Assessing Mental/Behavioral Health and Substance Abuse Needs of Franklin County Youth in 2018 EXECUTIVE REPORT

PUTTING KIDS FIRST IN FRANKLIN COUNTY

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Assessing Mental/Behavioral Health and Substance Abuse Needs of Franklin County Youth in 2018 - FCCRB
EXECUTIVE REPORT – KEY FINDINGS

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What This Current Study Measures

This assessment report was purposefully redesigned to focus on the Franklin County Community Resource Board's (FCCRB) next funding priorities based on youths' mental/behavioral needs, trends, and pressing issues, separate from a cost-analysis. The presentation of community indicators data, when paired with the profile of the current FCCRB-funded programs on waitlists, numbers they serve or have had to turn away, can lend support for a current program or demonstrate that additional funding is needed to help target a negative trend. First, Agency program contacts were approached to gather the following information:

- Number of Franklin County children and youth served and unable to be served in 2017 and anticipated numbers to be served in 2018.
- Number of youths placed on wait lists, and if applicable, average length of time on waitlist and services/referrals provided to clients while waiting for services.
- Community indicators that are impacted by program deliverables and outcomes.

Agency executive directors from funded and non-funded services, but related to youth behavioral health issues, were also contacted to share their perspective in the following areas:

- Greatest unmet or under-funded service for Franklin County youth.
- Current gaps in behavioral health services for Franklin County youth.
- Recent roadblocks (beyond funding) that have hindered utilization of funds or provision of services.
- Another behavioral/mental health providers/programs FCCRB should consider funding that would enhance the effectiveness of the local system of care.
- Barriers coordinating with other providers, agencies, hospitals, schools, etc.
- Typical referrals provided by agency staff when the agency cannot provide the mental health service or additional behavioral health services are needed.
- Assessment of need and availability of various community-based behavioral and mental health services across Franklin County and its public school districts.
- Assessment of basic needs not being met with their clients.

In addition to summarizing the current state of the FCCRB-funded programs, the 2018 assessment also gauges what is transpiring in the community with specific indicators to identify areas that may need attention and areas that have been positively affected by the influx of programs and services funded by FCCRB. The most current statistics available during the research phase of this project were accumulated for this study, with most of them reflecting information from 2008 through 2016/2017. The "Demographics of Franklin County" section of the report illustrates an assessment of population and general demographic information on the youth population, race, gender, age ranges, adult unemployment, income, in addition to presenting data on youth disability trends.

Following the demographics review, information about Franklin County is seen with various community indicators—offering comparisons to other representative counties similar to or close to Franklin County (FC). The counties that are included for some comparisons are: Gasconade, Jefferson, Lincoln, St. Charles, and St. Louis County (not all county comparative data is included in this report, but was analyzed to determine if FC was vastly different from any of these regions). The county data is presented with the state data, if available, for every community indicator. The next section of the report provides a summary of the Missouri Student Survey 2018 results, with a special focus on changes with Franklin County youth since 2008 and comparative state information to help gauge need. The report concludes with a brief section of the school staff assessment regarding school-based prevention programming and needs of the student population they represent. The full Needs Assessment report contains all of the in-depth data, tables, charts, and findings, and should be utilized by Franklin County stakeholders. This Executive Report was designed for presentation to larger audiences and to highlight the key findings of the needs assessment.

Please note that key findings and recommendations are in bold font throughout this report.

School-based Prevention Programs

FCCRB-funded prevention programs served 16,975 students in 2017, and projected serving 19,809 students with FCCRB funding in 2018. There are an estimated 19,000 youth enrolled in schools from pre-K through 12th grade. Allowing for a 20% duplication rate, it is estimated that **15,847 different youth received a FCCRB-funded prevention program in 2018** (aka one "dose" of prevention and perhaps on an annual basis if funding is consistent across years). **This is an estimated 83% coverage rate.**

Waitlists are not common with prevention programming. Three programs reported they were unable to serve youth in 2017 for several reasons. They include: CHADS – Signs of Suicide (1,400 not reached), LFCS's Trauma Care Coordinator (700 not reached), and NCADA's Prevention First (relating to substance use and abuse; 100 not reached). The issues included lack of school consent needed to provide the programming in 2017, lack of funding to provide the programming at the level needed in the county, and staff availability.

Here is a list of the Prevention Programs that were funded by FCCRB in 2018:

- Buddies Not Bullies Prevention
- Buddies Not Bullies YOU-Niquely Social
- CHADS - Signs of Suicide
- The CharacterPlus Way program
- Children's Advocacy Center -Sexual Abuse Prevention
- Crider's - School-Based Violence Prevention Program
- Crider's Pinocchio Program
- Life House Center Mentoring Program
- LFCS Trauma Care Coordinator
- PFH -Team of Concern (Substance Use/Abuse)
- NCADA -Prevention First (Substance Use/Abuse)

Direct Service Programs

FCCRB-funded direct service programs served 4,886 youth in 2017, and 5,566 including all funding in FC. Program staff projected serving 5,539 youth (through FCCRB funding) and 6,811 youth including FCCRB funding and additional fundraising in 2018 (for a list of these programs, you can view Table 4 in the full report; see Tables 1 and 2 on the next page for a summary of the data). To arrive at the percentage of Franklin County youth who were served in 2018, we have to account for youth who receive multiple services from several providers. For example, a child may experience a mental health condition while suffering from homelessness. Our providers are encouraged and expected to collaborate and refer among their available programs to promote effective care that treats the root cause of the crisis. Therefore, the reported numbers are adjusted with an estimated 20% duplication rate for direct programs and for the school-based prevention programs. We can make some assumptions about this information as it relates to the Franklin County youth population estimates. Allowing for this 20% duplication of service rate for the reported 5,539 youth to be served in 2018, we estimate that 4,431 unique youth received a direct service. Using the population estimate of youth 0-17 of 23,909, there are approximately **18.5% of the Franklin County youth population who were estimated to receive direct program services funded by FCCRB in 2018.** Accounting for FCCRB funding and other funding sources reported for 2018, **22.8% of the FC youth may be benefiting from these behavioral health services.**

Table 1. Direct Service Program -Youth Served in Franklin County

	# Served	Adj. for 20% Duplication	% Est. Youth Reached
# Served-2017-FCCRB funds only	4886	3909	16.3%
# of Youth Served - 2017 -Any Fund	5556	4445	18.6%
#-Plan to Serve 2018 - FCCRB	5539	4431	18.5%
# of Youth Plan to Serve - 2018 -Any Fund	6811	5449	22.8%

Estimated youth population = 23,909
= Number

Table 2. Direct Service Program Data- Franklin County Youth

Program Category	# Wait list	# Unable to Serve 2017	# Served-2017-FCCRB funds only	# Partial funded - 2017	# of Add. youth - 2017 - Any Fund	#-Plan to Serve 2018 - FCCRB	# Partial funded - 2018	# of Add. youth - 2018 - Any Fund
Crisis Interventions Services Total 2018 - 417	0	0	343	142	1	385	165	32
Home and Community-based Family Intervention Services Total 2018 – 1,831	20	205	1283	358	611	1286	406	545
Individual, Group, and Family Counseling Services Total 2018 – 2,095	0	45	1500	207	27	1762	310	333
Outpatient Psychiatric Services Total 2018 - 216	5	0	159	120	0	216	175	0
Respite Care Services Total 2018 - 132	0	0	83	3	0	107	3	25
Teen Parent Services Total 2018 - 25	0	4	18	1	4	21	2	4
Total-Direct -2018 -6,811	**25**	**299**	**4886**	**1038**	**670**	**5539**	**1371**	**1272**

All of the data from the narrative on the next couple of pages can be found in Table 4 (full report).

- In 2017, FCCRB funded ***Crisis Intervention Services,*** which estimated serving 343 Franklin County youth. None of the currently-funded programs had a waitlist for 2018, and did not turn away any youth for services in 2017. Grace's Place/Crisis Nursery identified a potential 3-5 day waiting period if services cannot be provided immediately, and during this wait, their Case Manager stays in contact with the family, and if needed will refer them for crisis care outside of Franklin County. UMSL's Psychological Evaluation services will provide case management to their clients while waiting for services. In total, these services estimated reaching 417 youth with any funded services in 2018, with 385 of them partially funded by FCCRB. Franklin County families can also utilize the United Way 211 hotline. **The program staff should be in contact on a quarterly basis with the FCCRB Executive Director so as to remain abreast of changing trends or needs considering the nature of a crisis.**
- In 2017, FCCRB funded ***Individual, Group, and Family Counseling Services*** with estimates that they served 1,500 youth with an additional 27 to be served by non-FCCRB funds. Since approximately 10-12% of the youth population has a serious emotional disorder, we can project that 2,390 – 2,869 Franklin County youth are in need of counseling services. For 2018, there are an estimated 2,095 youth who will be provided these services in Franklin County by any funding source, with 1,762 funded by FCCRB. In the "home and community-based intervention services" section, there are additional programs that provide "counseling services" which are school-based or community-based. These services reached an additional 499 more students in 2017 for a total of 1,999 youth through FCCRB funds and 233 through any funding (1,785 total served allowing for 20% duplication). **Therefore, FCCRB funds are estimated to be have reached 62-75% of the total number of youth in Franklin County that had these needs in 2017.** The only Counseling program that reported a waitlist was Crider's School-based Mental Health Specialist Program, which impacted 20 youth. When this happens, the child may wait 4-6 weeks, and while waiting the program supervisor contacts the family as needed, including providing outside referrals and crisis intervention services. Two of their school-based programs were unable to serve 20 kids in 2017, with LFCS's Nurturing Kids not able to serve 35 youth, **for a total of 55 who were turned away. Two of the programs funded specifically in the "Individual, Group, and Family Counseling" were unable to serve 45 youth in 2017, for a total of 100 youth who were not provided counseling services when they were needed.** All of the counseling related services projected serving 2,292 with FCCRB funding and an additional 558 youth with other funding, for a total of 2,850 youth. After accounting for the potential 20% duplication, it is estimated that accounting for these funding sources, **the programs may have reached 79-95% of FC youth with these needs. Services need to be extended to minimize waitlists and youth who have to be turned away, in addition to minimizing the wait list to no more than 2-4 weeks.**
- In 2017, FCCRB funded ***Outpatient Psychiatric Services*** that served 159 youth. Five youth who sought Outpatient Psychiatric services were put on a waitlist in the Fall of 2018. It is projected that 216 youth will have received this service in 2018. **The average length of time on the wait list is 12 weeks,** and if applicable, counseling services are made available to these clients (office and/or school-based). **Coverage for these types of programs should be extended in an effort to minimize the 12-week wait list to no more than 2-4 weeks.**

- ***Respite*** services reported serving 83 youth with FCCRB funding in 2017, and estimate serving 132 youth with any funding in 2018 (107 from FCCRB-funding). None of these programs had a current waitlist and did not turn away youth clients in 2017. This service is designed to be available in an emergency, crisis situation so turning clients away is not an adopted practice. There is no recommendation to modify how these services are funded.
- In 2017, FCCRB funded two Franklin County specific ***Teen Parent*** services. In 2017, the LFCS program served 14 individuals, and the Washington Parent Services- Parents as Teachers program served four clients, with 18 total clients reached. They did not have any individuals on the waitlist in the fall of 2018, but the Nurturing Teens program was unable to serve four individuals in 2017. These programs projected serving a combined 21 clients in 2018 with FCCRB funds, and an additional four with other funds, with the potential to serve 25 teens. These types of programs are needs based, and reach a very small percentage of the youth population. **It is recommended that funds are retained and allocated from FCCRB as needs arise, with regular communication between the board and these providers.**
- Franklin County funds a variety of ***Home and Community-based Family*** Intervention services. However, four of these programs provide counseling services so the numbers served where included in the Counseling services section. Among the remaining programs, none of them had a waitlist in the Fall of 2018. Each of these programs need to be viewed separately due to the varied nature of these programs.
    - Children's Advocacy Center – Family Support Services – served 70 youth in 2017, and projects serving 90 in 2018. No individuals were turned away in 2017.
    - F.A.C.T.'s – Partnership with Families (PWF) program – these clients receive PWF services from Crider and F.A.C.T. In 2017, they served 171 youth, and projected serving 220 with FCCRB funds in 2018, and an additional 20 with other funds for a total of 240 youth.
    - Franklin County CASA, Child Advocacy – served 84 youth in 2017 with FCCRB funds, with 177 additional youth served with other funding, for a total of 261 youth. For 2018, they plan on serving 76 youth with FCCRB funds and 100 more youth with other funding. They did not have a waitlist in 2018, but they were unable to serve 150 youth in 2017. **Follow-up with this agency is recommended to identify a solution to this organizations' experienced hurdles in 2017 with youth they were unable to serve.**
    - FCCRB funded substance use issues through Preferred Family Healthcare's Drug Testing Program, which funded drug tests for 456 youth in 2017, and projected serving 350 youth in 2018. They reported no waitlists in 2018 and turned no clients away in 2017. **This type of program should also be considered for special allocation funding based on the need within FC.**
- ***Transitional Living*** services were not funded in 2017 or 2018 by FCCRB.
- ***Temporary Shelter*** services were not funded by FCCRB in 2017 or 2018.
- ***Outpatient Substance Abuse Treatment*** services were funded in other categories already covered including PFH's Team of Concern program.

Top Reasons Funded Programs Were Unable to Provide Services in 2018 –

Program staff were asked to outline some of the more common reasons why they were unable to provide services in 2017 or 2018 when they received funding from FCCRB or some other source. The top reasons out of the ten programs that reported inability to serve youth in 2017 were:

- Youth would not engage in services (N = 6 programs; counseling and youth intervention programs)
- Parents did not consent to services/program (N = 5 programs; counseling and youth intervention programs)
- Lack of funding to provide program/service at level that is needed in this County (N = 2 programs; LFCS' Nurturing Teens and Franklin County CASA's Child Advocacy)

It is recommended that a working committee be formed among staff members who responded that a) youth would not engage in services and/or b) parents did not consent to services/programs, to develop a strategy to understand and potentially remedy these barriers in the future.

The Provider's Perspective

This section includes the key findings from the agency assessment regarding their clients and behavioral health needs, gaps, and barriers within Franklin County.

Assessment of Clients' Basic Needs – When asked to assess the percentage of their clients that have various basic needs, on average, agency **staff estimated that 61% of their clients were unable to access stable transportation, which is the greatest need** (Figures 12 -15 in the full needs assessment). There was on average 48% of clients who were in unstable housing or who needed housing support. The next two needs tied, where the average percentage of clients who were estimated to be lacking in food, and clothing/shoes was 46%.

	Transportation	Housing	Food	Clothing/ Shoes
Average %	**61%**	**48%**	**46%**	**46%**

Greatest Unmet Need/ Under-Funded Service for Franklin County Youth –

- The greatest unmet need/under-funded service was Mental Health services, identified by 29% or six of the providers.
- Two needs/services tied as next in line, with 19% or four providers each, which included Psychiatric care, and Housing-related resources/services.
- Next was family/caregiver involved therapy/care, special demographic-focused programs, and transportation; all noted by three separate providers or 14%.
- 10% of providers (two) also identified trauma-focused therapy/services and psychological evaluations/assessments as an unmet need or under-funded service in Franklin County.

Current Gaps in Behavioral Health Services for Franklin County Youth -Agency staff were asked to identify any gaps they see in behavioral and mental health services for Franklin County youth. 15 or 71% of the agencies responded that there were current gaps in the behavioral health services in Franklin County. **The one prevalent theme relating to a behavioral/mental health gap was increased need for services that incorporate the family, parent and/or caregiver.**

Recent Roadblocks (other than funding) that Have Hindered Utilization of Funds or Provision of Services - Agency staff were asked to provide information on recent roadblocks they have experienced, beyond funding, that had hindered the utilization of funds or the provision of services. **The most prevalent theme was transportation, noted by 38% or eight of the providers.** Another roadblock experienced by 14% (or three) of the providers was scheduling and re-scheduling prevention programming, schools not wanting the yearly prevention programming, and in some cases, not wanting suicide prevention in their school.

External programs and services that would enhance the effectiveness of the local system of care for Franklin County youth - Agency staff were asked this question, with many of the comments that **referenced psychiatry and trauma-focused counseling/programming**.

School Districts' Needs - Agency staff were asked to rate if each service/program listed in Table 70 (full report) was currently needed for youth in or near the community surrounding the specific school districts (ten districts listed). **Two services tied with an average 75% "needed" rating, which included: Psychiatrists in/near the community, and services for youth dealing with trauma.** The school staff survey included this item as well since it is important to view this information together to assess if both stakeholder groups, the agency staff and the school staff, are in agreement with how they view the services that are of the greatest need in their community. **The service identified as needed by 97% of school staff was "services for youth dealing with trauma", followed by 95% of staff identifying a need for Psychiatrists in or near the community for students with moderate to severe needs that require medication.** These match the top two issues identified by the agency staff. The full report includes a table that illustrates the percentage of school staff who identified that the service was not available.

School-based Prevention Programs and Mental/Behavioral Health Needs of Franklin County Students 2018 – Staff Survey Key Findings

Here are the key findings from the questions asked of Franklin County school staff in 2018.

Most critical mental health needs of youth across all grade levels were -

1. "friend/peer relationships, social skills, problem solving, and self-esteem" (80%; N = 122).
2. "controlling emotions, anger management, and conflict resolution" (75%; N = 114).
3. "anxiety, worry a lot, fear" (60%; N = 91).
4. "bullying/cyber bullying" noted by 43% of school personnel (N = 65).
5. "housing instability/nowhere to live" (41%; N = 63).

Elementary Grades - Most critical mental health needs of youth included -

1. "friend/peer relationships, social skills, problem solving, and self-esteem", was rated as the most critical need by 86% of school personnel representing these grades (N = 49).
2. "controlling emotions, anger management, and conflict resolution" with 83% of the ratings (N = 47).
3. "anxiety, worry a lot, fear" noted by 60% of staff (N = 34).
4. "housing instability/nowhere to live" by 49% of staff (N = 28) (see Table 75).

Middle School Grades - Most critical mental health needs of youth included -

1. "friend/peer relationships social skills, problem solving, and self-esteem" (77%; N=17), tied with "controlling emotions, anger management, and conflict resolution (77%; N = 17).
2. "anxiety, worry a lot, fear" with 68% of staff (N = 15).
3. "bullying/cyber-bullying" at 59% (N = 13).
4. "Drug and alcohol use and abuse" rose to the fifth highest rated need with 46% of staff (N= 10).

High School Grades - Most critical mental health needs of youth included -

1. "drug and alcohol use and abuse), noted by 76% of staff (N = 25; see Table 77).
2. "friend/peer relationships, social skills, problem solving, and self-esteem" rated by 67% (N = 22).
3. 64% of staff identified "anxiety, worry a lot, fear" as the third highest rated issue students face (N = 21).
4. "self-harm and suicide" was noted by 58% of school staff (N = 19).
5. "Depression/sad a lot" was identified by 55% of staff (N = 18).
6. It is also important to note that "controlling emotions, anger management, and conflict resolution" was checked by more than 50% of the staff respondents, and was a prevalent issue among the younger grade levels. **This is an issue that could be remedied at these grade levels, so as to minimize how many staff are still noting this as being an issue for high school students.**

Group-oriented Prevention Needs – School staff were asked if there were any behavioral health programs that were currently needed within the various public-school districts in Franklin County. Two needs emerged and were agreed upon by more than 90% of the applicable respondents: **Social/emotional skills training (grade/age focused), and Counseling (at school) for students with social, emotional, or behavioral needs (depression, anxiety, anger, etc.).**

Barriers School Staff Witnessed Their Students Encounter when trying to Address a Behavioral Health Need/Issue - School staff were asked to identify any barriers they have seen students encounter when trying to address a behavioral health need/issue.

- The top barrier was "lack of parent involvement to assist student with the need" noted by 90% of school staff (N = 77).
- Next was "lack of time within the school day to respond to the youth with the behavioral health needs", which was noted by 71% of the school staff (N = 61).
- There were 65% of staff respondents who identified "lack of access to mental health professionals for services" as a primary barrier (N = 56).
- "Severity of students' problems", was a perceived barrier by 63% of respondents or 54 staff.
- The fifth highest barrier was "lack of sufficient resources for student support services at school", which was identified by 60% of staff respondents (N = 52).

Demographic Profile of Franklin County (FC) Youth

- **Youth Population** -23,909 out of an estimated 102,838 total individuals; made-up 23.2% of the total, and 0.4% more youth than Missouri. The Franklin County youth population declined by approximately 6.7% from 2008 to 2016, while the total population increased by 1.7% (Table 6). There were an estimated 17,588 students who attend K-12th grades, with an additional 1,398 in preschool (Table 5).

- **Gender** – 49.7% males; 50.3% females (Table 8).

- **Race (general population)** – 96.8% White or Caucasian; 0.9% Black or African American; 0.5% Asian; 1.4% two or more races; 1.7% Hispanic (Table 8).

- **Minority Children** – 5.8% of the FC children under age 18 or 1,385 children. From 2008 to 2016, the number of minority children in Franklin County increased by 4.5%. By comparison, Missouri had 25% of minority children within their youth population (Table 9).

- **Median Household Income** - $55,496 in 2016; increased by 13% since 2008 ($49,064). Income plunged to $45,061 in 2012, then jumped to $51,138 in 2013. For comparison purposes, Missouri's median household income was $51,713 for 2016 (Table 10, Figure 1).

- **Adult unemployment** – Adult unemployment peaked in 2009 with a 12% rate, but as of 2016, was at an all-time low of 4.4%. The same unemployment pattern could be seen across all of the comparable entities from 2008 to 2016.The county's rate was 0.1% less than the Missouri rate of 4.5% (Table 11, Figure 2).

- **Children in Single-Parent Households** - The Franklin County percentage of children in single-parent households was 29.3% for 2012-2016, in line with many of the comparative regions and less than the state at 33.3%. Additional resources need to be extended to the 7,020 children in single-parent families so their basic needs, including educational, and social-emotional, can be met if other supports and resources are not in place (Table 12 & 13, Figure 3).

- **Disability Types Increasing** – Among the general Franklin County population, 12.2% had a reported a disability; 3.4% of people under 18 years old, 10.9% of people 18 to 64 years old, and 31% of those 65 and over. For the youth population (data made available from the public-school districts; Table 14)):
    - Autism surged in the public-school districts, with a 278% increase from 2008 to 2018; 310 children had an Autism diagnosis for 2018.
    - The county experienced a 74% increase in children with other health impairments, which included 270 youth for 2018.
    - There was a 63% increase in the number of children diagnosed with multiple disabilities with 31 noted for 2018.
    - The disability type that was the most prevalent for 2018 was "specific learning disabilities" with 963 children (2018). This was followed, in order, by these diagnoses: other health impairment (603), speech impairment (404), autism (310), young children with a developmental delay (270), language impairment (178), intellectual disability (177), and emotional disturbance (156). The top eight diagnoses and their trends over time are shown on in Figure 4.

Key Findings by Category - Franklin County Community Indicators

In this section, you'll find the community indicators divided into three categories. The first category (Need Attention) groups all of the indicators that diminished over time, or were not viewed favorably in comparison to local regions or with state trends. These indicators need special attention, resources, and services to resolve. The second category (Mixed Results) groups all of the indicators with data trends that showed mixed results, meaning that the county data was not conclusive as to what might have been occurring (other plausible explanations). Mixed results could also be tied to an indicator where the trend was showing promise, but demonstrated a struggling youth population in comparison to other local regions or with the state. Mixed results can shed light on community changes, interventions, processes, or policies that could possibly be moving the mark, but require continued resources and services to remain on this positive trend and/or to move closer to the rates of comparative regions. The third category (Positive Findings) groups all of the indicators that have shown some promising trends. These are areas that should be celebrated, duplicated, and replicated if underlying interventions/strategies that may have attributed to the positive impact can be identified.

Type of Indicator	Need Attention (page 24)	Mixed Results (page 36)	Positive Findings (page 41)
Economic Well-being	➢ Children in Poverty ➢ Youth who are Homeless ➢ Students Enrolled in Free/Reduced Price Lunch Program ➢ Children in Families Receiving SNAP	➢ Children Receiving Cash Assistance.	➢ Households at Risk of Homelessness ➢ Food Insecurity
Health (Behavioral) Risky/Safety Behaviors	➢ Youth Receiving Psychiatric Services ➢ Truancy (Juvenile Law Violation Referrals) ➢ Neglect (Juvenile Law Violation Referrals and Child Abuse/Neglect) ➢ Suicide and self-injury of youth ➢ Substance Use Trends/Juvenile Drug & Alcohol Offenses ➢ Children Entering/re-entering State Custody	➢ Violent Teen Death Rate ➢ Violent Offenses (Juvenile Law Violation Referrals)	➢ Juvenile Law Violation Referrals' Rate ➢ Juvenile Delinquency ➢ Reported & Substantiated Cases of Child Abuse and Neglect ➢ Births to Teens
Education		➢ High School Drop-out Rate ➢ Out-of-school Suspensions	➢ High School Graduation Rates ➢ Disciplinary Incidents
Health (Physical)	➢ Child deaths – 1-14 years of age ➢ Infant Mortality	➢ Infants born with a low birth weight	

Note: page numbers linked to full report.

Indicators that Need Attention

Children in Poverty – As of 2016, there were 15.2% of the FC children (age 0-17; 3,553) who were in poverty in comparison to 10.7% of the general population (10,901 in poverty). This rate had increased by 2.9%. The number of children age 5-17, who were in poverty, increased 23.2% to an estimated 2,335 children for 2018. Franklin County's youth poverty rate for 5-17 years old youth of 13.6% was better than both Missouri's (17.5%) and the national (18.2%) rates. There are an estimated 19.6% of 0-4 years old children in poverty for 2016, representing 1,218 children; this had increased by 2.6% since 2008.

Youth who are Homeless – The percentage of reported homeless youth in FC increased by 1.8% from its 2010 rate of 2.1%. For 2016, 3.9% of children in schools were noted as homeless representing 607 youth (in comparison to Missouri's rate of 3.5%). Within the 2016-17 school homeless count data, the number of homeless students increased by 97% since 2009-10, representing an estimated 669 students (largest numbers in Meramec Valley, 261 students, and Union, 48 students).

Students Enrolled in the Free/Reduced Price Lunch Program –The rate of students enrolled in this program increased by 12.1% over time from 2008 to 2016, with 45.8% of students, or 6,885 on this program in FC (2016). For 2016, the FC rate was approximately 6% less than the Missouri rate of 52% of students, yet was lagging in comparison to all but one of the other comparative regions (Gasconade County).

Children in Families Receiving the Supplemental Nutrition Assistance Program (SNAP, aka Food Stamps) - There were 899 more children on food stamps in 2016 (6,771 youth) than in 2008, with 28.3% of FC children receiving food stamps; an increase of 15.3% in the number of youth and 5.4% in the percentage of children in families receiving food stamps since 2008. While this rate has increased over time and at a more significant pace than the state rate, FC's 28.3% was less than Missouri with 34% *of children on food stamps.*

Youth Receiving Psychiatric Services - FC youth age 0-17 (representing 365) made up 30% of the total number of individuals (1,219) who received psychiatric services from the Division of Behavioral Health in 2017. This was a 111% increase in the number of youths who received psychiatric services in 2008 (from 217 to 457). There were increases in the number of youths who received these services since 2008, with the largest increase of 180% *found with the 6-9 years old population.* There were 118% more youth age 10 to 13, and 97% more youth age 14 to 17 who received psychiatric services from this source covering this same period of time. *This data suggests there are increasing needs of FC youth for Psychiatric Services.* Among the general population of Franklin County, the most prevalent diagnosis for 2017 was "mood disorder" (765 diagnoses), making up 36% of all diagnoses, followed by "anxiety disorder" at 25% (537 diagnoses). Third most prevalent diagnosis was "impulse control disorder" at 13% of the total (286 diagnoses). All three of these diagnoses have increased dramatically over time.

Truancy - This was the only status violation that increased significantly over time, and made up the majority of the status violations with 155 reported in 2016. This increased by 459% since 2008 with 151 truancy offenses reported in 2016. Truancy was the second highest reported offense.

Neglect - Neglect had the highest number of offenses out of all categories with 196 reported for 2016, which increased by 221% since 2008 reports. In addition, among the types of reported child abuse and neglect data, Neglect made up the majority of substantiated cases in 2017 at 39 out of the total 69 cases (58%) for FC. Physical abuse made up 24% of the total number of substantiated cases (16 children), while sexual abuse was the third highest abuse reported making up 25% of the cases in FC, reaching 15 children. These three areas of child abuse and neglect need to be a focal point for discussion and the provision of services.

Suicide and Self-Injury of Youth - Overall, the FC youth death rate (ages 15-19) for all causes (97.04) was significantly higher than the state rate of 67.67; the categories of "total unintentional injuries" (65.14 for FC vs. 31.61 for MO), "motor vehicle deaths" (46.53 for FC vs. 22.59 for MO), and "suicide" (14.62 for FC vs. 9.94 for MO), were also higher in Franklin County than the state. Homicide was the only indicator that was significantly lower than the state rate, with FC = 1.33, and MO = 12.56.
During 2006 to 2016, there were 11 deaths caused by suicide within youth age 15-19. For FC youth, there were 66 hospitalizations relating to self-inflicted injuries (FC rate of 8.67 in comparison to MO rate of 10.54; not significantly different) and 183 emergency room visits (FC rate of 2.40 in comparison to 1.87 for MO; significantly higher). For the regional comparison data (Table 30), FC had 230 self-inflicted injuries between 2006 to 2016, with a rate of 20.58 (per 100,000), which was significantly higher than the state rate of 15.01. FC was also the second highest rate among all of the comparative regions. Within Juvenile Law Violation Referrals, Injurious Behavior was one of the three status violations that decreased over time which was by six (6) incidents or 15% since 2008. However, this decrease occurred from 2015 (60 offenses related to injurious behavior) to 2016 (33 offenses).

Substance Use Trends - In 2017, there were 41 individuals under the age of 18 who were admitted to the Division of Behavioral Health substance use treatment program in Franklin County. This represents approximately 9% of the total number of individuals admitted. Juvenile law violation alcohol offenses increased by 46.4% (to 41 offenses in 2016), with drug offenses having increased by 22.6% (to 38 offenses in 2016). The need remains for these types of programs for youth in Franklin County. See Missouri Student Survey section for specific areas of focus.

Children Entering/Re-Entering State Custody – Within Missouri, this data point increased by 30%, while FC (53 children) increased by 76% from 2008 to 2016. The rate per 1,000 was 5.8 for FC in comparison to 5.2 for Missouri. The county entry rate increased from 2.7 to 5.8 out of 1,000 children (from 2008 to 2016), while the Missouri rate increased by 1.4 over time and was at 5.2 in 2016. Franklin County's rate was the second highest out of all the comparative regions for 2016. Within Juvenile Law Violation Referrals (Table 40), all but one of the "out of home placement" offense categories increased over time. This included a 100% increase in out-of-home placements for parental drug use (to 86 in 2016), a 333% increase in placements due to the parents' involvement in both alcohol and drugs, and a 39% increase in out-of-home placements where the child was removed for other reasons (to 39 in 2016).

Child deaths, ages 1 – 14 –In 2012-2016, the rate was 24.2 per 100,000 children, which increased by 14.2 since 2004-2008. The county rate was much higher than the state rate of 17.7 per 100,000 children, and was the highest among all of the comparative regions. There were 14 child deaths in 2012-2016 in FC.

Infant Mortality – FC experienced a reduction of 23% from 2004 to 2016 in the number of infants who died (deaths = 99 in 2012-2016), yet the rate increased by 0.3 to 6.8 since 2004-2008. FC was higher than the state rate of 6.4 per 1,000 live births, and was the highest out of all the comparative regions.

Indicators that Show Mixed Results

Children Receiving Cash Assistance -From 2008 to 2015, there was a 34% increase in the number of children receiving cash assistance, which as of 2015 included 651 youth. The rate of children receiving cash assistance was 2.7% for Franklin County and 3.4% for the State of Missouri. This indicator has increased by 0.8% over time, which was not a significant change.

Violent Teen Death Rate - The violent teen death rate (ages 15-19) decreased from 98.8 out of 100,000 in 2004-2008 to 79.8 in 2012-2016. The state rate was 47.5; significantly lower than FC's rate. With the exception of Gasconade County (rate of 114.4), FC had a much higher rate than the other comparative regions.

Violent Offenses (Juvenile Law Violation Referrals) - Only one of the three law violation offenses decreased in this period of time which was violent offenses; this indicator went from 114 in 2008 to 82 in 2016, a decrease of 28.1%. Violent offenses made up the majority of law violation offenses at 82 offenses, and was the third highest number of offenses out of all categories for 2016.

High School Dropout Rate - Franklin County experienced a 40% decline in the number of students who dropped out of high school from 2008 to 2016 (from 187 to 112), with a rate decrease from 3.5% in 2008 to 2.4% for 2016. By comparison, Franklin County's drop-out rate was .3% higher than the state rate of 2.1%, and all of the comparative regions.

Out-of-School Suspensions (OSS)- The school districts in Franklin County varied in their out-of-school suspension rates with Union (2.0 per 100), St. Clair (1.5 per 100), and Meramec Valley (1.0 per 100) who had the highest OSS rates per 100 students in 2017. Missouri's rate was 1.1 in 2016. Across all of the school districts, OSS decreased by 43% (from a total of 249 in 2008 to 141 in 2017). District data should be viewed separately considering there were substantial school district differences.

Infants born with a low birth weight -The county's infant low-birth weight rate was 7.8% in 2012-2016 compared to 8.2% for Missouri. FC's rate increased by 0.4% since 2004-2008. There were 480 live infants recorded during 2012-2016 that had a birth weight under 2,500 grams or 5 pounds, eight ounces, which decreased by 2.2% since 2004-2008.

Indicators that Show Positive Findings

Households at Risk of Homelessness – In 2012-2016, there were 2.1% less "housing units" in FC (19.5% estimated covering 2012-2016) than Missouri who had gross household costs of 30% or more of their household (HH) income (MO rate = 21.6%), which puts many households at risk of homelessness. This decreased by 8.1% since 2006-2010.

Food Insecurity – The percentage of children who are considered food insecure, or in a household having problems meeting basic food needs, decreased from 23.4% in 2010 to 18.2% in 2015 (a 5.1% decrease). FC fell below Missouri at 18.6%, and was in the middle of the comparative regions. There were an estimated 4,440 FC children who were food insecure in 2015.

Juvenile Law Violation Referrals' Rate – FC's referral rate of 26.8 per 1,000 youth, age 10-17, was lower than the Missouri rate (29.5 in 2016) annual comparisons starting in 2008 to 2016, except for in 2014. The rate decreased by 22 per 1,000 youth since 2008, and was one of the lowest rates among the comparative regions.

Juvenile Delinquency -Within the Status violations for juvenile offenses, three out of the four offenses decreased significantly over time including: injurious behavior (decreased by 15.4% since 2008; with 33 offenses for 2016), runaway/absent from home (decreased by 8.8% since 2008, with 31 offenses for 2016), and beyond parental control (decreased by 26.1% to 17 offenses reported in 2016).

Reported & Substantiated Cases of Child Abuse and Neglect – For 2016, FC had a substantiated child abuse/neglect rate of 3.0 out of 1,000 children, which decreased from 3.6 in 2008, and was significantly less than the Missouri rate of 4.2. These finding are very positive when comparing this rate with other regions. The number of reported children increased from 47.5 per 1,000 in 2008 to 73.3 in 2017, an increase of 23.1. This lends support for the mandated reporter training. However, the number of substantiated children decreased by 26 since 2008 (or 28%), with the rate of substantiated children dropping by 1.0 since 2008 to 2.67 per 1,000 children in 2017. This trend is also promising. The number and percentage of incidents that required family assessments increased since 2008, so it is important to ensure that support continues for these children considering it impacted 1,208 in FC for 2017.

Births to Teens -The number of births to teens in FC decreased by 59% from 2008 to 2016, with a reported 66 births in 2016. The rate of teen births from a rate of 44.9 in 2008 to 21.6 in 2016 (decreased by 23.3). Franklin County had the third highest rate of births to teens for 2016, but all of the regions were lower than the state rate of 23.3 so this was not a negative finding.

Graduation Rates - There was an increase of 4.5% in the Franklin County high school graduation rate since 2008, and as of 2016 the graduation rate was 91.3% which was 0.2% less than the state rate of 91.5%. This rate was also the second lowest from the bottom. There were 1,056 graduates.

Disciplinary Incidents - The number of disciplinary incidents decreased by more than 40% since 2008 (except in Washington school district). Of the 144 total incidents in 2017, 62 were tied to Union (43%), the largest school district. The school districts varied in their rates where Union (2.0), Lonedell (1.0), and St. Clair (0.9) with the highest rates in 2017. Over time Union and St. Clair improved significantly, while Lonedell declined since 2008. All but two of the school districts' rates were better than Missouri's rate of 1.3 in 2016. Table 62 shows that there had been a rate improvement on all of the various types of disciplinary incidents including the alcohol rate, drug rate, violence rate, and weapon rate. Out of all the 2017 incidents in 2017, 50 were related to drugs, 5 were linked to alcohol, 4 were linked to violence, 8 to weapons, with 72 tied to other categories.

Missouri Student Survey Trends for Franklin County Youth – 2008 -2018

Here are some of the key trends and findings from the Missouri Student Survey (MSS) data covering 2008 to 2018 for Franklin County public school students ranging from 6th to 12th grade (MSS; developed and implemented by the Missouri Department of Mental Health). The Missouri Student Survey contains hundreds of questions on a variety of topics including: depression, use of alcohol and drugs, mental health, bullying experiences, school-based behaviors, and self-injury/suicide. **The table in Appendix F was developed to compare Franklin County to the state of Missouri on the MSS items, and to assess changes over time from 2008 to 2018 (note that minimal rounding errors occur). Items that are showing positive trends are highlighted in green and items showing a negative trend or underperformance are highlighted in red.**

FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	59	42%	48	34%	
Difference is less than 2%	22	16%	11	8%	
Total Items	81	58%	59	42%	140

Of the 140 selected items in the MSS, over time (2008 to 2018 in most cases) the Franklin County sample improved on 58% of them (or 81 items). Forty-two percent of these items had a 2% or greater improvement over time. The items that showed the greatest improvements (selected if the difference over time from the starting to the ending data point was 10% or more), included:

- Lifetime alcohol use
- Past month alcohol use
- Past 3-month emotional bullying
- Past 3-month rumor spreading
- Past year fighting
- Past year victim of bullying at school - version 2
- Past year misuse among those who used: other Rx medication
- Past year misuse among those who used: pain medication
- Reason given for Rx misuse: To help me sleep
- Reason given for Rx misuse: To reduce and-or manage pain
- Parents notice and comment on good work
- Student believes it is ok to cheat
- Lifetime cigarette use

Negative trends were found with 42% of the items (or 59 separate items). **Forty-eight items or 34% of items demonstrated negative trends that were 2% or more over time.** The items that had a 10% or greater change in a negative direction between the earliest and latest data points included:

- Ease of availability – alcohol
- Peer perception of coolness of alcohol use
- Perception of harm - alcohol (no dosage)
- Past 3-month victim of bullying online
- Past 3-month victim of bullying via cell
- Peer perception of coolness of marijuana use
- Depression scale - Student irritable
- Depression scale - Student school work disruption
- Lifetime electronic cigarette use
- Past month electronic cigarette use
- Peer perception of coolness of electronic cigarette use

Of the more than 175 applicable items assessed in 2018, Franklin County youth underperformed in comparison to the state on 71% of the items (125 items), but 40% of the items (70 items) were by less than a 2% difference. The largest difference between the two samples was 10% for past year misuse among those who used stimulants. An additional four items underperformed by 7% or more in comparison to the state and included:

- Peer alcohol use
- Method of Rx access: other
- Past month electronic cigarette use
- Peer perception of coolness of electronic cigarette use

FC performed better than the state in 29% of items, with 14 items or 8% of them being a difference of 2% or more. The biggest difference of 4.9% was found with the item, "Method of Rx Access: A family member gives or sells it to me" Over 60% of the items are within plus or minus 2% of the state data point, and the outliers should be the data points that receive more attention.

Total MSS Items

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	14	8%	55	31%	
Difference is less than 2%	36	21%	70	40%	
Total Items	50	29%	125	71%	175

Let's examine some of the key trends that have occurred over time in Franklin County by content area:

Age Students Used Substances for the First Time

- **Areas Needing Attention:** FC youth were on average 10.7 years old when they first used an over-the-counter (OTC) drug, which was 1.1 year less than Missouri's average age. The average age of first misuse for FC youth with prescriptions was 11.3, a difference of 3-4 months less than the state at 11.6 years old. **This is something that should be addressed in Franklin County, especially if it just begins as an educational program for parents.**
- **Strength:** The age FC youth first use alcohol, cigarettes, and marijuana was older in 2018 than it was in 2008; age of first use for alcohol and cigarettes is 12.9, and 14.1 for marijuana. All three of these items were very close to the Missouri average age of first use.

Alcohol

- **Areas Needing Attention:** FC performed below the state on many of the alcohol-related item comparisons, with 81% or 22 out of the 27 items. The items that were more than 5% different from the state included: ease of availability (55% FC and 49% MO), and peer alcohol use (52% for FC and 44% for MO). Over time, FC youth had declining trends with 45% of these items. The biggest declines occurred with the following items: ease of availability (44.3% in 2008 to 55.4% very easy or sort of easy in 2018), peer perception of coolness with a 12.2% increase to 21% saying it is pretty cool or very cool), and perception of harm (from 77% in 2010 to 58% in 2018 rating it as a moderate or great risk).
- **Strengths:** FC youth improved on 55% of the alcohol-related items. There had been significant decreases in lifetime alcohol use (56.5% in 2008 to 36.9% in 2018), past month alcohol use (28.7% in 2008 to 18.6% in 2018), past two-weeks binge drinking (14.3% in 2008 to 8.5% in 2018), and peer alcohol use (56.2% in 2006 to 51.7% in 2018). Other positive trends include: past month driving under the influence and riding with a driver under the influence, perception of harm (drinking alcohol 1-2 drinks per day and 5+ drinks 1-2 times per week), perception of parental feelings on student alcohol use and school alcohol use (only 1.5% in 2018).

Lifetime Substance Use

- **Areas Needing Attention:** There are two substances for lifetime use where FC youth were at least 2% higher than the state which included alcohol use and e-cigarette use. The only substance that increased in lifetime use since its first data point was e-cigarettes, from 17% in 2014 to 32% in 2018, which is 5% higher than the state. Out of all the substances, the highest reported lifetime use was for alcohol (37%), followed by e-cigarettes (32%), cigarettes (16%), marijuana (15%), chew (9%), and prescription drug misuse (7%).
- **Strengths**: The percentage of FC youth who reported they had used substances in their life improved with all of the other substances listed in the "lifetime use" table. The largest decreases over time were found with alcohol use, cigarettes, inhalants, chew, and prescription drugs. FC was performing better than the state by 2% with lifetime cigarette use.

Method of Access - Substances

- The main method of access for four of the substances was "a friend gives or sells it to me", including alcohol (49%), cigarettes (43%), e-cigarettes (55%), and marijuana (74%). The only substance where this was not the main method of access was prescription drugs, where the main access point was a family member (20%). A majority of the FC and MO comparisons were within 5% except there were more FC friends who gave or sold e-cigarettes (55% for FC in comparison to 50% for MO), and 11% of FC youth who took prescription drugs without permission in comparison to 4% of the MO youth.

Other Illicit Drug Trends

- **Strengths**: The percentage of FC youth reporting they had used hookahs, inhalants, and synthetic drugs decreased over time, with all three of these items being within .4% or less than the state percentage. Peer-other illicit drug use decreased by 3.6% (in Table 64); 16.7% in 2010 to 13.1% in 2018.

Marijuana

- **Areas Needing Attention:** FC underperformed in 80% of item comparisons with the state (16 out of the 20 total items). However, 70% of the comparisons showed FC underperforming by 2% or less. The item with the largest variance was peer smoking marijuana; 39.4% of the FC youth in comparison to 34.5% of MO youth; a difference of 4.9%. When reviewing FC trends since 2008, 69% of the 13 applicable items appeared to get worse by a difference of 2% or more. There were 27.5% of FC respondents who perceived marijuana to be pretty cool or very cool; an increase from 13.8% in 2014. There were 39.4% of FC respondents who had 1 or more friends who smoke marijuana, an increase of 9.9% since 2008. The remaining items with significant changes were all related to perception of harm, wrongness of use, parental and friends' feelings on use, which coincides with a time in history where this substance is being considered for use by those with specific medical conditions, so these findings should be viewed with consideration of the external influences.
- **Strengths**: The percentage of FC youth reporting marijuana use including school use, lifetime use, and past month use had all decreased over time. Lifetime marijuana use decreased from 16.8% in 2008 to 15.3% in 2018, with past month use that went from 9% in 2008 to 8.3% in 2018. School use was reported by 1.3% of respondents for 2018. Marijuana was also the substance the corresponded with the "oldest" average age of first use among all of the substances assessed, with was 14.1 years.

Over the Counter (OTC) & Prescription Medications

- **Areas Needing Improvement:** There was a new category assessed in 2018 for "OTC/Prescriptions", which identifies various reasons why youth, who identified themselves as a lifetime user, misuse OTC/prescriptions. There were 4.2% of student respondents who identified that they misused OTC's in their lifetime, with 7.4% for prescription drugs. The top reasons FC students misuse prescriptions was to reduce or manage pain (24%), to help them sleep (20%), to help them feel better or happier (18%), and for stress reduction (15%). Out of the 36 FC and MO comparisons, FC underperformed in 58% or 21 of those items. The items with the biggest difference between the two regions included: past year misuse among those who used stimulants (FC = 20% and MO = 10%), method of prescription or OTC access as "other" (FC = 11% and MO = 4%), ease of availability for OTC (FC = 53% and MO = 50%), ease of availability for prescription drugs (FC = 29% and

MO = 26%), past year misuse of sedatives (FC = 25% and MO = 21%), and I take it without permission (FC = 9% with MO = 6%). Of the various types of prescription medications, *pain medications were misused at least one or more times in the past year by 50% of the FC users,* followed by 25% for sedatives/anxiety medication, 22% for sleeping medications, 20% for stimulants, and 14% for other Rx medications. Ease of availability for OTC was reported at 53.4% in comparison to 28.7% for prescription drugs - tied to the rating "very or sort of easy". Availability increased over time for OTC, but not for prescription drugs.

- **Strengths** – Out of the 28 OTC/Prescriptions items, FC improved over time with 75% (or 21) of them, with 61% of them that showed an improvement of 2% or more. Lifetime misuse for both OTC and prescriptions decreased since 2010 (first data point available). Prescription drug misuse was 12.8% in 2010, and decreased to 7.4% by 2018. OTC use was 8.1% in 2010, and decreased to 4.2% by 2018. Past month OTC misuse also decreased from 4.7% in 2010 to 2.3% in 2018. When reviewing the types of OTC and prescription drugs being misused, there had been significant decreases in those using pain medications (21% decrease since 2016 among users to 50% currently), other Rx medications (a 10% decrease since 2016 among users to 14% currently), and sleeping medications (a 7% decrease since 2016 to 22% for 2018).

Tobacco

- **Areas Needing Improvement:** There are many negative trends within e-cigarette (e-cigs) use and perception, with 32% of respondents who confirmed lifetime use, which increased by 15% since 2014. For past month use, 22.6% reported that they had used them one or more days, an increase of 10% since 2014. Further, 35% of respondents rated e-cigarettes as pretty cool or very cool, an increase of 18% since 2014. 54% of respondents stated that it is very easy or sort of easy to get electronic cigarettes, which has increased by 8% since 2016, and was 5.5% higher than the state. In addition, 61.5% of these students reported that they access e-cigs from their friends, which was a much higher percentage than the state at 50%. All of these trends require immediate attention. Students are not perceiving the dangers of e-cigs yet. 88% of respondents perceived cigarettes as wrong/very wrong in comparison to only 71% for e-cigs. For perception of harm, 85% of respondents identified cigarettes as a moderate/great risk with only 55% who identified e-cigs as a moderate/great risk.
- **Strengths:** Upon review of the “Tobacco” Table, the FC trends were split evenly between positive and negative. Almost all of the positive trends were associated with cigarette use, whereas the negative trends were associated with e-cigarette use. Average age of first use (12.9), lifetime use (16.2%), past month cigarette use (6.1%), and peer smoking cigarettes (29.7%) all decreased by more than 5% since 2008.

Mental Health Items, including Youth Depression

- **Areas Needing Attention:** Out of ten comparisons with mental health items between FC and MO, FC underperformed in 70% of them; 40% by 2% or more. These four items were student feels hopeless (17.5%), students school/work is disrupted (33.4%), student is very sad (28%), and student has an adult in their life to turn to when things feel overwhelming (73.9%). When reviewing FC trends since 2010 or 2016 (based on available data points), all ten of these items within the mental health category had gotten worse, including all of the Depression items. The most significant changes were found with “student school work disruption” (20% in 2010 to 33% in 2018) and “student irritable” (22% in 2010 to 34% in 2018). One item that stood out within the mental health category was, "student feels that they had handled stress in a healthy way", with only 58% of students who agreed/strongly agreed with this item (and decreased by 5.8% since 2016 the only other time this item was assessed). In addition, while 74% of respondents agreed/strongly agreed that they have "adults in their life to turn to when things feel overwhelming", there were 26% of respondents who did not. **There is a great need for the development of programming at the middle school and high school level for students to learn how to manage and cope with stress. Finally, 31% of respondents reported that they do not know where to go in their community for help, which lends itself towards a relatively easy solution of increased marketing and education of programming.**

Self-Injury/Suicide

- **Areas Needing Attention:** In four out of five comparisons with the state, FC underperformed. However, each data point falls within 2% of the state percentage for self-injury and suicide-related items. The largest difference was found with 15.7% of FC students seriously considering suicide in the past year in comparison to 14.1% of MO student respondents. Only one of these items increased overtime, which was self-injury which went from 12.8% in 2012 to 19.3% in 2018 (a 6.6% increase). There were 15.7% of students who seriously considered suicide, 6.7% attempted with a resulting injury, and 11.7% who planned. While we are seeing some favorable trends within this category of items (as will be shown below), the percentage of students who had these suicidal thoughts is too high.
- **Strengths:** Four out of the five items decreased over time, with the largest decrease found where 1.5% of respondents said they attempted suicide in the past year that resulted in an injury (a decrease from 3.9% in 2008).

School-based Behaviors

- **Areas Needing Attention:** Within school-based behaviors, 77% of the items showed FC underperformed in comparison to the state. The top three items that met the criteria included: perception of school safety (FC = 80% and MO = 84%), school notifies parents with praise (FC = 38% and MO = 41%), and parents consult student when making decisions (FC = 68% and MO = 70%). Trend analysis showed that there were five items that have gotten worse, with the largest increase of 5.2% for respondents (since 2012) who missed at least one day of school due to safety concerns; identified by 9.7% in 2018 (in comparison to 7.6% with Missouri). 28.6% of respondents also skipped or cut class at least one day, which increased by 2.6% since 2012. Perception of school safety decreased from 85% (2010) to 80% (2018). This finding was not surprising considering the increase in violent situations occurring in and around schools across the country.
- **Strengths:** Out of the 13 applicable school-based behavior related items, 62% showed positive trends over time. The biggest change was found with the item "parents notice and comment on good work", where 81% of respondents agreed/strongly agreed in 2018 (an increase of 20% since 2008). Significant decreases were also found with three of the "defiant" behaviors, which included: student believes it is ok to cheat (35% in 2008 to 21% in 2018), student ignores rules (25% in 2008 to 17% in 2018), and student is oppositional (19% in 2008 to 14% in 2018).

Bullying

- **Areas Needing Attention:** In 92% of the FC and MO comparisons, FC lagged behind MO. The biggest differences were found with past 3-month victim of bullying online or via cell phone (FC 26.8% and MO 23.2%) and victim of emotional bullying (FC 62.7% and MO 59.8%). While emotional bullying decreased over time, it was still experienced by 62.7% of respondents., with 51.9% of youth admitting they engaged in emotional bullying in the past 3-months; the highest across all bullying types. Rumor spreading was also experienced by 47.6% of student respondents. The other bullying trends that require attention include bullying online (11.5% in 2010 to 16.9% in 2018; slight differences in question wording over time), being a victim of online bullying (13.1% in 2010 to 26.8% in 2018); and bullying via cellphone (increased from 13% in 2010 to 16.9% in 2018) and being a victim of bullying via cell (from 13.5% in 2010 to 26.8% in 2018).
- **Strengths:** Bullying trends improved (67% of the applicable bullying items) with the exception of those listed above. Past 3-month emotional bullying decreased by 18.8% (from 70.7% in 2010 to 51.9% in 2018), with past 3-month victim of emotional bullying that decreased by 5.8% (from 68.5% in 2010 to 62.7% in 2018). Past 3-month rumor spreading was at an all-time low with 22.1% of respondents reporting in 2018, which decreased by 12.2% since 2010. There were still 47.6% of students who reported being a victim of rumor spreading in the past 3-months, but this had declined by 7.5% (from 55.1% in 2010).

Other General Recommendations

Demographic Profile of FC

- Ensure programs are culturally responsive and open to various types of youth. Consider the development or implementation of group-oriented services to align staff who have perceived or real demographic similarities to encourage a more supportive environment for youth with behavioral health needs.
- With "specific learning disabilities" being the most prevalent type of disability in FC in addition to the high increases in the number students diagnosed with Autism, youth with disabilities and their families need to be linked to and be aware of behavioral-health services so that they are not disadvantaged or discriminated against unknowingly.

Community Indicators

- Assess and provide for basic needs' supportive services for the estimated 669 homeless students, and bridge the gap between home and school by providing and linking the available community services. This coordination should include assisting the family with utilization of SNAP, free/reduced-price lunch programs, clothing/shoes provisions, other free services that are available, in addition to counseling and psychiatric services for the youth if needed.
- Due to the increased need for Psychiatric services among youth, combined with the school staffs' and agency staffs' assessment of youth issues, funding and availability of these services needs to be increased. Furthermore, after reviewing the prevalence of adult diagnoses categorized as "mood disorders" followed by "anxiety", and two out of the three most critical behavioral-health related issues for youth (as rated by school staff) being "controlling emotions" and "anxiety", additional programming is recommended at the elementary and middle school levels focused on coping, emotion control, and stress reduction.
- School administrators are encouraged to identify key staff members who can coordinate, communicate, and share best practice approaches to truancy within their schools to combat the rise in this trend.
- Child abuse and neglect-related programs need to work on a plan and approach to assess and address neglect factors within the home and to offer supportive services and practices for parents and guardians that will be received as non-judgmental and non-threatening.
- There needs to be increased awareness and allowance of suicide and self-harm prevention programs within the schools due to trends within these two alarming indicators. The programs should be developmentally appropriate and provided at important transitional periods including from elementary to middle school, and middle school to high school. It is also recommended that within each middle and high school, there is the development of a self-harm student support group. Lastly, educational resources and services including the hotline for BHR should be shared with students, parents, teachers, and other key stakeholders in the community, so a youth can make a call and receive help immediately.
- Continue support of violence prevention programs and counseling services for youth with early signs of possible juvenile delinquency.
- Develop and implement a youth mentor program for the top 30 youth most likely to drop out of high school. Junior and Senior mentors can be paired up with 8th graders and incoming Freshmen to ensure a more successful transition, navigation of school policies and procedures, decrease the occurrence of disciplinary incidents and negative teacher-student interactions. Similar methodology could be implemented with 8th graders to be paired with incoming 6th graders who have had some disciplinary incidents, bullying, etc., so as to reduce high school drop-out rates, violent offenses, and other school disciplinary issues.

- Relating to some of the negative trends found with the Missouri Student Survey items, prevention programming should increase their focus on the perception of alcohol use, use of prescription drugs, bullying online or via cell phone, depression, and e-cigarette use and perception.
- Due to the age of first use data with FC youth (FC youth reported on average that they were 10.7 years old when they first used an over-the-counter (OTC) drug, and 11.3 for prescription drugs), some educational awareness with parents seems an important first step for 2019.
- There is a great need for the development of programming at the middle school and high school level for students to learn how to manage and cope with stress. Finally, 31% of respondents reported that they do not know where to go in their community for help, which lends itself towards a relatively easy solution of increased marketing and education of programming. **Other key findings and areas needing attention are identified within the Missouri Student Survey summary that starts on page 13.**