-59%	-68%	-66%

Note: \*N/A = data not available or provided for this data point.

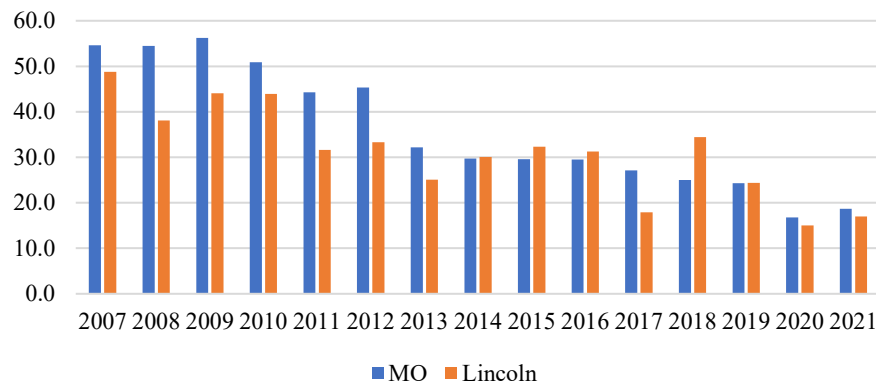
Source: Missouri Department of Social Services; Missouri Office of Administration. Definitions: Number of referrals to juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code if committed by an adult. The count represents separately disposed court referrals, not individual youth.

**Table 36. Juvenile Law Violation Referrals Rate for Youth -Missouri & Regional Comparison, Ages 10-17**

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	54.6	50.9	29.6	29.5	27.1	25.0	24.3	16.8	18.7	-35.9	1.9	-6.3	-10.8
Franklin	46.6	32.5	29.2	26.8	28.9	28.6	29.4	14.9	18.7	-27.9	3.8	-9.9	-8.1
Lincoln	48.8	43.9	32.3	31.3	17.9	34.4	24.4	15.0	17.0	-31.8	2.0	-17.4	-14.3
Montgomery	22.2	52.6	170.0	26.6	17.5	43.7	24.1	17.5	22.2	0.0	4.7	-21.5	-4.4
St. Charles	45.8	46.3	23.0	20.9	18.3	15.3	18.4	12.9	13.5	-32.3	0.6	-1.8	-7.4
Warren	55.7	31.2	25.5	24.9	17.8	25.7	21.5	18.9	7.7	-48.0	-11.2	-18.0	-17.2

Rate is expressed per 1,000 youths ages 10 through 17.

**Figure 7. Juvenile Law Violation Referrals for Youth-Ages 10-17 (per 1,000)**



Juvenile Law Violation Referrals encompass various categories, all of which have witnessed a decline over time, ranging from 11% to a substantial 92% reduction since 2008. Notably, alcohol offenses experienced a remarkable 92% decrease, dwindling from 13 incidents in 2008 to just 1 in 2021. While violent offenses decreased by 11% (from 55 in 2008 to 49 in 2021), they still constituted the majority of

law violation offenses. Juvenile law violation drug offenses also saw a 30% reduction, dropping from 10 in 2008 to 7 in 2021. However, the sole negative trend observed was with violent offenses, which increased by 11% from 2020 to 2021.

Turning to Status Violation offenses, all four categories experienced significant reductions over time, ranging from a 10% to a 100% decrease. Truancy remained the primary status violation, with 137 reported incidents in 2021, reflecting a 57% decline from 319 reported in 2008. Runaway/absent from home showed negative trends over 1-, 3-, and 5-year periods, demanding attention in Lincoln County. Furthermore, injurious behavior reported a substantial 1-year increase of 100%, rising from 11 incidents in 2020 to 22 in 2021, necessitating focused consideration.

In the neglect category, the highest number of offenses, 193 in 2021, still indicated a 56% decrease since 2008 (from 443 incidents). Abuse, too, experienced a positive decline of 40%, decreasing from 15 reported in 2008 to 9 in 2021, with positive trends over 1-, 3-, and 5-year periods mirroring neglect offenses. Custody disputes saw a marginal increase of 10% since 2008, representing only one youth, but exhibited a significant 5-year negative trend, escalating from 4 incidents in 2015 to 11 in 2021 (a 175% increase). This trend highlights the need for attention and proactive measures in Lincoln County.

**Table 37. Juvenile Offenses for Lincoln County from 2008 to 2021**

Offense Type	2008	2011	2016	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
<b>Law Violation Offenses</b>													
Violent Offenses	55	38	73	46	56	60	44	49	-6	-11%	11%	-13%	-33%
Alcohol Offenses	13	8	6	2	1	3	1	1	-12	-92%	0%	0%	-83%
Drug Offenses	10	13	25	8	20	10	9	7	-3	-30%	-22%	-65%	-72%
<b>Status Violation Offenses</b>													
Truancy	319	217	112	133	179	160	128	137	-182	-57%	7%	-23%	22%
Runaway/Absent from Home	48	39	27	20	27	25	34	43	-5	-10%	26%	59%	59%
Beyond Parental Control	7	13	6	27	3	4	2	0	-7	-100%	-100%	-100%	-100%
Injurious Behavior	47	59	54	52	85	35	11	22	-25	-53%	100%	-74%	-59%
<b>Abuse/Neglect/Custody Offenses</b>													
Abuse	15	15	13	9	10	28	34	9	-6	-40%	-74%	-10%	-31%
Neglect	443	197	259	252	233	322	199	193	-250	-56%	-3%	-17%	-25%
Custody Disputes	10	5	4	23	11	27	11	11	1	10%	0%	0%	175%

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

## Substantiated Cases of Child Abuse and Neglect

In 2022, Lincoln County reported 637 incidents of child abuse and neglect, reflecting a modest 2.2% increase from 2011. However, the number of affected children decreased by 4.5%, totaling 879 reported cases, demonstrating a positive trend in mitigating the impact on children since 2011.

While there was a minimal 2.4% increase in the number of substantiated cases, rising from 85 in 2011 to 87 in 2022, the number of substantiated incidents actually decreased by 1.6%, dropping from 62 in 2011 to 61 in 2022. Substantiated incidents comprised nearly 10% of the total reported cases in 2022, aligning with the findings from 2011. Notably, in 2022, Lincoln County reported 5.73 substantiated cases for every 1,000 children, a slight decrease from the rate of 5.8 per 1,000 children in 2011. Although the rate exhibited positive 1- and 3-year trends, there was a significant increase over the 5-year period. In comparison to the state and comparative counties, Lincoln County had the highest rate at 5.73 per 1,000 children in 2022, substantially surpassing Missouri's rate of 3.08.

These findings underscore the importance of maintaining mandated reporter training and prevention programs, emphasizing the continual improvement of reporting practices. The data also indicates a significant increase in the number of incidents and children requiring family assessments over time, highlighting a 77% increase since 2011. This reinforces the need for ongoing efforts in early identification and prevention programming to address and reduce child abuse and neglect cases in the community.



constituting 26% of cases. An escalating and concerning trend is observed in emotional abuse, which was prevalent in 21% of substantiated cases. It is crucial to acknowledge that a single child may be linked to various forms of abuse and neglect. Over time, instances of neglect, emotional abuse, and sexual abuse have increased and warrant focused attention. Given the diverse findings and trends reported in this context, this indicator is categorized as a mixed result.

Comparatively, when juxtaposed with statewide data, Lincoln County exhibits a higher prevalence of physical abuse, neglect, and emotional incidents, coupled with fewer cases of sexual and medical abuse.

**Table 38. Substantiated Children per 1,000 -2019 vs. 2022**

Regions	2019	2022
Missouri	3.7	3.1
Franklin	3.4	3.9
Lincoln	6.3	5.7
Montgomery	2.8	4.5
St. Charles	2.7	2.6
Warren	4.6	4.2

Source: Missouri Department of Social Services Annual Reports 2019 and 2022

Data is also accessible regarding the nature of abuse and neglect cases that constitute the substantiated incidents, encompassing both incidents and the children involved. Notably, neglect comprised the majority of substantiated cases for Lincoln County in 2022, accounting for 67% of cases. Physical abuse was ascribed to 22% of substantiated child cases, while sexual abuse ranked as the third-highest abuse category associated with substantiated children,

Another pivotal data point emanates directly from participants in the public school district program. Although no identifiable information is collected, students attending The Child Advocacy Center's 4<sup>th</sup>-grade Child Sexual Abuse Prevention Program in the 2022-2023 school year were given the opportunity to express their willingness to consult with a school counselor following the conclusion of the body safety lesson. As delineated in Table 39, 29% or 167 4<sup>th</sup>-grade students from Lincoln County, opted to engage in more in-depth discussions with a counselor about this specific topic in the 2018-2019 school year. This marked an increase from the 22% reported in the 2018-2019 school year. Furthermore, details about school buildings are shared to illustrate the varying needs of these structures for targeted services.

**Table 39. Number of 4th Grade Students in the Lincoln County School Districts (9 and 10 years old) Who Wanted to Talk to a Counselor After the Child Sexual Abuse Prevention Program – 2022-2023 School Year**

School Building	# Meet with Counselor	# Students	% Meet with Counselor
Boone Elementary	16	54	30%
Claude Brown Elementary	12	61	20%
Cuivre Park Elementary	23	78	29%
Elsberry Elementary	9	54	17%
Hawk Point Elementary	6	18	33%
Lincoln Elementary	16	65	25%
Main Street Elementary	20	58	34%
Silex Elementary	6	30	20%
William Cappel Elementary	22	58	38%
Winfield Intermediate	37	93	40%
Total	167	569	29%

Source: BOLD, LLC with the Child Advocacy Center of Northeast Missouri

**Table 40. Information on Reported Incidents of Child Abuse and Neglect for Lincoln County, MO. 2011 to 2022**

Type		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.	MO 2022	LC vs MO
Substantiated	#	62	59	53	58	39	59	34	62	69	54	66	61	-1	-1.6%	3,111	
	%	10.0%	8.9%	8.8%	8.1%	5.6%	7.1%	4.8%	8.1%	10.1%	7.7%	10.7%	9.6%	-0.4%		5.3%	4.3%
Unsubstantiated (PSI)	#	46	65	56	38	42	53	36	11	11	14	13	10	-36	-78.3%	1,198	
	%	7.4%	9.8%	9.3%	5.3%	6.0%	6.4%	5.1%	1.4%	1.6%	2.0%	2.1%	1.6%	-5.8%		2.1%	-0.5%
Unsubstantiated	#	217	196	147	220	212	211	161	161	120	158	155	133	-84	-38.7%	14,957	
	%	34.8%	29.6%	24.5%	30.7%	30.4%	25.5%	22.9%	20.9%	17.6%	22.5%	25.2%	20.9%	-13.9%		25.7%	-4.8%
Family Assistance	#	241	312	311	376	398	492	465	512	463	467	373	427	186	77.2%	35,325	
	%	38.7%	47.1%	51.7%	52.5%	57.0%	59.6%	66.1%	66.5%	68.0%	66.4%	60.6%	67.0%	28.3%		60.7%	6.3%
Other	#	57	30	34	24	7	11	8	24	18	10	9	6	-51	-89.5%	3,651	
	%	9.1%	4.5%	5.7%	3.4%	1.0%	1.3%	1.1%	3.1%	2.6%	1.4%	1.5%	0.9%	-8.2%		6.3%	-5.4%
Total		623	662	601	716	698	826	704	770	681	703	616	637	14	2.2%	58,242	

Source: Missouri Department of Social Services Annual Reports from 2011 to 2022. Unsub-PSI = Unsubstantiated- Preventive Services Indicated; Unsub = Unsubstantiated; FA =Family Assessment and Services Needed

**Table 41. Number of Children Involved in Child Abuse/Neglect Substantiated Incidents for Lincoln -2011-2022**

Type		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.
Substantiated	#	85	81	66	78	44	87	45	93	92	70	95	87	2	2.4%
	%	9.2%	8.0%	7.2%	7.2%	4.2%	7.1%	4.3%	8.4%	10.0%	6.9%	11.0%	9.9%	0.7%	
Unsub. (PSI)	#	65	96	91	67	63	80	54	15	17	22	19	17	-48	-73.8%
	%	7.1%	9.5%	9.9%	6.2%	6.0%	6.6%	5.2%	1.4%	1.8%	2.2%	2.2%	1.9%	-5.2%	
Unsub.	#	356	302	225	338	310	283	221	218	154	210	199	174	-182	-51.1%
	%	38.7%	30.0%	24.4%	31.1%	29.6%	23.2%	21.3%	19.7%	16.7%	20.7%	23.0%	19.8%	-18.9%	
FA	#	351	482	496	564	623	754	694	746	632	698	537	595	244	69.5%
	%	38.2%	47.9%	53.9%	51.9%	59.4%	61.8%	66.9%	67.3%	68.4%	68.7%	62.0%	67.7%	29.5%	
Other	#	63	46	43	39	9	16	24	37	29	16	16	6	-57	-90.5%
	%	6.8%	4.6%	4.7%	3.6%	0.9%	1.3%	2.3%	3.3%	3.1%	1.6%	1.8%	0.7%	-6.1%	
Total	#	920	1,007	921	1086	1049	1220	1038	1109	924	1016	866	879	-41	-4.5%
Children per 1,000 – Subst.		5.8	5.5	4.5	5.3	3	5.9	3.1	6.3	6.3	4.75	6.25	5.73	-0.07	-1.2%
Per 1,000- Total Reported		62.5	68.4	62.5	73.8	71.2	82.9	70.5	75.3	62.8	68.99	57.01	57.87	-4.63	-7.4%

Source: Missouri Department of Social Services Annual Reports from 2011 to 2022

**Table 42. Number of Children Involved in Child Abuse/Neglect Substantiated Incidents for Lincoln -2011-2022**

Missouri	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.
Children per 1,000 – Subst.	4.27	4.44	4.26	4.52	4.38	4.42	3.61	3.95	3.67	3.32	3.4	3.08	-1.19	-27.9%
Per 1,000- Total Reported	63.64	64.96	64.41	71.63	70.59	74.41	68.94	74.43	62.95	54.95	55.9	58.38	-5.26	-8.3%

**Table 43. Types of Reported Incidents/Children of Child Abuse and Neglect for Lincoln – 2011 vs. 2015-2022**

	2011		2015		2018		2019		2020		2021		2022		MO – 2022	Diff.	Diff.	Diff.
Type	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Child	Inc.	Inc.	Child	MO vs. LC
Physical	19	21	16	16	23	25	23	26	19	23	25	27	17	19	1,202	-2	-2	
	31%	25%	41%	36%	37%	27%	33%	28%	35%	33%	38%	28%	28%	22%	39%	-3%	-3%	-11%
Neglect	36	8	6	10	28	55	32	51	26	39	36	61	34	58	1,397	-2	50	
	58%	53%	15%	23%	45%	59%	46%	55%	48%	56%	55%	64%	56%	67%	45%	-2%	14%	11%
Emotional Abuse	0	0	2	2	3	3	11	14	8	12	8	15	11	18	402	11	18	
	0%	0%	5%	5%	5%	3%	16%	15%	15%	17%	12%	16%	18%	21%	13%	18%	21%	5%
Medical	0	0	0	0	3	4	2	4	1	1	2	2	2	2	110	2	2	
	0%	0%	0%	0%	5%	4%	3%	4%	2%	1%	3%	2%	3%	2%	4%	3%	2%	0%
Educational Neglect	0	0	0	0	0	0	0	0	0	0	1	1	1	1	38	1	1	
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%	2%	1%	1%	2%	1%	0%
Sexual	14	14	19	5	23	28	25	29	28	30	20	21	21	23	1,288	7	9	
	23%	17%	49%	25%	37%	30%	36%	32%	52%	44%	30%	22%	34%	26%	41%	11%	9%	-7%
Total	62	85	39	20	62	93	69	92	54	70	66	95	61	87	3,111	7	7	

Source: Missouri Department of Social Services Annual Reports 2011, 2015-2022



## Suicide Rate of Youth and Suicidal Ideation

The data presented in this section is updated only through 2019 by the Department of Health and Senior Services (DHSS). Lincoln County's suicide rate for youth aged 15 to 19, standing at 9.6, was lower than the state rate of 11.9 spanning from 2009 to 2019. This rate was slightly higher than the reported rate/number of suicides in the period from 2008 to 2018. Notably, since the 2003-2013 period, Missouri's rate has increased by 3.3 youth per 100,000, while Lincoln County has demonstrated a decrease of 0.2 per 100,000. Lincoln County stands out as one of the three regions that experienced a reduction in this rate from 2003-2013 to 2009-2019. Throughout this ten-year span, suicide was linked to four youth. This data is assessed as being a positive finding for the purposes of this report, but additional data supports noting this indicator as a mixed result.

Deeper insights into suicide trends and associated information are elucidated in the Missouri Student Survey report, revealing pressing concerns among Lincoln County students. Notably, 17.4% of students seriously contemplated suicide,

marking a 7.6% increase since 2010 and a 3.8% surge since 2020. Furthermore, 12.5% of students planned suicide in the past year, reflecting a 5% rise since 2020. The report also highlighted an 8.5% incidence of students attempting suicide at least once in the past year, indicating a 3% escalation since 2020. Alarming, 1.3% of students reported a suicide attempt resulting in injury in 2022.

In comparison to statewide figures, Lincoln County exhibited a higher prevalence of all these risky behaviors, with the most significant disparities observed in the category of seriously considering suicide (6.4% difference) and self-injury (5.7% difference). The elevated percentages of students harboring suicidal thoughts and engaging in self-injury are deemed alarming, demanding immediate attention, especially given the pronounced deterioration in these trends since 2010.

**Table 44: Deaths by Suicide – Ages 15-19 – Per 100,000**

Regions	2003-2013		2008-2018		2009-2019		# Ch.	Rate
	#	Rate	#	Rate	#	Rate		
Missouri	395	8.6	524	11.7	526	11.9	131	3.3
Franklin	9	11.6	12	16.4	12	16.6	3	5.0
Lincoln	4	9.8	4	9.5	4	9.6	0	-0.2
Montgomery	1	10.9	0	0.0	0	0.0	-1	-10.9
St. Charles	23	8.4	32	11.4	29	10.3	6	1.9
Warren	2	8.6	1	4.4	1	4.4	-1	-4.2

Source: DHSS-MOPHIMS Community Data Profiles – Child Health



## Self-inflicted Injury: Emergency Room Visits and Hospitalizations

Data on self-inflicted injuries in Lincoln County is presented in the subsequent table, although the years covered exhibit inconsistency and limited availability. Notably, information on self-inflicted injuries resulting in death spans from 2009 to 2019, while data on hospitalizations and emergency room visits is confined to the period between 2005 and 2015. For individuals under 15 years of age in Lincoln County, a solitary self-inflicted injury led to death, with seven (7) cases resulting in hospitalizations and 35 emergency room visits over a decade. In the 15-19 age group, self-inflicted injuries in Lincoln County culminated in four (4) deaths, 52 hospitalizations, and 75 emergency room visits. In these age brackets, the county's data did not exhibit significant variance from state-level statistics.

Within the 15-19 year-old age range, it's noteworthy that hospitalizations for Lincoln County youth (12.5 per 1,000) surpassed the state rate (10.5 per 1,000), approaching a significant difference. Additionally, when examining individuals aged 20-34 in Lincoln County, the hospitalization rate was notably higher (15.3) compared to the state rate (11.8), constituting a significant difference.

Finally, the Missouri Student Survey for Lincoln County featured a section addressing suicide and self-injury, unveiling profoundly disconcerting trends. Instances of self-injury, marked by an affirmative response to one or more occurrences within the past year, experienced a striking 14.3% surge from 12% in 2012 to 26.3% in 2022. This figure was also 5.7% higher than the corresponding Missouri statewide data, which stood at 20.6%. Due to these findings, this indicator needs attention.

**Table 45. Self-Inflicted Injury Indicators**

	Data Years	Count	Rate	State Rate	Sign. Diff.
<i>Total Self-Inflicted Injuries</i>					
Deaths	2008 – 2018	114	19.6	16.0	N/S
Deaths	2009 – 2019	122	21.1	16.5	H
Hospitalizations	2005 – 2015	448	8.2	7.2	H
Emergency Room	2005 – 2015	336	0.6	0.6	N/S
<i>Under Age 15</i>					
Deaths	2008 – 2018	1	0.8	0.8	N/S
Deaths	2009 – 2019	1	0.8	0.8	N/S
Hospitalizations	2005 – 2015	7	0.5	0.7	N/S
Emergency Room	2005 – 2015	35	0.3	0.2	N/S
<i>Age 15-19</i>					
Deaths	2008 – 2018	4	9.5	11.7	N/S
Deaths	2009 – 2019	4	9.6	11.7	N/S
Hospitalizations	2005 – 2015	52	12.5	10.5	N/S
Emergency Room	2005 – 2015	75	1.8	1.9	N/S
<i>Age 20-34</i>					
Deaths	2008 – 2018	26	23.1	19.7	N/S
Deaths	2009 – 2019	25	21.9	20.5	N/S
Hospitalizations	2005 – 2015	165	15.3	11.8	H
Emergency Room	2005 – 2015	116	1.1	1.1	N/S

Source: DHSS-MOPHIMS Community Data Profiles – Self-Inflicted Injury  
Data has not been updated for 2005-2015 as of 10/19/2023

## Youth Receiving Psychiatric Services

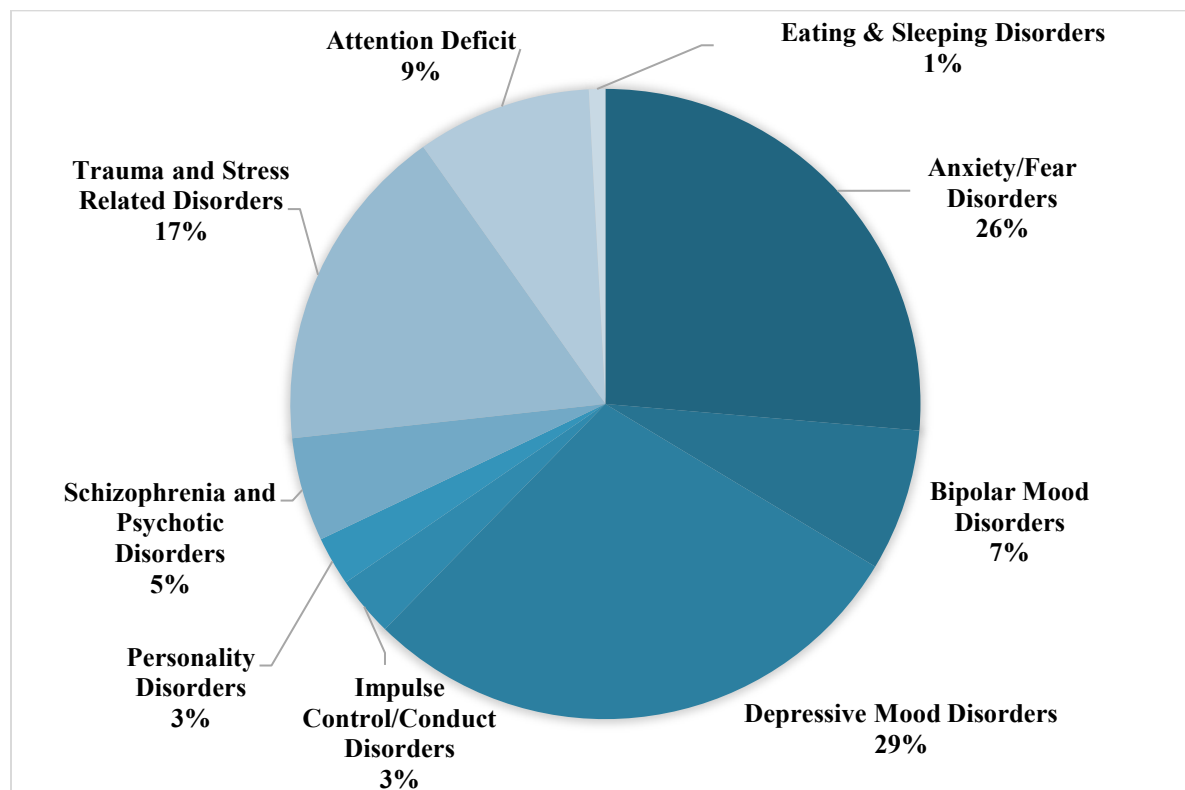
In 2022, Lincoln County's youth constituted a significant portion, comprising 59.1% of the total individuals (1,003) receiving psychiatric services from the Division of Behavioral Health. This represents a substantial shift from 2016, where youth constituted only 29% of the total, and even 2019, when they made up 40%. The data reveals a remarkable 82% increase in the number of youths receiving psychiatric services, rising from 330 in 2017 to 593 in 2022. Table 46 provides a comprehensive overview, underscoring the evident and growing demand for these services in Lincoln County.

**Table 46. Number of Youth in Lincoln County who received Psychiatric Services from the Division of Behavioral Health – FY 2017-2022.**

Age	2017	2018	2019	2020	2021	2022	2017 % of Total Served	2022 % of Total Served	% Ch.	1-YR
Under 6	17	14	13	9	19	31	1.8%	3.1%	82%	63%
6 to 17	313	355	384	291	340	562	32.3%	56.0%	80%	65%
18 to 25*	66	70	66	48	49	74	6.8%	7.4%	12%	51%
Pop. Total	969	953	985	716	757	1003			4%	32%

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.

\* Note that years 2017 to 2019 cover 18 to 24 not 18- to 25-year-olds



When delivering psychiatric services to individuals in need, the Division of Behavioral Health systematically categorizes each case based on displayed behaviors and symptoms. Notably, the list of disorders underwent a revision in 2022, as outlined in Table 47. Among these, "depressive mood disorder" emerged as the most prevalent in 2022, witnessing a substantial 23% increase from 415 cases in

2017 to 512 in 2022, with a notable 33% surge in a single year. Following closely, "anxiety/fear disorders" exhibited the most significant growth since 2017, soaring by 105%. The number of Lincoln County individuals receiving services for this disorder rose from 229 in 2017 to 470 in 2022. "Anxiety/fear disorders" made up 26% of the total 2022 diagnoses.

The third most prevalent psychiatric disorder in 2019 was "trauma and stress-related disorders," constituting 17% of the total diagnoses among Lincoln County residents availing psychiatric services. This disorder experienced a substantial 59% increase since 2017, serving 190 individuals in 2017 and rising to 302 in 2022. "Attention deficit" emerged as a new disorder in 2020, with 158 Lincoln County residents receiving services. While it increased by a modest 1% since 2020, there was a notable 15% rise from 2021 to 2022, representing 9% of the total diagnoses in 2022.

On the other hand, "bipolar mood disorders" made up 7% of the total diagnoses in 2022 but underwent a significant 46% decline since 2017, decreasing from 241 cases in 2017 to 130 in 2022. The remaining disorders collectively constituted less than 7% of the total, as visually depicted in Figure 8.

This diagnostic information, while tailored to the general population, holds significance in understanding patterns that mirror those observed among the youth population, as noted by counselors, providers, and the youth themselves. Due to these collective findings, this indicator demands further attention.

**Table 47. Comprehensive Psychiatric Services- Numbers Served in Lincoln County – 2017 to 2022**

Diagnoses	2017	2018	2019	2020	2021	2022	2017 % of Diagnoses	2022 % of Diagnoses	Diff.	% Ch.	1-YR
Total Clients	969	953	985	716	757	1003			34	4%	32%
Anxiety/Fear Dis.	229	248	273	344	370	470	15%	26%	241	105%	27%
Bipolar Mood Disorders	241	209	193	169	159	130	15%	7%	-111	-46%	-18%
Depressive Mood Disorders	415	417	399	373	386	512	27%	29%	97	23%	33%
Developmental and Age-Related Disorders	180	200	172				12%	0%			
Impulse Control/ Conduct Disorders	57	56	42	43	43	55	4%	3%	-2	-4%	28%
Personality Disorders	59	49	42	72	57	45	4%	3%	-14	-24%	-21%
Schizophrenia/ Psychotic Dis.	170	150	121	107	110	95	11%	5%	-75	-44%	-14%
Sexual Disorders	0	0	0	0	0	0	0%	0%	0	0%	0%
Trauma and Stress Related Disorders	190	202	186	250	270	302	12%	17%	112	59%	12%
Other/Unknown Disorders	11	36	29	10	9	8	1%	0%	-3	-27%	-11%
Attention Deficit*				158	139	160	0%	9%	2	1%	15%
Eating & Sleeping Disorders*				17	21	15	0%	1%	-2	-12%	-29%
Total diagnoses	1557	1568	1461	1545	1565	1796			239	15%	15%

\*New categories in 2022; removed developmental and age-related disorders beginning in FY 2020

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.

## Substance Use Trends/Juvenile Drug Offenses

In 2022, Lincoln County youth constituted 4% of clients admitted to Substance Abuse Treatment Programs, marking a decline from the 6.8% reported in 2009 (see Table 48). Notably, there were 17 youth admissions in 2022, reflecting a 32% decrease since 2009, out of a total of 424 Lincoln County residents admitted.

Furthermore, while juvenile law violation drug offenses saw a 30% reduction (from 10 in 2008 to 7 in 2021), juvenile court placements due to parental drug use witnessed a substantial 740% increase, escalating from 5 in 2008 to 42 in 2021, with negative 1- and 5-year trends. Additional information regarding juvenile law referrals is available in a separate section due to varying trends. The ongoing need for such programs for Lincoln County youth is evident. The Missouri Student Survey 2022 report offers detailed substance abuse and use trends for the community, emphasizing the importance of addressing changing patterns among youth engaging in substance use/abuse. This area is marked as a mixed result due to evolving trends in youth substance use.

**Table 48. Number of Youth (under 18) in Lincoln County admitted to Substance Abuse Treatment Program from the Division of Behavioral Health - FY 2009-2022**

Age Ranges	FY 2009	FY 2010	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	Diff.	% Ch.
Under 18 years old	25	25	31	29	31	46	41	36	30	17	-8	-32.0%
General Pop. Total	365	412	384	377	322	339	282	426	406	424	59	16.2%
% Under 18 years old	6.8%	6.1%	8.1%	7.7%	9.6%	13.6%	14.5%	8.5%	7.4%	4.0%		

Source: Status Report on Missouri's Substance Use and Mental Health; Division of Behavioral Health, Missouri.

## Physical Health Indicators

### Infants Born with Low Birth Weight

In the period of 2017-2021, the county's low-birth weight infant rate stood at 7.5%, comparing favorably to Missouri's rate of 8.8%. Over the broader period of 2003-2007 to 2017-2021, Lincoln County experienced a 1.2% increase (from 6.3%), while the state rate saw a 0.7% increase (from 8.1%). Despite negative 5-year trends, positive 3-year trends, and no change in the 1-year trend, Lincoln County consistently maintained a lower percentage of infants born with low birth weight compared to the state in every comparative year. It ranked third lowest among the comparative counties.

During the 2017-2021 period, there were 296 live infants recorded with a birth weight under 2,500 grams or 5 pounds, eight ounces. This marked an increase of 32% from the 224 reported during the 2003-2007 range. Given the varied findings and trends reported, this indicator is categorized as a mixed result.

**Table 49. Low birth weight infants – Numbers**

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	32,037	32,311	30,326	30,810	31,335	31,700	25,537	31,683	31,342	-695	-2%	-1%	-1%	2%
Lincoln	224	255	260	266	278	304	247	295	296	72	32%	0%	-3%	11%

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 50. Low birth weight infants – Percentage**

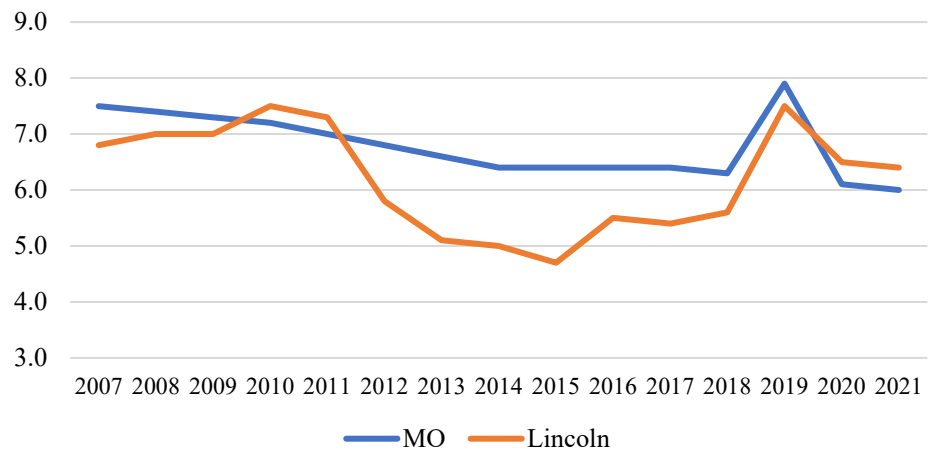
Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	8.1%	8.1%	8.0%	8.2%	8.4%	8.5%	8.6%	8.7%	8.8%	0.7%	0.1%	0.3%	0.6%
Franklin	7.2%	7.4%	7.1%	7.8%	8.1%	8.0%	8.2%	8.3%	7.9%	0.7%	-0.4%	-0.1%	0.1%
Lincoln	6.3%	6.6%	7.2%	7.3%	7.6%	8.1%	8.1%	7.6%	7.5%	1.2%	-0.1%	-0.6%	0.2%
Montgomery	8.7%	7.1%	7.9%	6.9%	7.1%	6.8%	7.0%	5.8%	6.6%	-2.1%	0.8%	-0.2%	-0.3%
St. Charles	7.1%	7.3%	6.6%	6.7%	7.1%	7.2%	7.4%	7.6%	7.4%	0.3%	-0.2%	0.2%	0.7%
Warren	7.2%	5.4%	6.3%	6.5%	7.1%	6.9%	6.8%	7.9%	8.0%	0.8%	0.1%	1.1%	1.5%

## Infant Mortality

Infant mortality, defined as the unfortunate circumstance of babies born alive and succumbing before their first birthdays, witnessed a 4% increase in Lincoln County from 2007 to 2021. This translated to a rise from 24 to 25 infants. Despite this uptick, the rate experienced a slight decline of 0.4 within the same period,

dropping from 6.8 per 1,000 live births to 6.4 for the period spanning 2017 to 2021. Noteworthy is the fact that, despite this improvement, Lincoln County's rate of 6.4 is marginally higher than the state rate of 6.0 per 1,000 live births. Furthermore, Lincoln County finds itself with the second-highest rate among the comparable counties. In light of these diverse findings, this indicator is deemed to yield mixed results.

**Figure 9. Infant Mortality Rate- per 1,000 Live Births- Comparison**



**Table 51. Infant Mortality – Frequency**

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	2,982	2,863	2,411	2,419	2,378	2,349	2,325	2,228	2,131	-851	-29%	-4%	-9%	-12%
Franklin	35	47	38	42	38	40	41	36	25	-10	-29%	-31%	-38%	-40%
Lincoln	24	29	17	20	20	21	23	25	25	1	4%	0%	19%	25%
Montgomery	6	8	3	2	1	1	1	0	0	-6	-600%+	0%	-100%	-100%
St. Charles	148	133	104	99	101	107	111	103	106	-42	-28%	3%	-1%	7%
Warren	9	11	10	12	11	12	15	14	14	5	56%	0%	17%	17%

Source: Missouri Department of Health and Senior Services.

**Table 52. Infant Mortality – Rate per 1,000 Live Births**

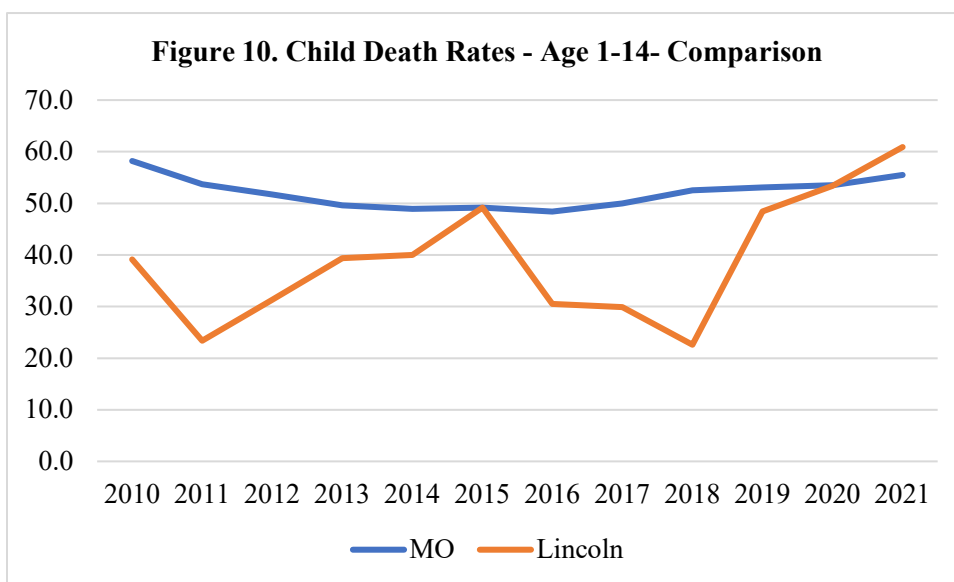
Regions	2007	2010	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	7.5	7.2	6.4	6.4	6.4	6.3	7.9	6.0	-1.5	-0.1	-0.3	-0.4
Franklin	5.3	7.1	6.1	6.8	6.1	6.5	8.3	4.3	-1.0	-1.7	-2.2	-2.5
Lincoln	6.8	7.5	4.7	5.5	5.4	5.6	7.5	6.4	-0.4	-0.1	0.8	0.9
Montgomery	7.5	10.7	4.3	3.1	1.6	1.6	2.0	0.0	-7.5	0.0	-1.6	-3.1
St. Charles	6.5	5.7	4.6	4.4	4.5	4.8	6.2	5.0	-1.5	0.2	0.2	0.6
Warren	4.2	4.9	4.9	5.8	5.3	5.7	8.9	6.8	2.6	0.0	1.1	1.0

## Child Deaths

Child deaths, spanning ages 1-14, have shown improvement over time, demonstrating a commendable 3.5 rate decrease from 16.5 per 100,000 children in the aggregated period of 2003-2007 to 13.0 in the 2017-2021 period. Lincoln County experienced positive trends over both 1- and 3-year intervals, albeit posting a negative 5-year trend. Notably, the

county's rate was significantly lower than the state rate, standing at 20.5 per 100,000 children.

Additionally, Lincoln County boasted the second-lowest child death rate for the 2017-2021 period among all comparative counties within this age range.



However, it's important to highlight the absence of available data for child deaths covering ages 1 through 17 for the period 2007-2009. The child death rate for this age group was 23.2 in the 2006-2010 data period, witnessing a reduction of 1.7 to 21.5 in the 2017-2021 data period. A striking 3.6 rate decrease was also observed from 2019 to 2021 (with 2020 data not included from the source). In the broader context, Lincoln County secured the third-lowest child death rate for ages 1-17 across all comparative regions, as detailed in Table 54.

The narrative shifts when examining child death rates for ages 15-17. There was a notable 21.8 rate increase, ascending from 39.1 per 100,000 youth in the 2006-2010 data period to 60.9 in the 2017-2021 data period. Furthermore, the 1-, 3-, and 5-year trends were negative, with Lincoln County reporting the highest child death rate for individuals aged 15-17 among all comparative counties. This indicator requires attention for the 15-17 year-olds in Lincoln County, where it is identified as an area that needs improvement. The child death rate data for the younger ages is viewed as mostly positive.

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

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	21.2	18.6	17.9	17.7	18.2	15.7	19.8	15.9	20.5	-0.7	4.6	4.8	2.8
Franklin	14.6	20.2	18.2	24.2	23.4	21.2	30.7	25.8	26.0	11.4	0.2	4.8	1.8
Lincoln	16.5	19.9	11.8	10.3	12.1	14.9	20.5	15.7	13.0	-3.5	-2.7	-1.9	2.7
Montgomery	34.9	17.1	36.8	35.3	35.8	15.4	40.9	24.7	21.0	-13.9	-3.7	5.6	-14.3
St. Charles	13.0	9.8	11.5	9.7	11.7	9.0	10.9	10.0	11.4	-1.6	1.4	2.4	1.7
Warren	27.0	30.5	15.5	32.6	32.6	27.8	36.6	32.6	21.3	-5.7	-11.3	-6.5	-11.3

Source: Missouri Department of Health and Senior Services 5-year average

**Table 54. Child Death Rate - Age 1-17 - Per 100,000 Youth**

Regions	2010	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	25.7	24.7	23.9	23.3	22.9	23.7	24.1	25.8	27.0	1.3	0.9	2.9	4.1
Franklin	33.0	34.8	34.4	27.1	31.6	26.7	30.2	32.2	27.4	-5.6	-5.7	-2.8	-4.2
Lincoln	23.2	25.8	24.6	18.3	14.0	15.4	18.2	25.4	21.5	-1.7	-3.6	3.3	7.5
Montgomery	27.5	27.6	20.9	30.5	29.4	30.0	15.2	33.2	16.9	-10.6	-9.0	1.7	-12.5
St. Charles	15.7	15.6	13.7	13.4	11.6	14.2	13.3	13.4	13.9	-1.8	-1.3	0.6	2.3
Warren	32.6	27.4	17.4	22.8	36.8	39.6	36.9	35.0	27.2	-5.4	-9.7	-9.7	-9.6

**Table 55. Child Death Rate - Age 15-17 - Per 100,000 Youth**

Regions	2010	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	58.2	53.7	51.7	49.2	48.4	50.0	52.5	53.1	55.5	-2.7	2.0	3.0	7.1
Franklin	90.6	83.4	84.9	71.1	67.0	41.6	54.9	38.8	33.1	-57.5	-3.6	-21.8	-33.9
Lincoln	39.1	23.4	31.3	49.2	30.5	29.9	22.6	48.4	60.9	21.8	7.5	38.3	30.4
Montgomery	73.5	76.4	40.5	0.0	0.0	0.0	0.0	0.0	0.0	-73.5	0.0	0.0	0.0
St. Charles	44.0	36.6	31.7	22.6	21.0	25.9	27.0	24.3	24.5	-19.5	-3.5	-2.5	3.5
Warren	43.0	29.0	28.5	60.2	57.4	74.9	60.7	27.8	53.0	10.0	25.1	-7.7	-4.4

**Table 56. Child Deaths - Age 1-14 – Frequency**

Regions	2010	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	1,093	1,089	1,050	1,041	1,022	1,048	1,048	1,057	1,101	-124	4%	5%	8%
Franklin	21	25	24	18	24	23	24	28	24	9	-17%	0%	0%
Lincoln	12	16	13	7	6	7	10	12	8	-1	-27%	-20%	33%
Montgomery	2	2	2	4	4	4	2	4	2	-2	-33%	0%	-50%
St. Charles	37	43	37	44	37	45	40	39	41	-6	-7%	3%	11%
Warren	10	9	5	5	11	11	11	12	7	-1	-46%	-36%	-36%

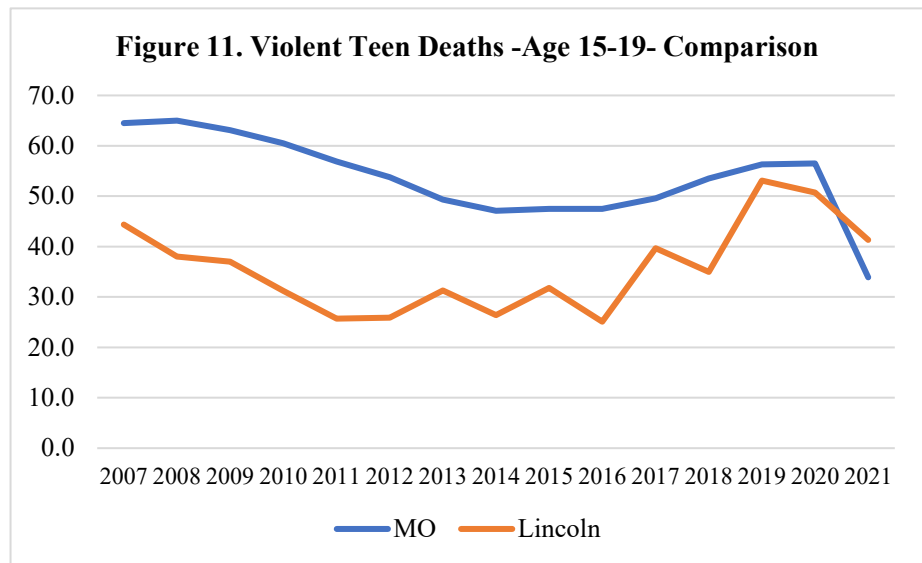
**Table 57. Child Deaths - Age 1-17 – Frequency**

Regions	2010	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	1,834	1,763	1,697	1,629	1,600	1,644	1,672	1,676	1,777	-57	5%	6%	11%
Franklin	42	44	43	33	38	32	36	36	31	-11	-16%	-14%	-18%
Lincoln	17	19	18	13	10	11	13	18	16	-1	-11%	23%	60%
Montgomery	4	4	3	4	4	4	2	4	2	-2	-33%	0%	-50%
St. Charles	72	72	63	62	54	66	62	59	62	-10	-7%	0%	15%
Warren	13	11	7	9	15	16	15	14	11	-2	-27%	-27%	-27%



## Violent Teen Death Rate

The violent teen death rate for individuals aged 15-19 demonstrated a shift from 44.4 per 100,000 in the period 2003-2007 to 41.3 per 100,000 in 2017-2021, indicating a decrease of 3.1 in the rate. Meanwhile, the state rate experienced a more substantial decline, dropping from 64.5 per 100,000 to 33.9 per 100,000 within the same period, significantly below Lincoln County's rate.



Despite Lincoln County exhibiting a negative 3- and 5-year trend, there was a notable positive trend over a 1-year period. Nevertheless, Lincoln County retains the highest violent teen death rate among individuals aged 15 to 19 when compared to all comparative entities. Consequently, this is categorized as a mixed result finding. It's important to note that the source did not report the number of violent teen deaths for 2021; hence, the figures for 2020 are provided, involving 10 violent teen deaths.

**Table 58. Violent Teen Deaths -Age 15-19 – Per 100,000 Youth**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	64.5	60.5	47.5	49.6	53.5	56.3	56.5	33.9	-30.6	-22.6	-19.6	-13.6
Franklin	98.8	91.9	79.5	55.9	52.5	51.4	36.8	22.1	-76.7	-14.7	-30.4	-57.7
Lincoln	44.4	31.2	31.8	39.7	35.0	53.1	50.7	41.3	-3.1	-9.4	6.3	16.2
Montgomery	92.4	142.8	83.8	93.8	63.7	28.8	0.0	0.0	-92.4	0.0	-63.7	-90.2
St. Charles	35.1	35.1	26.6	28.1	30.4	29.9	29.5	15.7	-19.4	-13.8	-14.7	-13.3
Warren	48.3	102.3	78.6	71.8	71.7	45.7	27.7	35.2	-13.1	7.5	-36.5	-43.9

Source: Missouri Department of Health and Senior Services.

## Educational Indicators

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

In 2022, the out-of-school suspension rates among the four major school districts in Lincoln County exhibited notable variation. Troy reported the highest rate, standing at 1.8 per 100 students (linked to 100 OSS), while Silex recorded the lowest rate of 0.0 per 100 students, reflecting zero suspensions. Winfield held the second-highest rate, with 1.0 per 100 students, linked to 16 students, and Elsberry reported a rate of 0.6 per 100 students, linked to five students.

Missouri's rate saw improvement, decreasing from 1.7 to 1.5 in the same period, a rate mirrored by Troy. Notably, three out of the four school districts experienced negative 1-year trends from 2021 to 2022 in both the number and rate of out-of-school suspensions, aligning with the state trend. Elsberry school district, however, exhibited a negative 3-year trend but a positive 5-year trend. In contrast, Troy displayed the opposite pattern with a positive 3-year trend and a negative 5-year trend. Given the varied findings and trends reported in this context, this indicator is classified as a mixed result.

**Table 59. Out of School Suspension Rate - Lincoln County School Districts - 2007 to 2022**

	2007	2010	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	1-YR	3-YR	5-YR
Missouri	1.7	1.7	1.2	1.1	1.0	1.2	1.2	0.9	0.5	1.5	-0.2	1.0	0.3	0.5
Elsberry R-II	1.2	2.1	1.0	1.0	1.6	0.8	0.4	0.6	0.0	0.6	-0.6	0.6	0.2	-1.0
Silex R-I	0.0	1.0	1.6	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Troy R-III	1.3	2.4	1.2	1.8	1.1	2.6	1.8	1.4	1.3	1.5	0.2	0.2	-0.3	0.4
Winfield R-IV	1.9	2.0	0.9	1.8	2.0	1.2	1.1	1.2	0.7	1.0	-0.9	0.3	-0.1	-1.0

Source: DESE District Report Card; Rate per 100 students.

**Table 60. Out-of-School Suspension (number) - Lincoln County School Districts - 2007 to 2022**

	2007	2010	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.	1-YR	3-YR	5-YR
Elsberry R-II	10	17	8	8	12	6	3	5	0	5	-5	-50%	500%	67%	-58%
Silex R-I	0	4	6	1	0	1	0	0	0	0	0	0%	0%	0%	0%
Troy R-III	76	144	73	111	67	160	114	87	82	100	24	32%	22%	-12%	49%
Winfield R-IV	31	31	13	27	30	18	16	18	10	16	-15	-48%	60%	0%	-47%
Total	117	196	100	147	109	185	133	110	92	121	4	3%	32%	-9%	11%

### Disciplinary Incidents

The data on disciplinary incidents closely paralleled the figures for the number and rate of out-of-school suspensions. Once again, Troy (1.5) and Winfield (1.2) reported the highest rates/numbers in 2022, while Silex maintained the lowest at 0.0 per 100 students. Elsberry's OSS rate remained consistent at 0.6 per 100 students for 2019. Notably, Missouri's rate showed improvement, decreasing from 1.9 to 1.6 during the same period, with Troy's rate slightly better at 1.5.

Among the 123 total incidents reported in Lincoln County for 2022, 100 were linked to Troy, the largest school district, reflecting only a 1% increase since 2007. However, the number and rate of disciplinary incidents in the Troy school district demonstrated negative 1- and 5-year trends. Additionally, of the remaining 123 incidents in Lincoln County, 18 were associated with Winfield students, and five were tied to Elsberry. School enrollment data is available on the next page. Winfield school district experienced negative 1- and 3-year trends yet had a positive 5-year trend, transitioning from 2.0 in 2017 to 1.2 in 2022. Elsberry displayed negative rate trends for the 1- and 3-year periods but underwent a significant positive 5-year trend, decreasing from 1.6 in 2017 to 0.6 in 2022. This indicator is perceived as exhibiting mixed results, with positive long-term trends in rates and numbers, yet some negative short-term trends that warrant attention.

**Table 61. Disciplinary Incident Information (rate) - 2007 to 2022 out of 100 students**

	2007	2008	2010	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.	1-YR	3-YR	5-YR
Missouri																
Incidents Rate	1.9	2.0	1.9	1.4	1.3	1.0	1.2	1.2	1.0	0.5	1.6	-0.3		1.1	0.4	0.6
Lincoln County																
# Incidents	140	171	209	101	148	111	192	136	110	93	123	-17	-12%	32%	-10%	11%
Elsberry R-II	10	12	21	9	9	13	10	6	5	0	5	-5	-50%	500%	-17%	-62%
Silex R-I	0	11	4	6	1	0	1	0	0	0	0	0	0	0	0	0
Troy R-III	99	122	153	73	111	68	163	114	87	82	100	1	1%	22%	-12%	47%
Winfield R-IV	31	26	31	13	27	30	18	16	18	11	18	-13	-42%	64%	13%	-40%
Incidents Rate																
Elsberry R-II	1.2	1.4	2.6	1.2	1.1	1.6	0.8	0.4	0.6	0.0	0.6	-0.6		0.6	0.2	-1.0
Silex R-I	0	3	1	1.6	0.3	0	0.2	0	0.0	0.0	0.0	0.0		0.0	0.0	0.0
Troy R-III	1.7	2.1	2.5	1.2	1.8	1.1	2.6	1.8	1.4	1.3	1.5	-0.2		0.2	-0.3	0.4
Winfield R-IV	1.9	1.6	2	0.9	1.8	2	1.2	1.1	1.2	0.7	1.2	-0.7		0.5	0.1	-0.8
School Enrollment																
Elsberry R-II	843	853	807	766	783	769	761	810	787	760	776	-67	-8%	2%	-4%	1%
Silex R-I	376	363	396	385	370	394	426	416	422	431	428	52	14%	-1%	3%	9%
Troy R-III	5821	5947	6083	6178	6161	6223	6211	6256	6330	6289	6635	814	14%	6%	6%	7%
Winfield R-IV	1622	1633	1534	1502	1490	1493	1481	1469	1521	1531	1557	-65	-4%	2%	6%	4%

Source: Missouri Department of Elementary and Secondary Education.

## High School Dropout Rate

Lincoln County witnessed a noteworthy 68% decrease in the number of students dropping out of high school from 2007 to 2021, plummeting from 76 to 24. The percentage decrease in dropout rates was equally impressive, declining from 2.7% to 0.8% for 2021. In comparison, Lincoln County's dropout rate was 0.9% less than the state rate of 1.8%, and it held the lowest rate among all comparative counties in 2021. Despite a minor uptick of 0.3%, attributed to pandemic-related challenges, Lincoln County's dropout rate remained notably lower than the state average, especially considering the widespread negative 1-year trend experienced by many counties.

Within Lincoln County, the Winfield school district displayed the highest annual dropout rate at 3.5%, significantly surpassing the other three districts. Troy school district reported the second-highest rate at 0.6%, while both Silex and Elsberry reported a commendable 0%. Notably, Troy reported 14 high school student dropouts for 2021, with Winfield reporting the majority of the total high school dropouts at 18. Overall, these findings underscore a positive trend in reducing high school dropout rates in Lincoln County.

**Table 62. Annual High School - Dropout Percentages – County Comparison**

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	3.5%	3.3%	2.1%	2.1%	2.0%	1.8%	1.8%	1.3%	1.7%	-1.8%	0.4%	-0.1%	-0.4%
Franklin	3.2%	2.4%	2.0%	2.4%	2.6%	1.8%	1.5%	1.3%	2.1%	-1.1%	0.8%	0.3%	-0.3%
Lincoln	2.7%	2.4%	2.0%	1.5%	0.9%	1.1%	0.6%	0.5%	0.8%	-1.9%	0.3%	-0.3%	-0.7%
Montgomery	3.7%	1.7%	1.2%	2.2%	1.5%	2.2%	1.2%	1.0%	2.0%	-1.7%	1.0%	-0.2%	-0.2%
St. Charles	2.6%	1.9%	1.4%	1.0%	1.4%	1.3%	0.7%	0.6%	1.0%	-1.6%	0.4%	-0.3%	0.0%
Warren	4.1%	3.1%	0.3%	2.0%	1.9%	2.5%	2.0%	1.3%	1.4%	-2.7%	0.1%	-1.1%	-0.6%

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

**Table 63. Annual High School - Dropout Percentages – Lincoln County School Districts**

School	2007	2010	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	1-YR	3-YR	5-YR
Missouri	NP	NP	2.0	2.0	2.0	1.9	1.8	1.4	1.7	1.9	NP	0.2	0.1	-0.1
Elsberry R-II	2.2	2.9	2.6	2.7	0.0	0.0	0.0	0.0	0.0	0.0	-2.2	0.0	0.0	0.0
Silex R-I	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Troy R-III	2.6	2.2	1.9	1.1	0.5	0.7	0.3	0.0	0.2	0.6	-2.0	0.4	0.3	0.1
Winfield R-IV	3.5	3.3	2.6	2.4	2.4	2.6	1.8	1.7	3.5	3.5	0.0	0.0	1.7	1.1

**Table 64. Annual High School – Dropout Numbers – County Comparison**

Regions	2007	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	10,003	9,190	5,458	5,647	5,178	4,802	4,790	3,542	4,600	-5403	-54%	30%	-4%	-19%
Franklin	172	129	97	112	126	87	69	63	105	-67	-39%	67%	21%	-6%
Lincoln	76	68	55	41	25	31	16	13	24	-52	-68%	85%	-23%	-41%
Montgomery	22	9	5	10	7	10	6	5	10	-12	-55%	100%	0%	0%
St. Charles	449	326	257	185	249	236	136	108	198	-251	-56%	83%	-16%	7%
Warren	57	43	4	27	27	36	27	18	21	-36	-63%	17%	-42%	-22%

**Table 65. Annual High School – Dropout Numbers – Lincoln County School Districts**

School	2007	2010	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.	1-YR	3-YR	5-YR
Elsberry R-II	6	7	6	6	0	0	0	0	0	0	-6	-100%	0%	0%	0%
Silex R-I	0	0	0	0	0	0	0	0	0	0	0	0%	0%	0%	0%
Troy R-III	49	42	36	22	11	14	6	0	5	14	-35	-71%	180%	133%	27%
Winfield R-IV	19	18	12	11	11	12	8	8	18	18	-1	-5%	0%	125%	64%
Total	74	67	54	39	22	26	14	8	23	32	-42	-57%	39%	129%	45%

## High School Graduation Rate

The high school graduation rate in Lincoln County demonstrated a commendable increase of 5.4%, rising from 87.3% in 2011 to 92.7% in 2021. This rate surpassed the state average by almost 2% and secured the second-highest position among comparative regions. Notably, 606 graduates were reported in 2021 for Lincoln County. Although the graduation rate reached its peak at 95.4% in 2020, with 2018 marking the second-highest rate within this period, the 3-year trend was negative, potentially influenced by factors related to the pandemic.

Examining individual public school districts in Lincoln County, three out of the four experienced a positive change in graduation rates since 2011 (Elsberry, Troy, and Winfield). Silex was the sole district with a graduation rate decline of 1.4%, dropping from 94.3% in 2011 to 92.9% in 2022. Winfield was the only district with a graduation rate (90.1%) slightly below the state rate (90.8%) for 2021 (Missouri rates were not available for 2022). Conversely, the three other public school districts demonstrated positive changes in their graduation rates. Overall, this indicator reflects a positive trend in high school graduation rates in Lincoln County.

**Table 66. High School Graduation Rates - 2011 to 2021**

Regions	2011	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	86.7	90.1	91.5	91.0	91.3	91.7	91.3	90.8	4.1	-0.5	-0.5	-0.7
Franklin	81.9	89.4	91.4	87.3	88.6	91.2	90.9	91.1	9.2	0.2	2.5	-0.3
Lincoln	87.3	92.8	92.4	93.7	94.9	94.4	95.4	92.7	5.4	-2.7	-2.2	0.3
Montgomery	88.1	92.0	89.1	92.0	88.8	92.1	91.0	88.7	0.6	-2.3	-0.1	-0.4
St. Charles	85.4	90.6	94.6	92.7	92.9	94.9	94.7	94.4	9.0	-0.3	1.5	-0.2
Warren	87.1	92.3	94.8	90.3	90.4	89.1	89.3	91.5	4.4	2.2	1.1	-3.3

Source: Missouri 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 67. High School Graduation Numbers - 2011 to 2021**

Regions	2011	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	61,768	58,398	61,573	59,046	59,564	59,446	58,890	58,710	-3058	0%	-1%	-5%
Franklin	1,083	1,059	1,057	1,015	1,003	990	1,086	1,090	7	0%	9%	3%
Lincoln	614	595	621	655	656	654	620	606	-8	-2%	-8%	-2%
Montgomery	118	104	98	103	87	129	101	110	-8	9%	26%	12%
St. Charles	4,096	4,088	4,248	4,189	4,249	4,359	4,264	4,378	282	3%	3%	3%
Warren	351	312	312	317	322	302	318	335	-16	5%	4%	7%

**Table 68. Reported Public School District Graduation Numbers**

School	2011	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	% Ch.	1-YR	3-YR	5-YR
Elsberry R-II	54	42	54	64	40	55	48	53	47	-7	-13%	-11%	-15%	-27%
Silex R-I	34	29	29	27	38	32	30	38	26	-8	-24%	-32%	-19%	-4%
Troy R-III	416	440	431	476	504	476	453	419	477	61	15%	14%	0%	0%
Winfield R-IV	120	100	107	116	91	102	98	113	100	-20	-17%	-12%	-2%	-14%
Total	624	611	621	683	673	665	629	623	650	26	4%	4%	-2%	-5%

**Table 69. Reported Public School District Graduation Rates – 4 Year Average**

School	2011	2015	2016	2017	2018	2019	2020	2021	2022	Diff.	1-YR	3-YR	5-YR
Elsberry R-II	80.6	93.5	88.1	98.4	93.3	94.7	96.0	92.9	97.9	17.3	5.1	3.2	-0.5
Silex R-I	94.3	100.0	96.7	90.0	97.4	100.0	100.0	100.0	92.9	-1.4	-7.1	-7.1	2.9
Troy R-III	88.4	93.0	89.7	94.8	95.9	95.1	96.8	92.7	96.5	8.1	3.8	1.4	1.7
Winfield R-IV	85.2	88.1	90.0	87.7	90.1	89.4	88.1	90.1	85.3	0.2	-4.7	-4.0	-2.4

## Missouri MAP Test Proficiency Among Lincoln County Students

Annually, specific student grade levels undergo the Missouri MAP test, evaluating proficiency in English/language arts (ELA), math, and algebra. In the 3rd-grade MAP test for English/language arts, Lincoln County students exhibited a modest 2.1% increase from 2011 to 2021, with 37.4% of 3rd graders assessed as proficient. However, the 2-, 3-, and 5-year test scores all witnessed a significant decline in ELA proficiency. Lincoln County students scored 3.5% lower in proficiency compared to the Missouri sample, ranking third lowest among all comparative entities for ELA proficiency among 3rd graders. Similar trends were observed among 8th-grade students in ELA proficiency, with 47.1% of LC students proficient in 2021, reflecting a 1.3% increase since 2011. The 2-year trend was positive (noting the absence of the MAP test in 2020 due to the pandemic), while the 3- and 5-year trends were negative.

Turning to the 4th-grade MAP math test, there was a notable 13.6% reduction in the percentage of Lincoln County students proficient in math, declining from 48.3% in 2011 to 34.7% in 2021. The 2-, 3-, and 5-year trends demonstrated significant declines in the percentage of 4th graders proficient in math. Nevertheless, Lincoln County maintained a larger percentage of 4th graders proficient in math compared to the Missouri sample at 36.5%. Similar patterns emerged in Algebra I proficiency among Lincoln County students, which experienced a 22.7% reduction from 50.7% in 2011 to 28% in 2021. Once again, there was a slightly higher percentage of LC students proficient in Algebra I at 28% than the Missouri sample at 26.4%.

These trends were consistent across all comparative entities for both the 4th-grade sample and students who took Algebra I, likely attributed to the pandemic's impact on math learning. It is hypothesized that this impact was more pronounced in math abilities than ELA abilities, given the inherent challenges of maintaining math learning in a home environment, while reading and writing are more adaptable to remote learning or at-home activities. These indicators necessitate heightened attention from key stakeholders in Lincoln County, particularly concerning the proficiency levels in math.

**Table 70. Percent children with 3rd-grade English/language arts (MAP) proficiency**

Regions	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	2-YR	3-YR	5-YR
MO	44.5%	46.0%	57.2%	60.7%	62.2%	48.6%	48.6%	41.0%	-3.5%	-7.6%	-7.6%	-19.7%
Franklin	49.5%	46.8%	61.8%	70.2%	67.7%	52.5%	55.5%	47.5%	-2.0%	-8.0%	-5.0%	-22.7%
Lincoln	35.3%	35.4%	50.2%	52.2%	61.7%	44.5%	43.0%	37.4%	2.1%	-5.6%	-7.1%	-14.8%
Montgomery	40.6%	36.2%	57.5%	52.1%	57.3%	32.3%	46.8%	23.2%	-17.4%	-23.6%	-9.1%	-28.9%
St. Charles	52.1%	57.2%	69.5%	71.7%	74.7%	61.3%	62.6%	52.6%	0.5%	-10.0%	-8.7%	-19.1%
Warren	40.0%	43.8%	47.9%	57.3%	63.6%	52.2%	52.0%	36.8%	-3.2%	-15.2%	-15.4%	-20.5%

Source: Missouri Dept. Elementary and Secondary Education.

**Table 71. Percent children with 8th-grade English/language arts (MAP) proficiency**

Regions	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	2-YR	3-YR	5-YR
MO	53.1%	53.9%	57.6%	59.3%	60.4%	49.0%	47.3%	44.6%	-8.5%	-2.7%	-4.4%	-14.7%
Franklin	58.9%	59.6%	61.2%	63.4%	62.0%	56.1%	53.2%	49.2%	-9.7%	-4.0%	-6.9%	-14.2%
Lincoln	45.8%	40.5%	58.3%	51.5%	56.6%	50.0%	44.3%	47.1%	1.3%	2.8%	-2.9%	-4.4%
Montgomery	42.3%	44.2%	57.2%	63.1%	70.2%	49.6%	32.3%	38.0%	-4.3%	5.7%	-11.6%	-25.1%
St. Charles	62.5%	63.1%	72.0%	73.8%	72.8%	61.1%	60.3%	57.2%	-5.3%	-3.1%	-3.9%	-16.6%
Warren	39.4%	41.9%	52.0%	56.3%	64.6%	52.9%	43.1%	43.5%	4.1%	0.4%	-9.4%	-12.8%

**Table 72. Percent children with 4th-grade math (MAP) proficiency**

Regions	2011	2012	2015	2016	2017	2018	2019	2021	Diff.	2-YR	3-YR	5-YR
MO	51.1%	51.1%	49.2%	52.6%	53.9%	45.8%	46.8%	36.5%	-14.6%	-10.3%	-9.3%	-16.1%
Franklin	52.5%	50.3%	52.2%	51.7%	56.0%	48.5%	48.9%	42.7%	-9.8%	-6.2%	-5.8%	-9.0%
Lincoln	48.3%	49.7%	42.9%	53.3%	54.8%	45.6%	49.3%	34.7%	-13.6%	-14.6%	-10.9%	-18.6%
Montgomery	38.6%	40.5%	48.7%	58.4%	49.6%	38.5%	42.4%	30.6%	-8.0%	-11.8%	-7.9%	-27.8%
St. Charles	59.5%	58.9%	60.7%	68.1%	69.3%	60.6%	60.5%	45.2%	-14.3%	-15.3%	-15.4%	-22.9%
Warren	49.4%	51.3%	55.4%	49.5%	58.5%	46.4%	48.8%	39.6%	-9.8%	-9.2%	-6.8%	-9.9%

**Table 73. Percent children with Algebra I proficiency**

Regions	2011	2012	2015	2016	2018	2019	2021	Diff.	2-YR	3-YR	5-YR
MO	59.8%	56.8%	62.2%	66.2%	47.0%	44.7%	26.4%	-33.4%	-18.3%	-20.6%	-39.8%
Franklin	59.9%	55.3%	61.7%	65.1%	41.1%	47.9%	36.7%	-23.2%	-11.2%	-4.4%	-28.4%
Lincoln	50.7%	39.8%	45.0%	62.4%	47.1%	42.2%	28.0%	-22.7%	-14.2%	-19.1%	-34.4%
Montgomery	39.2%	29.7%	49.3%	68.1%	40.0%	35.9%	15.2%	-24.0%	-20.7%	-24.8%	-52.9%
St. Charles	68.6%	68.0%	75.8%	80.0%	67.1%	65.4%	41.4%	-27.2%	-24.0%	-25.7%	-38.6%
Warren	42.8%	46.3%	52.8%	58.6%	34.3%	31.7%	15.9%	-26.9%	-15.8%	-18.4%	-42.7%

## School Attendance Among Lincoln County Students

In the aftermath of the COVID-19 pandemic, various assessment processes undertaken by BOLD have illuminated emerging issues related to student attendance at school. Consequently, it was deemed essential to incorporate this community indicator in the current iteration of the needs assessment. Notably, 2020 data was not reported by DESE.

In 2021, minimal variation in school attendance rates was observed across all comparative regions, with Lincoln County reporting rates of 94.6% for K-12th grades and 94.1% for 9-12th grades. Missouri, in comparison, registered slightly lower rates for both grade level ranges, standing at 93.7% for K-12th grades and matching Lincoln County's rate of 94.1% for 9-12th grades. Lincoln County notably stands out as the sole region with a slight positive increase in K-12th grade attendance rates from 2011 to 2021. However, there was no change from 2020 to 2021, and a modest decrease in attendance rates was noted for the 3- and 5-year trends.

For 9-12th graders, Lincoln County exhibited a positive rate increase of 0.9% from 2011 to 2021, along with a 1-year positive change. Nevertheless, the 3- and 5-year trends were again negative. Despite these trends, Lincoln County boasted the second-highest attendance rate among all comparative regions in 2021. This indicator is considered a mixed result.

**Table 74. School Attendance Rate, K-12th Grades**

Regions	2011	2012	2013	2014	2015	2016	2017	2018	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	94.4	94.7	94.6	95.0	94.8	95.0	94.8	94.5	94.5	93.7	-0.7	-0.8	-0.8	-1.3
Franklin	94.7	94.9	95.0	95.2	95.0	95.3	94.8	94.9	94.7	94.5	-0.2	-0.2	-0.4	-0.8
Lincoln	94.5	94.8	95.0	94.9	94.5	94.9	94.7	94.8	94.6	94.6	0.1	0.0	-0.2	-0.3
Montgomery	94.6	94.9	95.1	95.6	94.9	95.6	95.1	95.3	95.0	94.2	-0.4	-0.8	-1.1	-1.4
St. Charles	95.1	95.1	95.1	95.4	95.2	95.5	95.2	95.0	95.0	94.0	-1.1	-1.0	-1.0	-1.5
Warren	93.9	94.2	93.8	94.5	94.3	94.5	94.0	93.5	93.4	93.3	-0.6	-0.1	-0.2	-1.2

Source: Missouri Dept. Elementary and Secondary Education.

**Table 75. School Attendance Rate, 9-12th Grades**

Regions	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	93.2	93.5	93.5	93.9	93.8	94.0	93.8	93.7	93.6	93.4	92.4	-0.8	-1.0	-1.3	-1.6
Franklin	93.8	94.1	94.5	94.8	94.5	94.6	94.3	94.2	93.9	93.9	94.2	0.4	0.3	0.0	-0.4
Lincoln	93.2	94.2	94.5	94.3	94.0	94.4	94.3	94.3	94.1	93.8	94.1	0.9	0.3	-0.2	-0.3
Montgomery	93.4	93.9	94.9	95.5	94.3	94.9	94.8	95.0	94.8	93.6	92.5	-0.9	-1.1	-2.5	-2.4
St. Charles	93.8	94.0	94.1	94.3	94.1	94.3	94.1	93.9	94.0	93.7	92.2	-1.6	-1.5	-1.7	-2.1
Warren	91.7	92.2	92.1	93.5	93.3	92.8	92.5	92.0	91.7	92.3	91.9	0.2	-0.4	-0.1	-0.9



## Licensed Childcare Capacity

Licensed Childcare Capacity is a newly introduced indicator for the 2023 LCRB Needs Assessment, reflecting significant changes over time. From 2007 to 2021, the capacity of licensed childcare facilities (per 1,000 children) witnessed a substantial decline from 37.4 to 16.0, marking a noteworthy decrease of 21.4%. While slight negative 1-year trends were observed, there were considerable 2- and 5-year decreases within Lincoln County and several other comparative entities.

In contrast, Missouri's licensed childcare capacity in 2021 was 86.4, emphasizing the considerable gap with Lincoln County at 16.0. Among all comparative regions, Lincoln County ranked second lowest in capacity rates. Additionally, the number of children who could access proper childcare experienced a 56% reduction, declining from 548 reported in 2007 to 243 reported in 2021. While the 1-year trend showed no change, the 3-year trend witnessed a substantial 40% decrease. Lincoln County stands out for having one of the most significant reductions in the number of children with access to licensed childcare from 2007 to 2021. This indicator demands additional attention.

**Table 76. Licensed childcare capacity, per 1,000**

Regions	2007	2010	2015	2016	2017	2019	2020	2021	Diff.	1-YR	2-YR	5-YR
MO	99.2	105.8	120.1	104.8	104.2	103.3	94.8	86.4	-12.8	-8.4	-16.9	-18.4
Franklin	65.5	57.7	81.3	58.9	60.1	62.7	60.5	53.0	-12.5	-7.5	-9.7	-5.9
Lincoln	37.4	38.3	55.9	30.1	28.4	26.2	16.2	16.0	-21.4	-0.2	-10.2	-14.1
Montgomery	46.1	52.6	44.7	44.9	46.1	30.4	15.4	15.9	-30.2	0.5	-14.5	-29.0
St. Charles	114.9	120.2	123.9	108.3	111.2	115.9	112.4	114.5	-0.4	2.1	-1.4	6.2
Warren	33.5	46.5	57.3	49.9	51.2	51.1	34.7	31.5	-2.0	-3.2	-19.6	-18.4

Source: Missouri Dept. of Health and Senior Services; US Census Bureau

**Table 77. Licensed childcare capacity – Numbers**

Regions	2007	2010	2014	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR
MO	142,019	150,542	147,326	145,339	144,160	142,259	129,887	118,536	-23483	-17%	-9%	-18%
Franklin	1,682	1,444	1,681	1,408	1,444	1,494	1,425	1,246	-436	-26%	-13%	-14%
Lincoln	548	564	398	427	406	384	243	243	-305	-56%	0%	-40%
Montgomery	134	150	140	117	117	77	39	39	-95	-71%	0%	-67%
St. Charles	10,538	11,170	10,906	10,094	10,377	10,742	10,377	10,593	55	1%	2%	2%
Warren	264	377	402	409	426	422	292	270	6	2%	-8%	-37%



## Appendices

### Appendix A. FY 2023-24 LCRB Funded Agencies

**Saint Louis Counseling** [www.saintlouis counseling.org](http://www.saintlouis counseling.org), 636-528-5911

- School-based counseling, bullying prevention and BrainWise program (*Catholic schools and Troy R-III School District supports*) and small-group facilitated counseling (*all schools*)
- Office-based and virtual counseling services, including classes for parenting based on Love & Logic principles
- Outpatient psychiatric services: 636-281-1990

**The Child Advocacy Center** [www.cacnemo.org](http://www.cacnemo.org), 636-332-0545

- Child abuse prevention program (body safety, Internet safety and harassment; age-appropriate curriculum offered for early childhood through high school students)
- Child and family advocacy services supporting child victims of abuse and their involved caregivers
- Forensic interviews for children and youth alleging abuse
- Mental health therapy for child victims of abuse

**Compass Health, Inc.** [www.compasshealthnetwork.org](http://www.compasshealthnetwork.org), 844-853-8937

- School-based mental health specialists
- Partnership with Families program
- Pinocchio in-school early intervention program
- School-based prevention programs (age-appropriate curriculum for grades K-8, including anger/conflict management, bullying/cyberbullying, coping skills, self-esteem and healthy relationships)
- Outpatient youth substance use disorder treatment

**Crisis Nursery Wentzville** [www.crisisnurserykids.org](http://www.crisisnurserykids.org), 636-887-3070

- Respite care for children 0-12 during times of family crisis and assistance to meet children's basic needs
- Family Empowerment Program, providing strength-based counseling, coordinated case management and parenting support available to families in their homes

**Family Advocacy and Community Training (F.A.C.T.)** [www.factmo.org](http://www.factmo.org), 636-949-2425

- Parent peer-support partners help families navigate resources and advocate for their children

**Lincoln County R-III School District** [www.troy.k12.mo.us](http://www.troy.k12.mo.us)

- Mental Health Series (ParentGuidance.org)

**Nurses for Newborns** [www.nfnf.org/Missouri](http://www.nfnf.org/Missouri), 800-452-4784

- Home-based prenatal, infant and caregiver program to help infants thrive

**Presbyterian Children's Homes and Services** [www.pchas.org](http://www.pchas.org), 314-785-0180

- Community and school-based therapeutic mentoring services
- School-based counseling services

**Prevent+Ed** [www.prevented.org](http://www.prevented.org), 314-962-3456

- Prevention First in-school education for grades 5-12
- GuidEd early intervention services for teens who exhibit early signs of substance misuse

**Sts. Joachim & Ann Care Service** [www.jacares.org](http://www.jacares.org), 636-441-1302

- Intensive case management services to children and families who are homeless or at risk of homelessness

**ThriVe** [www.bestchoicestl.org](http://www.bestchoicestl.org), 314-991-7990

- Promotes healthy relationships and choices for middle through high school students with a focus on risk avoidance

**Youth in Need** [www.youthinneed.org](http://www.youthinneed.org), 636-946-0101

- School-based mental health counseling services (*Elsberry, Winfield and Troy School Districts*)

**Gateway Human Trafficking**, [www.gatewayhumantrafficking.org](http://www.gatewayhumantrafficking.org), 636-515-6919

- Breaking the Chains of Human Trafficking prevention program

## Appendix B. Demographic Data Tables for Lincoln County

### Note about Understanding Tables:

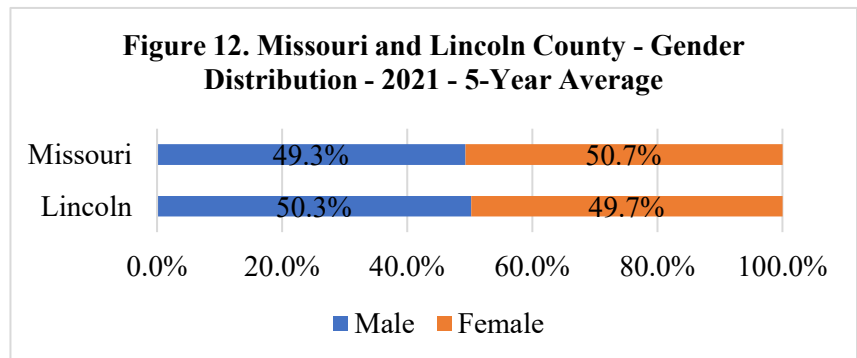
**Diff** = the difference between the first and the last data point for the specified years. **% Ch.** = the percentage that this number has changed over time, in either a positive or negative direction. For some community indicators, colors were used to highlight the trends with green used to identify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

### Youth Population Under 18

**Table 78. Youth Population Trends in Lincoln County**

	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
Lincoln #	14,637	14,726	14,267	14,315	14,658	14,978	15,164	15,660	1,023	7%	3%	7%	10%
Lincoln %	28.4%	28.0%	26.1%	25.5%	25.7%	25.4%	25.2%	25.4%	-3.0%		0.2%	-0.3%	-0.3%
MO %	24.4%	23.8%	22.9%	22.6%	22.7%	22.3%	22.3%	22.5%	-1.9%		0.2%	-0.2%	-0.3%

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.



**Table 79. US, Missouri, and Lincoln County Age Breakdown- 2017-2021- 5 Year Average**

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

Source: American Community Survey

### Race

**Table 80. Missouri, and Lincoln County Racial Breakdown- 2017-2021- 5 Year Average**

	MO	LC	% of Total
Total population	6,141,534	58,689	
White	84.6%	56,719	96.6%
Black/African American	12.9%	1,780	3.0%
American Indian/Alaska Native	1.4%	585	1.0%
Asian	2.7%	438	0.7%
Native Hawaiian/ Pacific Islander	0.2%	111	0.2%
Two or more races	4.6%	1,739	3.0%
Hispanic or Latino	4.4%	1,531	2.6%

Source: American Community Survey

## Minority Children

**Table 81. Number and Percentage of Minority Children in Lincoln County & Missouri from 2007 to 2021**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO Under 18 #	327,343	338,168	346,233	349,168	349,664	349,430	355,202	391,803	64,460	20%	10%	12%	13%
LC Under 18 #	1,025	1,061	1,217	1,160	1,221	1,285	1,302	1,651	626	61%	27%	35%	42%
MO Under 18%	22.9%	23.8%	24.9%	25.2%	25.4%	25.5%	25.9%	28.3%	5.4%		2.4%	2.9%	3.3%
LC Under 18%	7.0%	7.2%	8.5%	8.1%	8.3%	8.6%	8.6%	10.5%	3.5%		1.9%	2.2%	2.3%
LC Under 6 %	7.3%	7.5%	8.8%	8.7%	8.5%	8.4%	8.5%	11.0%	3.7%		2.5%	2.5%	2.1%

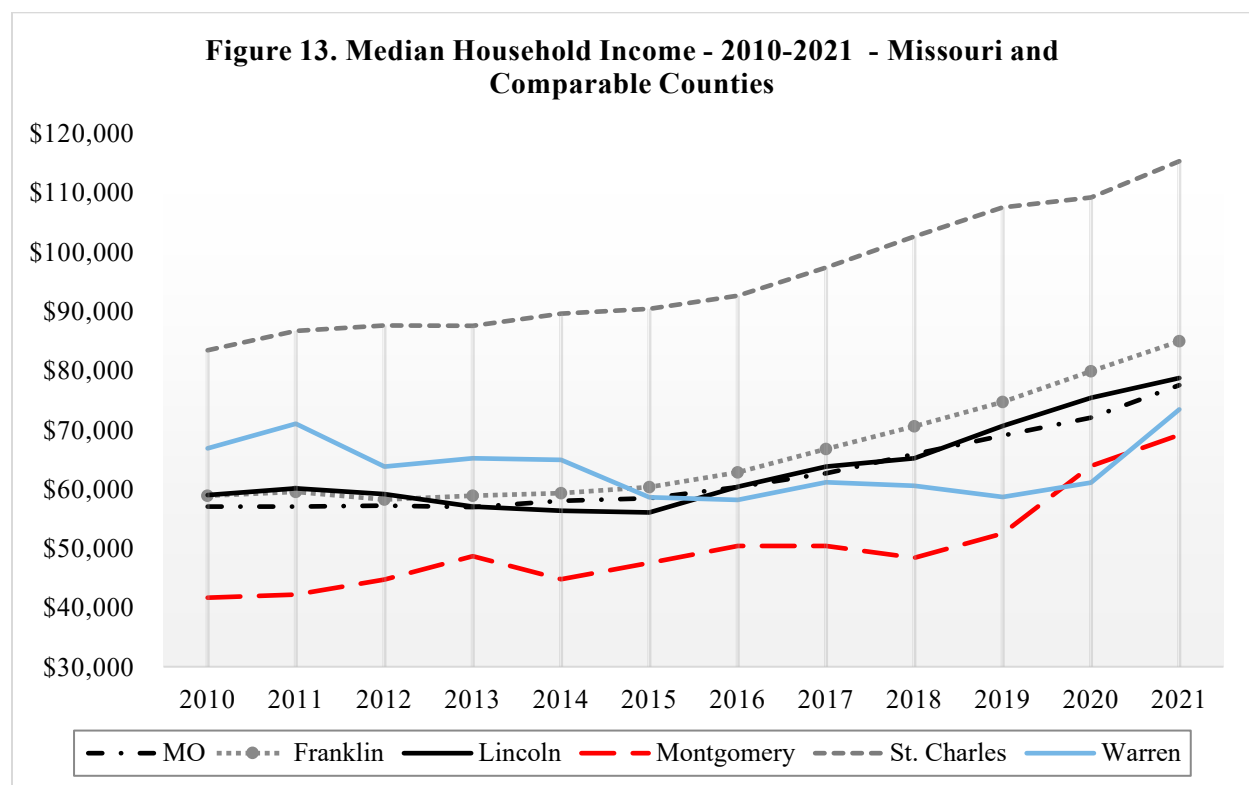
Source: Missouri Kids Count

## Median Household Income

**Table 82. Median income of family households with children under 18 – Missouri and Lincoln County – 2010 through 2021**

Regions	2010	2015	2016	2017	2018	2019	2020	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	\$56,984	\$58,397	\$60,292	\$62,613	\$65,872	\$69,014	\$72,033	\$77,490	\$ 20,506	36%	8%	18%	29%
LC	\$58,954	\$56,019	\$60,340	\$63,729	\$65,137	\$70,582	\$75,346	\$78,693	\$ 19,739	33%	4%	21%	30%

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

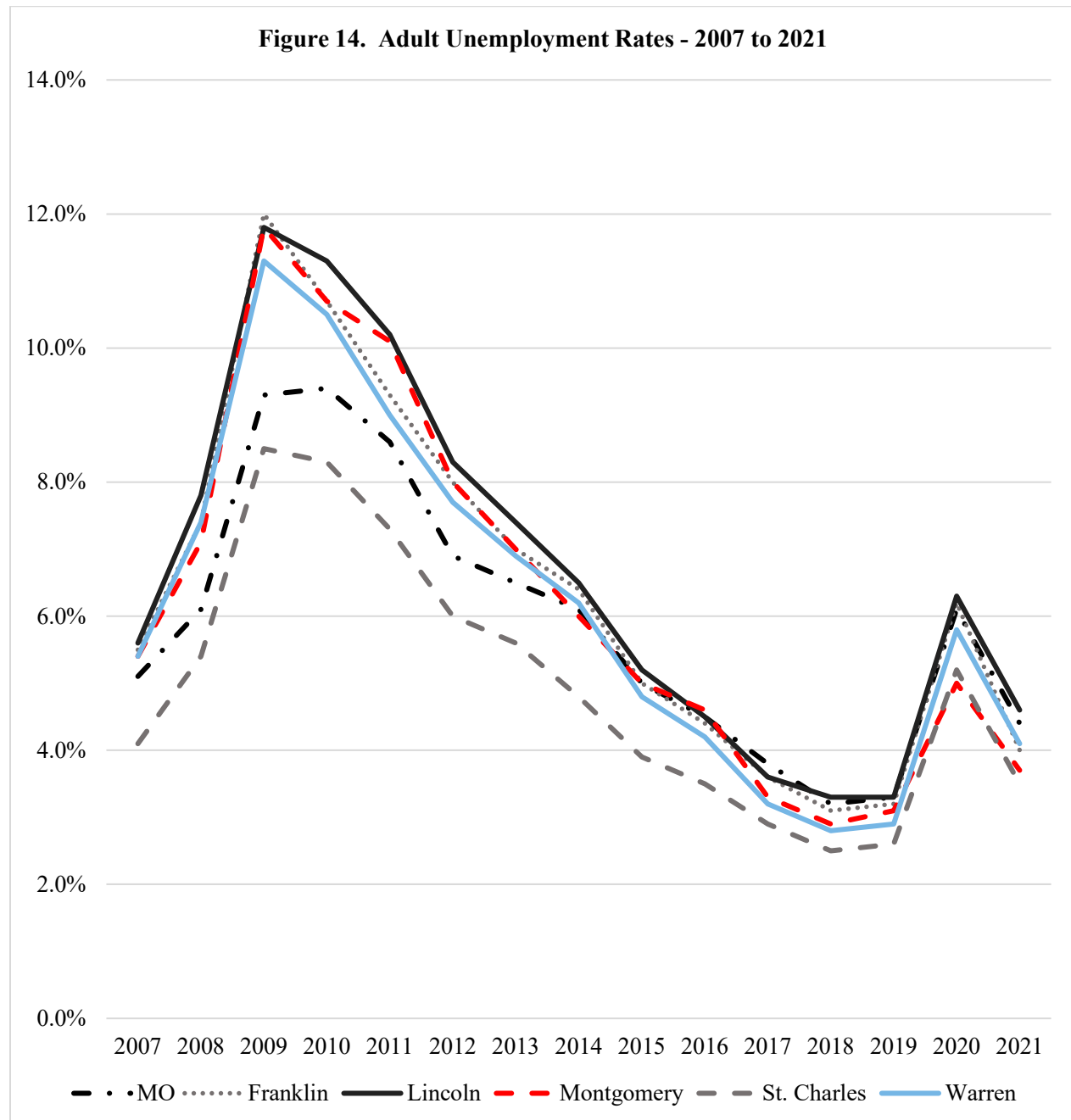


## Adult Unemployment

**Table 83. Adult Unemployment Rate - 2007 to 2021**

Regions	2007	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	5.1%	9.4%	5.0%	3.8%	3.2%	3.3%	6.1%	4.4%	-0.7%	-1.7%	1.2%	-0.1%
Franklin	5.5%	10.7%	5.0%	3.6%	3.1%	3.2%	6.2%	4.0%	-1.5%	-2.2%	0.9%	-0.4%
Lincoln	5.6%	11.3%	5.2%	3.6%	3.3%	3.3%	6.3%	4.6%	-1.0%	-1.7%	1.3%	0.1%
Montgomery	5.4%	10.7%	5.0%	3.3%	2.9%	3.1%	5.0%	3.7%	-1.7%	-1.3%	0.8%	-0.9%
St. Charles	4.1%	8.3%	3.9%	2.9%	2.5%	2.6%	5.2%	3.5%	-0.6%	-1.7%	1.0%	0.0%
Warren	5.4%	10.5%	4.8%	3.2%	2.8%	2.9%	5.8%	4.1%	-1.3%	-1.7%	1.3%	-0.1%

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



## Children in Single-Parent and Married-Parent Households

**Table 84. Children in Single-Parent Household- Frequency**

	2009	2010	2015	2016	2017	2018	2019	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	452,880	453,909	465,659	461,863	454,332	454,529	349,195	337,095	-115,785	-26%	0%	-26%	-27%
LC	3,756	3,506	4,184	4,265	4,464	4,329	3,405	3,622	-134	-4%	6%	-16%	-15%

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

**Table 85. Children in Single-Parent Household- Percentage**

	2009	2010	2015	2017	2018	2019	2020	2021	Diff.	1-YR	3-YR	5-YR
MO	31.8%	32.0%	33.4%	32.9%	32.8%	25.3%	24.5%	24.2%	-7.6%	-0.3%	-8.6%	-9.1%
LC	26.5%	24.0%	29.2%	31.4%	30.3%	23.6%	23.4%	24.1%	-2.4%	0.7%	-6.2%	-5.9%

**Table 86. Children in Married-Parent Household- Frequency**

	2010	2015	2016	2017	2018	2019	2021	Diff.	% Ch.	1-YR	3-YR	5-YR
MO	941,575	915,588	913,482	914,823	910,978	911,932	928,464	-13,111	-1%	1%	2%	2%
LC	10,764	10,013	9,800	9,530	9,704	10,042	9,897	-867	-8%	-3%	2%	1%

**Table 87. Children in Married-Parent Household- Percentage**

	2010	2015	2016	2017	2018	2019	2021	Diff.	1-YR	3-YR	5-YR
MO	66.5%	65.7%	66.4%	66.2%	65.8%	66.0%	66.7%	0.2%	0.2%	0.9%	0.3%
FC	73.7%	71.6%	70.6%	71.1%	69.7%	67.8%	70.7%	-3.0%	1.0%	1.0%	0.1%
LC	74.8%	69.8%	69.7%	67.0%	67.9%	69.6%	65.8%	-9.0%	-3.5%	-2.1%	-3.9%

## School Enrollment Data - 2021

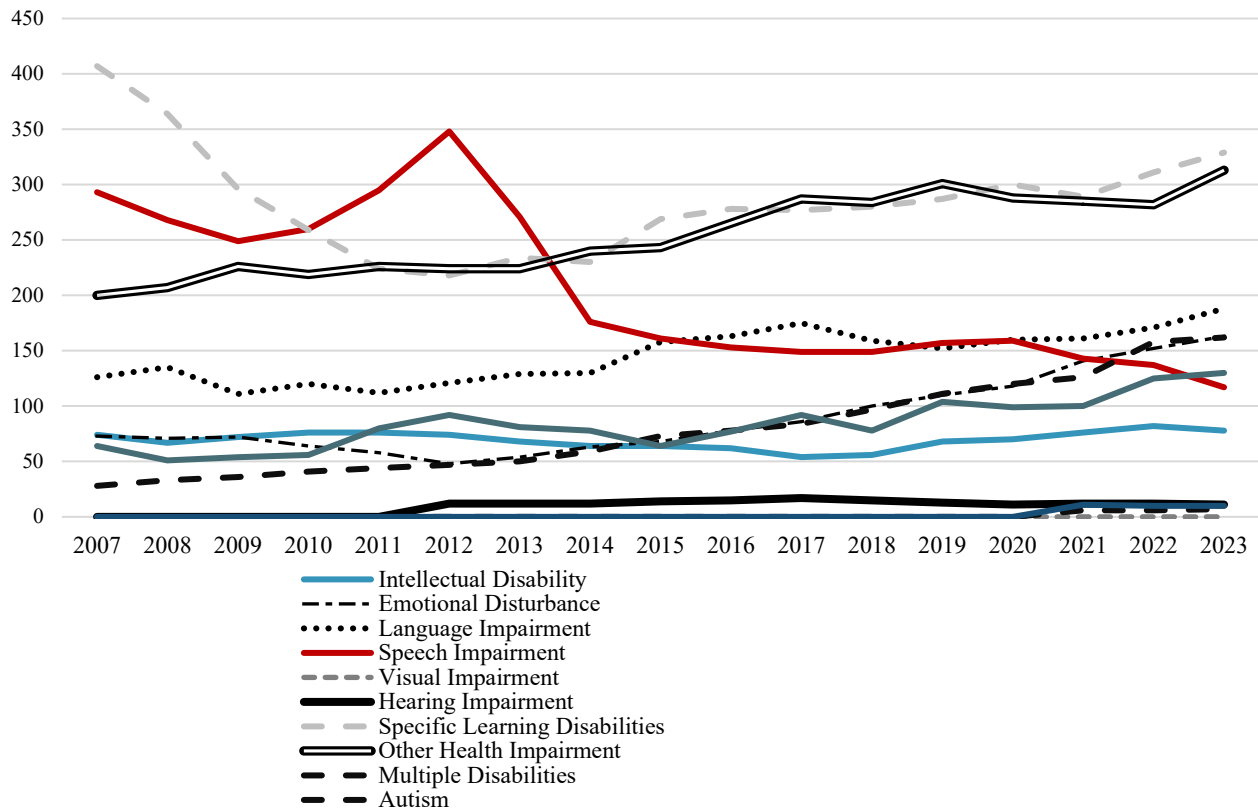
Enrollment figures shown for Lincoln County.

<b>Table 88. School Enrollment Figures – Lincoln - 2021</b>	#	%
Total:	56829	
Enrolled in school:	13460	23.7%
Enrolled in nursery/preschool	1190	2.1%
Enrolled in kindergarten	851	1.5%
Enrolled in grade 1 to grade 4	3482	6.1%
Enrolled in grade 5 to grade 8	3096	5.4%
Enrolled in grade 9 to grade 12	3082	5.4%
Enrolled in undergrad/college	1428	2.5%
Graduate or professional school	331	0.6%

Source: American Community Survey

## Children with Disabilities

**Figure 15. Trends for Children with Disabilities by Type - 2007 to 2023**



**Table 89. Children with Disabilities & Type - Lincoln County Public School District Reports - 2007 to 2023**

Disability Categories	2007	2010	2015	2016	2017	2018	2019	2020	2021	2022	2023	Diff.	% Ch.	1-YR%	3-YR%	5-YR%
Intellectual Disability	74	76	64	62	54	56	68	70	76	82	78	4	5%	-5%	11%	39%
Emotional Disturbance	73	64	68	78	86	100	110	118	141	152	163	90	123%	7%	38%	63%
Language Impairment	126	120	158	163	175	159	152	160	161	171	188	62	49%	10%	18%	18%
Speech Impairment	293	260	161	153	149	149	157	159	143	137	117	-176	-60%	-15%	-26%	-21%
Visual Impairment	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%	0%	0%
Hearing Impairment	0	0	14	15	17	15	13	11	12	12	11	11	1100%+	-8%	0%	-27%
Specific Learning Disabilities	407	259	269	278	277	280	287	300	289	311	329	-78	-19%	6%	10%	18%
Other Health Impairment	200	219	243	265	287	284	301	288	285	282	313	113	57%	11%	9%	10%
Multiple Disabilities	0	0	0	0	0	0	0	0	6	6	7	7	700%+	17%	700%+	700%+
Autism	28	41	73	78	84	97	111	120	126	158	162	134	479%	3%	35%	67%
Young Child with a Dev. Delay	64	56	64	77	92	78	104	99	100	125	130	66	103%	4%	31%	67%
ID, D, B, and TBI	0	0	0	0	0	0	0	0	11	10	10	10	1000%+	0%	1000%+	1000%+
TOTAL	1,301	1,119	1,144	1,187	1,242	1,251	1,326	1,352	1,361	1,455	1,513	212	16%	4%	12%	21%

Source: Office of Special Education, Missouri Dept. of Elementary and Secondary Education

NC = due to the value of 0 in 2007; calculation not possible.

OI, D, B, TBI = Orthotic Impair., Deaf, Blindness, & Traumatic Brain Injury



**Table 90. Percentage of Housing Units by Type that Spend more than 30% of their Income on Gross Household (Rent or Mortgage) Costs - 2018**

	MO		LC	
	Est.	%	Est.	%
Total housing units	2,775,635		21,569	
Occupied housing units	2,396,271	86%	18,738	87%
Vacant housing units	379,364	14%	2,831	13%
<i>Housing units with a mortgage</i>	<i>992,529</i>	<i>62%</i>	<i>10,172</i>	<i>69%</i>
<i>Median (dollars)- monthly</i>	<i>1,254</i>		<i>1,234</i>	
<i>Housing units without a mortgage</i>	<i>609,316</i>	<i>38%</i>	<i>4,496</i>	<i>31%</i>
<i>Median (dollars) - monthly</i>	<i>438</i>		<i>426</i>	
Occupied units paying rent	745,737		3,784	
Median (dollars) - monthly rent	809		821	
No rent paid	48,689		286	
Housing units with a mortgage	988,123		10,085	
<i>30.0 to 34.9 percent</i>	<i>60,268</i>	<i>6%</i>	<i>633</i>	<i>6%</i>
<i>35.0 percent or more</i>	<i>166,251</i>	<i>17%</i>	<i>1,947</i>	<i>19%</i>
Housing unit without a mortgage	601,361		4,411	
<i>30.0 to 34.9 percent</i>	<i>16,548</i>	<i>3%</i>	<i>88</i>	<i>2%</i>
<i>35.0 percent or more</i>	<i>53,218</i>	<i>9%</i>	<i>273</i>	<i>6%</i>
Occupied units paying rent (excluding units where GRAPI cannot be computed)	728,241		3,671	
<i>30.0 to 34.9 percent</i>	<i>62,087</i>	<i>9%</i>	<i>330</i>	<i>9%</i>
<i>35.0 percent or more</i>	<i>270,710</i>	<i>37%</i>	<i>1,471</i>	<i>40%</i>

Source: American Community Survey

## Appendix C. Additional Tables from the Agency Assessment

<b>Table 91. Current Gaps in behavioral/mental health services for Lincoln County youth</b>		<b>Contributing Factors</b>
Compass Health Network	Compass Health Network staff have noted a few gaps in youth mental health programming in Lincoln County. These gaps can be attributed to staff shortages, a high student volume, and not having extra support in the classroom to help facilitate mental health interventions. Compass Health Network has noticed that many children have started “falling through the cracks” before parents/caregivers have a chance to fully participate in mental health interventions. A teacher’s job is to focus on the education piece of schooling, and it can be very difficult to manage mental health issues in an overcrowded classroom. When teachers don’t have this extra support, children’s social and emotional needs can be overlooked, general education is focused on instead of building skills to deal with mental health related topics. With all this being said, Compass Health Network appreciates all Lincoln County school partners and acknowledges the hard work and dedication every school personnel shows daily to educate children in the community. Our staff love working in Lincoln County and could not be more grateful for such amazing partners.	Due to extenuating circumstances (like the aftereffects of the pandemic, social media/technology, etc.), children are coming to school with significant deficits in belonging, social emotional functioning, and how to tolerate age-appropriate boundaries and expectations that school environment tends to focus on.
F.A.C.T.	There are not enough mental health professionals to meet the need in the county.	Not enough providers; shortages, not enough staff.
Juvenile Office 45th Circuit Juvenile Court	The biggest gap is due to the overwhelming need of youth counselors/support for the increased mental health issues of our youth today.	Since 2020, mental health issues have increased significantly in the Lincoln County area, mainly but not limited to, the pandemic.
Presbyterian Children's Homes and Services	Need more mental health workers. It takes time to get evaluated and receive services.	It takes time to get students evaluated due to the number that need services.
PreventEd	It seems that the number of youths needing mental health services exceeds the resources available - especially in Elsberry, Winfield, and Silex.	Some families have transportation issues that prevent them from being able to travel to Troy to receive services on a regular basis.
Saint Louis Crisis Nursery	There are enough service providers but need more workers to keep up with the demand. Kids are on waitlists and not getting services for months.	Not having enough staff.
Sts. Joachim & Amm Care Service	Lincoln County is doing a wonderful job of providing a variety of services to the families and children of the community but the needs we are seeing continue to outweigh the services available.	Significant increase in need is partially due to the COVID pandemic as well as a sharp increase in the cost of living, lack of affordable housing, food insecurity and widespread poverty.
Youth In Need	Major gaps with substance use and abuse treatment programs, emergency shelters, and school-based mental health. Specifically, reintegration after hospitalization, trauma-informed care, neurodiversity education and resources are desperately needed.	Lack of: available service spots, emotional intelligence education, family planning resources and education, availability and/or access to youth activities.

3 – I don’t know responses; 8/11 responded “yes” = 73%

**Table 92. Greatest Unmet BH/MH Need for Youth in the Lincoln County**

2023 is proving to be a tough year for many families across Missouri, with increasing prices for necessary items like food, gas, etc. Severe strain is being put on parents and can produce a myriad of mental health issues (anxiety, depression, etc.) for all household members. Parents are struggling to provide stable households that meet the expectations they placed upon themselves. Parents are finding it difficult to provide support due to feelings of worthlessness and not having the necessary skills to parent appropriately. Strong boundaries with their children are not present and many parents do not know how to fix issues that are arising.	Compass Health Network
Transitional age, the gap after high school, lack of transportation	F.A.C.T.
Basic counseling needs for youth with depression and anxiety	Juvenile Office 45 <sup>th</sup> Circuit Juvenile Court
Affordable mental health services	Presbyterian Children's Homes and Services
Trauma therapy—specifically consistent, ongoing services that address trauma and how that may inform their current behavioral issues	PreventEd
The general lack of qualified mental health professionals	Saint Louis Counseling
Having enough food/clothing in the home, especially during summer months	Saint Louis Crisis Nursery
Parent/caregiver support; trauma-related issues; coping skills/stability	Sts. Joachim & Amm Care Service
More mental health services offered, more education for youth on mental health, etc. Education for parents and caregivers on these topics. Education in school on the effect of abuse and neglect on behaviors, and how to respond.	The Child Advocacy Center of Northeast Missouri
Anxiety and self-regulation in the classroom	ThriVe, Best Choice Program
LGBTQ Support and Education. We are still encountering a tremendous amount of youth that believe they would be better off "dead" than gay/bisexual/transgender, etc., based on the messages they are receiving from the adults around them. There is little education and guidance for schools and families to support these youth safely in creating healthy lives and relationships. Also, we are seeing significant substance abuse in young teens and adolescents arising from deficits in emotional intelligence, accessible intervention, positive attention, and alternative activities.	Youth In Need

**Table 93. Recommendations to Overcome (at least one of) the Roadblocks**

Compass Health Network has a very qualified and dedicated human resources team that includes multiple recruiters, trainers, and HR staff that are continually finding new professional prospects. Compass Health believes in growing their employees so they can become their best selves. This is facilitated through internal hiring, in-depth job training, and financially compensating employees with raises and bonuses. Employee recognition is vital in creating an organization people are proud to work for and Compass Health ensures that, along with bonuses and incentives (like ample PTO or quality health care coverage), the employee culture is accepting and inviting for all individuals.	Compass Health Network
Public transportation. The ability to receive referrals directly from schools and parents.	F.A.C.T.
It is difficult to balance education activities while pulling students for mental health services. We are able to adapt in pulling students without interfering with their academics.	Presbyterian Children's Homes and Services
We are actively seeking applicants in the Lincoln County area to provide additional services (tied to need for more quality staff).	PreventEd
Need cab company	Saint Louis Crisis Nursery
Gas cards to overcome a portion of the transportation issues we see. Expand transportation services by adding more stops/routes to LINC.	Sts. Joachim & Amm Care Service
Currently trying to contact places that can provide childcare that we cannot. The issues would then come with that organization that we are working with; we would have to pay staff for hours.	The Child Advocacy Center of Northeast Missouri
(1)-Being able to have funding allocated to qualified staff in order to service more students; being able to offer customized services according to the individual needs of the school. (7)-Assistance from LCRB to build bridges between our program and school officials (i.e., an annual meeting with LCRB services and school representatives for the purpose of networking, building relationships, and planning). (8)-One way to overcome competing for classroom time is by integrating the Best Choice program into the school's curriculum. For example, with one local high school and a few of our school partners outside of the LCRB, we come into the classroom to fulfill part of the state health/physical education curriculum requirements.	ThriVe, Best Choice Program
We are getting clients into services by utilizing "verbal consent" for families that are willing to speak with the provider to enroll their child. We are also increasing our salaries and non-monetary benefits to recruit quality professionals and retain our current staff.	Youth In Need

<b>Table 94. Suggestions to Overcome (at least one of) the Barriers Identified</b>	
One solution to helping parents become more involved (11) would be for additional access to childcare to be available outside of school hours. This could allow parents to be more involved in the overall mental health treatment their child is receiving by providing the parent with support for other children during treatment and to help lessen stress on the parent/guardian. Additionally, Compass Health is always looking to help break the stigma surrounding mental health care (10) by providing educational materials for parents and helping them learn how to manage different concerns they have. Sometimes, that is not enough and with the help of the community, mental health can become destigmatized. This could be accomplished with marketing campaigns or local governments advertising mental health awareness.	Compass Health Network
Public transportation	F.A.C.T.
PCHAS is actively looking for ways to create additional funding to provide mental health services in Lincoln County. The mentoring program works with parents and the school counselors to improve workable relationships between parents and the schools.	Presbyterian Children's Homes and Services
(2) We try to outreach as many school counselors/principals as possible to make them aware of our services, yet there are still some who do not know our programs exist. If there were a designated individual at each school that coordinated outside programming/services, that may be helpful.	PreventEd
As an organization, we have and will continue to review our compensation packages to ensure we can both recruit and retain talented professionals.	Saint Louis Counseling
Training for community to help families trust agencies trying to help.	Saint Louis Crisis Nursery
Additional opportunities for education of resources and assistance available within the environment/activity more parents are likely to attend.	Sts. Joachim & Amm Care Service
Really working on staying connected with all our resource groups, working together to come up with ideas. Spreading the word with everyone's programs. Trying to build helpful trusting connections with schools.	The Child Advocacy Center of Northeast Missouri
(2) Please see #14 (7) A resource/networking event to build connections between service providers and schools (3), (4), (5); Allocate more funds	ThriVe, Best Choice Program
9,10,11. We are piloting a parent psychoeducation group in Elsberry to offer support, education, and resources for families that have youth being served in our program.	Youth In Need

## About the Author

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Cynthia Berry is an esteemed psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, highlighting her expertise in Human Resources, Organizational and Fund Development, Program Evaluation, and Research. With a career spanning over 24 years, Dr. Berry has demonstrated her proficiency in large-scale community health needs assessments, psychometrics, and employee/management training.

Dr. Berry's comprehensive skill set in program evaluation, assessment development, and her deep understanding of organizational behavior, human resources, applied health, mental health, and youth/individual development have resulted in remarkable achievements in securing grants and fundraising for various not-for-profit organizations across St. Charles, Lincoln, Montgomery, St. Louis, and Warren Counties in Missouri. She has personally raised more than \$10 million for numerous programs she has contributed to developing and implementing. Moreover, Dr. Berry has empowered multiple not-for-profits through the creation of measurement tools, outcome tracking processes, decision-making procedures, client service delivery management systems, and the successful implementation of various quality improvement projects. She has also spearheaded a capital campaign and achieved COA accreditation.

Over the past decade, BOLD has become the designated expert in the Eastern side of Missouri (including Franklin, Jefferson, Lincoln, St. Charles, and St. Louis Counties) in conducting needs assessments focused on behavioral health and substance use among. Cynthia has collaborated with children's services funding boards on numerous youth-centric projects and made valuable contributions to the Seniors Count initiative, which aims to support independent living for seniors and their needs. From 2012 to 2019, she served as an adjunct faculty member at the prestigious Brown School of Washington University, teaching the Evaluation of Programs and Services for master's degree students.

Dr. Cynthia Berry's experience and diverse range of accomplishments have firmly established her as a respected authority in the field of psychology and organizational development.