



STRATEGIC PLAN

Fiscal Years 2018-2020

(January 1, 2018 to December 31, 2020)

I. History and Background

During the early to mid-1990s, the St. Charles County Mental Health Board of Trustees had responsibility for oversight of any distribution of the County received from State and Federal agencies. Depending upon the respective grant application that was awarded, funds were earmarked for either services to children and youth or to adult programs, which were to be provided by selected agencies.

In 1997, the Mental Health Board of Trustees requested a name change as a grant opportunity became available that required the oversight Board to be youth-focused. By St. Charles County Ordinance 97-152, the organization's name was changed to the St. Charles County Children and Family Services Authority on October 1, 1997. The purpose of the Authority Board was to oversee funding that provided mental health and substance abuse treatment services for children, youth and their families.

On the CCRB's second attempt, St. Charles County applied to SAMHSA (Substance Abuse Mental Health Services Administration) and was subsequently awarded a six year, \$7.1 million dollar Federal grant to serve children and youth with a serious emotional disturbance (SED), and their families. Subsequently, a seventh year and an additional \$1.5 million award were added. As many families had difficulty managing a child with a SED, many of these families placed their children in long-term residential treatment with the State. Some youth unfortunately made choices that led them into the juvenile justice system, while others were frequent visitors to the emergency room. The hope was that if service plans and providers could be coordinated, if families' voices could be elevated, if strengths could be identified, and if supports could be wrapped around the family, these young people could succeed in their own homes, at school, and in the community.

While tremendous success was occurring for families within the target population of the Federal grant, other mental health needs of children were going unmet. Due to enormous growth in the county's population and budget cuts for mental health services at the State level, local service providers could not keep up with the demand for help.

In 2000, the Authority Board conducted its first Community Needs Assessment, which demonstrated the ever-growing mental health and substance abuse treatment needs within the county.

Given the tremendous need for expanded services, the Federal requirement for a sustainability plan for the grant, and the success of the Partnership with Families program, the Authority Board helped support a local effort to pass a 1/8th cent sales tax as permitted by State Statutes RSMO 210.860 and 210.861. These Statutes allowed counties to pass local sales or property tax measures for the purposes of creating a local Community Children's Services Fund.

The types of services funded through such a fund included:

- Up to 30 days of temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth; respite care services and services to unwed teenage mothers;
- Outpatient chemical dependency and psychiatric treatment programs, counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; crisis intervention services, inclusive of telephone hot lines; and prevention programs which promote healthy lifestyles among children and youth and strengthen families;
- Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

In November of 2000, the question of supporting a local sales tax was placed before the voters, but it fell 355 votes short of passing with over 121,000 votes cast. In 2002, a second attempt was made, but with a poor economy and a number of unpopular tax initiatives on the State ballot, the measure failed again.

Searching for another method to sustain the Federal grant after funding ended in 2005, one last poll was conducted and the results demonstrated an even greater level of support. As a result, in November of 2004, the voters were offered a third chance to pass a tax for localized funding, and at 52%, the measure was passed. Concurrently, two other tax initiatives were passed at the same time in the City of St. Louis and in nearby Jefferson County.

Sales tax revenues became available in April of 2005 for the Authority Board to distribute. Sixteen agencies and 21 programs were funded that year using a partnership model of one-year contracts that allowed for greater expansion of existing programs and for other agencies to join the localized system of care.

As sales tax revenues grew, the services budget grew every year and programs were added, even during the national economic downturn from 2007-2010. On average, 5,000 youth received more intensive services on an annual basis, and approximately 75,000 received school-based prevention programming. In 2017, nearly \$7.2 million dollars was awarded to 30 agencies and 45 programs. For the past eight years, 95% of contracted dollars have been utilized.

II. Mission, Vision and Values

Following the first Strategic Planning effort in 2006, the Authority Board requested and was awarded a name change. By county ordinance, the organization officially became the Community & Children's Resource Board of St. Charles County. Additionally, the CCRB composed its mission and vision statements.

Mission: Maximizing community resources to build and sustain a comprehensive system of services for children and families in need.

Vision: Preparing all youth and families to realize a brighter tomorrow.

Values: Collaboration, Family Voice, Accountability, Strength-Based, Transparency, Responsive

III. **Description of the Targeted Service Area and Funding Implications**

St. Charles County, Missouri is considered a part of the St. Louis metropolitan region, bounded by the Missouri and Mississippi Rivers. The county is a largely suburban area with some rural geography to the North and South.

Demographically, St. Charles County has remained one of the fastest growing counties in the State of Missouri, as well as nationally. With an overall population approaching 400,000, the population has nearly doubled since 1990, and it is anticipated that the population will grow by over 50% by 2030. St. Charles County is responsible for half of all new home building in the region with most of the green space available in the western portion of the county. It is anticipated that the Wentzville School District will become one of the five largest school districts in the State by the mid-2020s.

With quality schools and the lowest crime rate in the St. Louis region, St. Charles County remains attractive to families; a less than 5% unemployment rate is also appealing. Over 25% of the population is under the age of 18 and the minority population has grown to over 15%. If estimates are correct, there will be 55,000 more children and youth living in St. Charles County by 2030.

While St. Charles County remains one of the wealthiest counties in the state, we have witnessed increases in children living in poverty (up 37.7%), children receiving food stamps (up 47.4%), and children enrolled in free and reduced lunch (up 103.0%) since 2004. Despite these increases, St. Charles County has ranked either first, second, or third in each of the last 15 years for overall child well-being.

While many factors are trending in a very positive direction, there are a number of challenges:

- **Funding.** While many economic indicators within the county are strong, funding at the State level and at the Federal level are uncertain. The State of Missouri is not drawing tax revenue as it has projected, forcing cutbacks to the Department of Mental Health. The uncertainty of how Congress and the White House will handle national healthcare and the fate of the Affordable Care Act has placed families' ability to pay for services at risk. While Missouri is participating in a pilot study under the Excellence in Mental Health Act, which increases the federal percentage of responsibility for families with Medicaid, it is unclear yet whether this new method will allow more families to be served. Lastly, even with strong growth and a strong local economy, it is predicted that sales tax revenues will flatten and not keep pace with growth. Internet sales now represent 12 to 15% of all purchases, and unless a national or state solution to taxing online purchases is

enacted, the county will again experience what it did in the late 1990s, serving more children with fewer dollars.

- **Accessibility.** While the CCRB took initial steps to expand services in the western portion of the county and have funded a number of programs that serve families in their own homes, we need to continue to be mindful of the anticipated population surge in the western part of the county. St. Charles County still has not found a broad term solution to public transportation, and a focus on accessibility is still required.
- **Growth.** As mentioned previously, it is anticipated that there will be 55,000 more youth in the county. Sales tax revenues, however, are not expected to keep pace with this population boom. While not all of these new children and youth will need more intensive mental health services, they will be included in school-based prevention programming beginning at five years of age.
To these ends, it behooves the CCRB to be even more prudent in how it invests its funding in the next 13 years. Focuses on early childhood programs (ages 0-8 years), early identification, and preventative services may need to be the primary investment areas moving forward while maintaining levels of more intensive services for older youth. Lastly, it is logical for us to expand our thinking about who is providing services and return to the core values of the System of Care grant. Trauma training for school faculty and day care workers, Critical Incident Training (CIT) for all police officers, and a greater involvement from church volunteers, such that exist within programs like Neighbor Helping Neighbor, are just a few examples of services that will need to be expanded in the future if we are to keep up with the anticipated demand.
- **Duplication and responsible stewardship.** Given limited and precious dollars, the Board must remain mindful to offer choices of service providers yet not overcommit to service categories where services could be duplicated. Utilization and monitoring trends and the demand for certain types of services are crucial to maintaining wise stewardship. Data in terms of where gaps exist and outcomes are two necessary pieces in making this oversight effective.

IV. Community Assessments

Since 2000, the CCRB has conducted a Community Needs Assessment of children's services. The analysis matches the 10 service categories in Missouri Statute 210.861 and they are:

- Temporary Shelter Services
- Respite Care Services
- Services to Unwed and Teenage Parents
- Outpatient Substance Use Treatment
- Outpatient Psychiatric Treatment
- Transitional Living Services
- Crisis Intervention Services

- School-Based Prevention Services
- Home and Community-Based Family Intervention Services
- Counseling and Psychological Assessments

These biannual assessments utilize data from statewide sources such as Missouri Kids Count, the Department of Education and Secondary Education, the Department of Social Services, and the Department of Youth Services. Additional information is solicited from partner organizations including service data, demand for services, and waitlist information, placing a financial value to the unserved gaps. The assessment looks at the current capacity of our service system based on current resources. It evaluates the strengths of our system and individual programs, highlighting past outcomes. Further analysis takes the unmet need, multiplying the number of youth times the average length of stay (or units of service to achieve a positive outcome) times the reimbursement rate. The last Needs Assessment was completed in the spring of 2016 and the next analysis is scheduled for the spring of 2018.

The 2016 Needs Assessment revealed that there were approximately 6,333 youth in need of mental health and/or substance abuse treatment services beyond our current capacity to serve. In addition, about 10,000 students were not receiving prevention curriculums offered in most of the school districts. The price tag for filling the gap was \$20,729,495.75! Fifty-five percent (55%) of the financial cost to fill the gap fell into the outpatient substance use treatment category, representing 322 youth.

In the fall of 2016, the CCRB commissioned a study of community impacts on child well-being. Utilizing statewide and local sources of data that have consistently measured child well-being indicators, this study organized St. Charles County data from the time prior to the first distribution of local tax dollars in 2004 to the present. The results from the 2016 study:

- 3.5% increase in the graduation rate of public school students (up to 92.5%)
- 25.8% reduction in infant mortality
- 29.0% drop in homelessness
- 32.1% reduction in births to mothers without a high school diploma
- 34.6% decrease in violent deaths to teenagers
- 37.9% drop in child deaths
- 45.0% reduction in runaway youth
- 49.5% decrease in births to teens
- 50.0% reduction in high school dropouts
- 50.0% drop in out of school suspensions
- 58.0% decrease in juvenile justice referrals
- 66.2% reduction of in-school suspensions

While all of these impacts are moving in the right direction, substantiated child abuse and neglect rose 56.6% with 75% of the cases categorized in the neglect or poor living conditions categories. The increase followed a statutory change regarding the reporting

of suspected abuse or neglect, which may have created a more accurate picture of the amount of abuse and neglect that exists in the county. However, the opioid/heroin epidemic has further impacted the number of substantiated abuse and neglect cases.

It is likely that the expansion of services that started in 2005 has played a significant role in these community improvements, yet it remains to be seen if there is a causal relationship between the expansion of services, quality outcomes from within programs, and the larger impacts that have occurred. The relationship at this time is temporal, and we know that efforts from county schools, juvenile court, and churches have also played a significant role in these gains. Further research is needed to clarify which factors have led to these changes so the CCRB can make even more informed decisions in the future about where to invest its limited dollars.

V. 2018-2020 Strategic and Organizational Plan

The CCRB Executive Director, under the direction of the Board of Directors, engaged the professional expertise of a strategic planning facilitator, Wendy Dyer. She held two, two-hour focus groups with the Executive Directors of CCRB partner agencies. In addition, she developed an electronic survey that was distributed to all CCRB partnering agency Program Managers and to Executive Directors who were unable to attend either of the focus groups.

The Directors listed the following challenges facing their agencies currently and in the future:

- Access to services
- Lack of diversity among professionals
- Medicaid reimbursement
- Trauma
- Financial uncertainty federally, statewide, and locally
- Opioids/Heroin
- Expanding prevention
- Increase in the number of youth in foster care
- Homelessness
- Shortages in the workforce
- Anticipated population growth

Survey results showed an average score between 4 and 4.7 on a 5-point Likert scale on all 15 survey questions (4 was agree and 5 was strongly agree). The lowest scores were regarding the application process and the level of engagement with the Board, and the highest scores were regarding accurate mission and vision statements and for being data driven.

A discussion followed with the following suggestions:

- A multi-year funding cycle

- The expansion of the System of Care
- The need for succession planning for the CCRB
- The pursuit of additional tax revenues by partnering agencies
- Collaboration between agencies

Additionally they were asked to share their vision for 2020. They listed the following visions:

- A larger CCRB staff
- More services in the western portion of the county
- Stronger prevention programming with a focus on younger children
- School districts as strong partners, fully capable of assisting children who are homeless, experiencing trauma, and have special needs
- No children on a waiting list

All of this feedback was organized and presented to the Board of Directors at their half-day Board/staff retreat on September 27th. Agency representatives were invited to attend and observe. Ten agencies attended.

The following Board members and staff attended:

- Ron Berrey, Chair
- Molly Dempsey, Treasurer
- Linda Haberstroh
- Pastor Raymond Horry
- Larry Marty
- Allison Onder
- Nancy Schneider
- Linda Wilson Horn
- Bruce Sowatsky, Executive Director (via Skype)
- Michelle McElfresh, Grants Administrator
- Jeanne Spencer, Administrative and Grants Assistant

A review of the accomplishments and work left remaining from the 2015-2017 Strategic Plan was provided. All tasks were completed with the exception of some factor analysis that was commissioned in the 2nd half of 2017 which should be completed by the end of the year.

The facilitator presented a list of Strengths, Weaknesses, Opportunities and Threats. They are listed as follows:

Strengths

- Strong agency partners and partnerships
- Competent staff
- Strong stewardship of the Board

- Community impact
- Community reputation
- Data collection
- Contract management
- Transparency
- Financial management

Weaknesses

- Limited size of staff to manage increased demands
- Expertise to better understand partner agencies' financial health
- Lack of partner training for new employees using our system

Opportunities

- Expanding the System of Care
- Mental health and trauma training for school personnel and first responders
- Focus on early childhood
- Factor analysis of community impacts
- Think tank
- Legislative connectivity
- Expanded staff development

Threats

- Population growth
- Flattening sales tax growth (internet sales)
- Federal, State and local funding cuts
- Workforce shortage
- Heroin/opioid crisis
- Lacking a diverse workforce to attend to greater population diversity

VI. Setting Strategic Objectives

At the September 2017 Board retreat, the Board set four strategic directions for the period of 2018-2020 which incorporated feedback and guidance from partner agencies. They are as follows:

1. Expanding the System of Care
 - Continue and expand trauma training to private schools, daycare facilities, and preschools
 - Support CIT training for police officers and first responders
 - Develop and expand church involvement with programs such as Neighbor Helping Neighbor, I Heart St. Charles and Bridges to Recovery

2. Focus on early identification and prevention
 - Prioritize new investment funds to programs targeting children 0-8
 - Expand investment in early identification of mental health and substance use issues
 - Develop an annual think tank symposium related to one local topic
3. Improve the Application Process
 - Conduct a feasibility study to determine how to allow multi-year applications and grants
 - Implement and test effectiveness
4. Data and Community Relations
 - Continue to invest in research to evaluate connections between agency programs and community impacts
 - Expand public education of unmet needs, outcomes, impacts and the role of the CCRB
 - Develop relationships with St. Charles delegation
 - Support agency efforts to pursue other forms of funding

2018-2020 Strategic Goals and Plan

1. EXPANDING OUR SYSTEM OF CARE: In order to address an anticipated growing demand for assistance as the population grows and revenues are reduced, it becomes necessary to engage other child serving partners into our system of care. Logically, it makes sense to start with school personnel, first responders and churches.

| Goals | Objectives | Responsible Party | Timeline for |
|------------------|---|----------------------------------|--------------|
| Schools | 1.1.1. Complete 2017-18 training schedule that develops a trauma team in every public school building in the County. | Public Schools | Feb-18 |
| | 1.1.2. Meet with Special Services Directors to discuss training needs for the year. | Sowatsky/Public Schools | Feb-18 |
| | 1.1.3. Meet with the Director of Parochial Schools to discuss their trauma training needs. | Sowatsky/Archdiocese | Feb-18 |
| | 1.1.4. Implement 2018 training plan for public schools. | Public Schools | Dec-18 |
| | 1.1.5. Meet with Special Service Directors to discuss training needs for the year. | Sowatsky/Public Schools | Dec-18 |
| | 1.1.6. Implement 2019 training plan for public schools. | Public Schools | Dec-19 |
| | 1.1.7. Implement 2019 trauma training within private schools. | Private Schools | Dec-19 |
| | 1.1.8. Meet with daycare and preschool leaders to discuss a plan to train their faculties regarding trauma. | Sowatsky/Daycares/ Preschools | Dec-19 |
| | 1.1.9. Implement trauma training plan for day care facilities and preschools. | Daycares/Preschools | Dec-20 |
| | | | |
| First Responders | 1.2.1. Meet with NAMI to discuss expansion of CIT training. | Sowatsky | Feb-18 |
| | 1.2.2. Implement 2018 CIT training. | NAMI | Dec-18 |
| | 1.2.3. Incorporate other first responders into CIT training schedule. | NAMI | Dec-19 |
| Churches | 1.3.1. Meet with Matt Miller of Neighbor Helping Neighbor (NHN) to discuss plan to expand the program to the other four school districts. | Sowatsky/NHN | Feb-18 |
| | 1.3.2. Meet with Karl Wilson and pastor from Bridges to Recovery. | Sowatsky | Mar-18 |
| | 1.3.3. Meet with Pastor Horry to brainstorm possible partners. | Sowatsky/Horry | Mar-18 |
| | 1.3.4. Host Safeplace, Youth Connection Hotline and ASIST training for youth pastors. | YIN/BHR/KUTO | Sep-18 |
| | 1.3.5. Increase church partners to expand the NHN program throughout the Francis Howell School District. | Sowatsky/Horry/NHN | Dec-19 |
| | 1.3.6. Train church volunteers. | NHN | Dec-19 |
| | 1.3.7. Increase church partners to expand the NHN program throughout the Orchard Farm School District. | Sowatsky/Horry/NHN | Dec-20 |
| | 1.3.8. Train church volunteers. | NHN | Dec-20 |

2. FOCUS ON EARLY IDENTIFICATION AND PREVENTION: As sales tax revenues appear to be flattening, and as research informs us that services to younger children before the age of 8 have the greatest impact and return on investment, the CCRB will annually prioritize programs with these foci for expansion or new investment.

| Goals | Objectives | Responsible Party | Timeline for |
|------------------------|---|-------------------------|--------------|
| Kindergarten Readiness | 2.1.1. Collect kindergarten readiness data from school | Sowatsky | Dec-17 |
| | 2.1.2. Analyze data by district, gender, and race to determine gaps and establish baseline. | Sowatsky | Mar-18 |
| | 2.1.3. Evaluate gaps for mental health needs and identify programs that address those needs. | Staff/Agencies | Apr-18 |
| | 2.1.4. Meet with members of the CAPE coalition to evaluate unmet prevention needs. | Sowatsky/Agencies | Apr-18 |
| | 2.1.5. Place these early identification and prevention programs on the list of FY19 priorities. | Board | Jun-18 |
| | 2.1.6. Host a Think Tank Summit on Kindergarten Readiness. | CCRB/DDRB | Aug-18 |
| | 2.1.7. Develop strategic plan to improve kindergarten readiness statistics. | CCRB/DDRB/ Community | Dec-18 |
| Prevention | 2.2.1. Prioritize services for children 0-8 and prevention programming. | Board | Jun-19 |
| | 2.2.2. Prioritize services for children 0-8 and prevention programming. | Board | Jun-20 |

3. IMPROVE THE APPLICATION PROCESS: In order to reduce the burden on agencies and Board members, the CCRB will investigate the feasibility of having a multi-year application cycle. The process will be inclusive of our partner agencies with the hope of being both sensitive to the financial health of partner agencies while maintaining a high level of stewardship. In addition, to reduce staff time in correcting agency electronic submissions, the CCRB will provide an annual training for all new

| Goals | Objectives | Responsible Party | Timeline for Completion |
|------------------------|---|----------------------|----------------------------|
| Multi-year Application | 3.1.1 Develop and distribute survey to partner agencies. | Staff | Jan-18 |
| | 3.1.2. Analyze survey results. | Staff | Jan-18 |
| | 3.1.3. Hold two work sessions with agency representatives to review survey results. | Staff/Agencies | Feb-18 |
| | 3.1.4. Determine criteria for eligibility, and develop solutions to address under performance and cost increases. | Staff/Board/Agencies | Apr-18 |
| | 3.1.5. Determine timing of when to allow new agencies to apply for funding and how often agencies need to present before the Board. | Staff/Board | Apr-18 |
| | 3.1.6. Present final draft to Board for first reading. | Staff | Apr-18 |
| | 3.1.7. Revise contract language and financial spreadsheet. | Staff/Frahm | May-18 |
| | 3.1.8. Approve final draft. | Board | May-18 |
| | 3.1.9. Make applications available to agencies. | Staff | Jun-18 |
| | 3.1.10. Hold agency hearings. | Staff/Board/Agencies | Nov-18 |
| | 3.1.11. Hold work sessions to evaluate new funding cycles for effectiveness. | Staff/Board/Agencies | Feb-20 |
| New Employee Training | 3.2.1. Complete training materials and new agency partner manuel. | McElfresh/Spencer | Feb-18 |
| | 3.2.2. Provide annual training on submitting reimbursement requests, reports, and applications. | McElfresh/Spencer | May 18 May 19 May 20 |

4. DATA AND COMMUNITY RELATIONS: The CCRB will maintain its role as an assessor of mental health needs for youth within the County as well as a monitor of child well-being. We will continue to research and evaluate whether various program investments are impacting county indicators. In addition, the CCRB will expand efforts to share data with the public and local leaders in order to demonstrate transparency and effectiveness.

| Goals | Objectives | Responsible Party | Timeline for Completion |
|---------------------|---|--------------------------------|-------------------------|
| Data | 4.1.1. Complete Needs Assessment. | Sowatsky | May-18 |
| | 4.1.2. Encourage other CSFs to invest in further factor analysis of Community Impacts. | Sowatsky | Feb-18 |
| | 4.1.3. Contract with Dr. Berry to conduct two additional analyses of Community Impacts. | Sowatsky | Jan-18 |
| | 4.1.4. Complete aforementioned analyses. | Dr. Berry | Jun-18 |
| | 4.1.5. Update 2016 Community Impact report. | Dr. Berry | Nov-18 |
| | 4.1.6. Complete Needs Assessment. | Sowatsky | May-20 |
| Community Relations | 4.2.1. Update website regarding community impacts and expand social media presence. | Spencer | Jun-18 |
| | 4.2.2. Redo all CCRB marketing materials. | Spencer | Jun-18 |
| | 4.2.3. Inform partner agencies regarding results of community impact analyses. | Sowatsky | Jun-18 |
| | 4.2.4. Discuss potential partnership with DDRB regarding a legislative breakfast. | Staff/Board | Jun-18 |
| | 4.2.5. Share Community Impact information with St. Charles delegation. | Sowatsky/McElfresh | Dec-18 |
| | 4.2.6. Present at 15 venues. | Sowatsky/McElfresh | Dec-18 |
| | 4.2.7. Share Community Impact information with St. Charles delegation. | Sowatsky/McElfresh | Dec-19 |
| | 4.2.8. Present at 15 venues. | Sowatsky/McElfresh/ Spencer | Dec-19 |
| | 4.2.9. Share Community Impact information with St. Charles delegation. | Sowatsky/McElfresh | Dec-20 |
| | 4.2.10. Present at 15 venues. | Sowatsky/McElfresh/ Spencer | Dec-20 |