

Report to St. Charles County Citizens

Assessing the Need for Children's Services

Projecting the Costs for Expanding Targeted Services

Evaluating the Impact on Our Community



July 27, 2020

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EXECUTIVE SUMMARY

This assessment is the eleventh study conducted to evaluate the state of mental health and substance use treatment services for children and youth within St. Charles County. It is the eighth study conducted following the passage of Proposition 1 in November 2004 and the distribution of funds to local agencies starting in the fall of 2005.

With over 80,000 children and youth served in 2019, our funded partners provided clinical services to youth who are struggling with mental health problems and substance use, and provided a variety of preventative programs to arm them with the necessary skills to protect our youth from risky situations. While this fund allows a significantly higher number of youth being served annually, it is the quality of those services in improving the lives of the children, youth and families within St. Charles County that is making the greatest impact. Our partner agencies in the 45 programs we fully or partially fund set high standards for outcomes and in 2019 they met or succeeded in over 92% of those clinical outcomes. The combination of volume and the quality of our services has allowed us to move the needle on a number of community outcomes for the better.

Since the onset of localized funding, while experiencing a 13.4 percent increase in our youth population, we have accomplished the following community outcomes:

- Violent deaths to teenagers are down 19%
- Infant mortality is down 20%
- Out-of-School Suspensions are down 44%
- High school dropouts are down 46%
- Teenage pregnancy is down 56%
- Juvenile status offenders are down 74%
- Juvenile delinquency offenders are down 76%
- In-School Suspensions are down 84%

This study demonstrates that the need for mental health services and preventative education continues to grow. As of the date of this report, there are 6,465 children and youth in need of help beyond our system's capacity and we are falling short of our goal for universal prevention programming. In total, over \$23 million is needed to expand our programs to meet the growing population and demand

Our children have been greatly impacted by a global pandemic and quarantine, and the recent deaths of Black Americans by police officers have brought this country's attention back to issues of racism, disparity and injustice. Agencies have pivoted to providing services differently to maintain a level of safety, but it is yet to be determined how these global issues will impact our local youth and families into the future.

As always, we are truly grateful to the citizens of St. Charles County for their faith and support in helping children who are struggling. We remain a community that works well together and prioritizes our most vulnerable citizens. Together we are making a difference for our children today and for generations to come.

What This Study Measures

The Community and Children's Resource Board (CCRB) used Missouri State Statute RSMO.210.860 as a guide for this study. This statute defines the various services that are eligible for funding through a local community referendum passed by a majority vote of the public. Those services listed in the State Statute that would be eligible for funding through a Children's Services Fund are:

- Temporary shelter services for abused, neglected, runaway, homeless or emotionally disturbed youth
- Respite care services
- Services to teenage mothers and fathers
- Outpatient chemical dependency treatment
- Outpatient psychiatric treatment
- Transitional living program services
- Crisis intervention services
- Prevention programs
- Home-based and school-based family intervention programs
- Counseling, testing and evaluation services

The most current local statistics were accumulated for this study with most of the statistics reflecting data from 2019. When local service data was unavailable, State of Missouri data was used, making estimations based on local populations. The source of the data will always be listed.

The following data was requested from several non-profit agencies located in St. Charles County:

- Descriptions of services and programs available to children and youth
- Service capacity
- Number of St. Charles County children and youth served
- Requests for service
- Number of children and youth placed on waiting lists
- Number of children and youth referred to agencies outside our geographic area
- Strengths of programs
- Cost of services

These agencies provide the majority of low- to no-cost services to the populations for which Missouri State Statute RSMO.210.860 was intended. Although there are for-profit providers for some of these services, and other agencies located outside our community that provide these services, it was felt that information from our local agencies was adequate to provide a full analysis of need. The following agencies provided data for this assessment:

- Behavioral Health Response
- Bethany Christian Services
- Big Brothers Big Sisters
- Boys and Girls Clubs of St. Charles County
- CHADS Coalition for Mental Health
- Child Center, Inc.

- Community Council of St. Charles County
- Community Living Inc.
- Compass Health Network
- Eleventh Judicial Circuit Court of St. Charles County
- Epworth Children and Family Services
- Family Advocacy and Community Training (FACT)
- FamilyForward
- Fort Zumwalt School District
- Foster & Adoptive Care Coalition
- Francis Howell School District
- Gateway Human Trafficking
- Kids Under Twenty One (KUTO)
- LINC
- Lutheran Family and Children's Services
- Megan Meier Foundation
- Missouri Department of Social Services
- Missouri Kids Count
- NAMI St. Louis
- Nurses for Newborns
- Orchard Farm School District
- Our Lady's Inn
- Preferred Family Healthcare
- St. Charles City School District
- Sts. Joachim & Ann Care Service
- Saint Louis Counseling
- St. Louis Crisis Nursery-St. Charles Offices
- The Sparrow's Nest Maternity Home
- ThriVe St. Louis
- TREEHouse of Greater St. Louis
- United Services for Children
- University of Missouri-St. Louis Center for Behavioral Health
- Wentzville School District
- Youth In Need

Factors Impacting Funding of Services

The overall need delineated in this study is impacted by a number of factors that remain outside of the agencies' control. Four factors will be highlighted below.

- **Population Growth**---St. Charles County continues to rank as one of the fastest growing counties in the State of Missouri. According to a 2020 St. Louis Post-Dispatch article, its population rose to 402,022 in 2019, a growth rate of 11.5 percent since 2010. Given strong economic development, quality schools, and a low crime rate, some analysts are projecting that the population will expand to 500,000 by 2030, largely in the western portion of the County. If these predictions come to fruition, the youth population would expand by over 23,000 children. Based on this growth projection, mental health services would need to expand to serve an additional 1,500 children and youth along with expanded universal prevention services in the schools.

- **Local Economy**—Economic indicators for St. Charles County have continually remained strong. Unemployment reached 2.5% in early 2020 and the County continues to attract new businesses as St. Charles maintains an effective educational system, the lowest crime rate in the area and a high percentage of new construction. Gas prices have remained stable allowing for increased purchasing of other taxable items. Despite these strong economic components, sales tax revenues, while growing, continue to flatten. So as the demand and need for more mental health services has continued to rise, the revenue growth has not kept pace with demand.
- **State and Federal Changes**—The State of Missouri remains to be one of only two states in the country to not have passed internet sales tax. Attempts to pass the Wayfair Tax failed this past last legislative session, So if a business does not have a physical presence in the state, sales tax purchases are not taxed.

On the Federal side, Congress passed sweeping tax cuts and reforms in 2017. Included in these changes was a standardized deduction for charitable giving. With fewer people itemizing, charities have witnessed a 1% drop in donations. While 1% does not seem very significant, the net result is a reduction of billions of dollars that non-profits were receiving before.

- **The COVID-19 Pandemic**— In mid-March of 2020, the United States was inundated with cases of COVID-19. It quickly spread throughout the country, killing many and straining our healthcare system. In order to stop the progression of the pandemic, schools and many businesses closed, and many families were required to stay at home. As a result, the stock market took a major hit. While quarantines and social distancing helped slow the incidence rate, despite the Federal government's bailouts, many people lost their jobs. From a financial perspective, it remains to be seen what the economic impact of this pandemic will be, however some experts are predicting a 10-20% drop in sales tax revenues. Though there are also some positive economic signs and trends, the future of this pandemic is unpredictable and there are concerns that resurgence could occur later this year or next, which would further negatively impact the economy.

From a human perspective, our partner agencies have stayed in contact with their clients through telephonic and telehealth methods, as face-to-face encounters were deemed unsafe. Reports from agencies expressed heightened anxiety and stress as families dealt with close quarters, social distancing from outside supports, economic hardship, and fears of catching the disease. Schools continued to provide educational materials, but some families often did not have access to technology to complete their lessons and some students are experiencing a lack of social and athletic activities due to closure of their schools.

While the death toll locally remained relatively low, the stress of the new normal and uncertainty about the future remain high. There are fears that child abuse is on the rise, but because of not being in school, the likelihood of reporting is minimal. Prevention programming was halted and it is unclear when it will return.

Temporary Shelter Services

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

St. Charles County’s Current Situation

According to the Missouri Highway Department of Highway Patrol, St. Charles County had 280 juveniles reported as missing in 2018. This total is 77 youth fewer than what was reported in 2005, or a 21 percent decrease.

In 2019, the St. Charles County Family Court had 354 referrals on 264 minors for juvenile status offenses, which included runaway incidents, truancy and curfew violations. In addition, there were 842 referrals on 640 minors for juvenile crimes ranging from petty theft and vandalism to serious felonies. While these figures represent significant decreases of 75.9 percent for juvenile status offenses and a 74.3 percent drop in juvenile crimes since 2007, we have witnessed a 23.9 percent increase in the number of minors committing juvenile status offenses from two years ago (Juvenile Court Statistics, St. Charles Family Court).

Youth In Need (YIN) currently operates a 12-bed emergency shelter for runaway and homeless youth, ages 13-18, located in the City of St. Charles. Six of the beds are designated for males; the other six are reserved for females. In 2019, they provided shelter services to 68 St. Charles County youth. On average, each youth remains for 17 days and receives 8.5 hours of individual, group and family counseling.

Our Strengths

Youth In Need has been nationally recognized for its work with runaway, abused, and neglected youth. Due to the infusion of school-based prevention services, school-based mental health services, and outpatient counseling services, families are addressing issues before they become crises. As a result, shelter services are in less demand. Of the St. Charles County youth served by Youth In Need in 2019, 81 percent saw a significant improvement in coping skills and a reduction in destructive, aggressive and illegal behavior, 92 percent reported living in a safe environment following treatment, and 78 percent saw a significant decrease in family conflicts.

Service Gaps

In 2019, 98 St. Charles County youth were turned away from shelter services due to a lack of capacity. Since beds are based on gender, youth can be turned away because there isn't an appropriate bed available when they arrive at the shelter.

Cost to Fill the Gap

In order to fill the gap and serve the 98 St. Charles County youth turned away for shelter services, it would cost an additional \$343,980.00 (98 youth X 17 days (average length of stay) X \$175.00 per day plus 98 youth X 4.3 sessions (average number of sessions of individual or family counseling) X \$100.00 per session) plus 98 youth X 4.2 sessions (average number of sessions of group counseling) X \$25.00 per session).

Source: Missouri State Highway Patrol, St. Charles County Juvenile Court, and Youth In Need

Respite Care Services

Respite care services offer temporary emergency shelter and services for children and youth of families experiencing a crisis that increases the risk of child abuse or neglect. In addition to providing a safe haven for children, respite care workers also work with parents to help them learn age-appropriate expectations and coping skills to deal with stress. It is the hope that the generational cycle of violence and abuse can be broken through the provision of these respite services. For families who have a child or children with a serious emotional disturbance, a few hours of respite on a regular basis can mean the difference between keeping a family together and having their child enter a residential facility. Respite care services are the most requested services of this population.

St. Charles County's Current Situation

According to data from the Missouri Department of Social Services and the Children's Division, St. Charles County ranks twenty-ninth in the state (2020 Missouri Kids Count based on 2018 statistics) for having the lowest rate of substantiated cases of child abuse and neglect per 1,000 children. The table below reflects County data since expanded funding began in 2005.

Number of Children and Youth Involved

Year	Substantiated	Unsubstantiated—PSI	Unsubstantiated	Family Assistance	Other	Total
2005	229	43	621	1,342	64	2,299
2006	204	58	654	1,080	195	2,191
2007	245	76	811	1,111	67	2,310
2008	243	82	758	1,100	86	2,269
2009	258	49	825	1,068	89	2,289
2010	245	67	877	1,190	76	2,437
2011	320	98	988	1,371	76	2,853

Year	Substantiated	Unsubstantiated—PSI	Unsubstantiated	Family Assistance	Other	Total
2012	314	127	964	1,519	58	2,982
2013	267	130	852	1,530	62	2,841
2014	359	134	897	1,772	70	3,232
2015	259	119	903	1,829	58	3,168
2016	363	76	980	1,901	103	3,423
2017	290	56	780	2,094	100	3,320
2018	348	39	639	2,282	92	3,400
2019	247	24	534	2,052	88	2,945

The number of St. Charles County children identified as having experienced child abuse and/or neglect hit its peak in 2016 with the total number of children reported also reaching its highest total. Since 2016, we have witnessed a seesawing of the numbers, with a 20 percent drop in substantiated cases in 2017 followed by a 20 percent increase in 2018. This increase was then followed by a 29 percent drop in substantiated cases, which was equivalent to the 2010 rate. Changes in reporting laws in 2011 led to a greater volume of hotline calls for suspected abuse and neglect and provided a more accurate picture of the number of youth impacted by these conditions. (Missouri Department of Social Services, Children’s Division)

Overall since 2005, where we have experienced a youth population growth of 13.4 percent, we have witnessed a 7.8 percent growth in substantiated cases.

The following table demonstrates the types of abuse our children and youth have experienced at the hands of parents and caregivers. Some children were the victim of multiple types of abuse.

Year	Physical	Neglect	Emotional	Medical	Educational	Sexual
2005	49	48	3	9	2	56
2006	63	82	12	3	0	39
2007	70	139	3	5	0	51
2008	53	120	14	3	0	49
2009	60	147	9	3	0	71
2010	59	147	3	7	4	57
2011	93	224	14	2	5	47
2012	94	232	12	5	3	43
2013	89	188	16	7	4	35
2014	103	267	35	17	8	57
2015	44	186	10	10	10	33
2016	47	263	31	13	8	49
2017	34	200	33	7	4	48
2018	62	220	13	7	0	94
2019	67	149	35	8	4	72

Comparing 2005 with 2019, St. Charles County has actually witnessed increases in every category except medical neglect. The most significant increases have occurred in the areas of sexual abuse, and neglect and emotional abuse, which appears to be related to parental substance abuse connected to our heroin/opioid epidemic. Sexual

abuse prevention programming has been universal in our County public schools which has given more permission to children to come forward with their reports.

In addition, the major family risk factors among St. Charles County residents include:

- About nine percent (8.7%) of children under six live in poverty.
- Fourteen (14%) percent of family households with children under 18 at only 185 percent of the poverty level.
- About twenty-three percent (22.8%) of children live in single parent households.

(2020 Missouri Kids Count)

These risk factors can contribute to family instability, increased child abuse risk, and a greater risk of out-of-home placement, which can be prevented with the appropriate use of respite care during periods of intense emotional or financial distress or crisis.

The St. Louis Crisis Nurseries provide respite to children from birth through age 12. In addition, FamilyForward provides respite to medically fragile children, while Community Living provides respite to youth who are dual diagnosed with a developmental disability and a mental health condition. Community Living has five respite beds that are available three out of every four weekends, and FamilyForward has 16 beds available. Bethany Christian Services offers longer term respite in host homes in order to prevent entry into the foster care system.

In 2019, the Crisis Nurseries provided respite to 430 children, and many of these children received services on multiple occasions. The average admission is 40 hours, and on average, each child who came to the Nursery received an average 160 hours of respite per year. This figure represents a 49 hour increase over 2017, and appears to be the result of more direct referrals from the Children's Division and the level of dysfunction in the families utilizing Nursery services. In addition, Community Living provided respite to four (4) youth, with each youth receiving an average of 412 hours per year, while FamilyForward worked with seven youth in 2019, providing an average of 481 hours per youth per year. Bethany Christian served 2 children in 2019 with an average stay of 75 hours.

Our Strengths

St. Charles County respite providers possess the expertise to cover the full range of respite from birth to 12, and from youth with more typical development to those youth with the most severe developmental disabilities. Of the children seen at the Crisis Nurseries, 96 percent did not require a hotline call, 99.5 percent avoided an outside placement, 97 percent of parents were able to identify their stress triggers and 91 percent reported fewer stressors and a greater ability to manage their children. Of the youth seen at Community Living, 100 percent were able to remain at home and out of institutional care, were able to maintain stable family lives, improve coping skills, and reduce stress. All of the families receiving services from FamilyForward reported a reduction in stress, were able to keep their children out of institutional care, and remained free of abuse and neglect. Bethany Christian Services was able to prevent all of the children utilizing their services from entering the foster care system, had no hotlines, and reported improved parenting skills and fewer conflicts.

Service Gaps

Despite having the increased capacity to serve more children than nine years ago, the Nurseries had a waiting list of 254 children at the end of 2019. These children are at greater risk for abuse and neglect and if respite can be provided, they have a greater chance of breaking the generational cycle of abuse and helping these families learn how to manage crises. On the developmental disabilities side at year's end, Community Living had 2 youth requesting respite beyond their capacity, but Family Forward did not have any youth on their waiting list. Bethany Christian is struggling to secure enough host families, but did not report turning away any families.

Cost to Fill the Gap

In order to provide respite to every child requesting services from the Crisis Nursery, the cost would be \$324,512.94 (254 children X 111 hours (average number of hours per year) X \$11.51 per hour). To serve an additional two (2) youth at Community Living, the cost would be \$31,188.40 (2 youth X 412 hours (average number of hours per year) X \$37.85 per hour). The combined cost for all two respite programs would be \$355,701.34.

Sources: Bethany Christian Services, Community Living, FamilyForward, Missouri Department of Social Services-Children's Division and the St. Louis Crisis Nursery.

Services to Unwed Mothers and Teenage Parents

Unwed mothers and teenage parents tend to live in isolation. These parents are more likely to be uninsured and/or working at low-paying jobs and generally have less access to healthcare resources. They are particularly vulnerable to health problems and long-term dependency on welfare resources. Moreover, their stressful living conditions place them at greater risk for abusing or neglecting their children.

Unwed mothers and teenage parents require special support for developing parenting skills, completing their education in order to gain employment, and obtaining adequate counseling and healthcare services. These are basic necessities for a safe environment for these young mothers and their children.

St. Charles County's Current Situation

Overall, there has been a reduction in the number of births to teenage mothers over a four year period, dropping from 262 births in 2003 to 96 births in 2018, or 55 percent. While it is doubtful that teenagers are less sexually active, and the number of miscarriages and abortions are unknown, the trend is pointing in a positive direction. Comparing 2018 to 2014, the number of low birth weight infants increased by 36 infants or 2.3 percent. The infant mortality rate fell from 5.4 percent per 1,000 births during the period of 2009 to 2013 to 4.8 percent per 1,000 births during the period 2014 to 2018. (2020 Missouri Kids Count)

St. Charles County has two residential facilities for pregnant mothers. Our Lady's Inn established a facility in New Melle in 2005 and serves women from 18 years of age and older. They have a current capacity for 14 mothers, and in 2019, they served 22 women and 37 children and infants. The average length of stay is 170 days. Sparrow's Nest, a

facility for teenage mothers, opened their doors in 2014. They have the capacity to house eight youth; four mothers and four infants. Young mothers can stay during their pregnancy and up to a year following delivery. They also maintain a strong collaboration with Nurses for Newborns, who provides on-site consultation and weekly educational sessions. In 2019, Sparrows Nest housed three teenage mothers and four children at their shelter with an average stay of 100 days.

Youth In Need worked with 37 teen mothers in 2019, a 40 percent decrease in the number of teen mothers seeking services since 2015. They provide group counseling and parent education in a school setting. They achieved some very significant successes with their clientele which are mentioned later.

Birthright (St. Charles and Wentzville), Mary Queen of Angels, St. Joachim & Ann, and ThriVe also work with teenage mothers providing necessary baby supplies such as cribs, car seats, diapers, and formula. The CCRB has coordinated a county wide baby shower for the past thirteen years, with \$1,040,000 in donations of baby items distributed to nine agencies working with teen and indigent mothers. Additionally, for the last six years, Harvester Christian Church has held a Wrap-a-Bottom diaper drive with their congregation, with over 1,000,000 diapers collected during this time. As some of the financial stress has been lifted, it is the hope that the risk of child abuse for this population has been reduced.

Our Strengths

On average, mothers served at Our Lady's Inn in 2019 stayed 170 days and received the necessary prenatal care as well as parent education. Of the mothers who delivered children during 2019, 67 percent were born above the weight threshold. One hundred percent of the mothers learned at least six new parenting skills, with 100 percent of them accepting referrals to Parents as Teachers and Early Headstart and/or enrolling in school. One-hundred percent of the teen parents served at the Sparrow's Nest learned positive discipline methods and stress management skills, and reported greater emotional well-being. All children born were above the 5.5 pound threshold.

Of the young mothers who received services from Youth In Need, 58 percent delivered babies above the 5 ½ pound threshold for maturity. In addition, 92 percent of these mothers have continued on with their education, and are working toward graduation or a GED. The Youth In Need staff worked with these young women to learn a variety of important parenting skills, which are crucial to addressing care of their babies and preventing child abuse, and 100 percent of their clients gained these skills. They continued to work with them after the baby was delivered, and to date, none of the young women were pregnant with a second child.

Supporting this decrease in teenage pregnancies has been the preventative work of ThriVe, who has been providing abstinence training for high school students in two of our public districts. Nurses for Newborns worked with 108 new parents with 112 infants providing them with nursing services to make sure their children develop according to normal milestones, and they provided referrals to mothers who needed mental health services for themselves. Nurses for Newborns saw the following results in 2019: Eighty-eight (88%) percent of the mothers kept their children's immunizations up to date, 95 percent accessed additional community resources, and there was no suspected child abuse or neglect in 100 percent of the families served. Additionally, 100 percent of the

infants who were determined to have developmental delays showed improvement in developmental skills.

Service Gaps

In 2019, Our Lady's Inn had to turn away 118 mothers and mothers-to-be while the Sparrow's Nest didn't have to turn away any expectant mothers. Both Youth In Need and Nurses for newborns had the capacity to serve all parents that requested services in 2019.

Cost to Fill the Gap

In order to expand capacity to serve the additional 118 mothers (and approximately 198 children), it would cost \$2,239,899.60 (118 mothers X 170 days of shelter and case management X \$111.66 per unit). Given current capacity of Youth In Need and Nurses for Newborns, no further funding for group education and counseling are needed at this time.

Sources: Nurses for Newborns, Our Lady's Inn, Sparrow's Nest and Youth In Need

Outpatient Substance Use Treatment Services

It is a common assumption to associate adolescent alcohol and drug usage with impoverished communities, yet several studies have indicated that drug and alcohol usage is equally prevalent in higher income communities because of the excess money to purchase them. Some adolescents will brag to their peers about the level of their consumption, while others drastically minimize their usage, or deny it all together, both to their parents and to other adults. While even experimentation is scary to most parents, a professional assessment is necessary to determine the appropriate level of care or whether any type of intervention is necessary at all. This assessment is crucial to sifting through the often-confusing array of information from various sources. Some adolescents, because of the extent of their addiction, are best treated in a residential or inpatient setting. Detoxification and 24-hour surveillance are essential because of the level of addiction and the risk to maintaining sobriety. For other adolescents, the appropriate level of care is intensive outpatient treatment while others are better helped by a low-intensity combination of family therapy and educational sessions.

While there are many youth whose addiction would indicate the need for residential treatment, this study will only assess the need for outpatient substance use treatment, as they are the only services covered under the enabling legislation. Outpatient adolescent substance use treatment services include assessments and evaluations, early interventions, educational groups, youth group counseling, individual counseling, group family therapy, family therapy, and aftercare services.

St. Charles County's Current Situation

In 2019, Preferred Family Healthcare provided outpatient substance use treatment to 227 St. Charles County youth. An additional 31 St. Charles County youth were seen through Preferred's C-STAR program. Furthermore, Preferred Family Healthcare's

Teams of Concern counseled 297 youth within the school district, intervening at an earlier point in the course of the disease, thus preventing the need for more intensive treatment later. While no youth were turned away from services in 2019, continued assessments, collaboration with the schools and marketing is expected to continue to raise the percentage of youth who probably need treatment to seek treatment.

As predicted, St. Charles County teenage population has been impacted by the heroin epidemic. Whereas nine years ago the typical heroin user was between the ages of 22 and 35, dealers have recently focused their trade on a younger population. With the low purchase price, a pill form of the drug, and with pain medication being a gateway into heroin usage, it is apparent why adolescents are a target population for drug dealers. Since 2014, our County has experienced the deaths of several adolescents who died as a result of heroin every year.

Our Strengths

Preferred Family Healthcare is able to provide the full range of treatment options from assessment to outpatient treatment to inpatient treatment, as well as individual, family and group therapies. This array of services allows for greater individualized care custom suited for all types of drug usage, depending on the severity of the use and/or the drug of choice. They have expertise with the various drugs youth use and have good working relationships with school districts and mental health providers as many of their clients have a co-occurring mental health diagnosis.

Of the 524 youth served in 2019, 91 percent demonstrated reduced chemical usage or were completely substance free, 91 percent demonstrated improved school performance and peer relationships, 99 percent eliminated any further drug-related involvement in the legal system, 94 percent reported being in a stable home environment, and 91 percent reported fewer conflicts at home with family.

Service Gaps

Previous needs assessments have utilized local data from self-reporting surveys which were filled out by area middle school and high school students. As part of the schools' participation in the Safe and Drug Free Schools grants, these schools administer surveys to various grade levels, and ask the students to voluntarily complete them. While the schools have no control over which students or how many of the students fill the forms out, and it is difficult to ascertain whether youth may over or underestimate their actual usage, this data is the only local source we have to make our best guess about the overall incidence of problematic alcohol and drug usage in our community.

The following tables reflect the responses to several of the questions that youth in our school districts were asked. The percentages of usage for 9th and 11th graders are extrapolations from the statistics for 8th, 10th and 12th graders.

During the past 30 days, how many days did you drink at least one drink?

Frequency	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
0 days	62.0%	53.2%	44.4%	41.1%	37.8%
1 or 2	21.2%	22.2%	23.3%	20.8%	18.2%
3 to 5	7.8%	10.3%	12.9%	14.8%	16.7%
6 to 9	4.5%	6.4%	8.3%	10.3%	12.4%

Frequency	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
10 to 19	2.6%	4.8%	7.0%	8.7%	10.4%
20 to 29	0.9%	1.1%	1.4%	2.0%	2.6%
All 30	0.8%	1.8%	2.8%	2.3%	1.9%

This table provides data on how frequent youth drink alcohol. An increase in the frequency of times a youth drinks in a month is an indication of dependence. While any amount of drinking may be of concern to many parents, the youth represented in the first three rows (0 to 5 days) demonstrate experimental usage and a frequency of use of approximately one time per week, so they are not likely candidates for outpatient treatment. For youth using 15 days out of 30, whose percentages are represented in half of the 5th row and the last two rows, a dependence on alcohol is strongly indicated and these youth are probably candidates for inpatient treatment. Those percentages listed in the 4th row (6 to 9 days per month and half of the 5th row are using at a frequency that would be best treated in an intensive outpatient treatment program.

Given that U.S. Census data does not break down population by each age, an average number of youth per age are used for the calculations. Based on data collected by the St. Louis Post-dispatch and the percentage of our population that is under 19 years of age, the estimated youth population of our County was 95,526 in 2019; therefore, the average number of children per age is 5,307. Applying this average to the percentages of usage and using the assumptions mentioned above, it was determined that there are 3,112 youth whose usage would indicate a level that would benefit from intensive outpatient treatment program.

The next table gives percentages of youth who binge drink at least five drinks at one sitting. This type of drinking can be equally as dangerous as regular usage if not more, particularly in terms of alcohol poisoning and drinking and driving. As in the last table, the percentages of usage for 9th and 11th graders are extrapolations from the statistics for 8th, 10th and 12th graders.

During the past 30 days, how many times have you had 5 drinks at one sitting?

Frequency	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
0 days	80.2%	70.9%	61.6%	55.6%	49.7%
1 day	8.0%	9.5%	11.0%	11.3%	11.7%
2 days	4.3%	6.0%	7.8%	9.0%	10.2%
3 to 5	4.0%	6.7%	9.5%	11.1%	12.8%
6 to 9	2.0%	3.3%	4.7%	6.2%	7.8%
10 to 19	0.7%	1.9%	3.2%	4.1%	5.1%
20 +	0.7%	1.4%	2.2%	2.4%	2.6%

As with the other table, the percentages listed in the first three rows show usage that is lower than the threshold for admittance to an intensive outpatient treatment program, and the percentages listed in half of the 5th row and the last two rows indicate usage that is probably best treated with inpatient treatment. The 4th row (3 to 5 days) and half of the 5th row (6 to 9 days) would most likely qualify for outpatient treatment.

Based on the previously mentioned population base of 5,307 youth per age, the total number of youth who binge drink and would benefit from intensive outpatient treatment

is 2,977. Based on the clinical experience of Preferred Family Healthcare, there is considerable overlap between the youth who binge drink and those youth who use regularly of approximately 80%. Therefore, applying the remaining percentage of 20% to the above total of 2,977, there are an additional 595 youth who binge only and would be best treated in an intensive outpatient modality. Adding this total to the 3,112 youth listed previously, the total of youth from the 8th through 12th grades in St. Charles County who would benefit from outpatient substance abuse treatment services is 3,707.

According to Preferred Family Healthcare, there is also a small percentage (approximately 2%) of youth who abuse marijuana only.

During your life, how many times have you used marijuana?

Frequency	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
0 times	77.7%	68.2%	58.7%	52.1%	45.5%
1 or 2	7.0%	7.9%	8.8%	8.5%	8.1%
3 to 9	4.2%	5.9%	7.6%	8.5%	9.5%
10 to 19	2.8%	3.6%	4.4%	5.8%	7.3%
20 to 39	2.7%	3.9%	5.2%	6.4%	7.6%
40 to 99	2.2%	3.1%	4.1%	5.7%	7.3%
100 +	3.3%	7.3%	11.3%	13.0%	14.7%

Children who have smoked marijuana as frequently as 3 to 19 times in their life demonstrate a level of usage that would benefit from intensive outpatient treatment. The total number of youth in our County in this category is 3,163. When that number of youth is multiplied by 2 percent in order to remove duplicate youth, an additional 63 youth would be added for a total of 3,770 youth.

So even though statistically there are 3,770 youth who are using marijuana and alcohol where intensive outpatient treatment would be the appropriate response, the actual demand for these services would be much less. The lower demand is attributed to very primitive defense mechanisms such as denial, projection and minimization used by adolescents as well as their parents, which will reduce the number who will request these services even if funding was available to build to capacity

Currently, the demand for help versus anticipated need is 13.9 percent, which is up from 11.4 percent four years ago. The increase is likely the result of having imbedded Preferred Family staff in our middle schools and high schools. If we plan to grow capacity to match a growing demand for help, using 20 percent of need would call for services to 754 youth.

However, as the opioid/heroin epidemic has made its way it's the adolescent population, we now need to include youth where these drugs are their primary addiction. The following table delineates the percentage of youth per high school grade using heroin or opioids according to Missouri Student Surveys. Ninth grade and eleventh grade data are extrapolations of the other columns.

During your life, how many times have you used other types of illegal drugs such as heroin?

Frequency	8 th grade	9 th grade	10 th grade	11 th grade	12 th grade
0 times	89.4	85.5	81.6	74.8	67.9
1 or 2	5.6	5.8	6.1	7.8	9.5
3 to 9	2.4	3.4	4.4	6.9	9.5
10 to 19	1.7	2.0	2.3	1.2	0.0
20 to 39	0.2	1.0	1.7	2.6	3.6
40 +	0.6	2.3	3.9	6.7	9.5

Based on criteria used to predict level of service by Preferred Family Healthcare such as age on first use, type of drug, method of use, and amount of use, youth who have used opioids between 3 and 19 times would most likely benefit from an outpatient treatment program youth who have used more frequently would require inpatient treatment. Using these percentages and the average number of youth per grade, it is estimated that 1,794 youth in our County would be in need of outpatient treatment services for heroin and opioid addiction. However, the current penetration rate of youth addicted to heroin/opioids is only 7.8 percent, which would mean that we would likely have a demand of 140 youth seeking help.

Adding the 140 youth for opioid addiction to the 754 youth likely to seek help for alcohol and marijuana usage, our annual capacity needs to be able to serve a demand of 894 youth. With a current capacity of being able to serve 555 youth annually, the gap is 339 youth.

Cost to Fill the Gap

Based on current percentages of non-opioid users in treatment (68%) versus opioid users (32%), the gap of 339 youth would be broken down into two categories: 231 youth would fit in the non-opioid category and 108 youth would fit in the opioid category. The overall length of stay is six and a half months for non-opioid users and eleven months for opioid users. To break down costs even further, only 11 percent of the non-opioid users attend treatment services five days a week while 89 percent benefit from a schedule of two to three times a week. In addition, it is estimated that 19 percent of non-opioid youth utilize services provided through The Farm, a Preferred Family intensive inpatient facility in Lincoln County, to achieve and maintain their sobriety. The total amount to cover all of these groups and needs would be \$11,543,785.32 which is delineated in the following table.

Type	Number of Youth	Monthly Cost	Length of Stay (In Months)	Totals
Non-Opioids (5x/wk.)	25	\$4,859.78	6.5	\$789,714.25
Non-Opioids (3x/wk.)	206	\$3,015.26	6.5	\$4,037,433.14
Opioids	87	\$6,583.24	11	\$6,300,160.68
The Farm	21	\$7,932.90	2.5	\$416,477.25
Totals	339			\$11,543,785.32

Sources: Preferred Family Healthcare

Outpatient Psychiatric Services

Outpatient psychiatric treatment services consist of the services a child or adolescent needs in order to be evaluated medically for a psychiatric disorder by a psychiatrist. Often times, these disorders require the prescription of psychotropic medications in order to reduce or eliminate symptoms. Psychiatric services include an initial assessment and on-going medication management by a psychiatrist, but can also involve a number of other supports including nursing, and laboratory tests. Without these services, many children are unable to function at school, at home and in the community, and there is an increased risk of acting out, juvenile delinquency, and suicide. Additionally, these services can make it possible for other types of counseling services to work more efficiently.

St. Charles County's Current Situation

St. Charles County has two agencies that provide outpatient psychiatric care to children and youth: Compass Health Network and Saint Louis Counseling (formerly Catholic Family Services). While Saint Louis Counseling is willing to serve any child, Compass currently sees only children with psychiatric needs receiving MC+/Medicaid. Saint Louis Counseling, who is not limited to seeing children within certain insurance plans, provided psychiatric care to 66 youth in 2019 with an average of 2 hours of service per child.

It is estimated that six percent of the youth population suffers from a serious emotional disturbance with the great majority of these children requiring psychiatric services. If we assume that families with private insurance would seek the help of a private practice psychiatrist, and with 11.5 percent being covered by MC+/Medicaid, we have 2.5 percent of the population uninsured (current unemployment rate of the county). Based on these estimates, there would be 143 youth would be in need of psychiatric care per year.

Our Strengths

Of the youth served at Saint Louis Counseling, 60 percent showed a reduction of psychiatric symptoms and demonstrated improved functioning, and 72 percent were medication compliant.

Service Gaps

As a County, we are impacted by the nationwide shortage of board certified child psychiatrists, making it difficult to recruit new physicians to the area. With 66 uninsured youth served by Saint Louis Counseling in 2019, there would be 77 youth they weren't able to serve.

Cost to Fill the Gap

In order to expand outpatient psychiatric services to these 77 youth, it would cost \$33,556.60 (77 youth X 2 hours per year X \$217.90).

Sources: Saint Louis Counseling

Transitional Living Services

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

Counseling and related services as part of a transitional living program is about successfully supporting and reintegrating a young person from a homeless and seemingly hopeless arrangement into a safe living space with opportunities for developing independent life skills. Such services provide assistance with finding jobs, pursuing educational goals, developing healthy peer and community relationships, and living independently in the community.

St. Charles County's Current Situation

Youth In Need has partnered with the Community Council of St. Charles County and United Way's 211 system to form Coordinated Entry, a county-wide response to homelessness. While this response has many housing partners, Youth In Need is the premier partner in working with homeless adolescent and young adults. In 2019, Youth In Need's Transitional Living programs served 16 chronically homeless youth from St. Charles County. Due to a lack of bed space, they had to turn away 24 St. Charles County youth who requested services.

Our Strengths

Youth In Need operates the only Transitional Living program for older adolescents in our community and is only one of three such service providers in the St. Louis region. Depending on the youth's particular strengths and weaknesses, Youth In Need provides two different housing options: a group home and independent apartments. On average, youth stay for an average of 145 days. Each youth receiving services gets assistance with educational planning, employment, and life skills training. Of the 16 youth in the program in 2019 covered by CCRB funding, 100 percent were making progress toward completing an educational degree, 67 percent were able to secure and maintain employment, and 89 percent successfully learned at least three necessary life skills such as cooking and budgeting.

Service Gaps

In 2019, 24 St. Charles County youth under the age of 19 were turned away from the Transitional Living Program. The large majority of these youth were homeless and not working, putting them at risk of either being a victim of crime or choosing crime as a means to survival.

Cost to Fill the Gap

In order to meet the demand for Transitional Living services for the 24 youth turned away from Youth In Need last year, it would cost \$382,800.00 (24 youth X 145 days (average length of stay) X \$110.00 per day).

Source: Youth In Need

Crisis Intervention Services

Crisis intervention services help to assure that support and other services are available when an individual experiences an emergency, whether it would be man-made or a natural disaster. It is vital for people who are experiencing trauma or severe difficulties to have access to someone who can assess risk, defuse the situation, have access to emergency service appointments, and make appropriate referrals. In addition, when communities are experiencing a trauma like a natural disaster such as a flood, or a man-made trauma like a school shooting, it is necessary for professional counselors to be available immediately to respond to the victims. In these situations, it can be extremely helpful to have a team of crisis counselors available to meet the emotional needs of many children or youth.

St. Charles County's Current Situation

In 2010, St. Louis County's Children's Services Fund initiated a project called the Youth Connection Helpline, a partnership between Behavioral Health Response (BHR) and Youth In Need. Parents and youth now have one number they can call and another number for texting. BHR works with the family to resolve the crisis and connects them with the appropriate resource(s) in the community. If the youth needs emergency shelter, then Youth In Need is contacted, and shelter and services are provided. In 2012, St. Charles County was able to establish its own helpline.

Four 24-hour toll-free helplines are available to the citizens of St. Charles County. These hotlines are operated through Behavioral Health Response, the St. Louis Crisis Nursery, and the United Way (211). A part-time adolescent crisis helpline for adolescents is available through Kids Under Twenty One (KUTO). In total, 7,273 calls and texts from St. Charles County residents were made to these help lines during 2019 (KUTO does not keep track of calls by zip code.).

BHR served 509 youth and parents in 2019. Seventy-six of these youth were seen by Youth In Need as follow up to assist with linkages to additional services including the need for housing. In 2019, BHR and YIN staff provided 40 Youth Connection/Safe Place presentations to 1,463 students (34 presentations) and 382 adults (6 presentations). Saint Louis Counseling provided crisis intervention services to 199 youth in all fifteen Catholic schools and the St. Charles School District during 2019. These youth were referred by faculty members as the child was experiencing difficulties related to family crises such as divorce and death or socialization problems due to phobias and depression.

Our Strengths

BHR and Youth In Need are both making presentations throughout the community to educate youth and parents about how to utilize the services. The ability to utilize texting and online chatting as mechanisms for communicating with youth is responsive to how youth communicate and having one coordinated location for these calls is helpful. Their presentations now combine training on the Youth Connection Hotline and Safe Place so that youth know how and where to access help. Of the students who received these trainings, 96 percent reported a better understanding of mental health and how to access help and 89 percent developed risk management skills to avoid risky behaviors.

Of the 99 parents and 412 youth who received assistance from BHR, 97 percent gained knowledge of available resources, 96 percent developed collaborative safety plans, and 78 percent with mental health concerns had a face-to-face appointment with a mental health professional within 30 days, while 81 percent of youth with suicidal ideation were evaluated in less than 14 days. Of the youth served by Youth In Need, 96 percent developed a safety plan and accepted referrals to community resources. Of the 199 students receiving assistance from Saint Louis Counseling, 84 percent of them had a higher level of functioning, 90 percent made progress on their treatment goals, and 84 percent had fewer psychological symptoms.

The Compass Health Network has personnel that have been trained and are available in times of crisis. Monies are currently available to fund these services through the Department of Mental Health.

Service Gaps

The Youth Connection Helpline phone budget was expanded in 2020 and utilization of mobile outreaches matched their budget, but the funds for texting were exhausted by the end of August. Based on that rate of usage, texting should be expanded by 37 more hours.

While the business community has enough locations across the county for accessibility, another 20 Safe Place/Youth Connection Helpline presentations are needed to educate more youth about the available services.

Due to staffing losses, Saint Louis Counseling did not utilize all it was budgeted in 2019. While they have hired new staff, the pandemic has reduced utilization, and so at this time, expanding the program is not necessary.

Cost to Fill the Gap

The cost to add 37 additional hours of texting to help youth in dire crises would be \$3,966.40 (37 hours X \$107.20 per hour). To fund the additional 20 Safe Place/Youth Connection Helpline presentations and trainings, it would cost \$6,000.00 (20 presentations X \$300.00). In the case of a traumatic event, the cost of providing professional support to families, schools, and other affected parties average about \$3,600.00. This figure is based on 4 staff, 10 hours and a \$90/hour rate. If State funding were to end, it would cost about \$10,800.00 to handle the three crisis events we average on a yearly basis. The total for the three programs is \$20,766.40.

Sources: Behavioral Health Response, Compass Health Network, Kids Under Twenty One, Saint Louis Counseling, St. Louis Crisis Nursery, United Way, and Youth In Need

School-Based Prevention Services

In order to help children and youth handle the pressures they face every day, either at home or at school, it is important that they possess certain skills to enhance coping. These skills can be developed and enhanced through prevention programs that build on the child existing strengths while teaching new skills that enable them to handle various

difficulties. General prevention programs teach skills that can be used to handle multiple issues while other prevention programs focus on specific problems.

Prevention programs are extremely cost effective as well as effective in circumventing other problems. When they are provided universally, there is a consistency of skills and message, which is important when children and youth move from one district to another. They need to be presented at an age before the youth has to face the challenge, and it is important to “inoculate” youth more than once. The need for on-going prevention is particularly important concerning alcohol and drug usage. It is hoped that all children in the County could have skills to avoid alcohol and drug usage, sexual abuse, sexual harassment and rape. In addition, every child needs to learn skills in order to handle conflicts without violence, and they need to value themselves enough so as not to take their own lives.

To illustrate this fact, a study from the Harvard School of Public Health showed that one in five high school girls have been abused by a boyfriend(s) (2001). The study showed that those girls who were victimized were eight to nine times more likely to attempt suicide, were four to six times more likely to get pregnant, three to five times more likely to use cocaine, and three to four times more likely to develop an eating disorder. By providing services to both male and female youth, it is believed that many of these problems can be prevented.

St. Charles County’s Current Situation

Currently, there are six different prevention curriculums being provided in our county schools: 1) sexual abuse prevention programming is being provided by the Child Center at the Preschool, 1st, 4th, 5th, 6th, and 7th grade levels in all of our five public school districts; 2) alcohol and substance abuse prevention programming is being provided by Preferred Family Healthcare in all five districts; 15 high schools and alternative high schools, 13 intermediate and middle schools and 30 elementary schools; 3) suicide prevention programming is being provided to 7th, 9th and 11th graders in all five districts by Kids Under Twenty One (KUTO) and CHADS Coalition for Mental Health; 4) sexual abstinence programming to middle and high school students in the Fort Zumwalt and St. Charles School Districts is provided by Thrive St. Louis; 5) bullying and violence prevention programming is being provided to all five districts by the Compass Health Network. The anti-violence curriculum targets Kindergarten through 8th grade; and 6) *Ending the Silence*, a program developed by NAMI to raise awareness about mental illness and reduce stigma.

In addition to prevention services provided in school buildings, the CCRB funds three other prevention program presentations in the community. Kids Under Twenty One offers ASIST training for professionals that is designed to help them learn how to identify suicidality in young people, how to respond, and where to get additional help. In 2019, KUTO provided ASIST training to 41 individuals. NAMI St. Louis has been providing Crisis Intervention Teams training (CIT) to police officers since 2016. Originally, it was a matter of being selected to take the training; now all officers receive the training, and all new cadets receive this training in the Academy. In 2019, 95 cadets and officers received CIT training. In 2020, the CCRB added Gateway Human Trafficking to its list of partners to provide human trafficking awareness presentations to parents and to members of the community. It is too soon to determine if other workshops are needed, and at this point the schools have not asked for these programs in the classrooms.

In 2019, the Child Center provided sexual abuse prevention programming to 18,172 students, and trained 355 parents and 1,931 school personnel in how to report abuse to local authorities. They are currently in all five school districts and are also working with a number of preschools and daycare facilities.

Since 2005, Preferred Family Healthcare has been operating Teams of Concern in our public schools. In more recent years, the demand for these preventative measures has expanded to the elementary levels as schools are seeing more children with familial substance use. These children are demonstrating poor decision making and coping skills, and have difficulty managing their emotions. Last year, their programs were attended by 13,938 students, 1,319 parents, and 1,832 faculty members and other professionals who received information on warning signs and risks of substance use. This program also focused on building social competencies, emotion management, and building pathways to academic success. The trainings were developed in order to help identify youth who were at risk for substance use in the future or may be experimenting with alcohol and drugs, and whose usage could be interfering with school performance and behavior. In addition, 297 students were identified as exhibiting at risk behavior indicative of substance use, and they were provided an assessment along with individual counseling and case management.

Kids Under Twenty One (KUTO) served 6,254 7th, 9th and 11th graders in 2019 while CHADS Coalition for Mental Health provided suicide prevention programming to 6,615 youth in the same grades.

ThriVe St. Louis provided their Best Choice Sexual Integrity/sexual abstinence program to 5,505 middle school and high school students in the St. Charles and Fort Zumwalt school districts in 2019, as well as in several private high schools.

In 2019, the Compass Health Network provided anti-violence programming to 34,548 elementary students in all five public districts. Current funding from the CCRB and the United Way allows for all public school children to receive these programs.

In early 2019, the CCRB commissioned a study of school counselors and administrators seeking their feedback as to what mental health concerns were the most prevalent and needing the most focus. Results were tabulated by grade level, by building and district. Across the board, at every age level, and in every district, the number one concern was anxiety. Anxiety is the result of trauma, difficulties in family life, school performance and concerns about their futures and the future of the planet.

In 2019, NAMI St. Louis began to provide presentations called *Ending the Silence*. This program has three target audiences: middle and high school students, parents and teachers. The program is a one-hour presentation and discussion in a classroom setting designed to educate the audiences about the warning signs of mental illness and how to reach out for help. In 2019, 3,484 students participated in this new program. Two hundred faculty members and 69 family members also participated.

Our Strengths

The prevention programs are well received within our schools and have achieved some impressive results. The Child Center reported that 96 percent of preschoolers through 4th graders were able to recall their Body Safety Steps, and 99 percent of the 7th graders

were able to learn various forms of sexual harassment and how to respond when it occurs. Ninety-eight (98) percent of 3rd through 7th graders learned internet safety techniques and how to report child abuse and neglect. Additionally, 99 percent of the parents reported that they now know how to handle a disclosure if their child informs them that they were approached or were touched inappropriately, while 99 percent of educators and mandated reporters felt better equipped to handle disclosures and make child abuse hotline calls.

Preferred Family Healthcare's Team of Concern program identified 297 youth (373 parents) with potential drug, alcohol or behavioral health concerns. They achieved the following results: 89 percent of the students reported a reduction and/or the elimination of substance use and a greater knowledge about mental illness and substance use; 89 percent of them were reported to have developed skills to function better in school; and 83 percent of the students demonstrated better risk management skills.

The Missouri Student Survey data is now available for the period of 2006 to 2018, although the length of data for comparison varies as new questions are added. On the positive side, the age of first use for all drugs and alcohol is down with the exception of marijuana. The percentage of students who have never used a wide array of drugs is going up. Alcohol and drugs are slightly less accessible with the exceptions of electronic cigarettes, prescription, and over the counter drugs; and parents are communicating the harmfulness of chemicals to a greater extent. However, the students' perception of harm is decreasing. For specific categories, data will be available later this fall.

Kids Under Twenty One reported that 83 percent of the students receiving their programming had a greater recognition of the warning signs of suicide, and 89 percent reported they would ask a friend about suicide ideation if they saw warning signs. Of the youth served through CHADS Coalition for Mental Health, 13.5 percent of the participants sought help following the presentations, while 87 percent demonstrated a greater knowledge of depression and suicide, and 90 percent showed knowledge of ACT (Acknowledge the signs, respond with Care, and Tell a responsible adult).

ThriVe St. Louis reported an 8 percent increase in the number of students taking the class that said they would talk to their parents about sexual matters, and the percentage of students who would now set personal sexual boundaries rose 13.5 percent. Additionally there was a 4.5 percent increase in the number of students who said they would delay sexual activity.

Of the children that the Compass Health Network served, 98 percent were able to identify at least two different types of bullying, 99 percent were able to verbalize their feelings when faced with peer pressure, and 99 percent reported that they learned how and when to physically get away from a potentially violent or threatening situation. In addition, 97 percent were able to identify at least two inappropriate responses to feeling angry within themselves, and 98 percent reported feeling better able to reach out to an adult for help and support when faced with a violent situation.

Additionally, Compass has developed curriculum to help high school students learn how to appropriately handle anxiety and stress in healthy ways.

Ending the Silence is a best practice standardized presentation. No data is currently available to evaluate the effectiveness of the presentations locally.

As part of our local System of Care, teachers, police officers, clergy, scout leaders, pre-school and day care workers are being provided training to help strengthen and expand the field of adults who can respond to a crisis or recognize the warning signs of a youth who may be struggling with a difficult situation. Of the 95 police officers who attended the Crisis Intervention Teams training,, 93 percent reported having gained knowledge about behavioral and mental health issues while 99 percent were able to demonstrate this new knowledge to de-escalate a mental health crisis with a youth.

Service Gaps

It is estimated that there are 2,600 preschool, elementary, and middle school students who are not receiving sexual abuse prevention services. It would take an additional 104 programs to fill this gap. The breakdown is as follows: 50 programs for preschool and early childhood programs in the Fort Zumwalt and St. Charles school districts, 18 programs for 5th graders at three Fort Zumwalt elementary schools, and 36 programs for three Francis Howell middle schools.

Additionally, in the 2019 legislative session, the Missouri Legislature passed a measure mandating all school districts provide all 6th through 12th grade students with sexual abuse prevention programming on an annual basis. As with recent mandates, the Department of Education and Secondary Education didn't provide additional funding to provide these services placing the financial burden on local school districts.

Based on district sources, in order to be compliant with the state mandate, an additional 22,498 students would need to be served. It would take 910 classroom presentations to serve these students.

Moving forward, Preferred Family Healthcare has been investigating a highly effective prevention program called *Preventure*. This program has been successful in reducing alcohol bingeing behavior and the frequency of drug use in Canada, Australia, the United Kingdom and the Netherlands. Middle school students are given a standardized questionnaire to see if they rank high in one or more personality types; Anxiety Sensitivity, Hopelessness, Sensation Seeking and Impulsivity. Once identified, students are invited to attend two 90 minute workshops that are specific to their risk area. By addressing the underlying drivers to alcohol and drug usage and by building other assets, the result is a lower number of youth using chemicals to address their underlying struggles.

Teams of Concern would continue at the elementary and high school level with education still being made available to faculty and parents. Additionally, staff would be available to provide assessments and treatment services when needed.

In order to implement Teams of Concern with every 4th and 5th grader and every 9th through 12th grader in our five public school districts, it would require a total of 27,233.5 hours of group work and 7,766.5 hours of presentations (includes parental and faculty presentations) for a total of 35,000 hours. Additionally, it is estimated that 669 students would qualify for *Preventure* group work. Lastly, based on the current rate of students being identified as needing an evaluation and additional treatment, if TOC was fully expanded, an additional 1,520 students would need an assessment and other treatments.

Combining the youth served by Kids Under Twenty One (KUTO) and CHADS Coalition for Mental Health during 2019, there would be an additional 870 youth in the 7th, 9th and 11th grades within our five public school districts who are not receiving either of these curriculums. At 25 students per classroom, there are approximately 35 classrooms left to be served.

ThriVe St. Louis provided sexual abstinence programming to 5,505 youth in the County in 2019, but three of our five districts have developed their own curriculum. There are 6,600 students in the target population of these two school districts and the Lutheran school which leaves a gap of 1,095 students.

While current funding covers the cost of anger management and bullying at the elementary and middle school levels, additional funding would be beneficial to address the growing concern about students with anxiety. In order to begin this work, the Compass Health Network would focus on 11th and 12th graders to start. Based on district data, those grades are comprised of 9,185 students and it would take 359 classroom presentations.

Based on current utilization, 5,229 8th and 10th grade students have not participated in any of the NAMI St. Louis' *Ending the Silence* presentations. At an average of 25 students per classroom, it would take an additional 209 presentations to cover the rest of the students.

Current funding provides three Crisis Intervention Team courses for police officers in our county, which is adequate for now. It is too soon to tell if we have enough funded presentations for parents and the public regarding human trafficking, and while it would be beneficial for all of our students to learn about the risk factors of human trafficking, until the districts are willing to incorporate it into their curriculum, it will be difficult to estimate the need. Also, given that the State has determined that all middle school and high school students should be evaluated annually for suicidality, it would be wise to consider adding four more ASIST courses annually.

Cost to Fill the Gap

The cost of providing sexual abuse prevention programming to the remaining preschool, early education, elementary, and middle school children along with adding 9th through 12th grade presentations would be \$350,854.14 (1,014 presentations X \$346.01 per presentation).

To fully fund Teams of Concern group work and presentations, the cost would be \$2,131,500.00 (35,000 hours X \$60.90 per hour). To fully fund the *Preventure* program for 660 middle school students, the cost would be \$172,802.70 (669 youth X 3 hours X \$86.10 per hour). Currently, \$376,739.02 is committed to these efforts, leaving a gap of \$1,927,563.68. How many children and youth fit in the gap is dependent on how much of the current investment would go to each part of this prevention effort.

Based on current efforts to educate students about the risks of substance use, 297 youth were identified as needing an assessment and possibly further treatment. If Teams of Concern and *Preventure* were fully funded, it is estimated that an additional 1,520

students would be identified. The cost to provide these assessments and additional treatment would be \$927,504.00 (1,520 youth X \$610.20 per student).

In order to provide suicide prevention programming to the 870 students who are not currently receiving this curriculum at 25 students per class, it is estimated that it would take 35 classrooms. The cost would be \$16,814.70 (3 hours per classroom X 35 classrooms X \$160.14 per hour (average cost between the two providers)).

To cover the cost of providing additional sexual abstinence programming, it would take \$20,596.95 (1,095 students X \$18.81 per student).

In order to cover the costs of providing stress management curriculum for all 11th and 12th grade students in our five districts, the cost would be \$31,951.00 (359 presentations X \$89.00 per presentation).

To cover the cost of expanding the *Ending the Silence* program, it would cost \$40,755.00 (209 classrooms X 1 hour X \$195.00 per hour). Further analysis would be needed to calculate adding additional presentations for parents and teachers.

To add 4 more ASIST courses, the cost would be \$9,536.00 (4 courses X 16 hours X \$149.00 per hour).

The cost to provide these seven prevention programs to the remaining students and professionals not currently receiving them is \$3,325,575.47.

Sources: CHADS Coalition for Mental Health, Child Center, Compass Health Network, Gateway Human Trafficking, Kids Under Twenty One, NAMI St Louis, Preferred Family Healthcare, and ThriVe.

Home-Based & School-Based Family Intervention Services

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

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

St. Charles County's Current Situation

There are sixteen home, community and school-based programs currently operating in our County funded by the CCRB. These services are provided in the families' homes, in

their schools, and in their neighborhoods, and they reach out to different populations and address different needs.

Big Brothers Big Sisters provides one-on-one mentoring relationships with children who have lost a parent to death, divorce or incarceration. In 2019, they served 140 St. Charles County youth and 93 parents.

The Boys and Girls Club has two county locations and offers a variety of afterschool and summer programs for at-risk youth, which includes academic support and classes that help prevent teenage pregnancy, chemical usage, and juvenile crime. In 2019, they provided programs to 906 youth at their two facilities.

CHADS Coalition for Mental Health provides support services at school and in family homes for youth who have attended one of their school prevention presentations and shares that they have thoughts of suicide or feelings of depression. Students are evaluated for lethality, negotiate safety plans, and, if necessary, are referred to other providers. In 2019, CHADS supported 64 students.

In January of 2018, the Community Council of St. Charles County established a partnership with all of the local non-profit agencies who serve families who are homeless or approaching homelessness. Families who are facing a housing crisis contact United Way's 211 emergency system and are directed to the Coordinated Entry program where they are assigned to one or several of their housing partners. Families complete one assessment, and records are shared between serving agencies. Based on the family's circumstances, the programming only allows for referrals to services that they are eligible for, reducing the family's frustration.

In 2019, the Community Council became a funded partner, and served 259 parents and 550 children with CCRB funding. Overall the program served 438 parents and 633 children and youth in 2019. These numbers represent a 19 percent increase in assessments.

Since 2000, the Child Center has been providing forensic interviews to children and youth who have been physically or sexually abused. By conducting only one interview, children no longer have to share their trauma five or six times, thus reducing the chances they will be manipulated by defense attorneys and increasing the chances of a conviction of the perpetrator while lessening the effects of trauma. In 2019, 363 youth were able to be interviewed and 93 parents were supported.

The Partnership with Families program was initiated in 1998 through a federal grant awarded to St. Charles County by the Substance Abuse Mental Health Services Administration (SAMHSA). This grant was designed to work with youth with a serious emotional disturbance (SED) and their families as a way to prevent long term residential treatment and involvement in the juvenile justice system with a population at risk of family breakup, expulsion, and crime. The program was a partnership with numerous child-serving organizations, but was spearheaded by the Compass Health Network who provided care coordination, family assistance and respite, and F.A.C.T., which provided valuable parent support to the families. The program was funded federally for seven years and then became funded locally. In 2019, the Compass Health Network worked with 620 children and youth, while Parent Partners worked with 1,031 parents and 109 siblings.

By positioning Mental Health Specialists in the schools, the Compass Health Network has been able to work with school personnel to identify at-risk youth who may have a mental illness or who were having trouble achieving academic success. The severity of the problems these youth have been experiencing is significant, but less severe than Partnership with Families youth. By intervening with this at-risk population, they are mitigating more serious mental health problems. In 2019, they worked with 422 youth who were at risk of suspension or were behaving in a way that was interfering with their learning. Currently, our parochial high schools employ counselors in their schools, but school-based mental health services do not exist in our Lutheran schools.

The St. Louis Crisis Nursery provides both parenting and home-based services to at-risk families who have utilized their respite services. Many of these families are struggling with domestic violence, poverty and unemployment. They worked with 217 parents during 2019, as well as 485 children, offering individual, family and group support and educational services.

The 11th Judicial Circuit Court, in partnership with Youth In Need's counselors, offers a Therapeutic Supervised Visitation Program that reunites estranged parents with their children in a therapeutic setting, with the goal of re-establishing relationships that have been severed by either divorce or abuse/neglect. Last year, they served 32 children and 42 parents.

Epworth Children and Family Services provided intensive in-home counseling to 81 youth and 53 parents with a high risk of child abuse in 2019.

The Foster & Adoptive Care Coalition provides crisis intervention services to adoptive families. This program, created from the evidence-based Homebuilders model developed in California, provides 24/7 availability for crises arising in adoptive or foster families. Services are provided in-home and are designed to give parents the skills they need to keep families together. They served 32 youth and 19 parents in 2019.

In 2020, the CCRB added two more of Foster and Adoptive Care Coalition's programs to its funded menu; 30 Days to Family and Educational Advocacy. The 30 Days to Family program searches for family relatives who would be possible candidates to adopt children whose parents have passed away or have been incarcerated. Educational advocacy, while similar to Parent Partner services provided in the Partnership with Families program, is specialized for children and youth who have been adopted or are in the foster care system.

NAMI St. Louis offers a Basics Class and support groups for families who are dealing with children diagnosed with a mental illness. In 2019, they served 31 parents, 124 professionals and 17 children through these programs.

In 2019, Sts. Joachim & Ann Care Service worked with 461 children and 290 parents. These children and their families were homeless, or at risk for becoming homeless due to a variety of financial or mental health reasons. These families received support to address their financial, emotional, educational, and medical needs that had contributed to being homeless.

TREEHouse of Greater St. Louis was selected in 2020 to receive funding for equine-assisted therapy services. With the pandemic, it is too early to determine whether or not additional services of this kind are needed.

Up until four years ago, most of the school districts in St. Charles County contracted with United Services for Children to serve children age three to five who have been diagnosed with Autism Spectrum Disorder. The Department of Education and Secondary Education then mandated that districts serve these populations in the district. With the cancellation of these contracts, United Services refocused its target population to primarily two year olds with Autism or other developmental delay. Currently, they have capacity to serve 36 students at a time. These children are taught with one-on-one instruction to help them prepare emotionally and behaviorally for kindergarten. In 2019, United Services provided services to 46 children.

Our Strengths

The populations that these services target are often the most difficult to work with, but these services had strong outcomes in 2019:

Of the 140 youth provided mentoring by Big Brothers Big Sisters in 2019, 100 percent were able to avoid any drug or alcohol usage while 96 percent were able to avoid other risky behaviors. Ninety-six (96%) percent of the matches reported improved relationships with parents and peers.

At the Boys and Girls Club, 100 percent were able to complete their homework in a timely manner, 85 percent showed improvement in reading proficiency, and 81 percent demonstrated improved decision making skills in resisting alcohol, tobacco, drug usage, and sexual activity.

Of the youth served in CHADS Coalition for Mental Health's home-based program, 87 percent reported lowered anxiety and fewer depressive symptoms, 86 percent report less suicidal ideation, and 94 percent reported having gained a greater knowledge of mental health issues.

The Child Center reported that 82 percent of the children who participated in giving a forensic interview were able to share their experience of abuse and/or identify their perpetrator. Additionally, 86 percent of these youth reported less anxiety after their interview and advocacy support, and 91 percent were able to identify at least two trustworthy adults they could talk to if someone tried to abuse them again. Ninety-six (96) percent followed up on additional referrals for counseling.

The Coordinated Entry Program of the Community Council of St. Charles County reported that 75 percent of the families they served reported lower stress levels, and that 98 percent reported having an increased knowledge of housing options while 89 percent were able to find permanent housing within three months.

Of the youth that were served by the Partnership with Families program, 91 percent remained out of long-term residential care, 96 percent remained free from any further law enforcement involvement, and 92 percent remained free from out of school suspensions. Additionally, 97 percent did not have a critical incident at home or at school that would necessitate a hospitalization and 99 percent actively participated in

their own goal oriented education plan. It was also reported that 97 percent of the youth served were able to stay at home through accessing community resources. Eighty-three (83) percent of the parents reported that they received positive behavioral support plans while 81 percent of parents reported that they had developed a greater ability to advocate for their children.

The school-based mental health services provided by the Compass Health Network staff also had impressive results. Ninety-six (96%) percent of the youth showed an improvement in their assessed level of overall functioning, 99 percent remained free from any law enforcement involvement, and 100 percent remained in school and free from suspensions.

One hundred (100%) percent of the children served through the St. Louis Crisis Nursery's home-based services remained residing in their own homes and remained free from a substantiated child abuse report. In addition, 96 percent of the parents reported learning at least two new strategies for coping with stress and frustration.

Of the cases served by Youth In Need in the Therapeutic Supervised Visitation Program, there was a reduction in anxiety and awkwardness between the children and the parents in 100 percent of the families, and parents were able to incorporate the parenting skills they were being taught in 91 percent of the families. Parents were able to respond appropriately to the emotional needs of their children in 92 percent of the families, with no reports of abuse/neglect, and 87 percent of the cases did not have a motion to modify custody.

Epworth Children and Family Services reported that 100 percent of the children they served were free from any incident of child abuse or neglect. One hundred (100%) percent of their parents reported that they were more resilient in the face of their stressors and 100 percent reported having greater knowledge of positive parenting techniques.

The Foster & Adoptive Care Coalition's practices are recognized as a best practice by the California Evidence-Based Clearinghouse for Child Welfare. Their 30 Days to Family program has a 71% placement rate. In 2019, 67 percent of the families served reported having improved relationships with caregivers and other family members, and they had no out-of-home placements.

NAMI St. Louis has been providing educational and supportive services to families in the St. Louis region for over 40 years. They are known for their vast knowledge of mental illness and in fighting stigma related to these disorders. One hundred percent of the Basics Class participants reported that they gained knowledge about their child's mental illness and that they learned additional skills to help them cope. Of the parents who attended the workshop, 98 percent reported to be less judgmental of people's mental illnesses.

Sst. Joachim and Ann Care Service staff worked with families that were homeless or at risk of becoming homeless. Of the families they worked with, 100 percent of the children enrolled in school and showed improvement in at least three basic need areas: 93 percent showed improvement in either physical or emotional well-being; and 92 percent showed improvement in peer interaction and greater involvement in school activities.

Most importantly, 94 percent of the families were residing in a stable housing situation within six months of starting services.

United Services for Children saw tremendous gains with the children they serve with a minimum of three months of services; 85 percent of children were able to respond to their teacher when prompted, 85 percent came to the teacher when called, and 98 percent participated in group activities and were able to appropriately engage with playthings.

Service Gaps

Big Brothers Big Sisters has an average waiting list of 25 youth who have requested a mentor that current funding cannot cover. Matching children's and the mentor's zip code creates some of the delays in making matches.

The Boys and Girls Club has 16 children on their waiting list that would benefit from some of their after-school prevention programming, but they lack access due to transportation, and CCRB funding does not allow the coverage of client transportation. The cost of serving these children, excluding transportation costs is included in the next section.

CHADS Coalition for Mental Health ran out of funding in the fall last year, leaving 33 youth on their waiting list. Due to the potential lethality of these situations, these youth are provided emergency numbers and referred to other agencies, but more intensive work is needed. Funding to serve an additional 10 youth was provided for 2020.

St. Charles County has experienced an uptick of substantiated cases of childhood sexual abuse, and even though the CCRB has expanded the number of children and youth that are being interviewed and receiving advocacy. There were 26 youth that they didn't have funding for that needed a forensic interview and 42 youth that needed advocacy that they didn't have funding to provide. Additionally, many of the children and youth who have been sexually molested or abused would benefit from additional specialized counseling. There were 167 youth who would have benefitted from counseling in 2019.

Currently, the Community Council of St. Charles County has enough funding to evaluate all callers in the Coordinated Entry system. There has been a 15 percent increase in the acceptance of housing referrals. However, their Missouri Foundation for Health grant is expiring at the end of 2020 and so their ability to continue to provide services at the necessary level will be challenged.

As of the end of 2019, Partnership with Families did not have any families on their waiting list. With the COVID-19 pandemic and schools being closed, referrals have dropped significantly, so at this point in time, there is no need to expand this program.

The Compass Health Network does not maintain a waiting list for youth needing help through the School-Based Mental Health Specialist Program as the schools determine which students qualify for admittance to the program. Funding for this program was expanded in 2020, however, and according to the districts, an additional specialist in Francis Howell, Fort Zumwalt and Wentzville, and a half-time specialist in St. Charles

and Orchard Farm would meet the growing need. Based on the average number of students served annually by each specialist, an additional 140 students could be helped.

While there are specialists in our public schools and crisis counselors in all of the Catholic elementary schools, no such services are provided in the Lutheran schools. In total, there are 817 students in their three elementary schools. Services such as assessments, crisis interventions, individual and family counseling, group therapy, and case management could benefit children who are suffering from a mental health problem or crisis. It is estimated that about 10 percent of these children, or 82 youth, would need such help. Combining both public and private schools, it is estimated that there are 222 youth in need of such services. Parent partner services would also need to be expanded as a result.

The 11th Circuit Court reported that they were unable to serve 4 families in 2019.

Epworth Children and Family Services had to turn away 17 families representing 23 children in 2019 due to a lack of funding. They received additional funding for 2020, which should allow them to serve 11 of those children, leaving 6 children without help.

Currently, funding the Foster and Adoptive Care Coalition's (FACC) Family Works Program is sufficient to serve the demand for this crisis intervention service. However, funding for the 30 Days to Family ran out in February, leaving 15 youth without the ability to access potential family members who could take them in. Additionally, it is estimated that there are 12 youth beyond FACC's capacity to provide Educational Advocacy.

St. Joachim and Ann Care Services had 19 families, comprised of 31 parents and 46 children that were funded through a temporary grant. Services would need to expand to serve these families in the future.

At year end, United Services had 25 two-year olds on their waiting list. While they have physical space to serve these children, they do not have the funding to hire additional staff. On average, each child receives 352 hours of classroom instruction and 88 hours of behavioral assistance.

Currently, there are no children on the waiting lists of the Community Council of St. Charles County, the St. Louis Crisis Nursery, Foster & Adoptive Care Coalition's Family Works, NAMI St. Louis' Basics classes, Partnership with Families (Compass/FACT) and TREEHouse of Greater St. Louis.

Cost to Fill the Gap

To provide Big Brother or Big Sister mentoring to the 25 youth in need of a mentor, it would cost \$3,460.50 (25 youth X 4.5 hours X \$30.76 per hour).

In order to provide center-based, after school prevention programming to the 16 children that the Boys and Girls Club cannot currently serve, the cost would be \$5,139.20 (16 children X 44 hours per child X \$7.30 per hour).

To provide home-based counseling to the 23 youth on CHADS' waiting list, it would cost \$17,526.46 (23 youth X 7 hours (average length of stay) X \$108.86/hour).

To provide for the forensic interviews of 26 additional youth through the Child Center, it would cost \$16,042.26 (26 youth X 3 hours per interview X \$205.67 per hour). To provide child advocacy for 42 children during the court process, it would cost \$63,540.96 (42 children X 8 hours per child X \$189.11 per hour). To provide mental health counseling that specializes in the trauma of sexual abuse and violence would cost \$300,600.00 (167 youth X 12 hours of counseling X \$150.00 per hour). The total for the three pieces of the program would be \$380,183.22.

To provide school-based mental health specialist services to the 222 youth (178 Medicaid and 44 non-Medicaid) in need of services in our public and private schools, it would cost \$837,621.04 (178 Medicaid youth X 37 encounters of service on average X \$55.71 per encounter; plus 178 Medicaid youth X 23 encounters of parent partner services on average X \$45.71 per encounter; plus 44 non-Medicaid youth X 37 encounters of service on average X \$107.14 per encounter and 44 non-Medicaid youth X 23 encounters of parent partner services on average X \$107.86 per encounter).

The cost of providing Supervised Visitation services to 4 additional families beyond the program's current capacity would be \$6,180.00 (4 children X 15 hours (average length of stay) X \$103.00/hour).

To cover the costs of providing home-based services to the 6 children at Epworth that have requested help beyond their current capacity, it would cost \$2,426.94 (6 children X 3 hours (average length of stay) X \$134.83 per hour).

The cost to expand 30 Days to Family would be \$179,984.30 (15 youth X 81 hours X \$148.02 per hour). To expand funding for the 12 foster youth who are needing educational advocacy, the cost would be \$11,898.00 (12 youth X 10 hours X \$99.15 per hour).

To serve the rest of the anticipated demand for services to help find homes and provide services to families seeking help from Sts. Joachim and Ann Care Service, it would take \$128,032.26 (19 families X 138 hours (average length of service) X \$48.83 per hour).

To fully support the Early Intervention Program at United Services for Children, it would cost \$215,160.00 (25 children X 352 hours per year X \$18.52 per hour, plus 25 children X 88 hours per year X \$23.72 per hour).

The cost to fully fund all of the home, school and community based programs detailed above would be \$1,787,611.92.

Sources: Big Brothers Big Sisters, Boys and Girls Club of St. Charles County, CHADS Coalition for Mental Health, the Child Center, Compass Health Network, the Community Council of St. Charles County, 11th Judicial Circuit Family Court, Epworth Children and Family Services, Family Advocacy and Community Training Foster & Adoptive Care Coalition, NAMI St. Louis, Sts. Joachim & Ann Care Service, St. Louis Crisis Nursery, TREEHouse of Greater St. Louis and United Services for Children

Counseling, Testing and Evaluation Services

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

St. Charles County's Current Situation

Currently, there are six agencies that provide traditional counseling to children and families within St. Charles County on a sliding scale basis or for free: FamilyForward, LINC St. Charles County, Lutheran Family & Children's Services, the Megan Meier Foundation, Saint Louis Counseling, and Youth In Need. FamilyForward served 50 youth and 86 parents with emotional issues connected with foster care and adoption and LINC St. Charles County provided counseling to 64 children and 30 parents at their Wentzville location. Lutheran Family & Children's Services provided help to 169 children and youth and 86 parents, while the Megan Meier Foundation counseled 27 youth seeking support for bullying or cyberbullying. Saint Louis Counseling provided counseling to 169 children and youth in 2019 at their O'Fallon office last year, while Youth In Need provided counseling to 456 youth last year along with 336 parents. In total across the six agencies, 935 children and youth and 546 parents received counseling.

The Compass Health Network provides the Pinocchio Program, a screening program, to young elementary students in kindergarten through 3rd grade to evaluate for emerging behavioral, mental and learning difficulties at seven Wentzville elementary schools. In 2019, they screened 5,100 children, determined that 1,173 students needed services, and provided ongoing services to 422 of those children.

The University of Missouri St Louis - Center for Behavioral Health (UMSL-CBH) provided psychological testing to 57 youth along with follow-up recommendations in 2019. They averaged 16 hours of testing and write-ups per client. Epworth Children's and Family Services provided psychological testing to 18 students and they averaged 14 hours of testing and write-ups.

Our Strengths

Each of the funded programs achieved strong results with the families they treated in 2019. Of the youth served by FamilyForward, 82 percent had an improved level of functioning as reflected in improved family relationships, while 79 percent had a reduction in psychological symptoms; ninety-eight (98) percent avoided placement. LINC St. Charles County reported that 85 percent of the children they served in 2019 had fewer angry outbursts and arguments with their parents, while 96 percent demonstrated greater social skills with peers and improved relationships with teachers. Additionally, 99 percent of the families that received wraparound assistance were able to maintain a stable housing situation. Of the children served by Lutheran Family & Children's Services, 78 percent reported a reduction in psychological symptoms; 94

percent demonstrated fewer behavioral problems at school and at home; and 91 percent reported having fewer conflicts with parents and siblings. The Megan Meier Foundation achieved 96 percent success in improving youth's level of functioning at school and at home, meeting their treatment goals and remaining in school. Saint Louis Counseling reported that 81 percent of their youth indicated improved functioning at home and at school and reported a reduction in psychological symptoms, while 97 percent achieved their treatment goals. At Youth In Need, 75 percent of the youth showed improved individual functioning and reduced emotional and physical symptoms; 70 percent demonstrated an improvement in academic and employment performance as well as social relationships; and 69 percent demonstrated improved family and parental relationships with fewer conflicts.

Parents and teachers of children who received Compass' Pinocchio services in 2019 reported behavioral improvement at school in 98 percent of the cases and at home in 100 percent of the cases. Ninety-eight (98) percent made progress of their treatment goals.

Of the 57 children and youth tested by the staff at UMSL-CBH, 96 percent of the families understood the diagnostic determination of their child's symptoms, 100 percent understood their child's condition and how it affected their daily life, and 94 percent followed through with service and school recommendations. One-hundred (100) percent of the families tested by Epworth Children and Family Services gained knowledge of their child's condition and of effective treatment options as well as followed through with at least one toward the treatment recommendations.

Service Gaps

In 2019, 93 children and youth were unable to receive counseling services at our various counseling agencies due to limited funding.

It is estimated there are 10,300 Kindergarten-3rd grade students in the Fort Zumwalt, Francis Howell, Orchard Farms, and St. Charles school districts that are not being screened for early signs of behavioral, emotional and learning difficulties. With an average of 25 students per classroom, it would take 412 additional classroom evaluation screenings. It is estimated that 23 percent of kindergarten through 3rd grade children would need additional support and assistance throughout the rest of the school year through the Pinocchio program.

Between the two agencies, at the end of 2019, 129 children and youth were placed on waitlists for testing. Additional funding was awarded for 2020, allowing for 15 more students to be treated.

Cost to Fill the Gap

In order to provide counseling services to the 157 children and youth beyond the capacity of our current providers, it would cost \$77,078.40 (93 youth X 8 sessions X \$103.60 per session (average cost of the six agencies)).

The cost to expand the Pinocchio program to all five public school districts would be \$3,148,368.00 (412 classroom screenings X 1.5 hours per screening X \$56.00 per hour, plus 3,120 children X 20 hours X \$27.50 per hour (group) plus 3,120 children X 8 hours (individual) X \$56.00 hour) The following table shows the breakdown by district.

District	# of Kids	Screenings	23%	Screening Costs	Service Costs	Total Costs
FZ	4,267	171	981	\$14,364.00	\$979,038.00	\$993,402.00
FH	4,298	172	989	\$14,448.00	\$987,022.00	\$1,001,470.00
OF	530	21	122	\$1,764.00	\$121,756.00	\$123,550.00
SC	1,205	48	277	\$4,032.00	\$276,446.00	\$280,478.00
WZ	5,100	0	751	\$0.00	\$749,498.00	\$749,498.00
Totals	15,400	412	3,120	\$34,608.00	\$3,113,760.00	\$3,148,368.00

FZ is Fort Zumwalt, FH is Francis Howell, OF is Orchard Farms, SC is St. Charles and WZ is Wentzville.

To provide complete psychological testing for 114 students beyond our current capacity, the cost would be \$168,435.00 (114 youth X 15 hours (average amount of time) X \$98.50 per hour (average cost between the two agencies)).

The total cost for all three counseling components would be \$3,393,881.40.

Sources: Compass Health Network, Epworth Children and Family Services, FamilyForward, Lutheran Family & Children's Services, LINC St. Charles County, the Megan Meier Foundation, Saint Louis Counseling, University of Missouri St. Louis-Center for Behavioral Health and Youth In Need

Summary Table of Needs, Recommendations and Costs

Services	Need	Children & Youth Directly Impacted	Additional Family Members Impacted	Total Number of Persons Impacted
Temporary Shelter Services	\$343,980.00	98	207	305
Respite Care Services	\$355,701.34	256	540	796
Services to Unwed Mothers & Teenage Parents	\$2,239,899.60	118	249	367
Outpatient Substance Use Tx.	\$11,543,785.32	339	715	1,054
Outpatient Psychiatric Tx.	\$33,556.60	77	162	239
Transitional Living Services	\$382,800.00	24	0	24
Crisis Intervention Services	\$3,966.40	?	?	?
Crisis Response Team	\$10,800.00	?	?	?
Safe Place	\$7,500.00	160	338	498
Prevention Programs				
Sexual Abuse	\$350,854.14	25,098	52,957	78,055
Substance Abuse	\$1,927,563.68	?	?	?
Substance Abuse Counseling	\$927,504.00	1,520	3,207	4,727
Suicide	\$16,814.70	870	1,836	2,706
Anxiety/Stress Management	\$31,951.00	9,185	19,380	28,565
Ending the Silence (M.H. Stigma)	\$40,755.00	5,229	11,033	16,252
ASIST Training	\$9,536.00	?	?	?
Home & School Based Family Intervention Services				
Mentoring	\$3,460.50	25	53	78
Center Based After School	\$5,139.20	16	34	50
Services to Victims of Abuse	\$380,183.22	167	352	519
Services for Foster Children	\$191,882.30	27	57	84
School-Based M.H. Specialists	\$837,621.04	222	468	690
Home Based (4 programs)	\$154,165.66	64	135	199
Services for Children w/ Autism	\$215,160.90	25	53	78
Counseling, Testing & Evaluation Services				
Counseling & Therapy	\$77,078.40	93	196	289
Pinocchio Program	\$3,148,168.00	3,120	6,583	9,703
Psychological Testing	\$168,435.00	114	241	355
Subtotal for Direct Services	\$20,862,352.48	6,465	13,641	20,106
Totals for Prevention (Est.)*	\$2,377,474.52	22,498	47,471	69,969
Total Cost	\$23,239,827.00			

To determine the **Additional Family Members Impacted** and the **Total Number of Persons Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by the average numbers per family in St. Charles County. According to the 2010 U.S. Census, the average family size for St. Charles County was 3.11. For **Additional Family Members Impacted**, the number of **Children and Youth Directly Impacted** was multiplied by 2.11 (3.11 minus 1 (the identified child)). *The final number of youth receiving prevention services if funded is an estimate.

It is important to recognize that the total figures for unmet needs contain some duplication of numbers. Of the 6,465 youth needing services beyond prevention programming, some of them will need services from multiple categories, and all of them would probably receive at least one of the prevention programs in their schools. There is also duplication in the prevention programming as the anti-violence and sexual abuse programming is for elementary and middle school students, while the suicide and pregnancy prevention programs primarily target high school students. Substance abuse prevention programs cover the entire gamut. It is impossible to determine exact figures of unduplicated need, but our figures represent the numbers of children not currently receiving help that have at least requested it, and they allow for universal coverage of prevention programming.

The Larger Impact on the Community

Although the number of people needing services and the number of people within families who would be directly impacted can be calculated, the total number of people impacted by these needs not being addressed is much greater and undeterminable. When one thinks about all of the possible contacts a child or youth has, the impact is even more significant. Friends, neighbors, classmates, teachers, principals, church congregations, teammates, classmates in extra-curricular activities, and law enforcement are all groups of people who can be adversely affected if these needs are not addressed, or favorably affected if they are. It is also theorized that if these needs are addressed, that parents will become more productive employees and employers will experience less absenteeism, thereby making a more significant impact on the local business community.

By working to repair the broken lives of children and youth now, and by providing additional problem-solving skills through prevention programs to all youth within the County, Saint Charles County would be making an investment in their future of our youth and all of our residents. By providing services as problems arise rather than letting them become more ingrained, we can treat children more effectively and less expensively. The provision of these additional skills through prevention programming gives children and youth greater abilities to handle the pressures and stresses they face. Through these efforts, there is an investment in the future safety of our schools, our homes, and our neighborhoods, leading to a greater quality of life in our community.

Conclusion

Tremendous progress continues to be made in the fifteen years since localized funding allowed St. Charles County to provide and expand valuable mental health and substance abuse services to its children and youth. These successes are the result of the Community and Children's Resource Board's strategic investment of services to

families in need and more importantly, the clinical success of our partner agencies' programs.

Despite these successes, there are over sixty-four hundred St. Charles County children and youth still in need of help, with thousands more who could benefit from expanded prevention programming. Rather than basking in our accomplishments, we need to be aggressive in finding new funding sources and in building new partnerships to address these needs. With a \$23 million shortfall, we must be able to market the success of our children's system of care and inform other funders about how an investment in St. Charles County youth programs will pay large dividends.

We are in the midst of a global viral pandemic, the likes of which has not been seen for one hundred years. While our county has not witnessed a large number of deaths to date, what was once normal is no longer. It remains to be seen if or when any parts of our old normal will return as we await a vaccine and reliable treatments. As we continue to adapt, there will be children, youth and families who will have difficulty with these adaptations. While there are many opportunities for positive change as a result of our conflicts and challenges, we don't know what tomorrow will bring. It is our hope and belief however that our system of care for youth will be ready to respond and care for those members of our community who need our help.