

CCRB Funded Program Assessment Report: St. Charles County Youth in 2023



*The Community and Children's Resource Board
of St. Charles County*

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April 2025*



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Acknowledgement

Several organizations located in St. Charles County participated in the study, and several other sources of information were utilized to prepare this assessment. In addition, the CCRB partnered with Cynthia Berry, Ph.D. of Berry Organizational and Leadership Development, (BOLD), LLC, to conduct this research and prepare this assessment report.

The following agencies and organizations provided data for this assessment:

- *Eleventh Circuit Family Court*
- *Behavioral Health Response*
- *Bethany Christian Services*
- *Big Brothers Big Sisters of Eastern Missouri*
- *Boys & Girls Clubs of St. Charles County*
- *CHADS Coalition for Mental Health*
- *Community Council of St. Charles County*
- *Community Living, Inc.*
- *Compass Health Network*
- *Department of Elementary and Secondary Education (DESE)*
- *Division of Social Services*
- *Family Advocacy and Community Training (F.A.C.T.)*
- *FamilyForward*
- *Foster and Adoptive Care Coalition*
- *Gateway Alliance against Human Trafficking*
- *Crisis Aid International, Inc.*
- *Juvenile Office, 11th Circuit Juvenile Court*
- *Kids In The Middle*
- *Kids Under Twenty One (KUTO)*
- *LINC St. Charles County*
- *Lutheran Family and Children's Services of Missouri*
- *Megan Meier Foundation*
- *Mental Health America of Eastern Missouri*
- *Missouri Department of Mental Health*
- *Missouri Department of Social Services*
- *Missouri Eating Disorders Association*
- *Missouri Kids Count*
- *NAMI St. Louis*
- *Nurses for Newborns*
- *Our Lady's Inn*
- *Partners In-Kind*
- *Preferred Family Healthcare, Inc.*
- *PreventEd*
- *Saint Louis Counseling*
- *Saint Louis Crisis Nursery*
- *SSM Health Care St. Louis*
- *Sts. Joachim & Ann Care Service*
- *The Child Advocacy Center of Northeast Missouri*
- *The Sparrow's Nest*
- *ThriVe St. Louis*
- *United Services for Children*
- *Youth In Need*

The Community and Children's Resource Board of St. Charles County (CCRB)

Vision

Preparing all youth and families to realize a brighter tomorrow.

Mission

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



Values

In support of our mission and vision, the CCRB is dedicated to:

1. Encouraging collaboration and integration of mental health services and public funds to deliver services that are effective, efficient, and continually improved.
2. Making sure that children and families in need of services are partners in the planning, development, and delivery of those services.
3. Developing accountable service delivery systems that are responsive to the community as well as public health and welfare authorities.
4. Working to strengthen children and families.

The CCRB is governed by the following State Statutes and Local Ordinances:

Missouri Revised Statutes

Title VI COUNTY, TOWNSHIP AND POLITICAL SUBDIVISION GOVERNMENT

- Chapter 67
 - 67.1775. Authorizes local sales tax in all counties and St. Louis City to provide services for children – establishes fund

Title XII PUBLIC HEALTH AND WELFARE

- Chapter 210
 - 210.860. Tax levy, amount, purposes – ballot – deposit of funds in special community children's services fund
 - 210.861. Board of directors, term, expenses, organization – powers – funds, expenditure, purpose, restrictions.

St. Charles County, Missouri Ordinance No. 97-152

Title I Government Code

- Chapter 120 Boards and Commissions
 - Article X: Section 120.730-Section 120.785

[To access the CCRB's website, click here.](#)

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History of the Community and Children's Resource Board of St. Charles County (CCRB)

The CCRB was originally known as the Children and Family Services Authority (CFSA), which was created by County Ordinance 97-152 as a replacement for the St. Charles County Community Mental Health Board of Trustees in 1997. Recognizing the needs of children and families in St. Charles County, a coalition of the CFSA, committed local nonprofit agencies, and community supporters applied for a federal grant. In October of 1998, St. Charles County was awarded a 6-year, \$7.1 million grant to serve children with a serious emotional disorder and their families, later adding on an additional \$1.5 million for a seventh year. This program was known as Partnership with Families, and the CCRB was responsible for overseeing the entire grant, including all financial aspects, clinical work, and research.

The federal grant ceased in the fall of 2005, but funding for the continuation of this model project was made available through the passage of Proposition 1 – Putting Kids First (November 2004), which created a Children's Community Services Fund for the purpose of providing children's mental health and substance use treatment services to County youth, aged 0-19. In October 2006, the Children and Family Services Authority was renamed the Community and Children's Resource Board (CCRB).

This assessment is the twelfth study conducted to evaluate the state of CCRB-funded mental health and substance use treatment services for children and youth within St. Charles County. It is the ninth 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.

Today, the CCRB funds prevention, stabilization, early intervention and treatment programs for St. Charles County children and youth (ages 0-19) and their families through a 1/8 cent sales tax designated for mental health services.

The CCRB serves as an independent oversight board, comprised of volunteer trustees and paid staff, responsible for:

- Improving the quality, access and system of mental health services for St. Charles County children and youth
- Providing leadership in the development and implementation of early intervention, prevention and life skills programs
- Examining mental health care providers' programs against St. Charles County's needs assessment, funding statute, utilization rates and proven clinical success
- Funding mental health and substance use services for children and families in St. Charles County
- Managing on-site provider audits to review billing and program standards
- Monitoring program outcomes and impact on populations served
- Conducting county needs assessments to evaluate CCRB-funded programs' impact and confirm the highest priority needs
- Funding only services rendered—prohibiting pre-billing and ensuring any unused funding allocations are forfeited

CCRB trustees and staff regularly meet with local school and social service agency leadership as well as counselors, law enforcement, civic leadership and concerned citizens to assess services and community strengths and needs.

Introduction

The Community and Children’s Resource Board of St. Charles County (CCRB) manages the Children’s Services Fund (CSF) by overseeing the funding of mental and behavioral health, as well as substance use prevention and intervention services for St. Charles County kids (ages 0-19) and their families. The CCRB remains responsive to public opinion regarding the priority mental health needs of our children and youth. Consequently, the CCRB publishes a county-wide needs assessment, which delineates the state of mental health and substance use disorder services for children and youth in St. Charles County.

As mandated by State Statute, the CCRB funds:

- Crisis Intervention Services
- Home and Community-based Intervention Services
- Individual, Group, and Family Counseling and Evaluation Services
- Outpatient Psychiatric Services
- Outpatient Substance Use Treatment Services
- Respite Care Services
- Prevention and Early Intervention Services
- Services to Teen Parents
- Temporary Shelter Services
- Transitional Living Services



During the 12-month contract period from January 1, 2023, to December 31, 2023, the CCRB provided over \$9.1 million in funding to 61 programs at 31 non-profit agencies. This funding supported a wide range of mental health programs offering direct treatment services, early intervention, and prevention initiatives to address mental health needs and promote the safety and well-being of St. Charles County's youth.

In 2023, CCRB-funded services reached:

- ***11,552 youth through direct service programs (when adjusted for an estimated 20% duplication rate when a child or youth is served by multiple agencies, such as for mental illness and homelessness, approximately 9,242 distinct youth received services). Additionally, these programs served 2,957 parents/caregivers/guardians, 1,965 families, and 591 professionals (see Table 17).***
- ***89,742 youth through prevention programs (or approximately 62,820 youth when adjusted by 30% for duplication). Furthermore, 100 parents/caregivers received educational programming, and 1,895 professionals were also reached, benefiting a total of 91,737 individuals.***

By providing a comprehensive, multi-layered system of intervention and treatment services, St. Charles County gains as a whole. These services contribute to a more educated and productive population and workforce, reducing taxpayer expenses related to crisis services such as law enforcement interventions.

The Current State of Children’s Services in St. Charles County: CCRB-funded Agency Programs and Youth Served by Funded Category

This section offers an overview of the behavioral and mental health services (BH/MH) available for youth in St. Charles County funded by the CCRB. The information presented is based on data collected through a survey tool developed by BOLD, LLC, supplemented by data previously gathered through the CCRB processes.

The categories identified in this section align with the list of programs and services funded and administered by the CCRB. Each category includes a general description of the types of programs eligible for funding, and funded program descriptions. This section includes data on the number of youths served in calendar year 2023, as well as waitlist information. The total population served, shown in the last column of Table 1, includes all of the parents, caregivers, families, and professionals that were reported as being served through program services. The data in Table 1 will be summarized in the Prevention and Direct Services Program sections. Additional information on the number of parents/caregivers, families, and professionals served by service type are shown in Table 17 in the Appendix.

Table 1. CCRB-Funded Programs: Children and Total Population Numbers Served for 2023

| Service Types | Children: Carried Over* | Children: New | Children: Total Served | Children: Waitlisted | Total Others Served** | Total Pop Served |
|--|-------------------------|---------------|------------------------|----------------------|-----------------------|------------------|
| Crisis Intervention Services | 244 | 1,938 | 2,182 | 0 | 1,278 | 3,460 |
| Home and Community-based Intervention Services | 2,570 | 5,039 | 7,609 | 284 | 3,835 | 11,444 |
| Individual, Group, and Family Counseling and/or Eval. Services | 312 | 926 | 1,238 | 252 | 227 | 1,465 |
| Outpatient Psychiatric Services | 23 | 10 | 33 | 0 | 0 | 33 |
| Outpatient Substance Use Treatment Services | 58 | 64 | 122 | 0 | 0 | 122 |
| Respite Care Services | 4 | 276 | 280 | 84 | 156 | 436 |
| Services to Teen Parents | 15 | 27 | 42 | 0 | 17 | 59 |
| Temporary Shelter Services | 2 | 31 | 33 | 0 | 0 | 33 |
| Transitional Living Services | 4 | 9 | 13 | 0 | 0 | 13 |
| Prevention Services | 51 | 89,691 | 89,742 | 0 | 1,995 | 91,737 |
| Total Direct | 3,232 | 8,320 | 11,552 | 620 | 5,513 | 17,065 |
| Total Prevention | 51 | 89,691 | 89,742 | 0 | 1,995 | 91,737 |
| Total | 3,283 | 98,011 | 101,294 | 620 | 7,508 | 108,802 |

*Carried over from 2022

** Includes parents/caregivers, families, and professionals

Pop = Population

Prevention Programs

Prevention services focus on proactively addressing mental, emotional, and behavioral health challenges among students and youth. These programs aim to promote healthy development, prevent the onset of mental health issues, and reduce risk factors for negative outcomes such as substance use, violence, academic failure, and/or emotional distress. By integrating mental health education within schools and the broader community, these services reach students where they spend a significant portion of their time, providing early intervention and support in a familiar setting. Key aspects of prevention education services include:

1. **Mental Health Awareness and Education:** These services teach students about mental health, emotional regulation, and the importance of seeking help when needed. By normalizing conversations around mental health, they reduce stigma and encourage early identification of concerns such as anxiety, depression, or stress.
2. **Social-Emotional Learning (SEL):** SEL programs focus on developing emotional intelligence, teaching students to recognize and manage their emotions, build empathy, and improve interpersonal skills. This enhances their ability to cope with stress, make responsible decisions, and maintain positive relationships.
3. **Behavioral Health Support:** Prevention programs provide strategies for managing behaviors that may lead to problems in school or in personal lives, such as aggression, impulsive behaviors, or disruptive behaviors. They promote positive coping mechanisms and conflict resolution skills, reducing the risk of conduct issues or disciplinary actions.
4. **Substance Use Prevention:** Many services incorporate education on the dangers of substance use, teaching students about the health risks and legal consequences associated with drugs, alcohol, and tobacco. These programs often address peer pressure and offer students tools to resist engaging in risky behaviors.
5. **Bullying and Violence Prevention:** Prevention education includes anti-bullying campaigns and violence prevention initiatives, empowering students to stand up against bullying, cyberbullying, and peer aggression. These programs help create a safer school and community environment and promote a culture of respect and inclusion.
6. **Suicide Prevention:** Programs designed to identify early warning signs of suicidal thoughts or behaviors provide students and staff with the tools to recognize and respond to these signs. They also raise awareness about available mental health resources and the importance of seeking help for oneself or others.
7. **Crisis Intervention and Trauma Support:** Prevention education services often include training on how to respond to crises, such as family instability, trauma, or loss. These services ensure that students experiencing trauma are supported and that interventions are in place to prevent further emotional harm or escalation of mental health issues.



8. **Academic and Life Skill Development:** By addressing mental and behavioral health, these programs indirectly improve academic performance, as students who are emotionally healthy are better able to focus, engage in learning, and achieve academic success. Additionally, they often teach life skills, such as goal setting, problem-solving, and time management.

Table 2. Estimated Enrollment of All Students in St. Charles County (One-Year Average-2023)

| School Levels | Estimated # | % |
|--|-------------|-------|
| Population 3 years+/Enrolled in School | 77,761 | |
| Nursery school, preschool | 7,403 | 7.3% |
| Kindergarten | 5,458 | 5.4% |
| Elementary school (grades 1-8) | 41,510 | 41.0% |
| High school (grades 9-12) | 23,390 | 23.1% |

Source: American Community Survey 2023

9. **Family and Community Involvement:** Effective prevention programs often involve families and the wider community, offering resources, workshops, and communication strategies to support students' mental health. This creates a comprehensive support network around the student, both inside and outside of school.

These programs create a supportive environment that nurtures students' overall well-being and equips them with the skills needed for lifelong success.

Table 3. Enrollment of Students in St. Charles County, 2023-24 School Year – Per Public School

| Grades | Ft. Zumwalt | Francis Howell | Wentzville | St. Charles | Orchard Farm | Total | % Total |
|--------------|-------------|----------------|------------|-------------|--------------|--------|---------|
| PK | 276 | 639 | 406 | 257 | 214 | 1,792 | 3% |
| K | 1,121 | 1,150 | 1,207 | 320 | 170 | 3,968 | 7% |
| 1 | 1,160 | 1,185 | 1,286 | 366 | 183 | 4,180 | 7% |
| 2 | 1,147 | 1,197 | 1,295 | 362 | 181 | 4,182 | 7% |
| 3 | 1,190 | 1,256 | 1,335 | 359 | 176 | 4,316 | 7% |
| 4 | 1,227 | 1,309 | 1,359 | 350 | 163 | 4,408 | 7% |
| 5 | 1,204 | 1,231 | 1,297 | 342 | 160 | 4,234 | 7% |
| 6 | 1,234 | 1,316 | 1,455 | 336 | 149 | 4,490 | 8% |
| 7 | 1,306 | 1,289 | 1,332 | 363 | 167 | 4,457 | 7% |
| 8 | 1,360 | 1,246 | 1,424 | 335 | 184 | 4,549 | 8% |
| 9 | 1,436 | 1,388 | 1,431 | 375 | 181 | 4,811 | 8% |
| 10 | 1,381 | 1,325 | 1,444 | 366 | 148 | 4,664 | 8% |
| 11 | 1,503 | 1,312 | 1,409 | 351 | 156 | 4,731 | 8% |
| 12 | 1,527 | 1,307 | 1,337 | 364 | 148 | 4,683 | 8% |
| K-5th | 7,049 | 7,328 | 7,779 | 2,099 | 1,033 | 25,288 | 43% |
| 6th-8th | 3,900 | 3,851 | 4,211 | 1,034 | 500 | 13,496 | 23% |
| 9th-12th | 5,847 | 5,332 | 5,621 | 1,456 | 633 | 18,889 | 32% |
| K-8th | 10,949 | 11,179 | 11,990 | 3,133 | 1,533 | 38,784 | 65% |
| K-12th | 16,796 | 16,511 | 17,611 | 4,589 | 2,166 | 57,673 | 97% |
| Pre-K - 12th | 17,072 | 17,150 | 18,017 | 4,846 | 2,380 | 59,465 | 100% |

Source: Missouri Dept. of Elementary and Secondary Education

The CCRB-funded prevention programs played a critical role in addressing a wide range of mental and behavioral health issues, reaching 89,742 students during the 2023 CCRB contract period, which included both the latter part of the 2022-23 school year and the early months of the 2023-24 school year (see Table 4). In the 2022-23 school year, total enrollment was 77,761 students (see Table 2), spanning pre-K through 12th grade, with 59,465 enrolled in public schools (see Table 3), where most prevention programs were offered. Parochial schools did not publicly report enrollment numbers, so data from the

2023 American Community Survey was used to estimate the total student population in St. Charles County. After accounting for a 30% potential duplication rate, it was estimated that 62,820 unique students participated in a CCRB-funded prevention program during this period. This was considered a "dose" of prevention, potentially administered annually with consistent funding. This resulted in an estimated coverage rate of 106% for public schools and 81% for the total student population. In addition, the prevention programs served 100 parents/caregivers (P/C) and 1,895 professionals. Demographic data including gender, race/ethnicity, and zip code of youth served was not collected for prevention programs in 2023, and therefore not reported. The table below details CCRB-funded school-based prevention programs available across public and private schools in St. Charles County.

Table 4. 2023 St. Charles County – CCRB Funded School-based Prevention Programs

| Agency | Program Name | Children: Total Served | P/C: Total Served | Prof: Total Served | Total Pop Served |
|---|---|------------------------------|-------------------------|--------------------------|---------------------|
| CHADS Coalition for Mental Health | Signs of Suicide (SOS) | 13,822 | 0 | 0 | 13,822 |
| CHADS | Social Emotional Wellbeing (SEW) | 57 | 0 | 0 | 57 |
| Compass Health Network | Violence Prevention | 24,499 | 0 | 0 | 24,499 |
| Kids Under Twenty One (KUTO) | Suicide Safety | 5,160 | 0 | 35 | 5,195 |
| Missouri Eating Disorders Association | Feed the Facts - Eating Disorder Prevention | 2,057 | 0 | 0 | 2,057 |
| NAMI St. Louis | Ending the Silence (ETS) | 1,445 | 10 | 0 | 1,455 |
| Preferred Family Healthcare, Inc.(PFH) | Team of Concern (TOC) | 294 | 0 | 0 | 294 |
| PreventEd | Substance Use Prevention Education | 1,847 | 0 | 0 | 1,847 |
| The Child Advocacy Center of Northeast Missouri, Inc. (CAC) | Abuse and Exploitation Prevention | 35,305 | 90 | 1,860 | 37,255 |
| ThriVe St. Louis | Best Choice Sexual Risk Avoidance | 5,256 | 0 | 0 | 5,256 |
| Total | | 89,742 | 100 | 1,895 | 91,737 |

Several prevention programs are designed to identify students who may be at risk or in need of intervention or participation in other group-oriented classes. Following is a summary of each agency's school-based prevention program:

1. **CHADS Coalition for Mental Health – Signs of Suicide (SOS):** An evidence-based suicide prevention program for 5th -12th grade students, teaching the signs of depression and suicide. Each session ends with a depression screening and an opportunity for students to speak with a counselor, promoting early help-seeking behaviors. *SOS reached 13,822 students in 2023.*
2. **CHADS Coalition for Mental Health – Social Emotional Wellbeing (SEW):** The program uses evidence-based social-emotional curriculum to improve the social and emotional wellbeing of youth in grades K-12. An embedded Social Emotional Learning (SEL) Coach implements a mentoring program along with additional SEL services geared towards enhancing school culture to support student success. Additional services may include participating in various school and district meetings, teacher and classroom support, re-entry support for youth transitioning back to their assigned schools

from the St. Charles County Juvenile Justice Center (SCCJC), and individual interventions. *The SEW program served 57 students in 2023.*

3. **Compass Health Network – Violence Prevention:** Provides interactive violence prevention programming for K - 8th grade students, addressing topics like anger management, bullying, cyberbullying, and healthy relationships. The program promotes critical thinking and safety measures tailored to individual school needs. *The various Compass school-based violence prevention programs served 24,499 students in 2023.*
4. **Kids Under Twenty One (KUTO) – Suicide Safety:** Provides behavioral wellness and suicide prevention education for youth aged 10-19 years and adult gatekeepers (educators, safety officers, caregivers). The program aims to reduce youth suicide by promoting emotional health awareness, recognizing early signs of distress, and improving suicide prevention skills. *Suicide Safety reached 5,160 students and an additional 35 professionals.*
5. **Missouri Eating Disorders Association – Feed the Facts – Eating Disorder Prevention:** Delivers evidence-based eating disorders prevention presentations to middle and high school students. *This program served 2,057 students in 2023.*
6. **NAMI St. Louis – Ending the Silence (ETS):** An interactive school-based program that educates students in grades 6-12, caregivers, and youth-serving staff about the signs of mental health conditions and suicide. Presentations include a young adult with lived experience who shares their recovery journey, encouraging dialogue to reduce stigma and increase mental health awareness. *The program reached 1,445 youth and ten parents/caregivers in 2023.*
7. **Preferred Family Healthcare (PFH), Inc. – Team of Concern (TOC):** Focuses on educating students in grades K-12, parent/caregivers, and professionals about the risks of alcohol and substance use and its consequences, teaching students skills such as decision-making, coping, and resisting peer pressure. The program also offers presentations and resources for parents, educators, and community members to raise awareness and promote early intervention. *TOC served 294 students in 2023. PFH's "universal prevention" programming provided various group-oriented courses resulting in duplicate numbers served an additional 18,441 youth, 1,566 parents/caregivers, and 1,244 professionals.*
8. **PreventEd – Substance Use Prevention Education:** Evidence-informed substance use prevention programming for youth in grades K – 12th designed to build resiliency skills, such as self-esteem and problem-solving, while delivering drug-specific knowledge. All lessons are highly interactive and have proven to produce positive changes in children's knowledge, attitudes, and behaviors. *PreventEd's program reached 1,847 students in 2023.*
9. **The Child Advocacy Center of Northeast Missouri (CAC) – Abuse and Exploitation Prevention:** Offers prevention education on body safety, internet safety, and sexual abuse for pre-K-12th grade students. The program also provides mandated reporter training for professionals and parent seminars. *Served 35,305 students with abuse/exploitation prevention programming and provided training to 90 parents/caregivers and 1,860 professionals in 2023.*
10. **ThriVe St. Louis – Best Choice Sexual Risk Avoidance:** Offers healthy relationships and risk avoidance prevention education, encouraging youth aged 12-18 years to delay sexual activity until marriage or long-term committed relationships. *Served 5,256 youth in 2023.*

Waitlists for prevention programming are infrequent, and thus, this information is not included in the report. Additionally, there are supplementary programs offered by school staff and law enforcement agencies that are not encompassed within this assessment. School personnel, where resources and

feasibility permit, are equipped to deliver prevention programming on more general topics such as bullying, self-esteem, and managing emotions, among others.

Key Findings:

CCRB-funded services have a broad reach, impacting an impressive 81% of the youth population in St. Charles County. This demonstrates the importance of such programs in addressing youth needs. Meeting children where they spend a significant portion of their time increases their opportunity for early intervention and support in a familiar setting. However, with a population of nearly 93,000 youth, there is still a gap in reaching every young person who could benefit from these services, which suggests the need for continued program expansion or further outreach.

In 2024, the CCRB began collecting school-level data to understand where each prevention service was delivered. This data is needed to help CCRB, service providers, and schools target prevention services where they are most needed and ensure an equitable distribution of programming across both school districts and individual schools. This more granular data will help facilitate stronger service delivery coordination moving forward.



The CCRB has not collected data from schools to determine the school's perception of the effectiveness of as well as satisfaction with CCRB-funded school-based prevention services. Doing so could enhance the effectiveness of services and strengthen communication and the already positive relationships between the CCRB, schools, and service providers.

Direct Service Programs

CCRB-funded direct service programs made a significant impact by serving a total of 11,552 youths during the 2023 funding cycle (refer to Table 1). This assessment acknowledges the possibility of young people receiving multiple services from various providers. For instance, a child might be grappling with a mental health condition while experiencing homelessness. To ensure effective care that addresses the underlying causes of crises, CCRB-funded providers are strongly encouraged and expected to collaborate and make referrals among the available programs. Consequently, the reported numbers have been adjusted to account for an estimated 20% duplication rate for direct programs. With this adjustment considered, it is estimated that 9,242 distinct youths received direct services in 2023.



Taking into account a population estimate of youths aged 19 and under (based on available data), totaling 92,296, we find that approximately 12.5% of St. Charles County's youth population received direct program services funded by CCRB during 2023 (11.4% duplicated). This report does not include information about the percentage of St. Charles County youth who paid for and received these types of services on their own or from other non-CCRB funded providers.

To provide a comprehensive overview, Tables 1 and 17 display the total number of parents and caregivers who received CCRB-funded services in 2023, including those who continued from 2022, as well as families and professionals served. In direct service programs, 2,957 parents/caregivers, 1,965 families, and 591 professionals received services. Altogether, CCRB-funded direct services reached 17,065 clients in 2023 (14,755 clients adjusted for potential duplication).

Each service type will be explored in detail, including the number of children served in 2023, the number carried over from 2022, and the total served with CCRB funds in 2023. The number of parents/caregivers, families, and professionals will also be provided. Additionally, each section will present the percentage of youth clients carried over from 2022 and the percentage placed on a waitlist in 2023. Both data points could potential gaps in service availability and accessibility.

Each service type section includes three figures that detail the gender, racial/ethnic, and zip code breakdowns for youth clients served in 2023. This information is provided solely by the direct service agencies that collect it for their youth clients. Included here are the figures highlighting the gender and racial/ethnicity distribution among the St. Charles County population for comparison purposes.

- **Gender:** Data includes three categories—male, female, and other (see Table 9; Figure 32).
- **Racial/Ethnic Information:** Categories include White/Caucasian, Black/African-American, Asian, Hispanic/Latino/Spanish origin, Middle Eastern/North African, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Two or More Races, and “Other” (see Table 10; Figure 35).
- **Zip Code:** Most of the direct service providers reported the zip codes of youth clients, with breakdowns displayed in the service maps within each section. Zip codes are included only on maps where clients received services (see Table 11; Figure 36).

Figure 1. St. Charles County Population Gender Breakdown

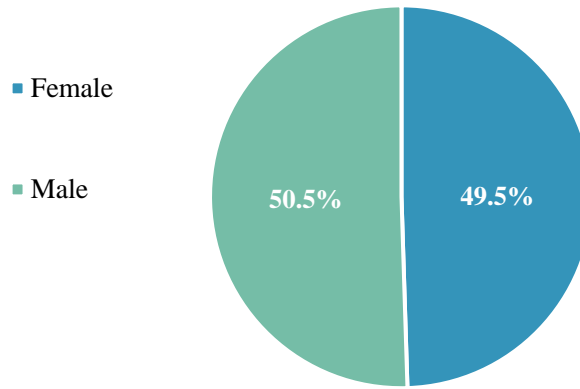
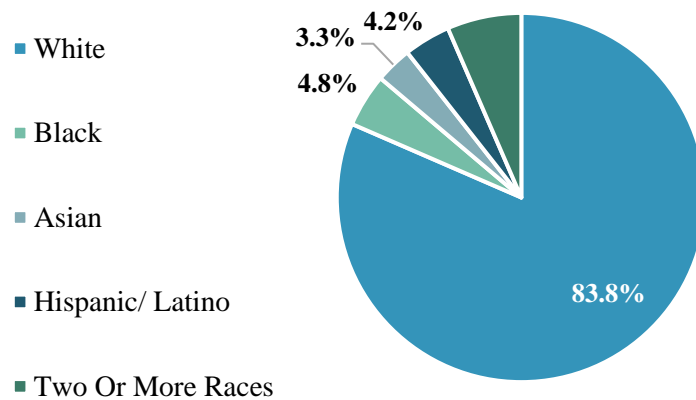


Figure 2. 2023 St. Charles County Racial Population Data Distribution



Further details on the gender, race/ethnicity, and zip codes of youth clients for each service type are provided in a separate section, allowing for a more focused analysis and interpretation of this data.

Key Findings

In 2024, the CCRB began collecting school-level data to understand where each prevention service was delivered. This data is needed to help CCRB, service providers, and schools allocate prevention services equitably and ensure appropriate distribution of programming across both school districts and individual schools. This more granular data will help facilitate stronger service delivery coordination moving forward.

As is true for CCRB-funded prevention programs, the CCRB has not collected data from schools to determine the school’s perception of the effectiveness of as well as satisfaction with CCRB-funded

school-based direct services. Doing so could enhance the effectiveness of services and strengthen communication and the already positive relationships between the CCRB, schools, and service providers.

Crisis Intervention Services

Crisis intervention services are essential for providing immediate support to individuals and families facing emergencies, whether caused by natural disasters, violence, or personal trauma. Since these services are in response to acute mental health crises or other family emergencies, they focus on rapidly restoring a child’s baseline functioning. These services offer critical assistance in assessing risk, stabilizing situations, and connecting individuals to necessary resources. They are particularly important for children and youth who may need specialized emotional and psychological support during challenging times. Effective crisis intervention can prevent a situation from escalating into a more severe crisis, ensuring that individuals receive the help they need to achieve stability and improve their overall well-being.

The six funded crisis intervention programs provided varied services to a total of 2,182 youths in 2023. Of these, 244 youth (11.2% of the total served) were carried over from the previous year, while 1,938 were new clients. Program staff reported that there were no youth placed on waitlists in 2023, possibly indicating a capacity to meet immediate demands. However, one program experienced particularly high ongoing demand, as 48% of its youth clients were carried over from 2022. This highlights disparities in service utilization and the sustained need for certain types of intervention.

| | |
|--|--------------------------------|
| Carried Over from 2022 11.2% | Youth on Waitlist 0% |
|--|--------------------------------|

Table 5. 2023 St. Charles County – CCRB Funded Crisis Intervention Programs

| Agency: | Program Name | Child: Carried Over | Child: New 2023 | Child: Total Served | Child: Wait-listed | P/C: Total Served | Fam: Total Served | Prof: Total Served | Total Pop Served |
|------------------------|--------------------------------|---------------------|-----------------|---------------------|--------------------|-------------------|-------------------|--------------------|------------------|
| BHR | Youth Connection Helpline | 4 | 244 | 248 | 0 | 13 | 382 | 213 | 856 |
| LINC | Family Supports | 50 | 825 | 875 | 0 | 0 | 354 | 0 | 1,229 |
| NAMI St. Louis | Crisis Intervention Team (CIT) | 0 | 0 | 0 | 0 | 0 | 0 | 65 | 65 |
| Saint Louis Counseling | Crisis Intervention | 187 | 200 | 387 | 0 | 0 | 0 | 0 | 387 |
| CAC | Forensic Services | 0 | 465 | 465 | 0 | 173 | 0 | 0 | 638 |
| YIN | Crisis Intervention | 3 | 204 | 207 | 0 | 0 | 0 | 78 | 285 |
| Total | | 244 | 1,938 | 2,182 | 0 | 186 | 736 | 356 | 3,460 |

P/C = Parents/Caregivers; Fam = Families; Prof = Professionals; Pop = Population

In addition, these programs also served 356 professionals, 736 families, and 186 parents and caregivers. These figures underscore the extensive reach and critical importance of these services in addressing crises at both the individual and systemic levels.

Following are the 2023 funded programs:

- Behavioral Health Response (BHR) – Youth Connection Helpline:** Provides 24/7 crisis phone and texting intervention and mental health support for youth and families. BHR’s clinical staff assess the situation, offer immediate assistance, and connect families to local resources. Staff also provide community presentations on mental health topics to increase awareness of resources. *BHR supported*

248 youths, 13 parents/caregivers, 382 families, and 213 professionals in accessing mental health services in 2023.

2. **LINC St. Charles County – Family Supports:** Provides crisis intervention services to help families achieve self-sufficiency and stability. Services include youth and family counseling, music therapy for preschool-aged children, and case management to assist families with maintaining family stability. Eligible families may also receive rent and utility assistance to prevent homelessness. *LINC supported 875 children and 354 families in 2023.*
3. **NAMI St. Louis – Crisis Intervention Team (CIT):** A partnership involving NAMI St. Louis, police departments, behavioral health centers, and other community stakeholders, the program provides law enforcement officers and first responders with extensive training in mental health, crisis intervention, and de-escalation techniques. The 40-hour course equips officers to effectively respond to mental health crises, ensuring better outcomes for individuals in distress. *The CIT program trained 65 professionals in 2023.*
4. **Saint Louis Counseling – Crisis Intervention:** School-based, short-term counseling for students in grades K-12 facing crises that interfere with their academic and social functioning. Therapists provide individualized or group therapy to help students build social-emotional skills, ultimately improving their academic involvement and peer relationships. *Served 387 students in 2023.*
5. **The Child Advocacy Center of Northeast Missouri (CAC) – Forensic Services:** Trained professionals conduct forensic interviews with children who may have experienced abuse or witnessed violent crimes. In addition, the center reduces trauma for child victims and their families by facilitating access to community resources, crisis intervention services, and assistance navigating the criminal justice system. *The Forensic Services team served 465 children and 173 parents/caregivers in 2023.*
6. **Youth In Need (YIN)– Crisis Intervention:** Provides immediate access to services including emergency shelter, mental health services, food, hygiene items, and clothing for homeless, at-risk, and vulnerable youth. The target population includes youth aged 10-19 who are experiencing or are at risk of experiencing homelessness, crisis, abuse, trafficking, or sexual exploitation. Additionally, staff provide Project Safe Place presentations to professionals in the community. *Provided access to emergency support to 207 youth in the region and Project Safe Place presentations reached 78 professionals in 2023.*
- 7.

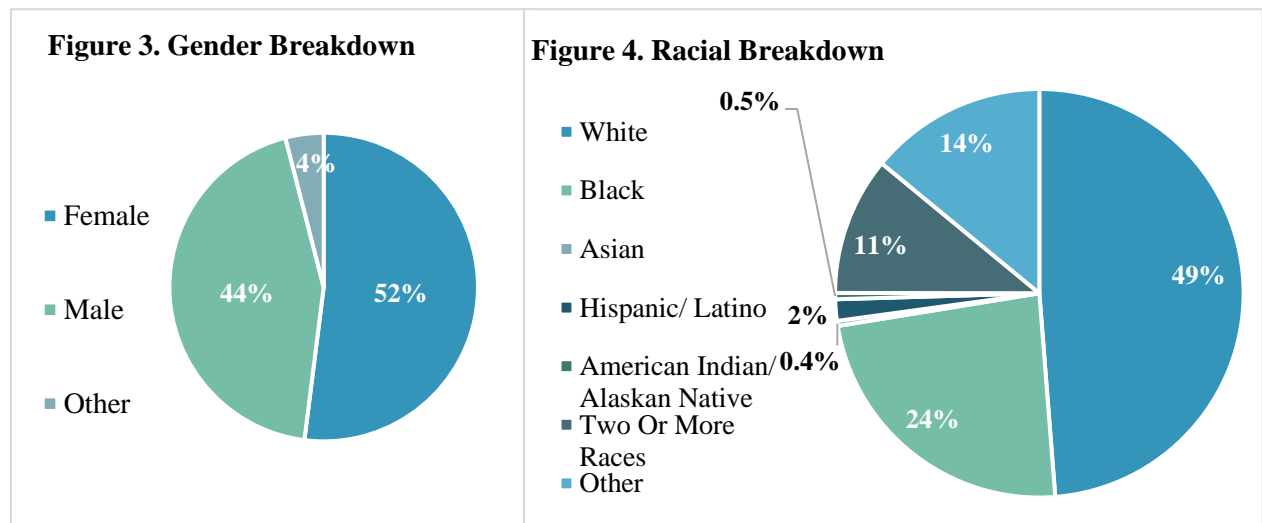
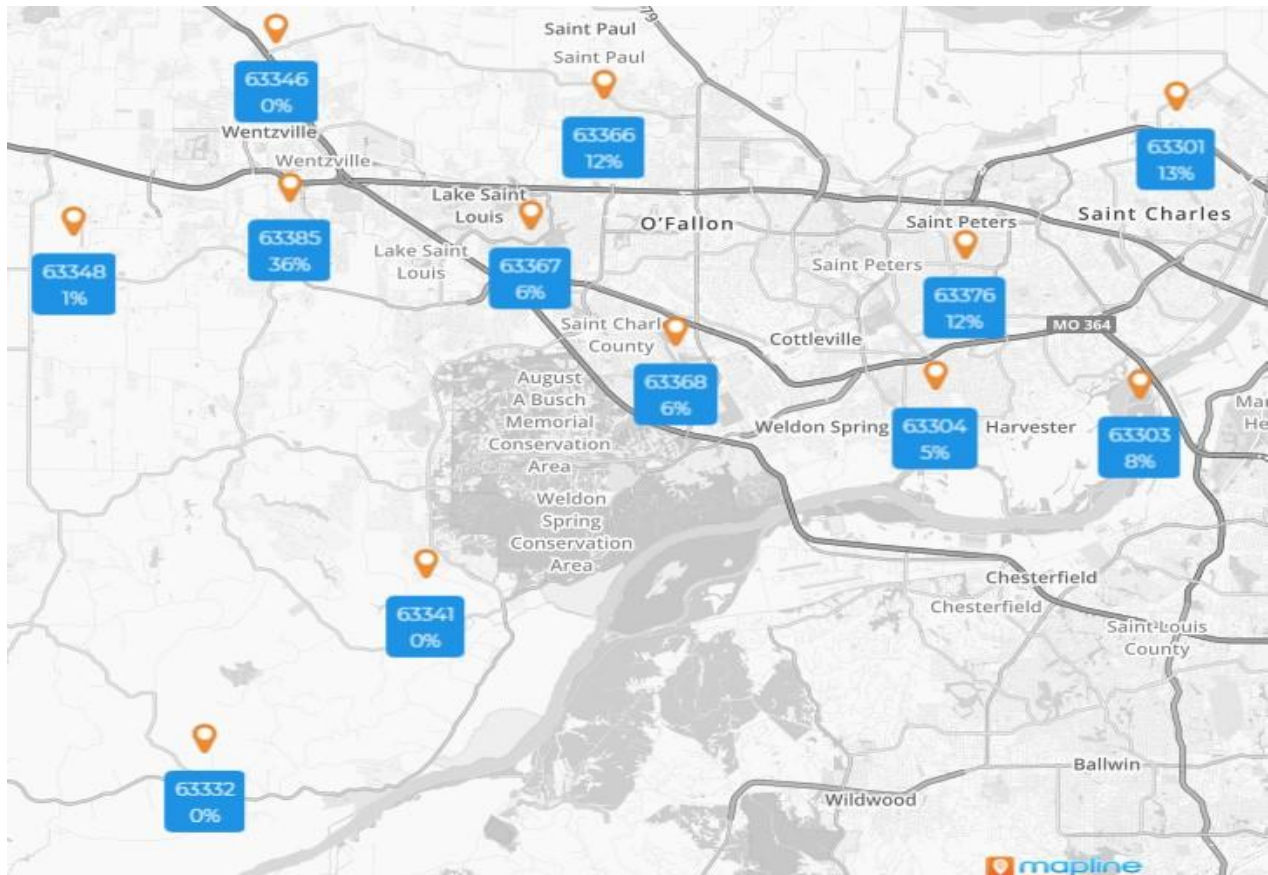


Figure 5. Zip Code Breakdown



New in 2024:

Crisis Aid International, Inc. – Children's Anti-Exploitation Partnership (CAP): Provides crisis intervention, advocacy, and resources including non-therapeutic counseling, mentoring, and case management for children and families at risk of or affected by child sexual exploitation or trafficking. CAP bridges gaps in prevention and early intervention, addressing correlations between online activities, exploitation, and trafficking. CAP staff collaborate with Internet Crimes Against Children detectives, local hospitals, and courts.

Key Findings

The CCRB funds a variety of services in this category. Accurately assessing community needs for crisis intervention remains challenging due to the diverse services offered. Ensuring adequate funding requires a nuanced understanding of demand and impact. Further research is needed.

Home and Community-based Intervention Services

Home and Community-based Intervention services allow children and youth to access behavioral health interventions in their homes, schools, and communities. They are essential in stabilizing families and supporting children and youth with various mental health issues and serious emotional disturbances (SED). These programs focus on: 1) preventing unnecessary hospitalizations by providing critical support services to stabilize the family environment; 2) reducing out-of-home placements, such as foster care or residential treatment, by addressing the underlying issues that contribute to instability; and 3) leveraging family support services within the home to guide and assist families through the treatment process, helping ensure that children can complete treatment while remaining in their home environment.



Various family preservation programs and those involving wraparound services that address the multiple needs of families and children are shown to reduce placements in residential settings or in foster homes and allow children to remain safely in their home after receiving services. These services help families achieve better long-term outcomes by preventing disruptions in care and supporting stable home environments.

There are various types of home and community-based family intervention programs that fall under this CCRB funding umbrella programs including the following examples:

- 1. Family Peer Support and Mentoring Programs**

These programs connect families of children with emotional or behavioral challenges to others who have lived similar experiences. By offering guidance, emotional support, and practical advice, these programs help families feel less isolated and more capable of addressing issues at home. Peer support can reduce the need for more intensive interventions by empowering families to manage crises early and effectively.

- 2. Family Reunification Services**

Aimed at families with children who have been temporarily removed from the home, these services focus on providing in-home support to address the reasons for removal and promote safe reunification. Services often include family counseling, parenting education, and linkage to community resources. Programs like this work to stabilize the home environment, helping ensure children can safely return and remain with their families.

- 3. Community-Based Mental Health Programs**

Providing mental health services within community settings makes care accessible to children and families in familiar environments, such as schools, local clinics, family resource centers, or community organizations. By offering counseling, behavioral interventions, and emotional support close to home, these programs address issues early and prevent the need for hospitalization or residential treatment. Community-based programs often involve a family component, ensuring that parents and caregivers are engaged in the treatment process.

- 4. Family-Centered Outpatient Therapy**

Programs that offer outpatient therapy with a focus on the entire family help address both the child's emotional or behavioral challenges and the family dynamics contributing to them. Family-centered therapy strengthens the family's ability to manage crises and prevent the need for out-of-home placements by equipping them with strategies to support the child's treatment within the home.

5. Juvenile Diversion Programs

Designed to help youth avoid the juvenile justice system, these programs provide family-focused interventions that address the root causes of behavioral problems, such as untreated mental health conditions. By involving families in therapeutic, educational, and behavioral support, diversion programs keep youth out of institutional settings and help stabilize the home environment to reduce the risk of future placements.

6. Intensive In-Home Services (IIS)

These programs focus on providing immediate crisis intervention and stabilization services for families whose children are at high risk of out-of-home placement. IIS typically offers 24-hour crisis support, in-home counseling, and individualized case management to address immediate safety concerns and provide long-term strategies for maintaining a stable home environment. These services help prevent children from being removed from their homes by addressing family needs intensively and holistically.

A total of 7,609 youths accessed a diverse range of services through 23 local programs, which also supported 2,429 parents and caregivers, 1,209 families, and 197 professionals. Of the youths served, 33.8% (2,570) were carried over from 2022, and an additional 284 youths were placed on waitlists in 2023, representing 3.7% of the total served. Given the wide variation in service types within this category, need can be assessed by reviewing the programs with higher carryover rates from 2022 to 2023. Additionally, programs that reported a waitlist, along with a significant carryover percentage, should be regarded as having a heightened need. Within this service category, 106 parents/caregivers, 120 families, and zero professionals were placed on a waitlist.

| | |
|--|----------------------------------|
| Carried Over from 2022 33.8% | Youth on Waitlist 3.7% |
|--|----------------------------------|

Figure 6. Gender Breakdown

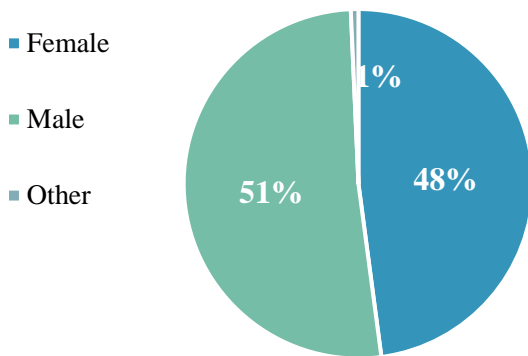


Figure 7. Racial Breakdown

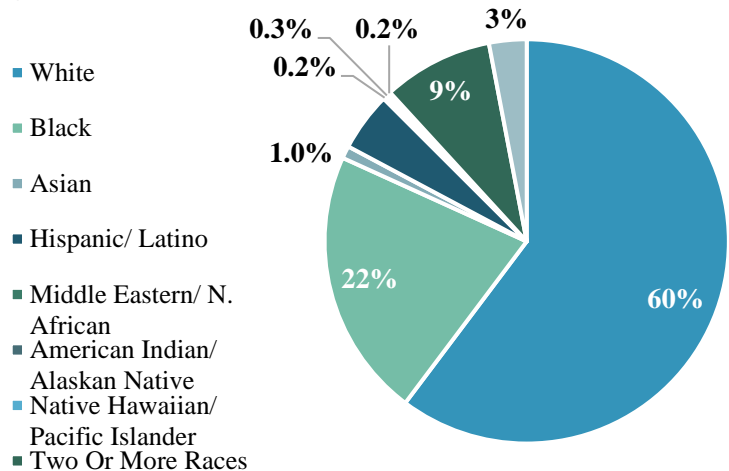


Table 6. 2023 St. Charles County – CCRB Funded Home and Community-based Services Programs

| Agency | Program Name | Child: Carried Over | Child: New 2023 | Child: Total Served | Child: Wait- listed | P/C: Total Served | Fam: Total Served | Prof: Total Served | Total Pop Served |
|-----------------------------|--|---------------------------|-----------------------|---------------------------|---------------------------|-------------------------|-------------------------|--------------------------|------------------------|
| BBBSEMO | Mentoring | 64 | 17 | 81 | 33 | 0 | 0 | 0 | 81 |
| BGCSTC | Healthy Lifestyles | 244 | 148 | 392 | 0 | 0 | 0 | 0 | 392 |
| CHADS | Mentoring | 142 | 197 | 339 | 0 | 0 | 0 | 0 | 339 |
| CHADS | Family Support | 56 | 130 | 186 | 0 | 0 | 0 | 0 | 186 |
| Comm. Council | Coordinated Entry | 888 | 1,199 | 2087 | 229 | 992 | 971 | 0 | 4,050 |
| Compass | School-Based Mental Health Specialists (SBMHS) | 193 | 281 | 474 | 0 | 0 | 0 | 0 | 474 |
| Compass | Partnership with Families (PWF) | 382 | 355 | 737 | 0 | 0 | 0 | 0 | 737 |
| Compass | Autism & Neurodiversity Services | 0 | 57 | 57 | 0 | 0 | 0 | 0 | 57 |
| Compass | Pinocchio Program | 214 | 229 | 443 | 0 | 0 | 0 | 0 | 443 |
| F.A.C.T. | Educational Advocacy | 0 | 73 | 73 | 0 | 0 | 117 | 0 | 190 |
| F.A.C.T. | Parent Partner | 0 | 628 | 628 | 0 | 754 | 0 | 0 | 1,382 |
| FACC | 30 Days to Family | 3 | 26 | 29 | 9 | 0 | 0 | 0 | 29 |
| FACC | Family Works | 4 | 12 | 16 | 0 | 12 | 7 | 0 | 35 |
| FACC | Educational Advocacy | 9 | 11 | 20 | 0 | 0 | 0 | 0 | 20 |
| GAHT | Breaking the Chains of Human Trafficking (BCHT) | 0 | 94 | 94 | 0 | 66 | 0 | 145 | 305 |
| NAMI | Mental Health Presentations | 0 | 0 | 0 | 0 | 24 | 0 | 52 | 76 |
| NFN | Nurse Home Visitation | 19 | 38 | 57 | 0 | 62 | 0 | 0 | 119 |
| St. Louis Crisis Nursery | Family Empowerment | 301 | 341 | 642 | 0 | 320 | 0 | 0 | 962 |
| The Care Service | Children and Family Development | 29 | 347 | 376 | 0 | 197 | 114 | 0 | 687 |
| Sparrow's Nest | Childcare Cooperative | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 4 |
| ThriVe St. Louis | Stay Safe Self Defense | 0 | 811 | 811 | 0 | 0 | 0 | 0 | 811 |
| TREE House | Equine-Assisted Therapy | 3 | 0 | 3 | 13 | 0 | 0 | 0 | 3 |
| United Services | Behavior Intervention Program | 19 | 43 | 62 | 0 | 0 | 0 | 0 | 62 |
| Total | | 2,570 | 5,039 | 7,609 | 284 | 2,429 | 1,209 | 197 | 11,444 |

The 2023 funded programs in this category include:

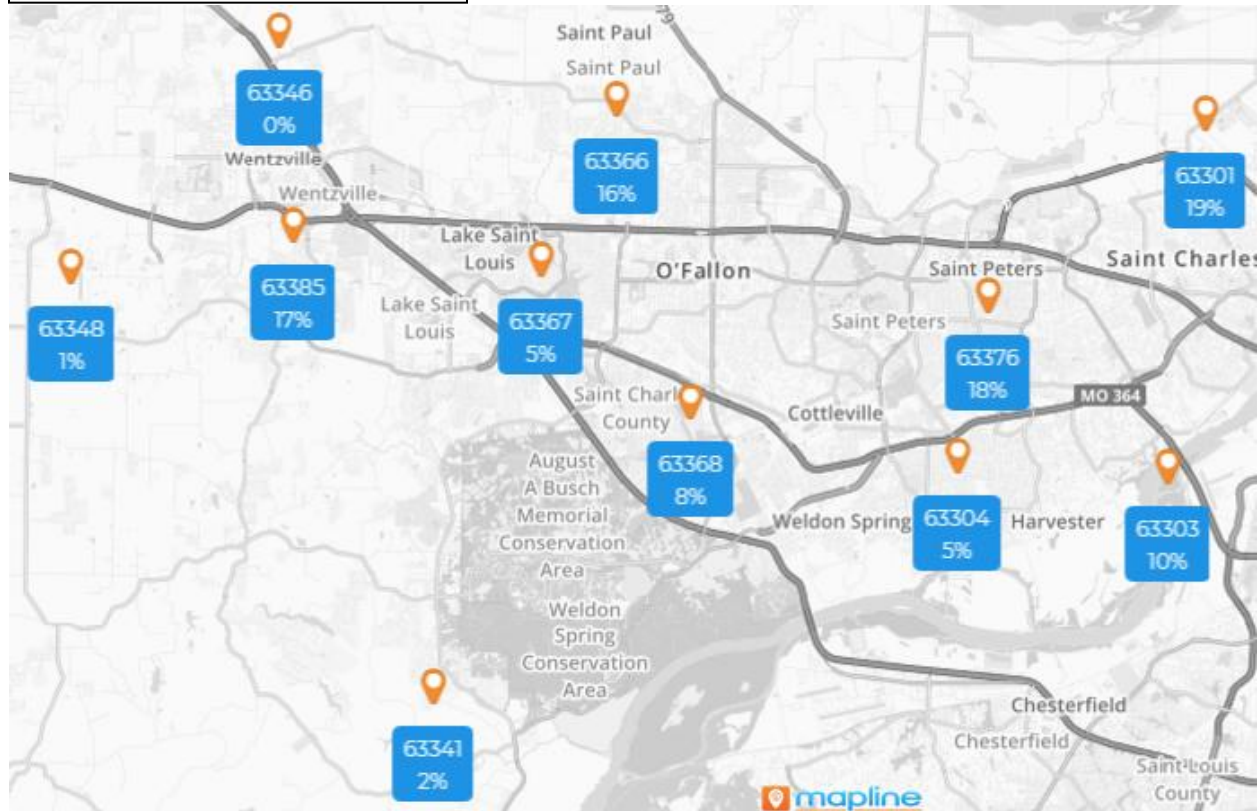
1. **Big Brothers Big Sisters of Eastern Missouri (BBBSEMO) – Mentoring:** The one-on-one mentoring program pairs youth aged 6-18 with volunteer adult mentors who support them in building positive, lasting relationships and who promote mental health well-being, academic success, and future career opportunities. By addressing risk factors such as poverty and academic struggles, mentors help young people overcome challenges and move toward self-sufficiency and independence. *Services were delivered to 81 youth in 2023. Thirty-three (33) youth were placed on a waitlist.*
2. **Boys & Girls Clubs of St. Charles County (BGCSTC) – Healthy Lifestyles:** Comprehensive programming aimed at serving the holistic well-being of youth aged 5-18 during the hours after school and throughout the summer. Services are designed through a mentorship lens and focus on three priority health areas: social-emotional, academic, and physical, with the goal of helping youth achieve great futures. *This program provided services to 392 youth in 2023.*
3. **CHADS Coalition for Mental Health – Family Support:** This school-based program provides embedded counselors who offer therapeutic and psychoeducation services for children and adolescents in crisis or experiencing anxiety, depression, or suicidal thoughts. *Staff worked with 186 children and adolescents during 2023.*
4. **CHADS Coalition for Mental Health – Mentoring:** Students in grades K-12 are matched with a Social Emotional Mentor who provides a structured, evidence-based curriculum of one-on-one sessions to teach social and emotional skills. These efforts improve school culture, support youth transitioning from juvenile detention, and provide individual interventions to help students succeed academically and emotionally. *CHADS Mentors supported 339 students during 2023.*
5. **Community Council of St. Charles (Comm. Council) – Coordinated Entry:** Provides a vital helpline for individuals and families experiencing a housing crisis or at risk of homelessness. With a single point of entry, households can access necessary services. Staff assist with finding safe shelter for children in the household, thereby reducing parent stress, and stabilizing housing for the family. *Ensured 2,087 children had safe shelter in 2023, by helping 992 parents/caregivers and 971 families stabilize. The Coordinated Entry program reported 229 youth who were waitlisted in 2023, which also included 106 parents/guardians, representing 95 families.*
6. **Compass Health Network – Autism and Neurodiversity Services:** Addresses the need for assessment and support for children under aged 19, who are referred for assessment due to developmental delays, unusual play behaviors, lack of social engagement, or behavioral health issues. Services include Applied Behavioral Analysis (ABA) therapy, assessments, and case management to support families with neurodiverse children. *Provided services to 57 children in 2023.*
7. **Compass Health Network – Partnership with Families (PWF):** A system of care built to serve children and youth diagnosed with a Serious Emotional Disturbance (SED). The PWF model is child-centered, family-driven, and the needs of the child/youth and the family determine the mix of services provided. Program components include coordination and management of treatment services across school, behavioral health, and social services, child/family advocacy, respite care, outpatient psychiatric, psychiatric consultation, and collaboration with a Parent Support Partner (provided by F.A.C.T.). *Served 737 children and youth in 2023.*
8. **Compass Health Network – Pinocchio Program:** This evidence-based program targets young children in grades K-3 who are struggling with social and school adjustment issues. By identifying these problems early, the Pinocchio Program helps prevent future behavioral health crises and delinquency while improving social-emotional skills, peer relationships, and academic performance. *During 2023, Pinocchio staff supported 443 young children.*

9. **Compass Health Network – School-Based Mental Health Specialists (SBMHS):** Provides school- and home-based mental health services to children and youth with a Serious Emotional Disorder (SED). The program offers therapeutic interventions, assessments, and consultations with school staff, ensuring students receive appropriate mental health care. *Supported 474 children and youth with a Serious Emotional Disorder in 2023.*
10. **Family Advocacy and Community Training (F.A.C.T.) – Educational Advocacy:** Offers direct support to parents with school-aged children living with an emotional disorder and who are navigating the special education process. Staff provide process-oriented education, identify educational priorities, attend school meetings, and encourage respectful communication while fostering collaboration between parents and schools, and ensuring the child’s specific educational needs are met. *This program supported 73 school-aged children and 117 families throughout 2023 yet waitlisted 25 families.*
11. **Family Advocacy and Community Training (F.A.C.T.) – Parent Partner:** Assess the family strengths, provides education about the various service systems the family might be involved with, and supports parents as they work through potentially delicate or emotionally-charged situations between the family and system partners. Parent Partners also stabilize families, reducing the risk of out-of-home placement for the child and ensuring the child’s specific needs are met to maintain mental well-being. *Supported 754 parent/caregivers and 628 youth throughout 2023.*
12. **Foster & Adoptive Care Coalition (FACC) – 30 Days to Family@:** Works to rapidly to identify relatives or kin for children entering foster care, with the goal of securing stable placements within 30 days. By identifying relatives for placement, the program ensures that children stay connected to family, remain in their school of origin, and maintain important relationships. *This program provided kinship placement services to 29 children in 2023 and placed nine children on their 2023 waitlist.*
13. **Foster & Adoptive Care Coalition (FACC) – Educational Advocacy:** Ensures that the educational needs of students impacted by foster care who have mental, emotional, or behavioral health challenges are met. Advocates work closely with families, attend meetings, and help ensure that students receive appropriate support for academic success. *Ensured 20 students had their educational needs met in 2023.*
14. **Foster & Adoptive Care Coalition (FACC) – Family Works:** Provides 24/7 in-home support for foster, adoptive, and guardianship families to increase parent capacity and placement stability for youth. Serving families with children aged 3-19, the program focuses on teaching caregivers new parenting approaches that address the child’s trauma. *Served 16 children, 12 parents/caregivers, and 7 families in 2023.*
15. **Gateway Alliance against Human Trafficking (GAHT)– Breaking the Chains of Human Trafficking (BCHT):** Educates community members on how to prevent and identify child trafficking through a trauma-informed lens. By offering workshops, training sessions, and resources, the program empowers the community to better understand human trafficking, recognize the signs, and safeguard vulnerable children by responding effectively to potential trafficking situations. *GAHT’s presentations reached 94 children, 66 parents/caregivers, and 145 professionals during 2023.*
16. **NAMI St. Louis – Mental Health Presentations:** Educational presentations for youth, adults, and service providers aimed at raising community awareness and understanding of mental health conditions. These sessions are designed to combat stigma and discrimination related to mental health issues, fostering a more informed and supportive community. *Reached 24 parents/caregivers and 52 professionals during 2023.*
17. **Nurses for Newborns (NFN) – Nurse Home Visitation:** Comprehensive home visiting services by Registered Nurses (RNs) for infants aged 0 to 2 years and their mothers. These visits focus on health

assessments, screenings, parenting education, and referrals to necessary resources, while preventing infant mortality and child abuse or neglect. Services promote family strengths, safety, wellness, and healthy child development. *Provided nurse home visits to 57 children and 62 caregivers in 2023.*

18. **Saint Louis Crisis Nursery - Family Empowerment:** Offers comprehensive wraparound support to stabilize high-risk families with children 12 years or younger. The program targets factors that contribute to increased risk of child abuse and neglect and services include trauma-informed counseling, intensive case management, play therapy for children, parenting skills training, and support for basic needs. *Family Empowerment staff supported 642 children and 320 caregivers in 2023.*
19. **Saints Joachim and Ann Care Service (The Care Service)– Children & Family Development Program:** Comprehensive wraparound services aimed at addressing the immediate and long-term needs of children and families who are homeless, on the verge of homelessness, or in crisis. By focusing on both the family's strengths and challenges, the program aims to enhance stability and self-sufficiency. Case managers work closely with families to provide ongoing support for long-term stabilization. *Supported long-term family stabilization for 376 children, 197 caregivers, and 114 families in 2023.*
20. **The Sparrow's Nest – Childcare Cooperative:** Offers case management, parenting education, and mentoring focused around a child's social emotional wellbeing to parents/caregivers. Children benefit from developmental assessments, therapeutic activities, and attentive care. The program focuses on the whole family unit with individual services to empower the entire family to reach their full potential. *Served two children and two caregivers in 2023.*
21. **ThriVe St. Louis – Stay Safe Self Defense:** Teaches self-defense techniques and safety awareness to adolescents and teens, aiming to empower participants with the skills and confidence to protect themselves in dangerous situations, promoting personal safety and awareness of their surroundings. *Served 811 adolescents and teens in 2023.*
22. **TREE House of Greater St. Louis – Equine-Assisted Therapy:** Equine-assisted therapeutic services target youth under age 19 and focus on emotional, social, and psychological needs, as well as broader mental health concerns. Evidence-based therapies integrate horses and the therapeutic environment to achieve outcomes that positively impact home, school, and community life. *Served three youth in 2023. This program waitlisted 13 youth in 2023.*
23. **United Services for Children - Behavior Intervention Program:** Serves children aged 18 months to three years diagnosed with Autism Spectrum Disorder (ASD) or displaying autism-related traits. The program provides a highly structured educational setting and evidence-based programs that help children develop crucial adaptive skills across areas like communication, sensory processing, and self-regulation. *The Behavior Intervention Program assisted 62 children in 2023.*

Figure 8. Zip Code Breakdown



New in 2024:

1. **Big Brothers Big Sisters of Eastern Missouri (BBBSEMO) – Group Mentoring:** Helps adolescents build confidence and make positive life choices, emphasizing friendship and community involvement. The program offers group mentoring and wraparound support while tracking youth attendance, behavior, and academic performance.
2. **Community Living, Inc – SOAR Jr.:** Provides an after-school program and a summer camp for children aged 8-11 years with developmental disabilities. Program activities strengthen social skills and build relationships, increase well-being, and boost cognitive function.
3. **Megan Meier Foundation – Case Management:** Partners with the St. Charles Juvenile Justice Center to prevent truancy and educational neglect. Targeting 5th-8th graders, it aims to stop referrals to the juvenile system by providing case management, resources, and support to schools and families, thus addressing truancy before it escalates.
4. **SSM Health Care St. Louis – Youth & Family Services:** Serves youth, aged 11-18 years, who are struggling with symptoms of depression, anxiety, and bipolar disorder. The program aims to reduce symptoms of depression and anxiety by promoting increased self-awareness, coping skills, and strengthening the family system through an intensive outpatient program platform.

Key Findings

Upon a closer review of the programs in each of this service category and the Individual, Group, and Family Counseling and Evaluation Services category, some programs in the Home and Community-based Intervention Services category are more therapeutic in nature and may better align with services in the Individual, Group, and Family Counseling and Evaluation Services category. Moving forward, the CCRB should review service category assignments and make adjustments where appropriate.

Individual, Group, and Family Counseling and Evaluation Services

Individual, group, and family counseling services, along with comprehensive evaluation services, offer essential support to individuals and families facing emotional, behavioral, and relational challenges. These services foster children's wellbeing through psychological evaluations, mental health screenings, and diverse therapeutic approaches tailored to address a variety of stressors, including crises and emotional trauma. By providing timely, accessible assistance, counseling helps individuals and families address issues proactively, reducing the likelihood of more severe mental health symptoms later on.

The 14 counseling and evaluation programs supported 1,238 youth in 2023, including 312 (25%) who were carried over from 2022. Additionally, these programs reported maintaining waitlists totaling 252 youth, reflecting ongoing challenges in meeting the demand for services.

| | |
|-------------------------------|--------------------------|
| Carried Over from 2022 | Youth on Waitlist |
| 25.2% | 20.4% |

In 2023, counseling and evaluation programs also reached 173 parents and caregivers, 16 families, and 38 community professionals, highlighting their broad impact beyond direct youth services.

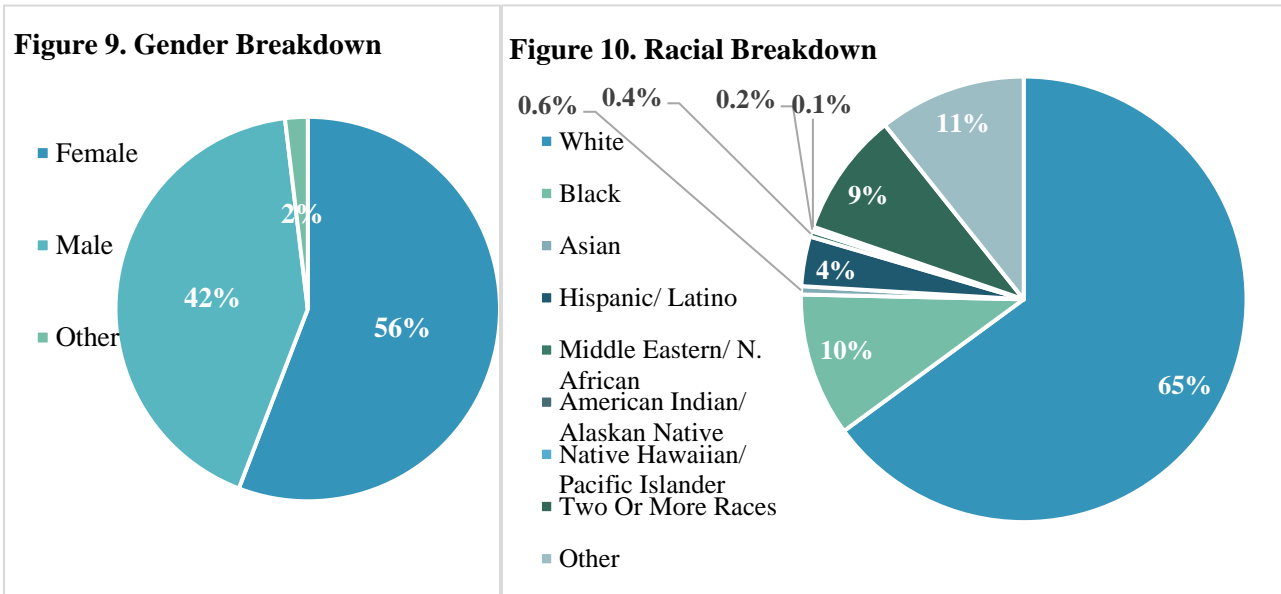


Table 7. 2023 St. Charles County – CCRB-Funded Individual, Group, and Family Counseling and Evaluation Services Programs

| Agency: | Program Name* | Child: Carried Over | Child: New 2023 | Child: Total Served | Child: Wait-listed | P/C: Total Served | Fam: Total Served | Prof: Total Served | Total Pop Served |
|------------------------------|--|---------------------|-----------------|---------------------|--------------------|-------------------|-------------------|--------------------|------------------|
| 11th Circuit Court/YIN | Therapeutic Supervised Visitation Program (TSVP) | 11 | 14 | 25 | 4 | 24 | 12 | 0 | 61 |
| Epworth | Family Support Network (FSN) | 0 | 8 | 8 | 0 | 7 | 4 | 0 | 19 |
| Epworth | Psychological Services | 0 | 16 | 16 | 0 | 0 | 0 | 0 | 16 |
| FamilyForward | Early Childhood Education | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 3 |
| FamilyForward | Occupational Therapy | 0 | 7 | 7 | 0 | 10 | 0 | 7 | 24 |
| FamilyForward | Counseling | 30 | 25 | 55 | 29 | 84 | 0 | 0 | 139 |
| LFCS | Mental Health Counseling | 20 | 119 | 139 | 17 | 0 | 0 | 0 | 139 |
| Megan Meier | Counseling | 44 | 85 | 129 | 0 | 0 | 0 | 0 | 129 |
| Mental Health America or MHA | PEACE Clinical | 0 | 2 | 2 | 0 | 2 | 0 | 0 | 4 |
| Saint Louis Counseling | Counseling | 50 | 62 | 112 | 0 | 0 | 0 | 0 | 112 |
| Saint Louis Crisis Nursery | Healing Hearts Outreach | 0 | 53 | 53 | 10 | 44 | 0 | 31 | 128 |
| CAC | Mental Health Therapy | 0 | 123 | 123 | 75 | 0 | 0 | 0 | 123 |
| UCBH | Psychological Assessments | 0 | 163 | 163 | | 0 | 0 | 0 | 163 |
| YIN | Counseling | 157 | 248 | 405 | 117 | 0 | 0 | 0 | 405 |
| Total | | 312 | 926 | 1238 | 252 | 173 | 16 | 38 | 1465 |

The programs funded in 2023 included:

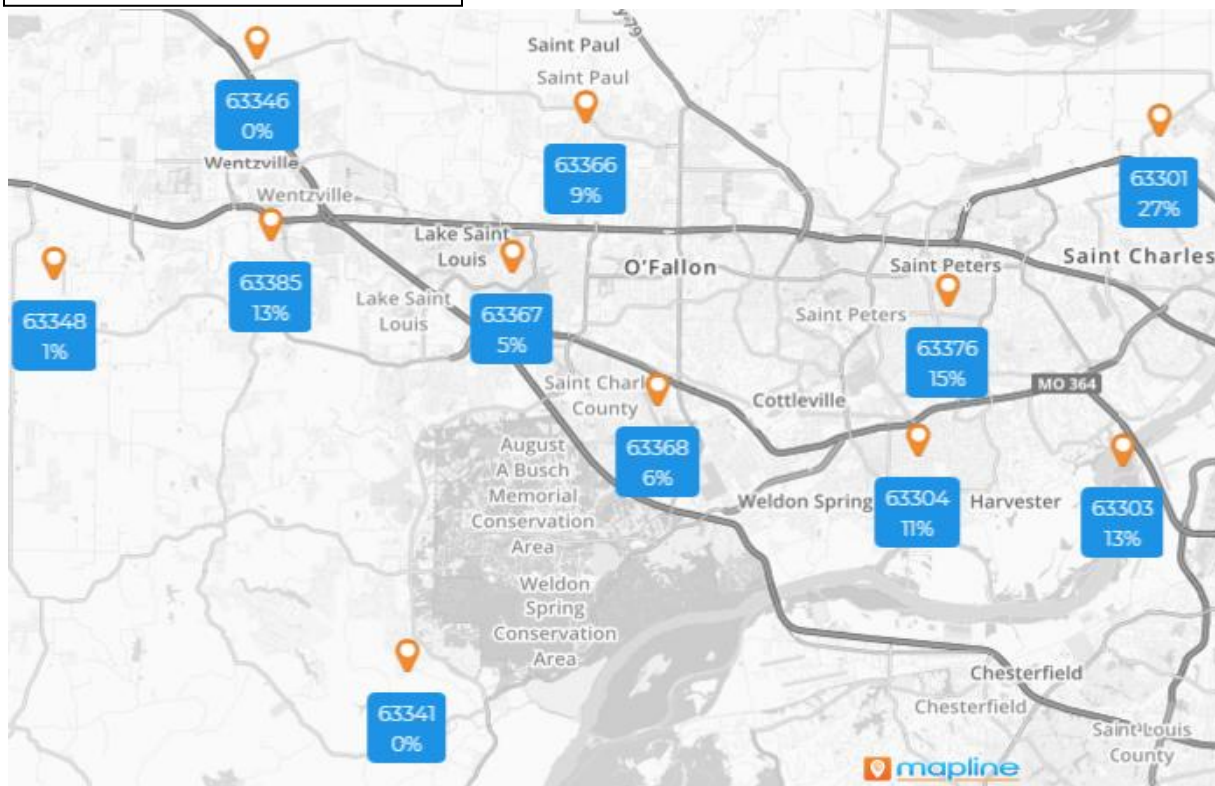
- Eleventh Circuit Family Court/Youth In Need (YIN) – Therapeutic Supervised Visitation Program (TSVP):** Strengths-based program supporting children aged 5-19 involved in parental custody cases. Therapists work collaboratively with families toward building healthy, unsupervised relationships. The Court partners with Youth In Need to deliver services. *Services were delivered to 25 children, 24 parents/caregivers, and 12 families in 2023. Four youth were waitlisted.*
- Epworth Family and Children’s Services – Family Support Network:** Long-term, intensive home-based counseling for families with a child with behavioral challenges. Therapists use a combination of therapy, case management, and advocacy services to help families improve their parenting skills and manage challenges constructively. *Program served 8 children, 7 parents/caregivers, and 4 families in 2023.*
- Epworth Family and Children’s Services – Psychological Services:** Psychological evaluations and follow-up case management services for children aged 3-18 who are suspected of having a diagnosable mental health condition. *Epworth evaluated 16 children in 2023.*

4. **FamilyForward – Counseling:** Comprehensive psychological evaluations, trauma assessments, and therapy for children aged 0 to 19 facing emotional and behavioral issues due to early adversity and developmental trauma. The program focuses on children in the foster care system and those who have been adopted. *FamilyForward delivered services to 55 children and 84 parents/caregivers during 2023. Twenty-nine (29) youth were waitlisted.*
5. **FamilyForward – Early Childhood Education:** Offers educational and therapeutic day services for children aged 3-6 years with significant histories of developmental trauma, Utilizing the Attachment, Self-Regulation, and Competency (ARC) model, services aim to foster emotional and cognitive growth in young children. *The Early Childhood program educated one child and supported two parents/caregivers in 2023.*
6. **FamilyForward – Occupational Therapy:** An integrated Occupational Therapy program designed for children and families impacted by early adversity, which includes assessments and interventions to support children's engagement in meaningful activities, along with training for parents and professionals to enhance understanding of trauma and neurodevelopment. *Services were delivered to 7 children, with 10 parents/caregivers and 7 professionals receiving training during 2023.*
7. **Lutheran Family and Children's Services of Missouri (LFCS) – Counseling:** Offers comprehensive mental health counseling for children aged 3 to 19. Office and school-based services include intake, assessment, treatment planning, and crisis intervention, with a focus on accessible therapeutic support. *This program served 139 children through counseling services in 2023. Seventeen (17) youth were waitlisted.*
8. **Megan Meier Foundation – Counseling:** Provides school or office-based individual and group counseling to youth under 19 years old. Staff provide meaningful support to youth and families coping with a variety of behavioral health issues, including depression, self-harm, bullying-related trauma, and lack of self-esteem. *Services were provided to 129 children in 2023.*
9. **Mental Health America of Eastern Missouri(MHA) – PEACE Clinical Program:** An early intervention program for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems. Parents learn skills to interact with their children in ways that reinforce positive child behavior and strengthen the parent/child relationship and attachment. Services include assessments, therapy, and parent coaching. *Program served two children and two parents/caregivers in 2023.*
10. **Saint Louis Counseling – Counseling:** Office-based counseling services for children and their families. Sessions involve assessment, diagnosis, and evidence-based treatment approaches to help youth achieve emotional well-being. *Counseling services benefited 112 children during 2023.*
11. **Saint Louis Crisis Nursery – Healing Hearts Outreach:** Addresses the mental health needs of children aged 3 to 5 through trauma-focused art and play therapy in childcare centers and helps children build positive coping skills and learn to identify, express and regulate feelings. This program includes training for caregivers to promote long-term positive mental health for children. *This program provided art and play therapy to 53 children and trained 44 parents/caregivers and 31 professionals in 2023. Ten youth were waitlisted.*
12. **The Child Advocacy Center of Northeast Missouri (CAC) – Mental Health Therapy:** Provides evidence-based, trauma-informed mental health services to children aged 2 to 17 who have experienced abuse or neglect, helping children and families build emotional resilience and support long-term recovery and healing. *Services supported 123 children in 2023. Seventy-five (75) youth were waitlisted.*
13. **University of Missouri-St. Louis - Center for Behavioral Health (UCBH) – Psychological Assessments:** Provides a full range of psychological evaluation services to children aged 3-18 years

who need a psychological evaluation due to a suspected or previously diagnosed mental health disorder. *Psychological evaluation services were delivered to 163 children in 2023.*

14. **Youth In Need (YIN) – Counseling:** Comprehensive school and office-based counseling for youth, families, and groups. The program addresses various mental health needs, utilizing evidence-based practices to help clients achieve their therapeutic goals. *Counseling services benefited 405 youth in 2023.*

Figure 11. Zip Code Breakdown



New in 2024:

1. **Chestnut Health Systems – Project Access:** Offers a comprehensive range of school-based services to youth in grades 9th – 12th, including intake screenings, assessments, counseling, and family therapy.
2. **Kids In The Middle – School Outreach Counseling:** School-based group counseling for children who are coping with parental divorce and family transitions. Weekly sessions are led by trained therapists, providing a safe and confidential space for children to process their emotions and experiences.
3. **Partners In-Kind – Psychological Assessments:** Provides psychological evaluations for children with significant behavioral and emotional challenges. Evaluations offer diagnostic clarification and actionable recommendations for treatment, educational accommodation, and home interventions.

Key Findings

As mentioned in the previous section, some programs in the Home and Community-based Intervention Services category are more therapeutic in nature and may better align with services in the Individual, Group, and Family Counseling and Evaluation Services category. When this is taken into consideration, CCRB-funded counseling programs likely reached more youth with serious emotional disorders than may appear in this report. Moving forward, the CCRB should review service category assignments and make adjustments where appropriate.

Based on national data, an estimated 10-12% of the youth population in St. Charles County experiences a serious emotional disorder (Williams et al., 2018). In 2023, approximately 3,418 youth received CCRB-funded mental health therapeutic services, representing 3.7% of the total youth population in the County. This potentially indicates a significant gap in services which should be explored further.

Reference: Williams, N. J., Scott, L., & Aarons, G. A. (2018). Prevalence of serious emotional disturbance among U.S. children: A meta-analysis. Psychiatric Services, 69(1), 32–40.

Outpatient Psychiatric Services

Outpatient psychiatric treatment services provide essential evaluations and interventions for children and adolescents experiencing psychiatric disorders. These services include comprehensive assessments by psychiatrists, medication management, and additional support such as lab testing. Effective outpatient care enables youth to better navigate school, home, and community settings, lowering risks of behavioral issues, delinquency, and suicidal ideation. Additionally, these services bolster the effectiveness of other therapeutic counseling.

Saint Louis Counseling, Inc. – Outpatient Psychiatry:

Psychiatric care for youth with the goal of improving mental health symptoms. In partnership with Assisted Recovery Centers of America (ARCA), the program conducts thorough evaluations, incorporating psychological assessments and insights from caregivers and teachers, prescribes and manages targeted medications, and monitors the youth's progress during follow-up sessions. *Served 33 youth in 2023.*

Of the 33 youths served, 23 were carried over from 2022, accounting for 69.7% of the total, but no youth were waitlisted in 2023. Furthermore, there were no other clients served by this program.

| | |
|--|--------------------------------|
| Carried Over from 2022 69.7% | Youth on Waitlist 0% |
|--|--------------------------------|

Figure 12. Gender Breakdown

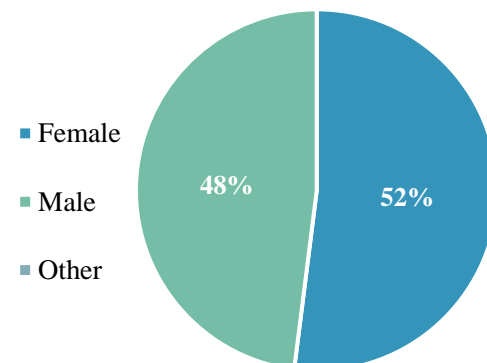


Figure 13. Racial Breakdown

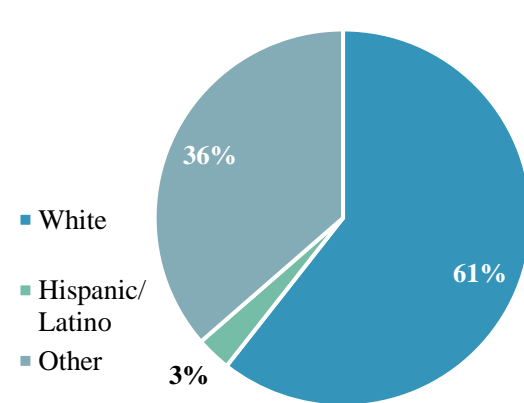


Figure 14. Zip Code Breakdown



Key Findings

Given the small number of youth served through CCRB-funded psychiatric programs in 2023, it is possible that the demand exceeded the services provided, as suggested by national data in the St. Charles County Youth Data Report. However, it is important to note that CCRB funds psychiatric services within other programs, thus increasing the number of youth served. Unfortunately, it is not possible to tease out those numbers for inclusion in this section.

Outpatient Substance Use Treatment Services (for Use and Disorders)

Outpatient substance use treatment services for adolescents/teens aim to address the complexities of drug and alcohol use among youth, which is prevalent across all socioeconomic backgrounds, not just in impoverished communities. Youth and their families receive therapeutic services including assessments, early intervention, educational, counseling, therapy, and aftercare treatment. Many adolescents may exaggerate or downplay their substance use, making it vital for parents to seek professional assessments to clarify the situation and determine the necessary level of care. These assessments play a crucial role in navigating the often-confusing landscape of adolescent substance use. CCRB invests in the following program:

Preferred Family Healthcare – Outpatient Substance Use Treatment:

Provides a supportive environment for youth aged 19 and younger to address substance use disorders while helping them maintain daily activities, achieve recovery, and build a balanced, fulfilling lifestyle. The program focuses on education, coping skills, and relapse prevention, and helping participants develop healthy decision-making and communication. Services include individual, group, and family counseling. *Served 122 youth in 2023.*

Of the 122 youth served, 47.5% (58) were carried over from 2022 and 64 new clients began treatment in 2023. The program maintained availability throughout the year and reported no youth on a waitlist. While this level of access is critical, the high percentage of youth carried over from the previous year underscores the persistent and ongoing nature of substance use disorders, which often requires extended and intensive intervention.



| | |
|--|--------------------------------|
| Carried Over from 2022 47.5% | Youth on Waitlist 0% |
|--|--------------------------------|

Figure 15. Gender Breakdown

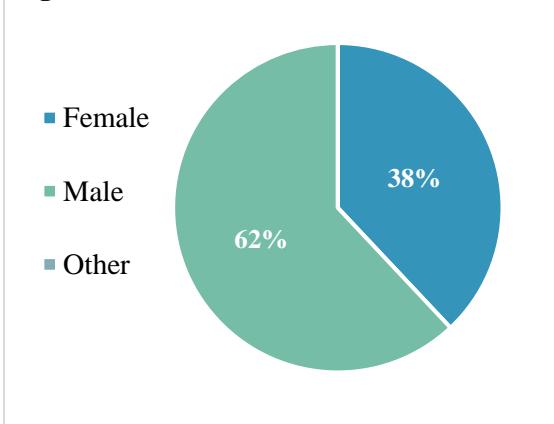


Figure 16. Racial Breakdown

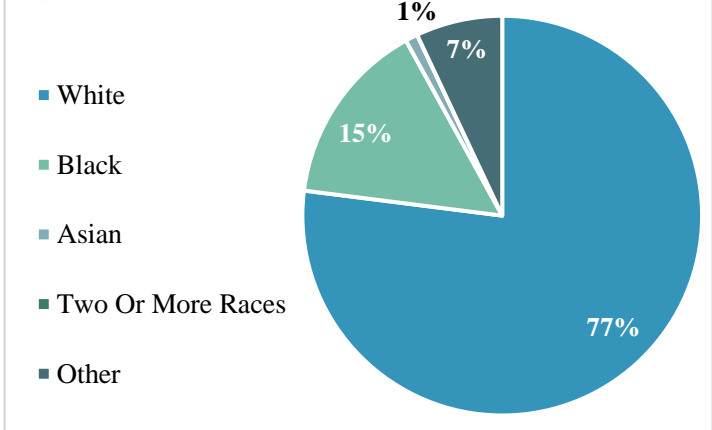


Figure 17. Zip Code Breakdown



Key

Key Findings

The St. Charles County Youth Data Report reflects that, while substance use by youth has decreased over the years, substance use among youth remains a concern. Without adequate access to outpatient treatment services, at-risk youth are more likely to experience these negative outcomes, perpetuating cycles of addiction and instability. Therefore, it is important to continually assess trends in the perceptions of and use of substances among youth, and subsequently, the need for outpatient treatment and prevention programs.

Respite Care Services

Respite care services provide temporary, emergency shelter, and support for children whose families are experiencing crises, playing a vital role in reducing the risk of child abuse or neglect. These programs offer a safe and stable environment for children while equipping parents with tools to manage stress and develop age-appropriate parenting skills. For families with children facing serious emotional or developmental challenges, respite care helps prevent family breakdowns and the escalation to out-of-home placement.

In 2023, three respite programs collectively served 280 youth, including four clients carried over from 2022 (1.4%). They also provided critical support to 152 parents and caregivers and four families. However, these programs faced capacity challenges, placing 84 youth on a waitlist (specifically Saint Louis Crisis Nursery’s program).

| | |
|---|-------------------------------------|
| Carried Over from 2022 1.4% | Youth on Waitlist 30% |
|---|-------------------------------------|

Table 8. 2023 St. Charles County – CCRB Funded Respite Care Services

| Agency: | Program Name | Child: Carried Over | Child: New 2023 | Child: Total Served | Child: Wait-listed | P/C: Total Served | Families: Total Served | Prof: Total Served | Total Pop Served |
|----------------------------|----------------------------|---------------------|-----------------|---------------------|--------------------|-------------------|------------------------|--------------------|------------------|
| Bethany Christian | Safe Families for Children | 0 | 7 | 7 | 0 | 4 | 0 | 0 | 11 |
| Community Living | Respite Center | 4 | 0 | 4 | 0 | 0 | 4 | 0 | 8 |
| Saint Louis Crisis Nursery | Respite Care | 0 | 269 | 269 | 84 | 148 | 0 | 0 | 417 |
| Total | | 4 | 276 | 280 | 84 | 152 | 4 | 0 | 436 |

In St. Charles, Missouri, the three funded programs offered respite services in 2023 were:

- Bethany Christian Services of Missouri (BCS) – Safe Families for Children (SFFC):** Provides respite care primarily for children aged 0-5, whose parents are dealing with short-term crises, increasing the child’s risk of neglect or abuse. Certified volunteer Host Families offer temporary care while parents receive case management, parenting skills education, access to family-centered resources, and ongoing support after the crisis. *Cared for seven children and supported four parents/caregivers through short-term crises in 2023.*
- Community Living, Inc. – Respite Center:** Serves children aged 6-18 with significant behavioral challenges and developmental disabilities through comprehensive weekend relief for families. Services help reduce familial stress, increase family stability, and improve the child’s behavior at home while encouraging social skills development. *Provided care for four children and four families in 2023.*

3. **Saint Louis Crisis Nursery – Respite Care:** Offers 24/7, short-term respite care for children under 13 years old whose families are experiencing a crisis to prevent child abuse and neglect. Wraparound services include family support planning, medical exams, developmental assessments, therapeutic activities, and basic needs support. *Served 269 children and 148 parents/caregivers during 2023, placing 84 children on the wait list for services.*

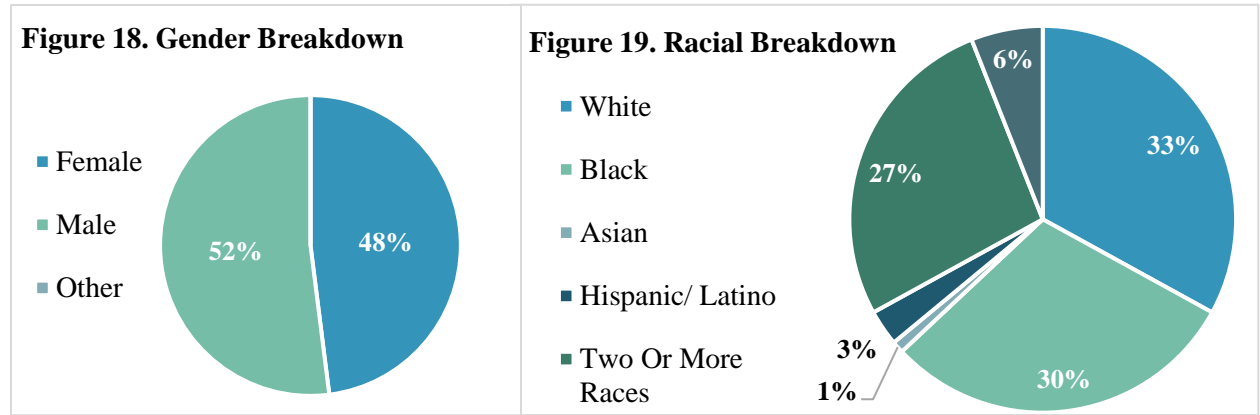


Figure 20. Zip Code Breakdown



Key Findings

Respite services offer critical support for families experiencing crisis/stress, often preventing child abuse and neglect or out-of-home placement for children. The short-term trends for reported child abuse and neglect indicate positive progress for St. Charles County. However, 59% of substantiated incidents of child abuse or neglect were due to parental neglect in 2023. Given recent shifts in household economic well-being, CCRB should monitor trends and continue to invest in these services.

Services for Teen Parents

Services for Teen Parents is aimed at equipping young parents with positive parenting skills, behavioral health support, counseling, and connections to further resources. Teen parents frequently face social isolation, which limits access to critical resources. This demographic is particularly susceptible to health complications, financial instability, and potential long-term reliance on welfare, which can elevate the risk of child abuse or neglect in high-stress environments. To counter these challenges, teen parents benefit from specialized support, including tailored parenting education, pathways to complete their education, and essential healthcare and counseling services. These programs not only foster self-sufficiency but also create a stable and nurturing environment for young parents and their children, supporting healthier family dynamics and improved long-term outcomes. In St. Charles, Missouri, one program was funded in 2023 in this category, which was:

1. **Our Lady’s Inn – Family Strengths:** A residential program for unhoused pregnant women and their children. Comprehensive services promote and secure the mental, emotional, physical, social, and educational well-being of the children and women residing at the facility while helping them prepare for independence. This program housed and supported 42 children and 17 parents/caregivers during 2023. Of the 42 clients served, 15 continued from 2022 (36%), with 27 new clients. The program operated without a waitlist in 2023.

| | |
|--|--------------------------------|
| Carried Over from 2022 35.7% | Youth on Waitlist 0% |
|--|--------------------------------|

This service appears to be appropriately funded in St. Charles County considering the percentage carried over is in alignment with the type of service provided, which is long-term in nature.

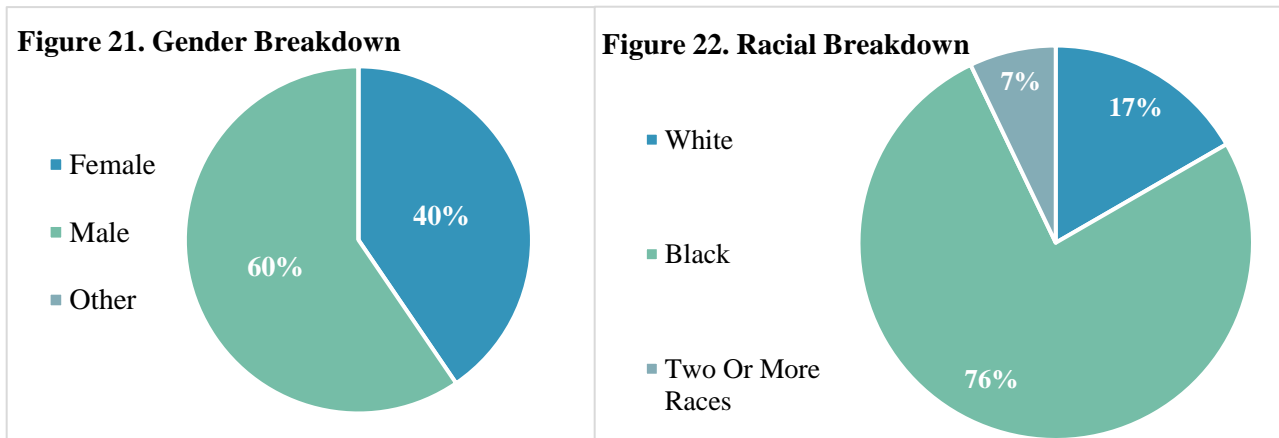
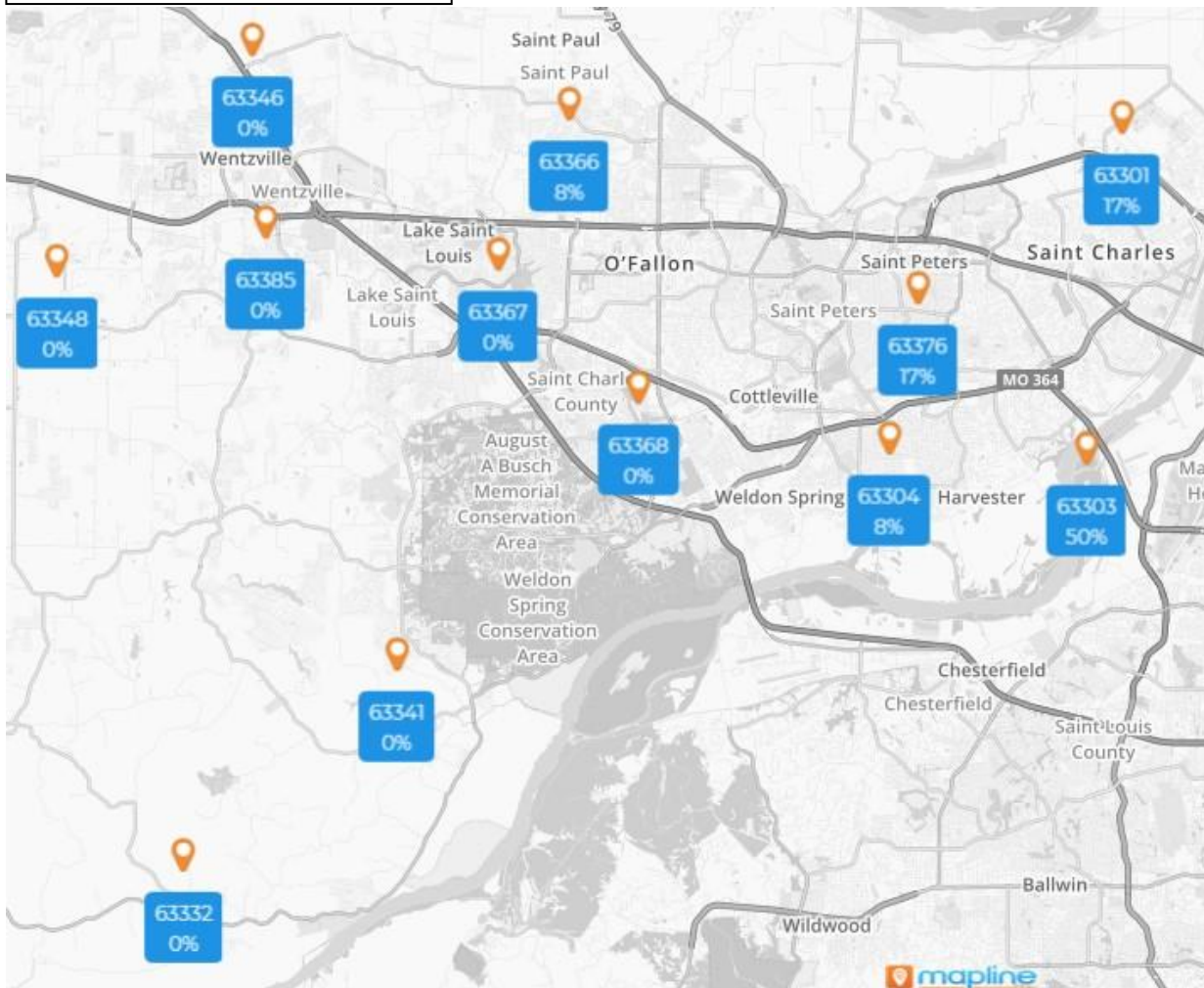


Figure 23. Zip Code Breakdown



Key Findings

Rates of teen pregnancy have significantly dropped over the past two decades, which has therefore decreased the need for these types of services. CCRB should continue to monitor rates to determine if additional investments are needed in the future.

It appears that the program associated with this service category is misclassified and should be assigned to a different category.

Temporary Shelter Services

Temporary shelter services are designed to provide short-term safety and support to vulnerable youth who are facing dangerous or unstable situations, such as abuse, neglect, homelessness, or emotional disturbances. These shelters serve as a safe haven, offering basic needs like food, shelter, and security for up to 30 days. In addition to meeting these fundamental needs, shelters provide counseling, group therapy, family support, and help with re-entering school or finding employment. The goal, where possible and appropriate, is to reunite young people with their families, provided there is no risk of further harm. Temporary shelters are especially vital for young people who have exhausted all other resources and may be at risk of turning to crime or becoming victims of exploitation.

There was one emergency/temporary shelter program funded in St. Charles County for 2023:

Youth In Need (YIN) – Youth Emergency Shelter: Short-term emergency housing and therapeutic services for youth aged 10-19 years experiencing a family crisis or homelessness. Comprehensive services are designed to guide youth toward safety and stability with a focus on family reunification when appropriate. *Emergency housing was provided for 33 youth in 2023.*

Of the 33 youths served in 2023, only two were carried over from 2022. YIN maintained no formal waitlist for this program.

| | |
|-------------------------------|--------------------------|
| Carried Over from 2022 | Youth on Waitlist |
| 6.1% | 0% |

Figure 24. Gender Breakdown

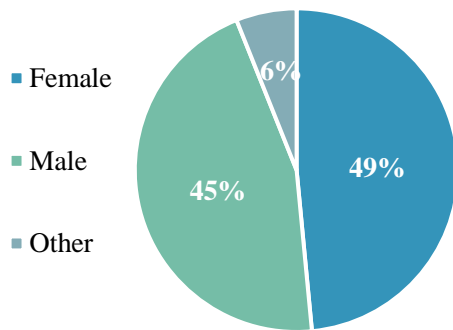


Figure 25. Racial Breakdown

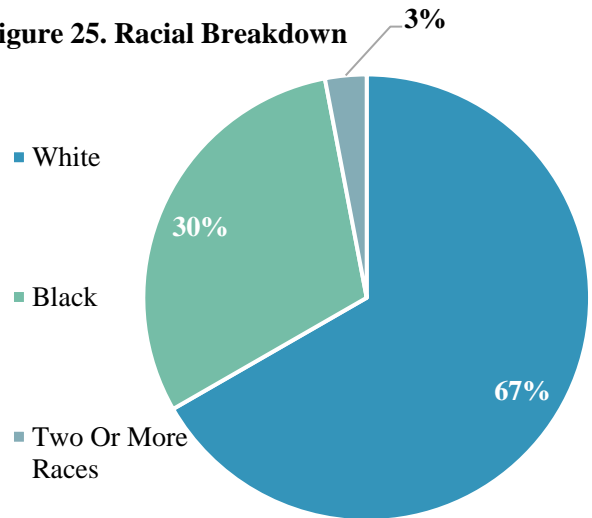
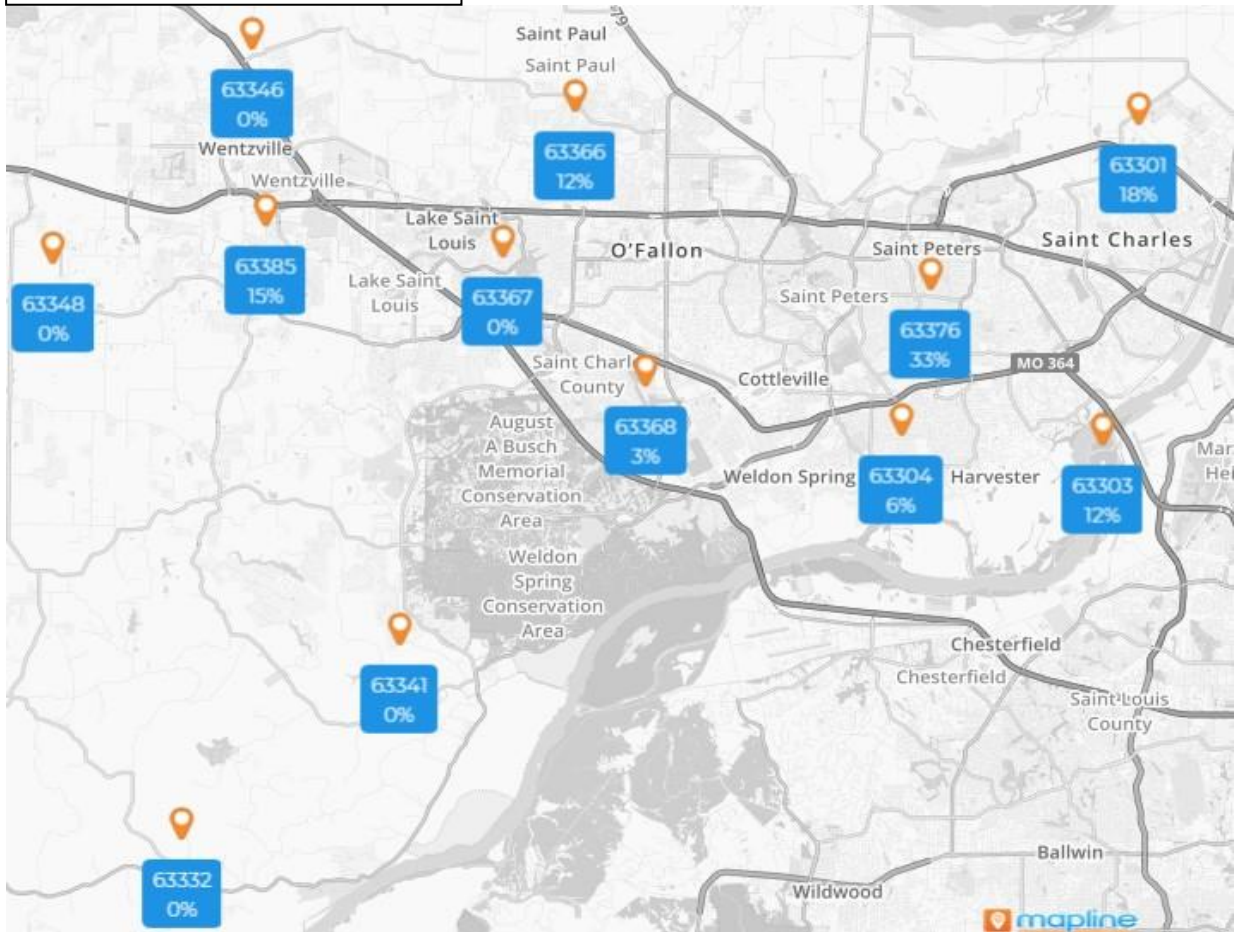


Figure 26. Zip Code Breakdown



Key Findings

The St. Charles County Youth Data report reflects low youth homelessness and runaway rates, with little changes across the years, indicating that currently funded services may be appropriately meeting needs. Schools are reporting a greater number of youth who are homeless, but St. Charles County percentage rates remain relatively steady, with an increase of 0.1% from 2021 to 2022. Given the increase in the number of youth who are runaway or absent from home, cost-burdened households, and other economic factors that are changing, CCRB should continue to monitor the need for temporary shelter services.

Transitional Living Services

Transitional Living Services offer homeless youth more than just housing—they provide comprehensive support to help them build independent living skills and transition into productive adulthood. These programs typically include counseling, life skills training, and assistance with education and employment, helping youth develop the tools needed to live independently. Key services focus on job training, educational support, and fostering healthy relationships, all aimed at reintegrating young people into stable and successful lives.

Youth In Need (YIN) – Transitional Living Program (TLP): Assists youth aged 16-19 who are homeless or living in unsafe conditions, including youth who are pregnant or parenting children under 4 years old. Services include transitional housing and individualized support focused on developing independent-living skills, pursuing education, and securing employment. TLP ensures youth have their basic needs met while working towards long-term goals of self-sufficiency and stability. *In 2023, 13 youth were served.*

Of the 13 youth served by TLP, four of them were carried over from 2022, which represented 30.8% of those served. There were no youth waitlisted in 2023.

| | |
|--|------------------------------------|
| Carried Over from 2022 30.8% | Youth on Waitlist 0% |
|--|------------------------------------|

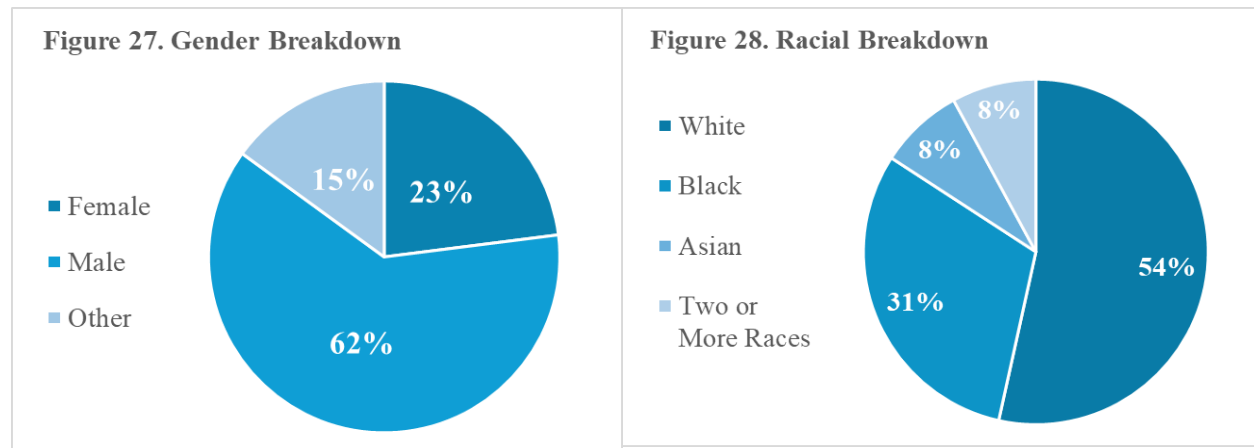
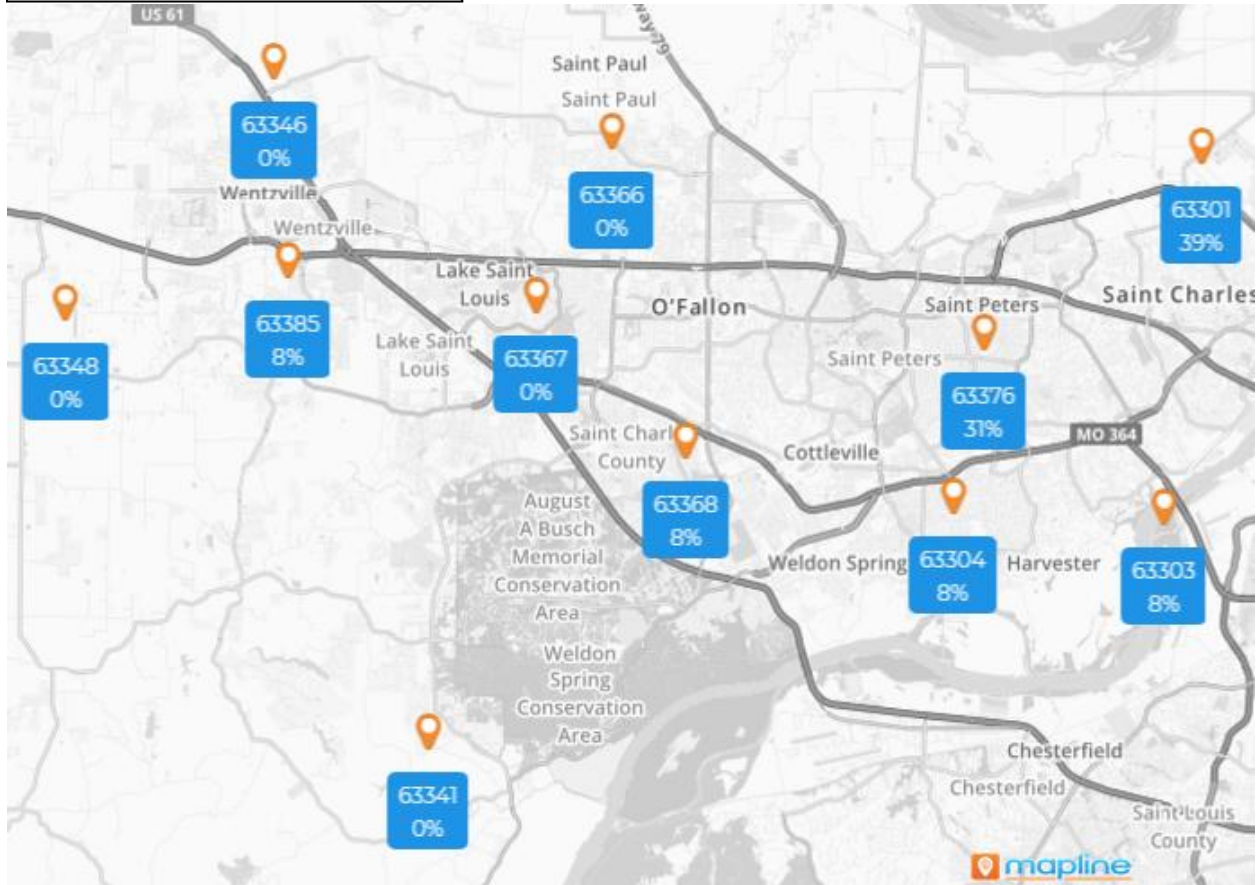


Figure 29. Zip Code Breakdown



Key Findings

The CCRB-Funded Program Assessment Report reflects a higher number of youth accessing Transitional Living Services who identify as “Other” gender. This supports research indicating these gender-diverse youth are at higher risk for homelessness or lack of safe living environments, further hindering their path to independence. Transitional living programs provide vulnerable youth with safe living conditions and resources to achieve educational and financial stability. Sustaining these services provides at-risk youth with the tools and support needed for a stable and successful future.

Gender Distribution of St. Charles County Youth Among 2023 CCRB-Funded Services

Within St. Charles County, the gender distribution among the general population in 2023 was nearly even, with 50.5% identified as male and 49.5% as female. Across all CCRB-funded programs, the gender breakdown among youth clients was closely aligned with the population distribution. Both males and females each constituted 49% of the 11,239 youth clients served (for those who reported gender information), while 2% identified as “other.”

However, an analysis of CCRB-funded direct service programs revealed varying degrees of gender representation (note: the CCRB does not collect demographic information for youth served through CCRB-funded prevention programs). Some service categories, such as Home and Community-based Services, Respite Care Services, and Outpatient Psychiatric Services, reflected near gender parity. In contrast, other service categories exhibited imbalances. Female overrepresentation was evident in Individual, Group, and Family Counseling/Evaluation, Crisis Intervention, and Temporary Shelter Services. Conversely, males were overrepresented in Outpatient Substance Abuse Treatment, Teen Parent, and Transitional Living Services.

Programs Skewed Towards Females

Individual, Group, and Family Counseling/Evaluation Services demonstrated a small female majority, with 56% of clients being female, 42% male, and 2% categorized as “other,” encompassing a total of 1,238 clients. This disparity might suggest that females were more likely to seek or be encouraged to engage in counseling and therapeutic services, potentially reflecting societal norms that emphasize emotional openness among females. This imbalance may also indicate differing service needs by gender, which could inform future program adjustments to better meet the needs of all youth clients. Based on the recently released Teen National Health Interview Survey (NHIS; CDC, National Center for Health Statistics; [NHIS-Teen | National Health Interview Survey | CDC](#)) using data collected for an 18-month period from 2021 to 2022 that surveyed youth aged 12-17, females were more likely than males to experience anxiety (females 30.6% vs. males 12.3%) and depression (females 15.1% vs. males 10.1%). Self-harm and eating disorders, which are commonly associated with anxiety, increased particularly among female youth. This data supports why more females may have been served in this category.

Figure 30. St. Charles County Population Gender Breakdown

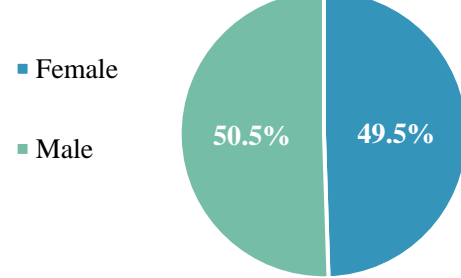


Figure 31. CCRB-Funded Direct Service Programs Gender Breakdown

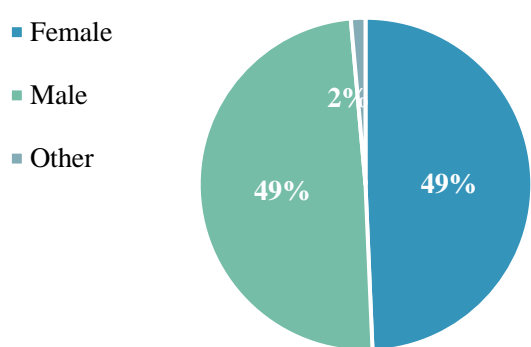
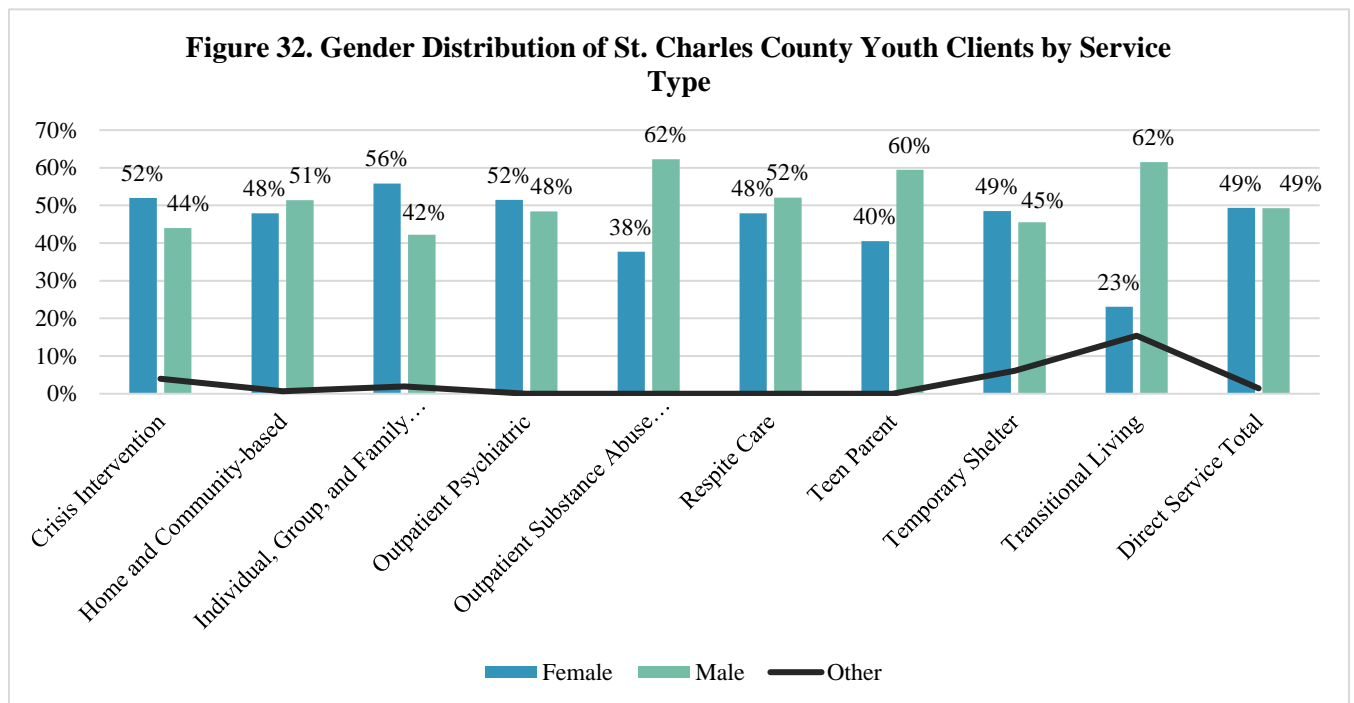


Table 9. Gender Distribution of Youth Clients by Service Type

| Service Types | Female | Male | Other | Unknown | Gender Total* |
|---|--------|------|-------|---------|---------------|
| Crisis Intervention | 52% | 44% | 4% | 7% | 2,019 |
| Home and Community-based | 48% | 51% | 1% | 2% | 7,459 |
| Individual, Group, and Family Counseling/ Eval | 56% | 42% | 2% | 0% | 1,238 |
| Outpatient Psychiatric | 52% | 48% | 0% | 0% | 33 |
| Outpatient Substance Abuse Treatment | 38% | 62% | 0% | 0% | 122 |
| Respite Care | 48% | 52% | 0% | 0% | 280 |
| Teen Parent | 40% | 60% | 0% | 0% | 42 |
| Temporary Shelter | 49% | 45% | 6% | 0% | 33 |
| Transitional Living | 23% | 62% | 15% | 0% | 13 |
| Direct Service Total | 49% | 49% | 2% | 3% | 11,239 |

Crisis Intervention Services also revealed a slight female overrepresentation, with 52% female clients compared to 44% male and 4% “other,” across 2,019 youth clients. Since this data pertains solely to youth clients, and not to parents or caregivers seeking support, the underlying reasons for this gender difference remain unclear.



Temporary Shelter Services showed a slight female majority, with 49% of clients being female, 45% male, and 6% identifying as “other” out of 33 total clients. Gender differences in youth experiencing homelessness may also reflect unique vulnerabilities or targeted outreach efforts for specific groups.

Programs Skewed Towards Males

Outpatient Substance Abuse Treatment Services had a strong male majority, with 62% of clients being male and 38% female. This disparity might reflect a higher incidence of substance use issues reported or identified among males within the program’s scope. This aligns with the NHIS data that reported from 2018 to 2022, the drug overdose death rate more than doubled among adolescent males (from 1.1 to 3.0 per 100,000) and females (from 1.0 to 2.5 per 100,000).

Transitional Living Services also exhibited a strong male majority, with 62% male participants, 23% female, and 15% identifying as “other,” the highest proportion among all programs.

Services for Teen Parents showed a gender split of 60% male and 40% female. However, this data reflects the children served within the program rather than the parent, which are all unhoused pregnant women, making it less indicative of gendered service needs.

Key Findings

The observed gender differences within programs likely resulted from the nature of the services and societal or systemic factors influencing access and participation.

Race/Ethnicity Distribution of St. Charles County Youth Among 2023 CCRB-Funded Services

Figure 33 is a summary of the racial/ethnicity data breakdown for 11,225 youth clients who were served by CCRB-funded programs in 2023 (the total number of clients with known race/ethnicity is provided below). It is important to note the population data available for 2023 for each racial/ethnic category, which was provided in Table 10 and Figure 35.

The racial distribution of the St. Charles County population in 2023 indicated a predominantly White demographic at 83.8%, followed by smaller proportions of Two or More Races (6.7%), Black (4.8%), Hispanic/Latino (4.2%), and individuals identifying as Asian (3.3%). The other racial categories were representative of less than 0.0% of the total population.

In comparison, the racial breakdown of youth clients served by CCRB-funded direct service programs showed a more diverse representation. While White youth still constituted the majority at 58%, their proportion was notably lower than their share of the general population. Black youth accounted for 21% of the clients served, a substantial increase relative to their population share.

Youth who were two or more races made up 10% of CCRB youth served, which was a larger proportion than the population data. Asian youth served represented only 0.9%, a significantly smaller proportion than the Asian population at 4%. Hispanic/Latino youth served, which was 3.9% of the total served, was representative

Figure 33. 2023 St. Charles County Racial Population Data Distribution

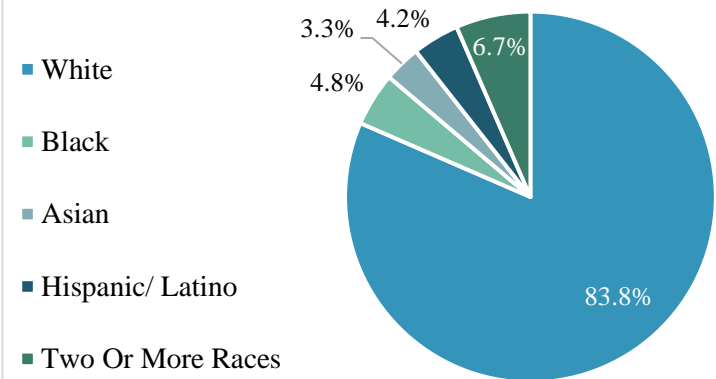
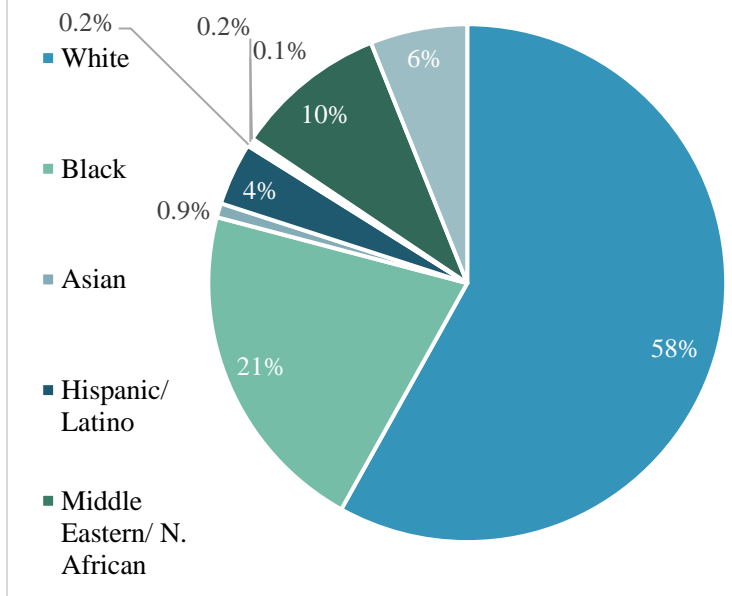
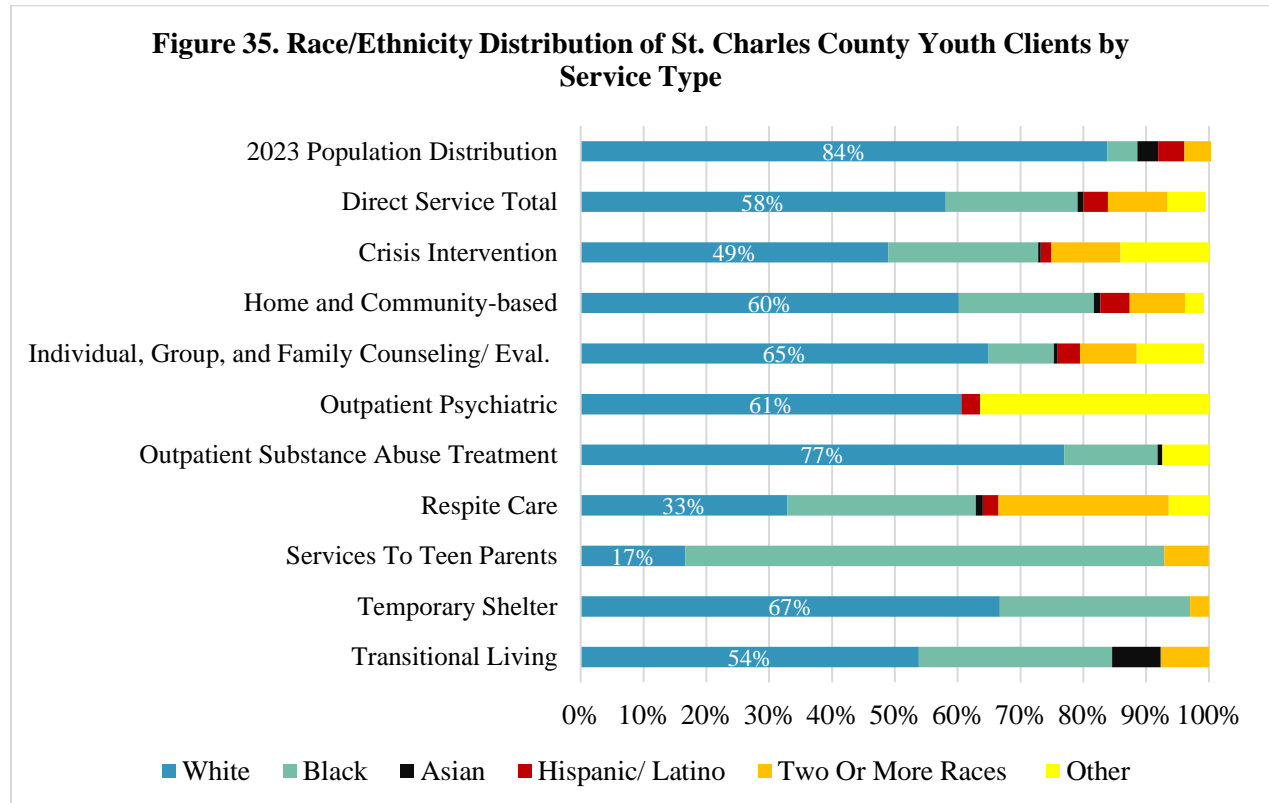


Figure 34. Direct Service Programs Racial Breakdown



of their population data at 4.2%. The other racial groups served included Middle Eastern/North African (0.2%), American Indian/Alaskan Native (0.2%), and Native Hawaiian/Pacific Islander (0.1%).

This data suggested that CCRB-funded programs may have reached a broader racial demographic than reflected in the county population, potentially addressing greater service needs or barriers faced by racial minorities within the community.



Note: Racial data for the Middle Eastern/North African, Native Hawaiian/Pacific Islander, and American Indian/Alaskan Native participants is not included in the Figure above due to them falling below 1%.

The data on race and ethnicity among service users highlights significant disparities in utilization across different service types.

- Crisis Intervention:** Compared to the 2023 population distribution, White youths were underrepresented (49.0% of those served vs. 83.8% of the County’s population), while Black individuals were significantly overrepresented (23.8% vs. 4.8%). Hispanic/Latino and Asian groups were underrepresented, while individuals identifying as Two or More Races and “other” appeared at much higher rates than expected.
- Home and Community-Based Intervention Services:** White youths were underrepresented (60.2% vs. 83.8%), while Black individuals were overrepresented (21.5% vs. 4.8%). Hispanic/Latino representation aligned closely with population data, but individuals identifying as Two or More Races exceeded population proportions.
- Individual, Group, and Family Counseling/Evaluation:** White individuals were once again underrepresented (64.9% vs. 83.8%), while Black individuals were moderately overrepresented (10.4% vs. 4.8%). Individuals identifying as Two or More Races were slightly overrepresented (9% vs. 6.7%) compared to population figures.

- **Outpatient Psychiatric Services:** White individuals were significantly underrepresented (60.6% vs. 83.8%), and no Black individuals were served in this category. Similarly, no Asian individuals accessed these services despite making up 3.3% of the population, and Hispanic/Latino individuals were aligned with the population data (3.0% vs. 4.2%). A significant proportion of service users identified as “other” (36.4%).
- **Outpatient Substance Use Treatment:** White individuals were represented proportionately (77.0% vs. 83.8%), while Black individuals were overrepresented (14.8% vs. 4.8%). Representation from Hispanic/Latino, Asian and Two or More Races categories was lower than population figures.
- **Respite Care:** White individuals were significantly underrepresented (32.9% vs. 83.8%), while Black individuals were markedly overrepresented (30.0% vs. 4.8%). The proportion of individuals identifying as Two or More Races was also much higher than the population distribution (27.1% vs. 6.7%). The Asian category was lower than the population data (1.1% vs. 3.3%), with Hispanic/Latino in similar alignment with the population data (2.5% vs. 4.2%).
- **Services to Teen Parents:** White individuals were heavily underrepresented (16.7% vs. 83.8%), while Black individuals dominated this category (76.2% vs. 4.8%). Other racial groups had minimal or no representation.
- **Temporary Shelter:** White individuals were slightly underrepresented (66.7% vs. 83.8%), and Black individuals were overrepresented (30.3% vs. 4.8%). Two or More Races was in close alignment with the population percentage (7.1% vs. 6.7%). Other racial groups had no representation in this category.
- **Transitional Living:** White individuals were underrepresented (53.8% vs. 83.8%), while Black individuals were notably overrepresented (30.8% vs. 4.8%). Asian individuals were represented above population proportions, with Hispanic/Latino clients below population proportions. Two or More Races were equally representative.
- **Direct Service Total:** White individuals were underrepresented across all services (58.1% vs. 83.8%), while Black individuals were overrepresented (21.0% vs. 4.8%). Representation from Two or More Races exceeded population levels, with the Asian race well below population levels. Hispanics/Latinos were in close alignment to the population data (3.9% vs. 4.2%).

General Findings Regarding Race

The data revealed differences between the racial composition of the general population and those served by various programs. White youth were consistently underrepresented across most service types, while Black youth were significantly overrepresented in nearly every direct service category. The findings underscore the need for tailored outreach strategies to ensure equitable access to services for all racial and ethnic groups in the community while addressing the specific needs of those with higher utilization rates. The data suggests further investigation to understand and address the underlying factors driving these patterns.

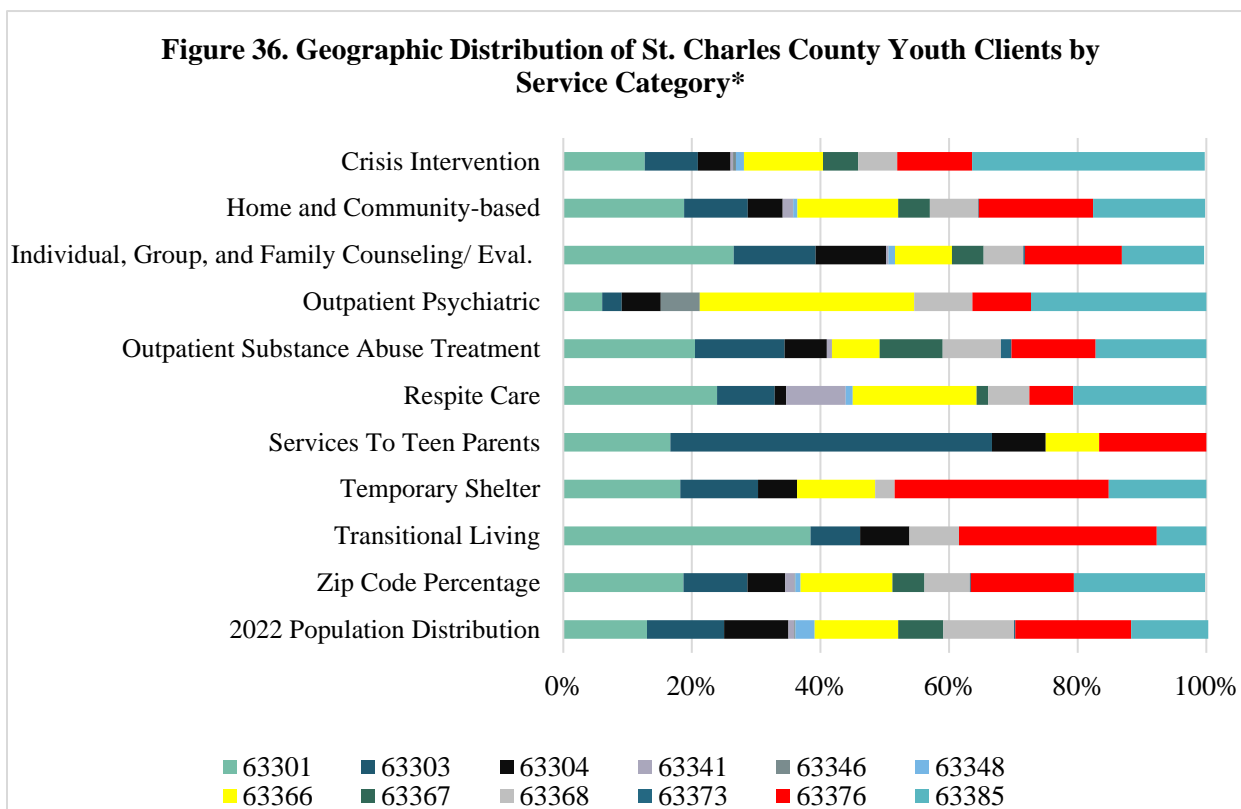
Table 10. Race/Ethnicity Distribution of St. Charles County Youth Clients by Service Type Including 2023 General Population Distribution

| Service Types | White | Black | Asian | Hispanic/ Latino | Middle Eastern/ N. African | American Indian/ Alaskan Native | Native Hawaiian/ Pacific Islander | Two Or More Races | Other | Unknown Race | Race - Total # |
|---|--------------|--------------|-------------|---------------------|-------------------------------------|--|--|-------------------------|-------------|-----------------|-------------------|
| 2023 Population Distribution | 83.8% | 4.8% | 3.3% | 4.2% | 0.0% | 0.0% | 0.0% | 6.7% | | | |
| Crisis Intervention | 49.0% | 23.8% | 0.4% | 1.7% | 0.0% | 0.5% | 0.0% | 11.0% | 14.1% | 8.0% | 2,008 |
| Home and Community-based Intervention | 60.2% | 21.5% | 1.0% | 4.7% | 0.2% | 0.3% | 0.2% | 8.8% | 3.0% | 2.0% | 7,457 |
| Individual, Group, and Family Counseling/ Eval. | 64.9% | 10.4% | 0.6% | 3.6% | 0.4% | 0.2% | 0.1% | 9.0% | 10.7% | 0.0% | 1,238 |
| Outpatient Psychiatric | 60.6% | 0.0% | 0.0% | 3.0% | 0.0% | 0.0% | 0.0% | 0.0% | 36.4% | 0.0% | 33 |
| Outpatient Substance Use Treatment | 77.0% | 14.8% | 0.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 7.4% | 0.0% | 122 |
| Respite Care | 32.9% | 30.0% | 1.1% | 2.5% | 0.0% | 0.0% | 0.0% | 27.1% | 6.4% | 0.0% | 280 |
| Services To Teen Parents | 16.7% | 76.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 7.1% | 0.0% | 0.0% | 42 |
| Temporary Shelter | 66.7% | 30.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 3.0% | 0.0% | 0.0% | 33 |
| Transitional Living | 53.8% | 30.8% | 7.7% | 0.0% | 0.0% | 0.0% | 0.0% | 7.7% | 0.0% | 0.0% | 13 |
| Direct Service Total | 58.1% | 21.0% | 0.9% | 3.9% | 0.2% | 0.2% | 0.1% | 9.5% | 6.1% | 2.8% | 11,226 |

Source: U.S. Census Bureau, American Community Survey, 2023, 1-year Demographic and Housing Estimates

Geographic Distribution of St. Charles County Youth Clients by Service Type

This section includes a concise summary of the zip code breakdown in St. Charles County for the 11,193 youth clients served by CCRB-funded direct service programs in 2023. The data in Table 11 highlights the distribution of youth clients receiving various services across St. Charles County zip codes in 2023 and compares it to the 2022 population distribution. This comparison reveals patterns of overrepresentation and underrepresentation within specific zip codes for different service types. For information purposes, Table 18 identifies the location name of the various zip codes within St. Charles County. In addition, a St. Charles County map has been provided noting the names of the cities linked to various zip codes (see Figure 37).



Note: Clients served in 63332 and 63386 are not shown in the Figure above but are reported in Table 11.

1. Overrepresentation:

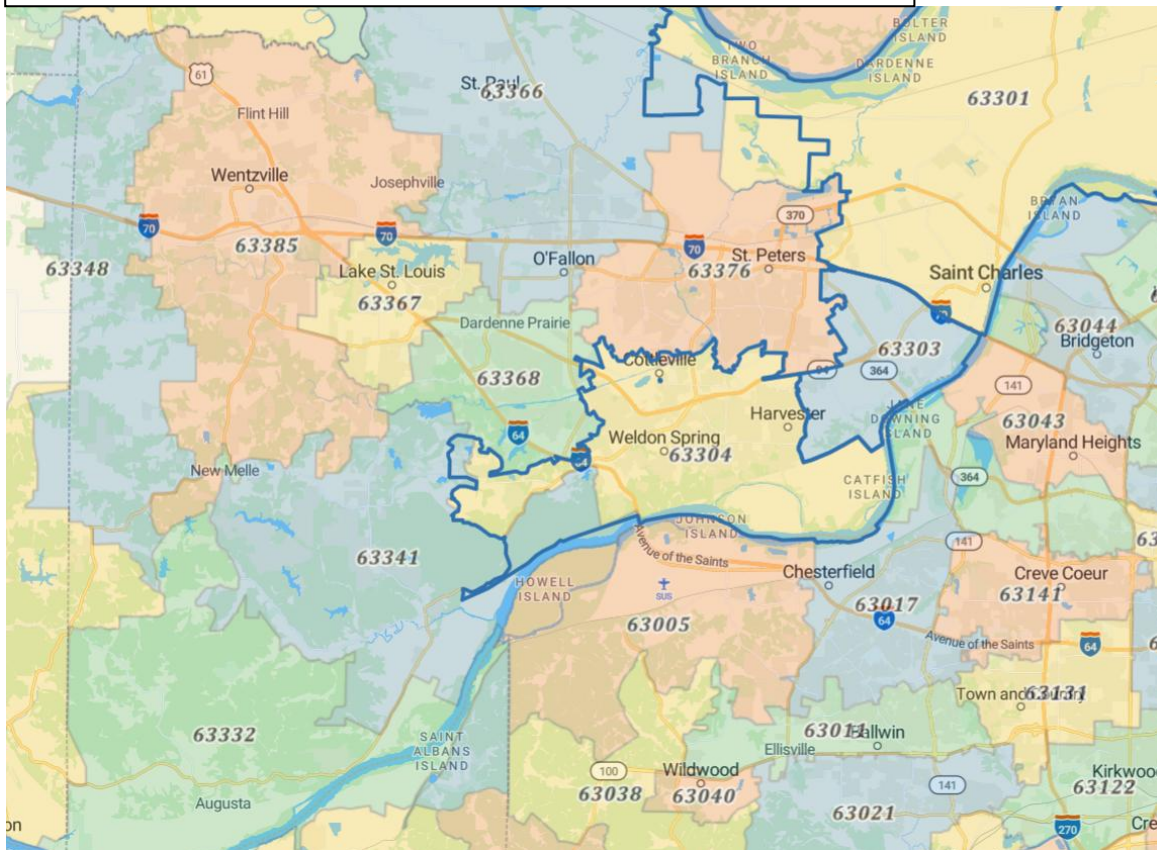
- **63385 (Wentzville):** Representing 12% of the population, this area accounted for significantly higher percentages in Crisis Intervention (36.2%), Respite Care (20.7%), and Outpatient Psychiatric Services (27.3%).
- **63301 (St. Charles):** While comprising 13% of the population, this area was overrepresented in Respite Care (23.9%), Individual, Group, and Family Counseling (26.5%), and Transitional Living (38.5%).
- **63366 (O'Fallon):** With 13% of the population, this zip code showed a striking overrepresentation in Outpatient Psychiatric Services (33.3%).
- **63376 (St. Peters):** Representing 18% of the population, this zip code was heavily overrepresented in Temporary Shelter (33.3%) and Transitional Living (30.8%).

2. Underrepresentation:

- **63304 (St. Charles):** Despite representing 10% of the population, service utilization in categories like Crisis Intervention (5.1%), Home and Community-Based Services (5.4%), and Respite Care (1.8%) was disproportionately low.

- **63367 (Lake Saint Louis):** This area, making up 7% of the population, consistently demonstrated low representation across most service categories except Outpatient Substance Abuse Treatment (9.8%).
- **63301 (St. Charles) and 63303 (St. Charles):** These zip codes, representing 13% and 12% of the population, were both notably underrepresented in Outpatient Psychiatric Services, accounting for only 6.1% of clients served in each case.
- **63366 (O'Fallon):** Despite comprising 13% of the population, 63366 had 0% utilization of Transitional Living services.
- **63376 (St. Peters):** While representing 18% of the population, 63376 was underrepresented in Outpatient Psychiatric Services (9.1%), Outpatient Substance Abuse Treatment (13.1%), and Respite Care (6.8%).

Figure 37. St. Charles County Map with Zip Codes



Source: www.zip-codes.com/city/mo-saint-charles.asp

3. Potential Emerging Needs:

- **63348 (Foristell):** With only 3% of the population, service utilization was low but appeared in several categories.
- **63341 (Defiance):** Despite comprising less than 1% of the population, this area demonstrated significant representation in Respite Care (9.3%).
- **63346 (Flint Hill):** This zip code, making up just 0.2% of the population, accounted for 6.1% of Outpatient Psychiatric Services.

Key Findings

Programs serving youth are over- or under-represented in certain zip codes. The data revealed strong service utilization in densely populated zip codes while less populated zip codes showed more limited-service engagement. While this geographic analysis provides valuable insights, it offers only a partial perspective. This could indicate that services are more readily available in certain areas, or it might reflect regions with a higher demand for services.

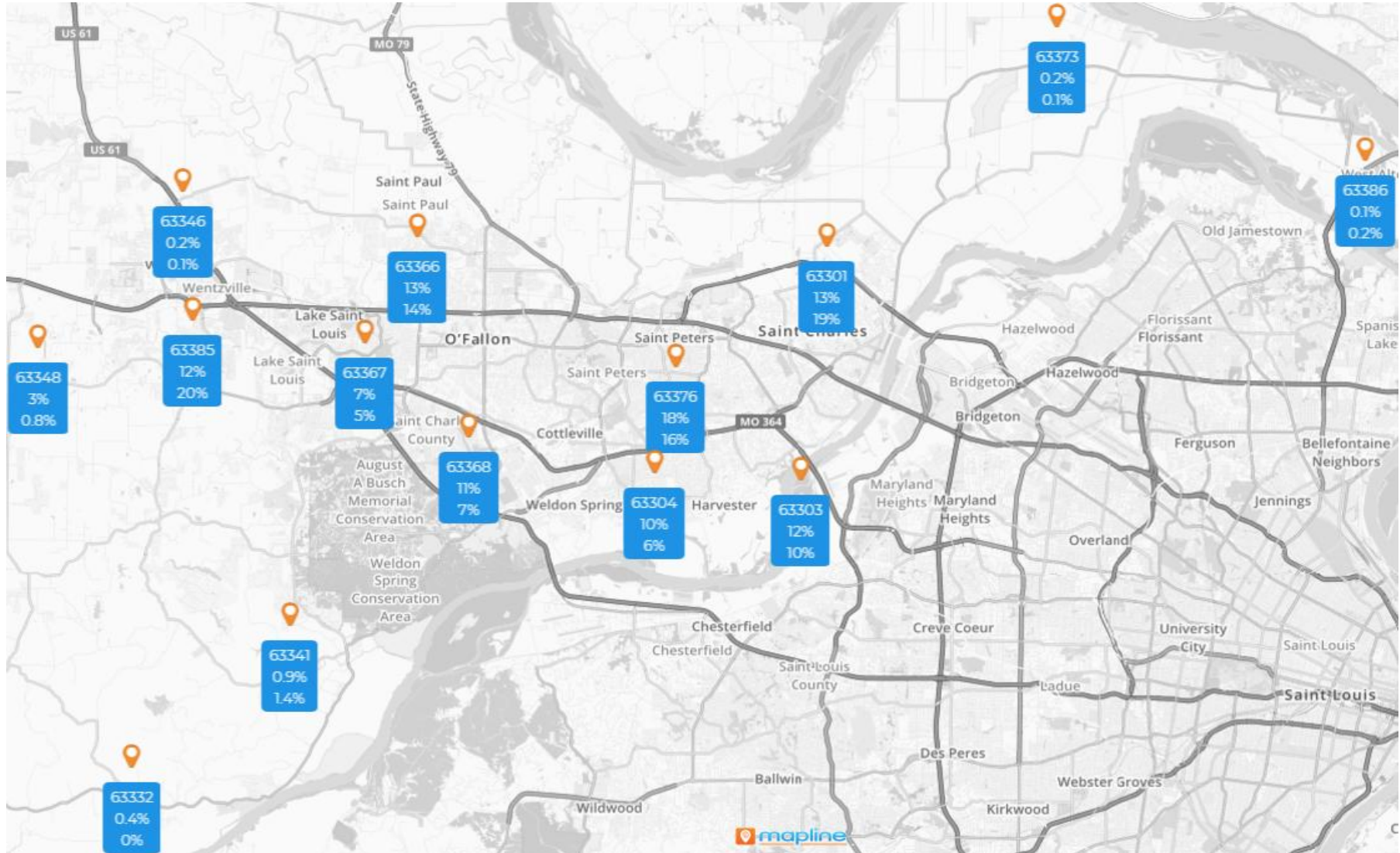
Table 11. Geographic Distribution of St. Charles County Youth Clients by Service Type

| Service Types | 63301 | 63303 | 63304 | 63332 | 63341 | 63346 | 63348 | 63366 | 63367 | 63368 | 63373 | 63376 | 63385 | 63386 | Total |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| 2022 Population Distribution* | 13% | 12% | 10% | 0.4% | 0.9% | 0.2% | 3% | 13% | 7% | 11% | 0.2% | 18% | 12% | 0% | |
| Crisis Intervention | 12.7% | 8.2% | 5.1% | 0.1% | 0.4% | 0.4% | 1.2% | 12.3% | 5.5% | 6.1% | 0.0% | 11.6% | 36.2% | 0.1% | 2,014 |
| Home and Community-based | 18.8% | 9.9% | 5.4% | 0.0% | 1.6% | 0.0% | 0.7% | 15.7% | 4.9% | 7.5% | 0.1% | 17.7% | 17.4% | 0.2% | 7,453 |
| Individual, Group, and Family Counseling/ Eval. | 26.5% | 12.7% | 10.9% | 0.0% | 0.3% | 0.1% | 1.0% | 8.8% | 4.9% | 6.2% | 0.2% | 15.1% | 12.8% | 0.3% | 1,233 |
| Outpatient Psychiatric | 6.1% | 3.0% | 6.1% | 0.0% | 0.0% | 6.1% | 0.0% | 33.3% | 0.0% | 9.1% | 0.0% | 9.1% | 27.3% | 0.0% | 33 |
| Outpatient Substance Abuse Treatment | 20.5% | 13.9% | 6.6% | 0.0% | 0.8% | 0.0% | 0.0% | 7.4% | 9.8% | 9.0% | 1.6% | 13.1% | 17.2% | 0.0% | 122 |
| Respite Care | 23.9% | 8.9% | 1.8% | 0.0% | 9.3% | 0.0% | 1.1% | 19.3% | 1.8% | 6.4% | 0.0% | 6.8% | 20.7% | 0.0% | 280 |
| Services To Teen Parents | 16.7% | 50.0% | 8.3% | 0.0% | 0.0% | 0.0% | 0.0% | 8.3% | 0.0% | 0.0% | 0.0% | 16.7% | 0.0% | 0.0% | 12 |
| Temporary Shelter | 18.2% | 12.1% | 6.1% | 0.0% | 0.0% | 0.0% | 0.0% | 12.1% | 0.0% | 3.0% | 0.0% | 33.3% | 15.2% | 0.0% | 33 |
| Transitional Living | 38.5% | 7.7% | 7.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 7.7% | 0.0% | 30.8% | 7.7% | 0.0% | 13 |
| Direct Service Total | 18.7% | 10.0% | 5.9% | 0.0% | 1.4% | 0.1% | 0.8% | 14.3% | 5.0% | 7.1% | 0.1% | 16.0% | 20.4% | 0.2% | 11,193 |
| Total numbers | 2,089 | 1,116 | 660 | 3 | 159 | 15 | 89 | 1,602 | 556 | 791 | 16 | 1,796 | 2,281 | 20 | 11,193 |

***Zip code population data is only available up to 2022. Population reflected is for all ages, rather than just youth.**

Source: American Community Survey, ACS 5-year Estimate, 2022.

Figure 38. Zip Code Breakdown: Percentage of Individuals (all ages) in the St. Charles County Population (2022; top percentage shown in figure) and Youth Served by CCRB-Funded Programs in 2023 (bottom percentage shown in figure)



Source: American Community Survey (2022) and CCRB Program Data

Analysis of the Program Survey Data Provided by CCRB-funded Agency Staff

This section of the report dives into the data provided by the agency staff responsible for providing CCRB-funded services and programs for St. Charles County youth. This survey focused on gathering program-specific information in addition to capturing general trends and youth needs from the perspective of key informed staff. One program-specific survey was completed for each CCRB-funded program.

Reasons for Youth that Were Unable to be Served

Agency staff were presented with a list of reasons to select from for analysis and understanding why they may have been unable to serve youth in 2023. Among the agencies that reported they were unable to serve youth clients in 2023, three reasons emerged as the most prevalent, which were (see Table 12):

1. The agency faced a shortage of staff to adequately address community need (noted by 20 or 63% of the agency respondents).
2. Parent engagement issues relating to difficulty with following process/systems including filling out paperwork (identified by 11 or 34% of the agency respondents).
3. Limited space to provide services to clients (provided by seven or 22% of the agency respondents, which tied with the fourth response as well).
4. Insufficient funding to provide services at the required level in St. Charles County.

Table 12. Key Reasons for Youth Not Receiving Services in 2023

| Listed Reasons | # | % |
|--|-----------|-----|
| Lack of qualified staff to respond to need | 20 | 63% |
| Parent engagement issues: difficulty with getting parents to follow systems, fill out paperwork, and/or other systems/process-related issues | 11 | 34% |
| Limited space to provide services to clients | 7 | 22% |
| Lack of funding to provide program/service at level that is needed in St. Charles County | 7 | 22% |
| Parent engagement issues due to more chaotic households, availability issues, and the high stress of parents | 6 | 19% |
| Youth/client did not show up for appointments | 6 | 19% |
| Lack of school consent or cooperation to provide program/service | 6 | 19% |
| Communication/coordination issues with referring agency(ies) | 5 | 16% |
| Parent did not consent or follow up for services for their child (unknown reasons) | 4 | 13% |
| Programs/services compete with time needed for essential school activities | 4 | 13% |
| Youth/client would not engage in service/program | 3 | 9% |
| Parent/child engagement issues due to stigma/bias relating to mental health needs of the youth | 2 | 6% |
| Youth/client did not have transportation to access program/service | 2 | 6% |
| Services offered were too far away from general population (near school, where youth can easily access) | 2 | 6% |
| Difficulty scheduling services with youth/clients | 2 | 6% |
| Total Number of Agencies | 64 | |
| N/A Respondents | 7 | |
| Total (not including those that selected not applicable) | 57 | |
| Total Number who selected they were unable to serve zero clients | 25 | |
| Revised Sample | 32 | |
| Other Reasons Provided For Unserved Youth (see details below) | 18 | |

Other responses were provided by 18 agencies with the following themes that emerged (see Table 19 for full comments provided by agency contacts):

- **Resource Limitations:**

- **Lack of Funding:** Insufficient funding affected service capacity.
- **Lack of Resources:** Inability to rehouse clients due to a lack of community resources .
- **Community Need Exceeds Capacity:** The demand and duration of needed counseling services surpassed the organization's ability to provide them.

- **Program-Specific Limitations:**

- **Program/Staff Capacity did not meet Needs of Youth:** An agency encountered situations where the needs of the children exceeded the training and capabilities of their volunteers. Additionally, some families requested longer-term care, ranging from 3-6 months, which the program was not equipped to provide.
- **Lack of Mentors:** Insufficient mentors to deliver services.

- **Demand and Engagement Issues:**

- **Waning Interest:** Decline in family interest in respite services.
- **Unpredictable Needs:** Difficulties in planning due to the unpredictable nature of youth needs.

- **External Factors:**

- **Community Awareness:** Lack of community awareness about services.
- **Service Redundancies:** Availability of similar services from other organizations within the schools, which reduced demand.

- **Operational Issues:**

- **Timing and Availability:** Services not needed when available or mismatched in timing.
- **Service Requests:** Parents requested interventions not available in the agency's current delivery model.
- **Limited Outreach Opportunities:** Challenges in reaching out to youth through school presentations.

Needs for Programs and Services that are Increasing

The CCRB-funded agencies were asked to assess whether the demand for their programs in 2023 exceeded the expectations outlined in their 2023 grant applications. If so, they were to provide data supporting this increased need. Of the 61 programs, only 16.4% (ten programs) reported a higher demand than anticipated. Below is a summary of the recurring themes, along with a brief overview of the agencies' responses. For full details, see Table 21 in the Appendix.

- **Growing Demand for Services** – There was an increase in the demand for services across various agencies, underscoring the persistent challenges associated with waitlists and funding limitations. This growing need highlighted the critical importance of addressing gaps in service provision to ensure timely access for youth and families.
- **Adaptability and Response to Demand** – Agencies demonstrated a proactive approach in responding to the heightened demand for services. Strategies included the recruitment of additional staff, the submission of increased funding requests, and the expansion of existing programs to better accommodate the needs of the community.
- **Impact of the Pandemic** – The aftermath of the COVID-19 pandemic significantly influenced service requests, as there was a greater awareness of the social-emotional needs of youth. This heightened understanding led to an increase in the demand for services, necessitating a reassessment of resources and programming to adequately address these evolving challenges.
- **Collaboration and Outreach Efforts** – The effectiveness of service delivery was enhanced through robust partnerships and outreach initiatives among agencies. Collaborative efforts proved essential in addressing community needs, allowing for a more comprehensive approach to service provision and ensuring that resources were effectively allocated to support those in need.

Most Common Behavioral/Mental Health Challenges Youth are Experiencing in St. Charles County

Agency staff were asked to identify the most prevalent behavioral and mental health (BH/MH) issues among the youth they serve in St. Charles County (see Table 13).

The most frequently reported issue CCRB-funded direct service providers was **anxiety, worrisome thoughts, and fear**, noted by 83% of staff. This suggests that anxiety is a pervasive concern among young people, likely stemming from a combination of academic, social, and familial pressures. It underscores the need for interventions focused on emotional regulation, stress management, and coping strategies.

Closely following this, **controlling emotions, anger management, and conflict resolution** were noted by 73% of staff. This is a crucial area for improvement, as difficulties in managing emotions can lead to interpersonal conflicts, aggression, and academic struggles. The prevalence of this challenge highlights the need for programs that teach emotional intelligence, self-control, and healthy communication.

Friend/peer relationships, social skills, problem-solving, and self-esteem were reported by 72% of staff as common challenges. These issues often contribute to feelings of isolation and insecurity, which may exacerbate other mental health problems such as depression and anxiety.

Depression, with 70% of staff identifying it as a major issue, was a significant concern. Depression often goes hand-in-hand with other mental health struggles, such as anxiety and self-esteem issues.

Feelings of acceptance and belonging, reported by 52% of staff, are closely tied to social relationships. Many youth experience struggles with finding their place in social circles, contributing to feelings of alienation and insecurity.

Abuse and neglect issues, including body safety, were reported by 40% of staff.

Suicidal ideations and suicide, affecting 37% of youth is often linked to depression and other emotional struggles.

Table 13. Common Behavioral and Mental Health Challenges Affecting Youth in St. Charles County

| List of Common BH/MH Issues | # | % |
|--|-----------|-----|
| Anxiety, worrisome, fear | 50 | 83% |
| Controlling emotions, anger management, and conflict resolution | 44 | 73% |
| Friend/peer relationships, social skills, problem solving, and self-esteem | 43 | 72% |
| Depression/sad a lot | 42 | 70% |
| Feelings of acceptance/belonging | 31 | 52% |
| Abuse and neglect issues (body safety) | 24 | 40% |
| Suicidal ideations/suicide | 22 | 37% |
| Coping with grief, loss, and/or divorce | 21 | 35% |
| Self-harm | 21 | 35% |
| Bullying/cyber-bullying | 20 | 33% |
| Drug and alcohol use and/or abuse | 14 | 23% |
| Food and basic needs' insecurity | 14 | 23% |
| Housing instability/nowhere to live | 13 | 22% |
| Online safety | 11 | 18% |
| Unhealthy dating relationships | 9 | 15% |
| Child trafficking/commercial sexual exploitation | 6 | 10% |
| Threats of violence or being injured by another peer | 5 | 8% |
| Truancy/educational neglect | 4 | 7% |
| Eating disorders | 2 | 3% |
| Teen pregnancy | 1 | 2% |
| Gang violence | 0 | 0% |
| Other Critical MH/BH Needs: | 8 | 13% |
| Total (revised sample) | 60 | |

Coping with grief, loss, and/or divorce (35%) and **self-harm** (35%) were also identified as common issues. These challenges suggest that youth are struggling with emotional pain and the difficulties associated with major life changes.

Bullying and cyber-bullying affected 33% of youth, a significant concern given the lasting impact these behaviors can have on mental health. Cyber-bullying, in particular, can be difficult to escape due to the pervasive nature of digital communication.

The remaining issues were identified by less than 30% of staff.

Other individual responses provided were:

- Autism
- Custody issues
- Excessive suspension rates/school arrests
- Mental Health issues tied to housing instability
- Overall Mental Health concerns
- Restraint and seclusion
- Sexual assaults
- Sextortion
- Social-emotional delays
- Trauma-evident behaviors — Prevention staff do not work with children one-on-one. Thus, while staff observe behaviors that appear to be related to trauma, it's difficult to know the specific issues each child may be facing
- Unaddressed early childhood developmental delays impacting socio-emotional health and wellbeing

The most common BH/MH issues noted by CCRB-funded prevention program providers were also analyzed, with the data presented in Table 14.

The most prevalent issue, affecting 90% of youth according to staff, was related to **friend/peer relationships, social skills, problem-solving, and self-esteem**. This indicated that a large portion of youth in the area struggled with interpersonal difficulties and self-worth, which could contribute to various other mental health issues, including anxiety and depression.

Anxiety, worrisome thoughts, and fear were experienced by 60% of youth. This was closely aligned to challenges in **managing emotions, anger, and conflict resolution skills** (noted among 50% of prevention program staff). These issues have consequences for both academic and social functioning.

Bullying and cyber-bullying, identified as an issue among youth by 50% of agency staff, remained significant concerns. These behaviors, which could result in long-term psychological impacts, were compounded by a growing reliance on online platforms for social interaction among youth. The focus on **online safety**, also identified by 50% of staff, further underscored the importance of addressing the risks associated with digital communication, including cyber-bullying, online predators, and exposure to inappropriate content.

Other concerns included **abuse and neglect issues** (40%), with staff identifying the need for further support around body safety and the effects of trauma. **Depression** and **suicidal ideations**, also at 40%, signals a concerning mental health trend in the community. These issues are frequently linked to the family and peer relationships, exacerbating feelings of hopelessness.

Additionally, **drug and alcohol use and/or abuse** (40%) was a concern, a habit many youths engage in as a means of coping with emotional pain. **Feelings of acceptance and belonging** (40%) were also tied with these challenges. Peer pressure and the need for social validation play a significant role in risky behaviors, and the management of mental health issues.

The remaining issues were lower in prevalence, each identified by 10-20% of prevention program staff.

Table 14. Common Behavioral and Mental Health Challenges Affecting Youth in St. Charles County – Prevention Programs Only

| Options | # | % |
|--|----|-----|
| Friend/peer relationships, social skills, problem solving, and self-esteem | 9 | 90% |
| Anxiety, worry, fear | 6 | 60% |
| Bullying/cyber-bullying | 5 | 50% |
| Controlling emotions, anger management, and conflict resolution | 5 | 50% |
| Online safety | 5 | 50% |
| Abuse and neglect issues (body safety) | 4 | 40% |
| Depression/sad a lot | 4 | 40% |
| Drug and alcohol use and/or abuse | 4 | 40% |
| Feelings of acceptance/belonging | 4 | 40% |
| Suicidal ideations/suicide | 4 | 40% |
| Unhealthy dating relationships | 2 | 20% |
| Child trafficking/commercial sexual exploitation | 1 | 10% |
| Eating disorders | 1 | 10% |
| Self-harm | 1 | 10% |
| Teen pregnancy | 1 | 10% |
| Threats of violence or being injured by another peer | 1 | 10% |
| Truancy/educational neglect | 1 | 10% |
| Coping with grief, loss, and/or divorce | 0 | 0% |
| Food and basic needs' insecurity | 0 | 0% |
| Gang violence | 0 | 0% |
| Housing instability/nowhere to live | 0 | 0% |
| Other Critical MH/BH Needs: | 2 | 20% |
| Total (revised sample) | 10 | |

Implications of These Findings

These findings reinforce the need for comprehensive prevention, crisis and early intervention, and treatment programs. Programs must address the psychological, emotional, and social needs of youth while also providing resources to support their families. Prioritizing mental health education, crisis intervention, peer support networks, and trauma-informed care is essential to effectively addressing the complex challenges facing youth in St. Charles County.

The rise in juvenile law interactions as well as the increase of several types of offenses bears close monitoring. The CCRB is encouraged to strengthen its relationship with the Juvenile Court to better understand the root causes of these increases and successful intervention strategies.

Further exploration is needed to understand the increase in rates of suicide and self injury.

The most prevalent issues identified by agencies – anxiety, emotional regulation, and peer relationships – underscore the need for early intervention programs focused on emotional intelligence, stress management, and social skills development. Depression is often intertwined with anxiety and poor self-esteem and demand a comprehensive approach, including counseling services, peer support, and community education on mental health.

As these trends indicate both positive and negative shifts in youth behavior, communities must work together to raise awareness about mental health, substance use, and abuse prevention.

Recent Roadblocks that Hindered Utilization of Funds or Provision of Services

Agency staff were asked to provide insights into recent challenges they encountered, beyond funding, which had impact on the utilization of funds and the delivery of services. Following is a prioritized list of these challenges reported by program staff:

- The most significant challenge, experienced by 44% of the agencies represented, was related to issues in hiring professional staff to respond to the need.
- Following closely, the second most common challenge, reported by 38% of agency staff, related to parent engagement issues such as difficulty following systems/processes, filling out paperwork and other process-related issues.
- 32% of the agencies selected a second parent engagement issue due to more chaotic households, availability issues, and high stress of parents as significant hurdles.
- 32% of agencies also noted difficulties with retaining staff to respond to the level of need in the community among their youth clients.
- Another roadblock cited by 28% of agency respondents was the lack of school consent or cooperation to provide programs/services in their space.
- The next two significant roadblocks agencies encountered were parent/child engagement issues due to stigma and/or bias related to the mental health needs of the child, and the client not showing up for appointments. Both of these issues were identified by 16% of agency contacts.

Additional information about the roadblocks encountered by agencies that hindered utilizing 2023 funds or providing services is included in Table 15 and qualitative responses are included in Table 16. These responses provide a comprehensive understanding of the diverse range of challenges faced by agency staff in delivering services to St. Charles County youth, beyond financial considerations.

Table 15. Roadblocks Agency Encountered in 2023 that Hindered Utilization of Funds/ Provision of Services

| Options | # | % |
|---|-----------|-----|
| Issues with hiring staff to respond to need (9) | 22 | 44% |
| Parent engagement issues: difficulty with parents following systems, filling out paperwork, and/or other systems/process-related issues (1) | 19 | 38% |
| Parent engagement issues due to more chaotic households, availability issues, and the high stress of parents (3) | 16 | 32% |
| Issues with retaining staff to respond to need (10) | 16 | 32% |
| Lack of school consent or cooperation to provide program/service (11) | 14 | 28% |
| Parent/child engagement issues due to stigma/bias relating to mental health needs of the youth (2) | 8 | 16% |
| Youth/client did not show up for appointments (7) | 8 | 16% |
| Youth/client would not engage in service/program (5) | 7 | 14% |
| Programs/services compete with time needed for essential school activities (14) | 7 | 14% |
| Parent did not consent to services for their child (unknown reasons) (4) | 6 | 12% |
| Limited space to provide services to clients (15) | 6 | 12% |
| Communication/coordination issues with referring agency(ies) (12) | 4 | 8% |
| Difficulty scheduling services with youth/clients (13) | 4 | 8% |
| Youth/client did not have transportation to access program/service (6) | 3 | 6% |
| Services/program offered were too far away from general population (near school, where youth can easily access) (8) | 1 | 2% |
| Total Sample (including not applicable responses) | 64 | |
| Total (not including those that selected not applicable) | 50 | |

Recommendations to Overcome Roadblocks that Hindered Utilization of Funds or Provision of Services

Funded program staff were then asked to share their recommendations and thoughts regarding the challenges they encountered. The key themes that emerged from these recommendations for overcoming roadblocks encountered by agencies providing mental and behavioral health services to youth in St. Charles County, Missouri, were:

1. **Parental and Family Engagement:** Many agencies emphasized the need for better engagement with parents and caregivers. Agencies noted that many were reluctant or slow to engage in services, which may be due to stressors such as chaotic households or financial instability. Suggestions included psychoeducational support groups, community education to reduce stigma, and making participation easier through simplified processes, financial incentives, and improving communication via tools like text messaging systems (making communication more personalized).
2. **Incentives and Accountability:** A recurring theme was the importance of incentivizing attendance and accountability. Agencies suggested implementing incentives for attendance or no-show fees to encourage participation and engagement in programs, aligned with a strength-based approach. These suggestions could improve service utilization and client accountability.

3. **Workforce and Staffing Issues:** Multiple agencies reported difficulties with hiring, retention, and staffing shortages. Solutions included increasing pay, providing more full-time roles (or transitioning from part-time to full-time roles), enhancing recruitment strategies, and offering professional development and support for staff to improve retention and service delivery.



4. **Access and Communication with Schools:** Agencies identified challenges in coordinating with schools, especially regarding identifying the right point of contact or securing agreements (MOUs) for services, both of which created considerable delays or stoppage in providing key services. There were also issues with obtaining consent from parents, which delayed services. Some schools have limited space for programs. They recommended streamlining communication and advocating for stronger partnerships with schools to improve service delivery.
5. **Transportation (Systemic Barrier to Access):** Some families struggled with transportation to access services. Solutions included setting up a cab account, but high costs limit sustainability. Agencies recommended securing additional funding for transportation or establishing more accessible locations.

6. **Housing Instability (Systemic Barrier to Access):** Affordable housing was identified as crucial for improving mental health outcomes. Agencies suggested rent subsidies or partnerships with housing programs to ensure families have stable living conditions, which aligns with Maslow's hierarchy of needs.
7. **Stigma Around Mental Health:** Youth and their families might avoid participating in mental health services due to stigma. Solutions included education and community outreach to reduce stigma and raise awareness of the importance of mental health support.
8. **Operational and Administrative Improvements:** Systemic issues like funding constraints, complex intake processes, and difficulties managing data integrity impacted both service efficiency and client accessibility. Centralized intake systems, streamlined forms, improved data collection systems and reporting, and better administrative support were proposed to improve operations and reduce burdens on frontline staff.
9. **Collaborative Solutions:** Several recommendations involved fostering collaboration between agencies, schools, and government officials to address broader community needs such as access barriers, housing challenges, mental health awareness, and reducing stigma, particularly around substance use and mental health.

These themes reflect a holistic approach to addressing the barriers that hinder service delivery to youth, focusing on improving engagement, incentivizing participation, enhancing workforce stability, and overcoming systemic and operational challenges.

Communities/Schools in St. Charles where More Youth Were Needing Services More than in Other Areas (if applicable)

Agency staff were asked to identify if there were communities and/or schools in St. Charles County where they had more children/youth needing services than in other areas they served (see Table 22). A review of this service demand data revealed various trends and themes. Demand was consistently high across several districts, including City of St. Charles, Fort Zumwalt, Francis Howell, and Wentzville, with distinct reported service gaps and unmet needs. City of St. Charles and Wentzville, in particular, showed that higher numbers of homeless families, while Fort Zumwalt and Francis Howell struggled with capacity issues due to space constraints and resource limitations.

Certain zip codes also stood out, such as 63301 (City of St. Charles), 63366 (O'Fallon), 63385 (Wentzville), and 63376 (Saint Peters), where programs like the Saint Louis Crisis Nursery's Family Empowerment Program, Respite Care, and Healing Hearts Outreach had concentrated services to help meet rising demand. Additionally, many programs reported increased requests in specific demographics, such as young males in need of one-to-one mentorship and youth experiencing housing instability, both of which require targeted resource expansion.

In terms of mental health and substance use services, the demand outpaced available staff and program capacity, leading to waitlists and gaps in care, especially in the City of St. Charles and Francis Howell school districts. Prevention education programs in these districts were particularly sought-after, with some even integrated into school health curricula, though outreach to other districts such as Orchard Farm and Wentzville remained limited due to partnership challenges.

Overall, this assessment indicates that while services were in place to support youth and families across St. Charles County, specific communities and schools experienced unique service challenges and/or gaps, suggesting the need for further research to better understand the root cause.

Appendix A. Individuals Served by CCRB-Funded Programs in 2023

Table 17. CCRB-Funded Programs: Parents, Families, and Professionals Served in 2023

| | Parents/ Caregivers (P/C): Carried Over | P/C: New | P/C: Wait | P/C: Total | Fam: Carried Over | Fam: New | Fam: Wait | Fam: Total Served | Prof: Carried Over | Prof: New | Prof: Wait | Prof: Total Served | Total Others Served |
|--|---|--------------|--------------|---------------|-------------------------|--------------|--------------|-------------------------|--------------------------|--------------|---------------|--------------------------|---------------------------|
| Crisis Intervention | 0 | 186 | 0 | 186 | 11 | 725 | 0 | 736 | 0 | 356 | 0 | 356 | 1,278 |
| Home and Community-based Intervention | 581 | 1,848 | 106 | 2,429 | 409 | 800 | 120 | 1,209 | 0 | 197 | 0 | 197 | 3,835 |
| Individual, Group, and Family Counseling/Eval. | 52 | 121 | 18 | 173 | 4 | 12 | 4 | 16 | 0 | 38 | 0 | 38 | 227 |
| Outpatient Psychiatric | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Outpatient Substance Abuse Treatment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Respite Care | 0 | 152 | 64 | 152 | 4 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 156 |
| Services to Teen Parents | 7 | 10 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| Temporary Shelter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transitional Living | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prevention | 0 | 100 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 1,895 | 0 | 1,895 | 1,995 |
| Total Direct | 640 | 2,317 | 188 | 2,957 | 428 | 1,537 | 124 | 1,965 | 0 | 591 | 0 | 591 | 5,513 |
| Total Prevention | 0 | 100 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 1,895 | 0 | 1,895 | 1,995 |
| Total | 640 | 2,417 | 188 | 3,057 | 428 | 1,537 | 124 | 1,965 | 0 | 2,486 | 0 | 2,486 | 7,508 |

P/C = Parents/Caregivers; Fam = Families; Prof = Professionals; Wait = Waitlisted

Table 18. Names of Locations in St. Charles County by Zip Code

| Zip Code | Location |
|--|---|
| 63301 | St. Charles (includes City of St. Charles and Orchard Farm) |
| 63303 | St. Charles (includes Harvester and some areas of Saint Peters) |
| 63304 | St. Charles (includes Cottleville, Saint Peters, Weldon Spring) |
| 63332 | Augusta* |
| 63341 | Defiance |
| 63346 | Flint Hill** |
| 63348 | Foristell |
| 63365 | New Melle (not included in the CCRB zip code list) |
| 63366 | O'Fallon |
| 63367 | Lake Saint Louis |
| 63368 | O'Fallon |
| 63373 | Portage Des Sioux |
| 63376 | Saint Peters |
| 63385 | Wentzville |
| 63386 | West Alton*** |
| *3 youth were served in this zip code with Crisis Intervention Services | |
| **Youth in this region were only served by mostly by Outpatient Psychiatric Services | |
| ***West Alton not shown on service type maps | |

CCRB Service Categories – Definitions

The CCRB funds services in 10 categories, as mandated by the State Statute. Here are their definitions:

- **Crisis Intervention** - In response to acute mental health crises, these services focus on rapidly restoring a child's baseline functioning.
- **Home and Community-Based Intervention** - Services allow children and families to access behavioral health interventions in their homes and communities.
- **Individual, Group, and Family Counseling** - Supportive services promote the wellbeing of children and families with psychological evaluations, mental health screenings, and therapy.
- **Outpatient Psychiatric** - Children receive comprehensive mental health care services from evaluation and diagnosis to treatment and medication management.
- **Outpatient Substance Use Treatment** - Youth and families receive therapeutic services including assessments, early intervention, educational, counseling, therapy, and aftercare.
- **Prevention** - Children develop coping skills, strengthen relationships, and increase community engagement to decrease their risk of substance use and mental health issues. Also educates caregivers, educators, and the broader community.
- **Respite Care** - Families with children can access temporary emergency shelter during crises or periods of stress to safely preserve the family unit.
- **Services To Teen Parents** - Young parents develop positive parenting skills, receive counseling and behavioral health services, and access resources and referrals to strengthen the family.
- **Temporary Shelter** - Youth and kids experiencing abuse, neglect, homelessness, or other housing barriers can live in a safe, stable environment for up to 30 days.
- **Transitional Living** - Counseling and supportive services are an integral part of programs that help youth transition from homelessness to safe living arrangements.

About the Author

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Cynthia Berry is a distinguished psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, showcasing her expertise in Human Resources, Organizational and Fund Development, Program Evaluation, and Research. With a career spanning over 25 years, Dr. Berry has demonstrated exceptional proficiency in large-scale community health needs assessments, psychometrics, and employee/management training.

Dr. Berry's extensive skill set in program evaluation and assessment development, coupled with her deep understanding of organizational behavior, human resources, applied health, mental health, and youth/individual development, has led to remarkable successes in securing grants and fundraising for various not-for-profit organizations across St. Charles, Lincoln, Montgomery, St. Louis, and Warren Counties in Missouri. She has personally raised over \$10 million for numerous programs she has helped develop and implement. Furthermore, Dr. Berry has empowered multiple not-for-profits through the creation of measurement tools, outcome tracking processes, decision-making procedures, and client service delivery management systems, as well as the successful execution of various quality improvement projects. Her leadership in spearheading a capital campaign and achieving COA accreditation has further underscored her commitment to organizational excellence.

Over the past decade, BOLD has emerged as the preeminent expert in Eastern Missouri (including Franklin, Jefferson, Lincoln, St. Charles, and St. Louis Counties) for conducting needs assessments focused on behavioral health and substance use. Dr. Berry has collaborated with children's and adult's services funding boards on numerous projects and made significant contributions to the Seniors Count initiative, aimed at promoting independent living for seniors and addressing their specific needs. From 2012 to 2019, she served as an adjunct faculty member at the esteemed Brown School of Washington University, instructing master's degree students in the Evaluation of Programs and Services.

Dr. Cynthia Berry's experience and diverse accomplishments have firmly established her as a respected authority in psychology and organizational development, particularly in conducting needs assessments that inform community services and enhance program effectiveness.

