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

PUTTING KIDS FIRST IN FRANKLIN COUNTY

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Stakeholders

This report was designed to be a resource for you within Franklin County. It is a lengthy report with sections that are relevant for different purposes, and it is recommended that the Table of Contents be utilized to review the respective sections necessary for your purposes.

Acknowledgement

All of the applicable non-profit organizations located in Franklin County participated in the study, and several other sources of information were utilized to prepare this assessment. The FCCRB-funded agencies provide the majority of low- to no-cost services to the populations for which Missouri Statute RSMO.210.860 was intended. In addition, FCCRB hired Cynthia Berry, Ph.D. of Berry Organizational and Leadership Development, (BOLD), LLC, to conduct this needs assessment.

The following agencies and organizations provided data for this assessment:

- Berry Organizational & Leadership Development (BOLD), LLC
- 20th Circuit Juvenile Office
- Behavioral Health Response
- Buddies Not Bullies
- CHADS
- CharacterPlus
- Children's Advocacy Center of East Central MO (Child Center)
- Children's Division
- Compass Health, Inc. d/b/a Crider Health Center (Crider)
- F.A.C.T.
- Franklin County CASA
- Grace's Place Crisis Nursery, Inc.
- Hope Ranch of Missouri
- Jireh Ministries
- Legal Services of Eastern Missouri
- Life House Center
- Lutheran Family and Children's Services (LFCS)
- NAMI St. Louis
- Preferred Family Healthcare, Inc. (PfH)
- Saint Louis Counseling
- The National Council on Alcoholism and Drug Abuse (NCADA)
- UMSL Center for Behavioral Health
- Public School Districts within Franklin County (FC)

History of the Franklin County Community Resource Board

This is the third study of children's mental health services conducted for Franklin County since the creation of the *Putting Kids First Children's Services Fund.* The Franklin County (Children and Families) Community Resource Board (FCCRB) was created by the Franklin County Commission by Commission Order 03-220 in 2003 to maintain and develop a comprehensive mental health and drug and alcohol abuse services system in the County.

In November of 2008, the Franklin County citizens passed Proposition 1, Putting Kids First which created a Children's Services Fund for children and youth nineteen years of age or less in Franklin County. The FCCRB has been entrusted to oversee this fund. This fund is created under Missouri state statutes 67.1775 and 210.861. The statute specifically lays out what types of services can be provided for. The Franklin County Community Resource Board (FCCRB) oversees this funding, facilitating the establishment, operation and maintenance of mental health services for Franklin County children and youth. The FCCRB-funded programs and services have effectively prevented and/or responded to child abuse and neglect; juvenile law violation referrals; high school drop outs; school-based violence; and substance abuse/use, to name a few.

The funds are awarded to local agencies through contracts to provide services that address the growing unmet mental health needs of our community youth. The FCCRB has pledged to use these sales tax revenues wisely and prudently while working with agencies to provide a myriad of mental health-related services to benefit the youth and their families of Franklin County. The priority of the FCCRB is the safety and wellness of the children and youth living within the county.

In support of our mission and vision, the Franklin County Community Resource Board is dedicated to:

- Strive to provide children and families in need of services a voice in the planning, development, and delivery of those services;
- Foster integration of public funds to provide mental health services that are effective, efficient, and continually improved;
- Develop a reliable and accountable service delivery system that is responsive to the needs of the community;
- Encourage collaboration among families, service providers, and local and state agencies that is family-centered, community-based and continually enhanced;
- Abide by the governing statutes, managing its public funds responsibly, and demonstrating respect for all people;
- Support prevention and early intervention in order to promote a brighter future for Franklin County; and
- Work to strengthen the children and families of Franklin County

Some of the more concrete tasks performed by FCCRB's Executive Director include:

- Examining mental health care providers' programs against Franklin County's needs assessment, funding statute, utilization rates, and proven clinical success;
- Overseeing mid-year and annual clinical outcomes reporting, financial statements, and third-party audits;
- Managing on-site provider audits to review billing and client files);
- Conducting regular county needs assessments to evaluate FCCRB-funded programs' impact and confirm the highest priority needs;
- Funding only services rendered—prohibiting pre-billing and ensuring any unused funding allocations are forfeited.
- Working with funded and non-funded agencies in order to build the System of Care for children and families in Franklin County through participation in county, regional, and state collaborative efforts.

The *FCCRB* is responsive to the needs for children and youth mental health services and prioritizes spending decisions according to the opinions of its citizenry and stakeholders.

The services listed below are eligible for funding through the Putting Kids First Children's Services Fund, and are divided by those that are currently funded compared to those that are not currently funded by FCCRB.

The services **currently funded** through FCCRB's *Putting Kids First Children's Services Fund (CCSF*) include:

- Crisis Intervention Services
- Home and Community-based Family Intervention Services
- Individual, Group, and Family Counseling Services
- Outpatient Psychiatric Services
- Respite Care Services
- School-based Prevention Services (or Prevention programs to prevent drug use, violence, bullying and sexual abuse, etc.)
- Teen Parent Services
- Outpatient Substance Abuse Treatment Services (although substance use is funded in other ways) are funded but included in a separate category.

The significant areas of identified need that are **not currently funded** during the 2018 funding cycle include:

- Transitional living services (funded only for shelter component through Temporary shelter services)
- Temporary shelter services for abused, neglected, runaway, and homeless or emotionally disturbed youth (referred by juvenile office)

What This Current Study Measures

This assessment report was purposefully redesigned to focus on the FCCRB's next funding priorities based on youths' mental/behavioral needs and not based on cost considerations. Therefore, costs are not included in this report. 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 improve a current situation.

Agency program contacts were approached to gather some current information, which included:

- 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 were contacted to share their perspective on 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 2016/1017. 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 Current State of Children's Services in Franklin County–FCCRB-funded Agency Programs and Youth Served by Funded Category

This section provides the current state of behavioral health services available in Franklin County for youth, with the information gathered utilizing a survey tool developed by BOLD, LLC in conjunction with information that has been previously gathered by the Franklin County Community Resource Board (FCCCRB) processes. The identified categories in this section adhere to the list of programs and services that are funded by the children's services fund, A general description of the types of programs funded by FCCRB can be found on the FCCRB website: https://www.franklincountykids.org/. In addition, FCCRB can provide a full list of program descriptions and their eligibility upon request. This section presents information on the number of youths who have been served and who were unable to be served in 2017, the number of youths projected to be served in 2018, in addition to waitlist information, and if applicable, services provided to clients while on the waitlist.

To arrive at the percentage of Franklin County youth being served, we have to account for youth who receive multiple services from several providers. On average, this needs assessment accounts for a 20% duplication rate. Currently, there are an estimated 23,909 youths in Franklin County (under 18 years of age), and they represent approximately 23% of the population. We should be aware that within an average community 10-12% of youth have a serious emotional disorder. With this in mind, we can be hopeful that the youth with greater needs have available care on an annual basis with the direct services, and that every youth is receiving one "shot" of prevention annually (one dosage of a prevention program behavioral-health topic per year).

A full summary of the programs that were funded for 2017, and that are being funded in 2018 can be seen in Tables 3 and 4.

With just the FCCRB funds, in 2017 and 2018 the funded mental health programs have reached 36,784 youth with prevention programming and 10,452 youth with direct services.

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 school from pre-K through 12th grade. Allowing for a 20% duplication rate, it is estimated that ***15,847 different youth will have 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.***

For 2017, it is estimated that 18,065 youth received an FCCRB prevention programs, where allowing for duplication is estimated at 14,452 with a 76% coverage rate. There are additional programs offered by school staff and law enforcement that is not included in this assessment. School staff, if available and feasible, are able to provide prevention programming about more generalized topics such as bullying, self-esteem, and coping with emotions, for example. Table 3 shows the list of the FCCRB-funded, school-based prevention programs that are available within the Franklin County public and private schools.

Waitlists are not common with prevention programming. Three programs reported that they were unable to serve youth in 2017 with this information relating to issues scheduling these programs within the schools (for a variety of reasons), and included 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.

Table 1. Enrollment of Students in Franklin County, 2016

	2012-2016- Franklin County		MO - 2016
	Number	%	%
Population 3 years and over enrolled in school	22,948		
In nursery school, preschool	1,398	6.1%	6.2%
In kindergarten	1,542	6.7%	5.2%
In elementary school, grades 1-8	10,806	47.1%	40.8%
In high school, grades 9-12	5,240	22.8%	20.4%
In college or graduate school	3,962	17.3%	27.5%

Source: American Community Survey - Social Profiles; five-year estimates
% = Percentage

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. 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.***
+

We cannot determine the percentage of youth who are receiving services the family can afford, or paid for by another source and not reported by these providers.

Table 2. 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

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

- 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.
- 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 all funding is reaching 79-95% of FC youth in need.
- 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).

- ***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.
- 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.
    - 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 not funded by FCCRB in 2017 or 2018. Related services are funded in other program areas.

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 had 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)
- Youth did not have transportation to access program/service (N = 1; LFCS' Mental Health Counseling)
- Lack of staff to respond to need (N = 1; Franklin County CASA's Child Advocacy)
- Lack of school consent or cooperation to provide program/service (N = 1; CHADS' Signs of Suicide)
- Staff Availability (N = 1; NCADA's Prevention First)
- Lack of ability to maintain contact with client (limited/no phone) (N = 1; LFCS's Nurturing Teens)
- Need more volunteer advocates, then more staff (N = 1; F.A.C.T.'s PWF program)

Table 3. School-based or Youth-focused Prevention Services

Program Name	Wait list	#	Unable to serve 2017	# Unable to Serve 2017	# Served-2017-FCCRB funds only	Partially funded - 2017	# Partially funded - 2017	# of Add. youth - 2017 -Any Fund	#-Plan to Serve 2018 - FCCRB	Partial funded - 2018	# Partial funded - 2018	# of Add. youth - 2018 - Any Fund
Buddies Not Bullies Prevention	N/A		No		160	Yes	160		160	Yes	160	
Buddies Not Bullies YOU-Niquely Social	N/A		No		45	Yes	45		50	Yes	50	
CHADS - Signs of Suicide	No		Yes	1400	94	N/A			800	N/A		
The CharacterPlus Way program	No		No		117	N/A			288	N/A		
Children's Advocacy Center -Sexual Abuse Prevention	No		No		4061	N/A			4500	N/A		
Crider's - School-Based Violence Prevention Program	N/A		No		6856	N/A		1090	6900	N/A		
Crider's Pinocchio Program	N/A		N/A		626	N/A			650	N/A		
Life House Center Mentoring Program	No		N/A		0	N/A			35	N/A		
LFCS Trauma Care Coordinator	N/A		Yes	700	0	N/A	0	0	700	N/A		
PfH -Team of Concern	No		No		110	N/A			126	N/A		
NCADA - Prevention First	No		Yes	100	4906	N/A			5600	N/A		
Total – 19,809		**0**		**2200**	**16975**		**205**	**1090**	**19809**		**210**	**0**

Table 4. Direct Service Programs

Agency	Program Name	Wait List	#	Unable to serve 2017	# Unable to Serve 2017	# Served-2017-FCCRB funds only	Partial funded - 2017	# Partial funded - 2017	# of Add. youth - 2017 - Any Fund	#-Plan to Serve 2018 - FCCRB	Partial funded - 2018	# Partial funded - 2018	# of Add. youth - 2018 - Any Fund
Crisis Interventions Services													
Behavioral Health Response	Franklin County Youth Connection Helpline	No		No		154	N/A		0	160	N/A		0
Grace's Place/ Crisis Nursery	Grace's Place Crisis Nursery Crisis/Respite Care	No		N/A		142	Yes	142	0	165	Yes	165	0
NAMI St. Louis	Crisis Intervention Team	No		No		24	N/A			30	N/A		
UMSL Center for Beh. Health	Psychological Evaluation	No		No		23	N/A		1	30	N/A		32
Total 2018 - 417			**0**		**0**	**343**		**142**	**1**	**385**		**165**	**32**
Home and Community-based Family Intervention Services													
Children's Advocacy Center	Family Support Services	No		N/A		70	N/A			90	N/A		
Crider Health Center	The Partnership with Families Program	No		No		152	Yes	133		175	Yes	150	
Crider Health Center	School-Based Mental Health Specialist Program	Yes	20	Yes	15	66	N/A		206	75	N/A		225
Crider Health Center	The School-Based Social Work Program	No		Yes	5	161	N/A			180	N/A		
F.A.C.T.	Partnership With Families	No		N/A		171	Yes	137	0	220	Yes	176	20
Franklin County CASA	Child Advocacy	N/A		Yes	150	84	Yes	84	177	76	Yes	76	100
Legal Services of Eastern Missouri, Inc.	Civil legal help for youth/families	No		N/A		3	N/A		228	20	N/A		200
LFCS	Nurturing Kids	No		Yes	35	120	Yes	4		100	Yes	4	0
PfH	Drug Testing	No		No		456	N/A			350	N/A		
Total 2018 – 1,831			**20**		**205**	**1283**		**358**	**611**	**1286**		**406**	**545**

Agency	Program Name	Wait List	#	Unable to serve 2017	# Unable to Serve 2017	# Served-2017-FCCRB funds only	Partial funded - 2017	# Partial funded - 2017	# of Add. youth - 2017 - Any Fund	#-Plan to Serve 2018 - FCCRB	Partial funded - 2018	# Partial funded - 2018	# of Add. youth - 2018 - Any Fund
Individual, Group, and Family Counseling Services													
ALIVE		No		No		122	N/A			234	N/A		
Buddies Not Bullies	School Based Mental Health	No		No		37	Yes	37	2	40	Yes	40	2
Crider Health Center	School-Based Therapy Program	No		Yes	35	265	N/A			144	N/A		300
LFCS	Mental Health Counseling for Children, Youth and Families	No		Yes	10	97	N/A		25	90	N/A		31
PfH	A.R.T.C.	No		No		54	N/A			54	N/A		
STL Counseling	School-Based Mental Health Services	N/A		No		721	N/A			900	N/A		0
STL Counseling	Counseling Services	No		No		204	Yes	170	0	300	Yes	270	0
Total 2018 – 2,095			**0**		**45**	**1500**		**207**	**27**	**1762**		**310**	**333**
Outpatient Psychiatric Services													
PfH	Psychiatry	No		No		10	N/A			16	N/A		
STL Counseling	Psychiatry Services	Yes	5	No		149	Yes	120	0	200	Yes	175	0
Total 2018 - 216			**5**		**0**	**159**		**120**	**0**	**216**		**175**	**0**
Respite Care Services													
Jireh Ministries	SafeKids - Youth Intervention Services	N/A		N/A		80	Yes	3	0	100	Yes	3	25
PfH	The Farm	No		No		3	N/A			7	N/A		
Total 2018 - 132			**0**		**0**	**83**		**3**	**0**	**107**		**3**	**25**
Teen Parent Services													
LFCS	Nurturing Teens	No		Yes	4	14	Yes	1		17	Yes	2	0
PAT- Teen Parent program	Washington Teen Parent Services--Parents as Teachers	No		N/A		4	N/A		4	4	N/A		4
Total 2018 - 25			**0**		**4**	**18**		**1**	**4**	**21**		**2**	**4**
Total-Direct -2018 -6,811			**25**		**299**	**4886**		**1038**	**670**	**5539**		**1371**	**1272**

Demographics and Community Indicators of Franklin County Section

This section presents the demographic information and the key findings of the community indicators for the Franklin County youth population, and in some cases, for the general population.

First, the demographic information about the Franklin County youth population is presented to foster an understanding of how to specialize or gear services, resources, and educational opportunities.

After the demographic section, the community indicator data is presented in one of three categories based on the trends reported from 2008 through 2016/17 (if data is available). Table 15 provides a summary of these key findings. This page is followed by a brief section with responses from the FCCRB-funded program staff regarding what community indicators their programs respond to or address during service delivery.

The first category (Community Indicators that 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 (Community Indicators with 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 (Community Indicators with 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.

Before the full narrative section, an abbreviated Demographic Profile of the Franklin County Youth has been provided on the next page.

Demographic Profile of Franklin County (FC) Youth

- **Youth Population** -23,909 out of an estimated 102,063-102,838 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.

Demographic Narrative for Franklin County Youth

General Description of Population

Franklin County is located in the state of Missouri on the south side of the Missouri River. As of the 2010 census, the population was 102,063. This county has 931 square miles, covering a wide area of rural and farm land. The major cities are: Union, Washington, Sullivan, Pacific, St. Clair, Labadie, and Lonedell. Additionally, there are 11 public school districts within its borders, and seven Catholic schools, one Lutheran School, and three other denominations private schools. There are an estimated 17,588 students who attend K-12th grades, with an additional 1,398 in preschool. Situated west and south of St. Louis County, Franklin County is within reach of other communities with many resources.

Table 5. School Enrollment Figures – Franklin and Missouri

	2012-2016- Franklin County		MO - 2016
	Number	%	%
Population 3 years and over enrolled in school	22,948		
In nursery school, preschool	1,398	6.1%	6.2%
In kindergarten	1,542	6.7%	5.2%
In elementary school, grades 1-8	10,806	47.1%	40.8%
In high school, grades 9-12	5,240	22.8%	20.4%
In college or graduate school	3,962	17.3%	27.5%

Source: American Community Survey - Social Profiles; five-year estimates

Youth Population

The Franklin County youth population declined by approximately 6.7% from 2008 to 2016, while the total population increased by 1.7%. In Franklin County, there were 23,909 youth in 2016 out of the total population of 102,838, and youth made up 23.2% of the total population, which is only 0.4% more than the percentage of youth in Missouri.

Table 6. Youth Population Trends in Franklin County

	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Total Population #- FC	101,149	101,422	101,504	101,625	101,353	101,739	101,999	102,426	102,838	1,689	1.7%
Child Population # - FC	25,628	25,315	25,000	24,760	24,336	24,343	24,089	24,035	23,909	-1,719	-6.7%
Child Population % - FC	25.4%	25.0%	24.6%	24.3%	24.0%	23.9%	23.6%	23.5%	23.2%	-2.2%	
Child Population % - MO	24.2%	23.8%	23.8%	23.5%	23.3%	23.1%	23.0%	22.9%	22.8%	-1.4%	

Source: US Census Bureau; MO Office of Administration, Division of Budget and Planning. Definitions: Total resident population under age 18, including dependents of the Armed Forces personnel stationed in the area.

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

Household and Marital Information -

There were approximately 40,200 households in Franklin County, Missouri, with the average household size of 2.5 people. Families made up 70% of the households in Franklin County, Missouri. This figure included both married-couple families (54%) and other families (16%). Of "other" families, 5% were female householder families with no husband present and their own children under 18 years. Non-family households made up 30% of all households in Franklin County, with most of these people living alone.

Table 7. Population 15 years and over	Males	Females
Never married	27.7	20.6
Now married, except separated	56.9	54.3
Separated	1.6	2.3
Widowed	2.7	10.0
Divorced	11.2	12.8

Among individuals 15 and older, 57% of males and 54% of females were currently married. 2,200 grandparents lived with their grandchildren under 18 years old. Of those grandparents, 47% of them had financial responsibility for their grandchildren.

Health Insurance - It was estimated that 91% of Franklin County civilian residents had health insurance coverage with 9% who did not. For those under 18 years of age, 5% had no health insurance coverage.

Commuting - An estimated 84% of Franklin County workers drove to work alone, and 10% carpooled. Among those who commuted to work, it took them on average 28 minutes to get to work.

Language - Among people at least five years old living in Franklin County, 2% spoke a language other than English at home. Of those, 46% spoke Spanish and 54% spoke some other language.

Educational Attainment – Between 2012-2016, 87% of people 25 years and over had at least graduated from high school and 20% had a bachelor's degree or higher. An estimated 13% did not complete high school.

Employment Status – 61% of the population 16 years old and over were employed; 35% were not currently in the labor force.

Race and Gender–For the Franklin County (FC) general population including 102,838 residents, 96.8% were White; 0.9% were Black or African American; 0.5% were Asian; 1.4% were two or more races; with 1.7% Hispanic. Males represented 49.7% of the total population, with the youth 14 years old and under hovering close to 52% representation for males.

Table 8. Franklin County & Missouri Racial information- Total Population – 2016

Age Ranges	Total	Male	White		Black		Asian		Two or More Races		Hispanic	
All Ages	102838	49.7%	99518	96.8%	970	0.9%	480	0.5%	1399	1.4%	1760	1.7%
Age 0 to 4	6223	52.4%	5870	94.3%	77	1.2%	27	0.4%	215	3.5%	189	3.0%
Age 5 to 9	6658	51.7%	6328	95.0%	53	0.8%	21	0.3%	226	3.4%	204	3.1%
Age 10 to 14	6833	51.7%	6534	95.6%	58	0.8%	47	0.7%	170	2.5%	191	2.8%
Age 15 to 19	6375	52.3%	6097	95.6%	70	1.1%	35	0.5%	139	2.2%	138	2.2%
Age 20 to 24	5962	50.3%	5708	95.7%	74	1.2%	34	0.6%	109	1.8%	149	2.5%

Minority Children

As of 2016, 5.8% of the FC children under age 18 were minority children representing 1,385 children. By comparison, there were 25% who were minority children in Missouri; a difference of 19.2%. The percentage of minority children increased by 1.2% since 2008.

Table 9. Number and Percentage of Minority Children under 18 in Franklin County, Missouri from 2008 to 2016

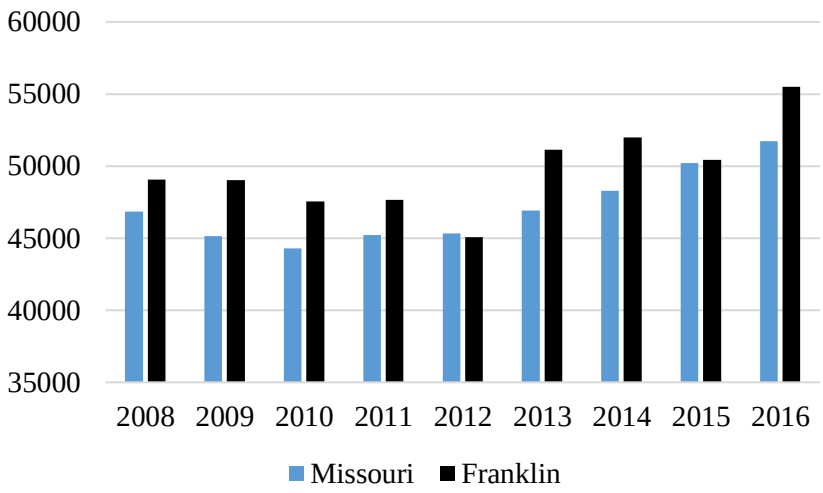
Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	331826	335349	337947	337650	338841	340840	343852	346233	346801	14975	4.5%
Franklin	1170	1207	1234	1272	1341	1438	1456	1523	1385	215	18.4%
Missouri	23.2%	23.5%	23.7%	23.9%	24.1%	24.4%	24.7%	24.9%	25.0%	1.8%	
Franklin	4.6%	4.8%	4.9%	5.1%	5.5%	5.9%	6.0%	6.3%	5.8%	1.2%	

Source: USDC, Bureau of the Census; Missouri Office of Administration, Division of Budget and Planning.
Definitions: Number of nonwhite children under age 18.

Median Household Income

Income is another factor that can directly impact a youth's access to some of the services. Franklin County's median household income was $55,496 in 2016, $50,438 in 2015, and $49,064 in 2008. Median household income increased by 13% in this nine-year range, with most of the increase occurring from 2015 to 2016. Franklin County's median household income was more than $4,000 greater than Missouri's median income of $51,713. An estimated 10% of households had income below $15,000 a year and 5% had income over $150,000 or more.

Figure 1. Median Household Income - 2008 to 2016 Missouri and Franklin County



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

Table 10. Median Household Income – 2008 -2016 – US, MO, Franklin County & Other Counties

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
U.S.	52029	50221	50046	50502	51371	52250	53657	55775	57617	$ 5,588	10.7%
Missouri	46847	45149	44306	45231	45320	46905	48288	50200	51713	$ 4,866	10.4%
Franklin	49064	49034	47530	47663	45061	51138	51978	50438	55496	$ 6,432	13.1%
Gasconade	38468	39771	39688	39751	40723	41270	44065	47717	48593	$ 10,125	26.3%
Jefferson	57897	53939	52841	51008	53013	55305	58976	58747	61508	$ 3,611	6.2%
Lincoln	54740	50795	50307	50523	53542	54144	53804	54584	56833	$ 2,093	3.8%
St. Charles	72428	68669	65281	67074	70456	70468	74220	74009	80696	$ 8,268	11.4%
St. Louis	57782	56939	55290	55131	56409	59284	60093	61569	62756	$ 4,974	8.6%

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%.

Figure 2. Adult Unemployment Rates

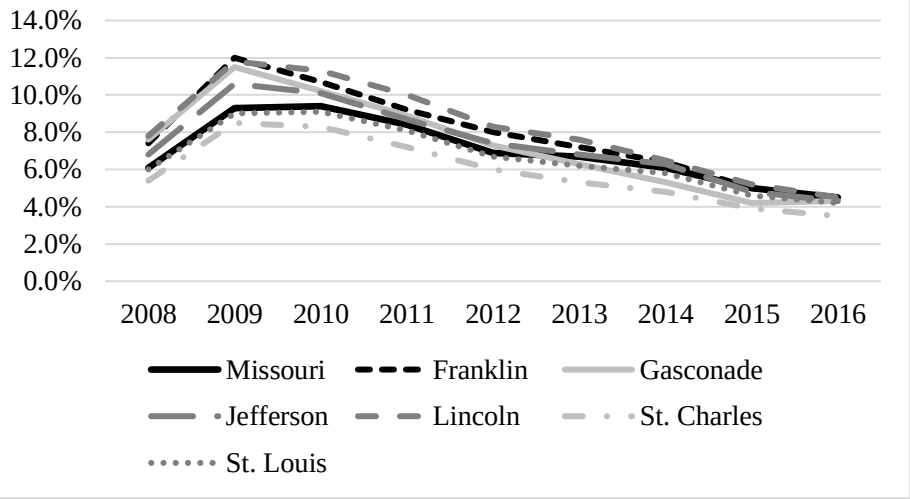


Table 11. Adult Unemployment Rate - 2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	6.1	9.3	9.4	8.6	6.9	6.5	6.1	5.0	4.5	-1.6
Franklin	7.4	12.0	10.7	9.2	8.0	7.2	6.4	5.0	4.4	-3.0

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

Children in Single-Parent Households

The Franklin County percentage of children in single-parent households for 2012-2016 was 29.3% and in line with many of the comparative regions and less than the state percentage of 33.3%. Additional resources need to be extended to 7,020 children in single-parent families so their basic needs, including educational, and social-emotional, can be met if other supports are not in place.

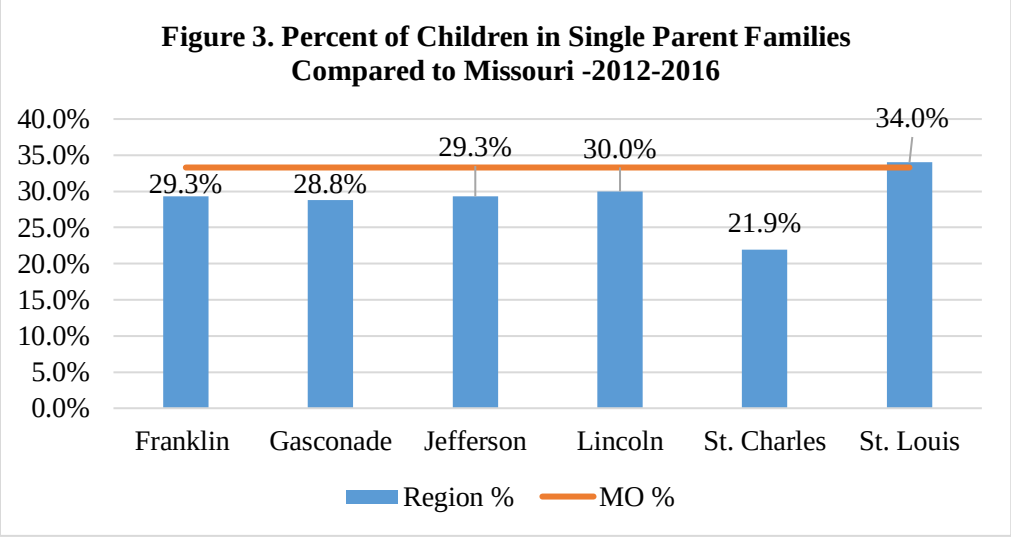
Table 12. Children in Single-Parent Household- Frequency and Trends

Regions	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.	% Ch.
Missouri	452880	453909	461557	467069	461041	464287	465659	461863	8983	2.0%
Franklin	7139	6295	6591	NA	6541	5589	6786	7020	-119	-1.7%

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

Table 13. Children in Single-Parent Household- Percentage

Regions	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.
Missouri	33.5	31.8	32.4	33.1	33.0	33.3	33.2	33.3	-0.2
Franklin	28.1	24.7	26.1	NA	26.9	23.2	28.0	29.3	1.2



Disability Types that have Increased

Among the general population in FC, 12.2% reported a disability. The likelihood of having a disability varied by age from 3.4% of people under 18 years old, to 10.9% of people 18 to 64 years old, and to 31% of those 65 and over. Information about increases in certain disability types are critical for Franklin County planning as well. It is clear that Autism surged in the public school districts, with a 278% increase from 2008 to 2018. There were 310 children with an Autism diagnosis in the public schools 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 are shown on the figure below.

Table 14. Children with Disabilities & Type – Franklin County Public School District Reports - 2008 to 2018

Franklin County	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Diff.	% Ch.
Intellectual Disability	305	303	289	235	217	219	210	182	184	192	177	-128	-42.0%
Emotional Disturbance	173	165	154	147	150	130	125	126	142	138	156	-17	-9.8%
Language Impairment	247	249	250	267	257	235	224	191	206	189	178	-69	-27.9%
Speech Impairment	712	709	662	643	659	513	423	377	334	361	404	-308	-43.3%
Visual Impairment	0	0	0	0	0	0	0	0	0	0	0	0	N/A
Hearing Impairment	27	28	22	26	28	25	18	34	23	20	0	-27	-100.0%
Specific Learning Disabilities	1759	1632	1425	1324	1233	1155	1088	1020	984	987	963	-796	-45.3%
Other Health Impairment	651	682	599	612	570	567	617	585	523	559	603	-48	-7.4%
Multiple Disabilities	19	21	24	22	19	17	21	22	20	36	31	12	63.2%
Autism	82	87	111	119	134	159	177	183	211	267	310	228	278.0%
Young Child with a Dev. Delay	155	189	190	168	153	181	184	197	250	274	270	115	74.2%
Orthotic Impair., Deaf, Blindness, & TBI	17	22	22	34	21	22	38	30	0	0	16	-1	-5.9%
Total	4147	4087	3748	3597	3441	3223	3125	2947	2877	3023	3108	-1039	-25.1%

Source: Office of Special Education
N/A = calculation not possible.

Figure 4. Trends for Children with Disabilities by Type - Franklin County - 2008 to 2018

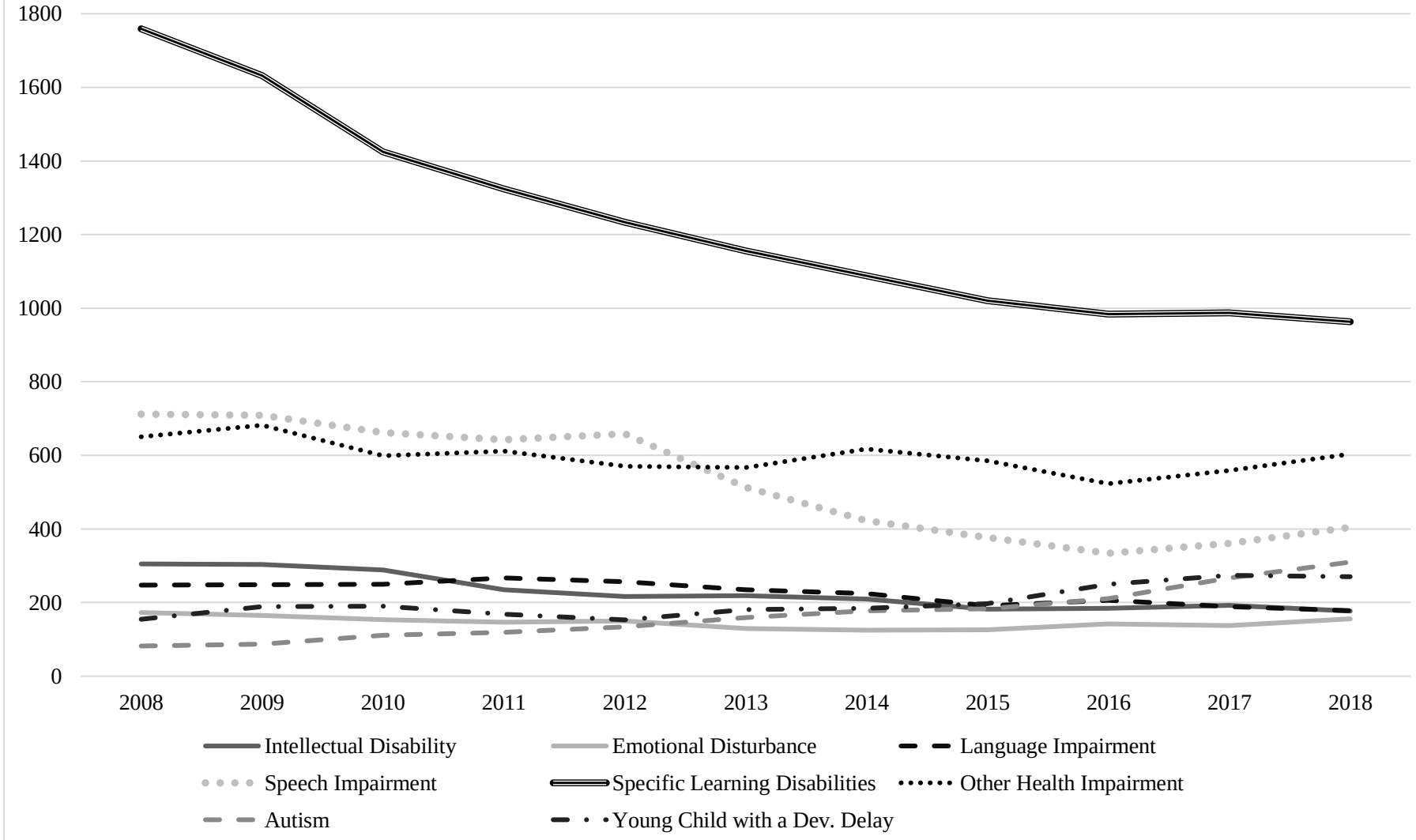


Table of Key Findings Franklin County Community Indicators

Table 15. Key Findings by Category – Franklin County Community Indicators

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	

Community Indicators and the FCCRB Programs That Respond to Them

Program staff were given the list of community indicators shown on Table 15, and were asked to identify if their program is responsive to the indicator, or in other words, does their program address or target this community indicator. This information was summarized in table format in Appendix A and B by program type. The information in this table can be used in different ways including:

1. Educators, parents/guardians, youth, and other stakeholders in the community can see which programs are available in Franklin County that are responsive to a specified community indicator. This would be especially helpful for individuals seeking services, and knowing where to go first.
2. Providers/funders can see if there are community indicators that could/should be addressed or incorporated into their programs; for example, are new programs needing to be developed?
3. As trends with community indicators change over time, stakeholders can assess possible correlations between the presence of programming and improvements being made with that indicator. These findings may also lend support for additional program evaluation activities to understand plausible causal relationships.

Key Findings by Program Type

Prevention Programs

- 9/11 (82%) of the prevention programs respond to bullying.
- 8/11 (73%) respond to self-harm/suicide.
- 7/11 (64%) respond to school disciplinary incidents, juvenile law violation offenses/referrals (ages 10-17), and substance use/abuse rates.
- 6/11 (55%) respond to youth truancy.
- 5/11 (45%) respond to child abuse/neglect, school dropout rate, and graduation rates.

There were two indicators that had no coverage or attention within the prevention programming, which included child deaths (age 1-14) and low-birth weight/infant mortality, but this makes sense considering these are school-based prevention programs and not community-based. *One indicator, violent teen deaths, had only one prevention program as a focus (9% of the total programming), and some of the other prevention programming should include this as a focal point, especially programming linked to violence prevention, bullying, child abuse/neglect, substance use/abuse etc., considering these have an impact on a youths' likelihood of engaging in violent behavior that could result in death.*

Crisis Intervention, Respite Care, and Teen Parent Services

- 6/8 (75%) of these programs respond to school dropout rate, school disciplinary incidents, graduation rates, and youth truancy.
- 5/8 (63%) of these programs respond to children who are homeless, juvenile law violation offenses/referrals, out-of-home placement entries, and substance use/abuse rates.
- 4/8 (50%) of these services respond to child abuse/neglect, children in poverty and at risk of homelessness, self-harm/suicide, and teen pregnancy.

One indicator with very low coverage (1/8 of the programs or 13%) was academic performance, which makes sense considering the majority of these services are provided in response to trauma or a crisis. *However, within Teen Parent Services, one if not both of the programs should focus some attention on the academic progress of the teen parent if at all possible.* Bullying and child deaths (age 1-14) also had low coverage with these programs at 25% or 2/8. Violent teen deaths and low birth weight/infant mortality were represented by 3/8 or 38% of these programs, and with these indicators showing the need for more

attention within Franklin County, *it is recommended that these program developers discuss how they may be more responsive to addressing some of these issues related to crisis intervention, respite care, and teen parent services.*

Individual, Group, and Family Counseling Services & Outpatient Psychiatric Services

- 100% or 9/9 of these programs respond to school disciplinary incidents and self-harm/suicide.
- 8/9 (89%) of the programs respond to graduation rates.
- 7/9 or 78% of the counseling/psychiatric services can focus on bullying, school dropout, juvenile law violation referrals/offenses, and school truancy.
- 67% or 6/9 are responsive to substance use/abuse rates.
- 5/9 (56%) of the programs can focus on out-of-home placements.
- Finally, 4/9 or 44% of the programs support cases with child abuse/neglect, violent teen death, and child runaways.

The indicators that were not a focal point of these types of programs (lower percentages that were covered) made sense to not be a focal point, and were covered by other types of programs (for example, child homelessness, teen pregnancy, child deaths, academic performance, low birth weight babies, and infant mortality.

Home and Community-based Family Intervention Services

Sixteen out of the 19 community indicators were covered across 4/9 or 44% of the home and community-based family intervention services, which is a high level of coverage. Child deaths (age 1-14) was an indicator that received attention across 3 or 33% of the agencies. *The only two indicators that had minimal coverage (1/9 or 11%) were violent teen deaths, and low birth weight/infant mortality.*

- 8/9 (89%) of these programs responded to child abuse/neglect.
- 7/9 or 78% of these programs responded to homeless youth or youth at risk of homelessness, juvenile law violation referrals/offenses, and out-of-home placement entries.
- 6/9 (67%) of these programs responded to children in poverty, school dropout, school disciplinary incidents, graduation rates, self-harm/suicide, academic performance, school truancy, and child runaways.

Franklin County Community Indicators that Need Attention

Children in Poverty

As of 2016, there were 15.2% of the Franklin County children (age 0-17; 3,553) who were in poverty in comparison to 10.7% of the general population (10,901 in poverty). Franklin County has consistently had a smaller percentage of impoverished individuals (10.7%) in comparison to state (14%) and national trends (14%).

Focusing on youth age 0-17, there was a 2.9% increase in the percentage of those who were in poverty since 2008, with 15.2% in 2016. However, there was a 5% decrease from 19.3% in 2010 and 19.1% in 2012.

Figure 5. Percentage of Youth - Age 0-17 - In Poverty

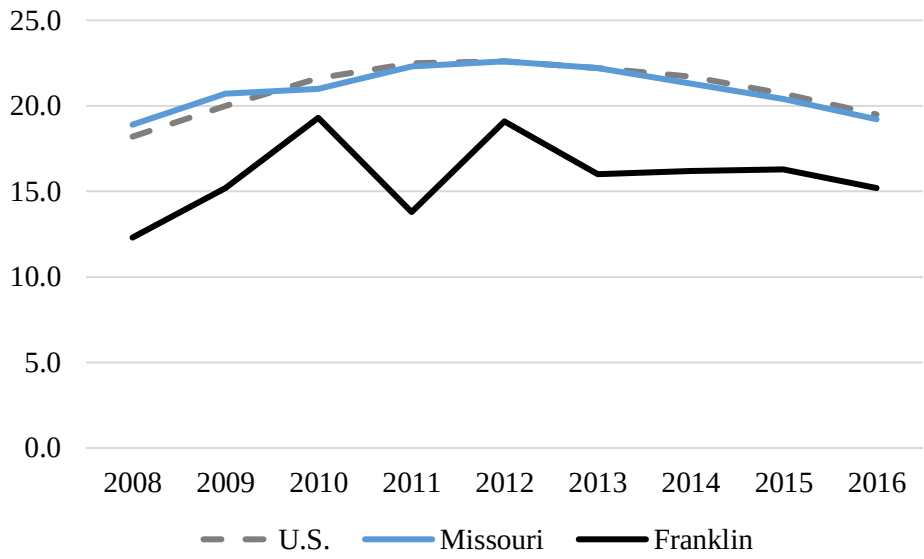


Table 16. Numbers and Rates of US, MO, and Franklin County Individuals living in poverty 2008 to 2016

	U.S.	Missouri		Franklin	
	%	%	#	%	#
2008	13.2	13.5	774937	9.0	8963
2009	14.3	14.6	850316	11.0	11027
2010	15.3	15.3	888471	14.1	14097
2011	15.9	15.8	922103	10.0	10114
2012	15.9	16.2	945435	13.7	13732
2013	15.8	15.8	928778	10.8	10900
2014	15.5	15.5	908394	11.8	11919
2015	14.7	14.8	875704	11.4	11480
2016	14.0	14.0	826358	10.7	10901
Change	0.8	0.5	51421	1.7	1938
			6.6%		21.6%

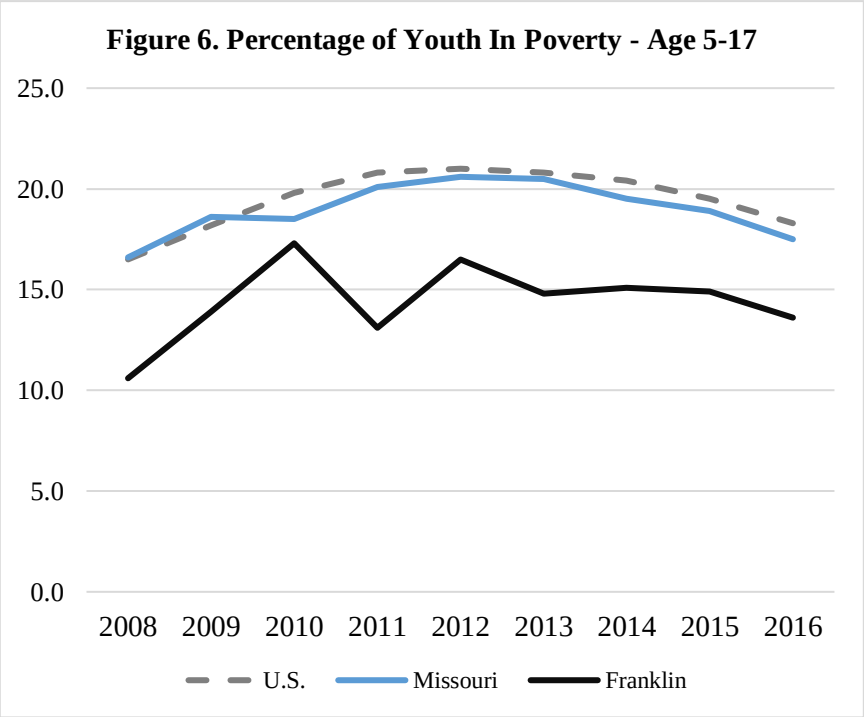
Source: Small Area Income & Poverty Estimates (SAIPE). Rate is per 100.

Table 17. Percentage of Youth 0-17 in Poverty- County, State, and National Trends

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	2015-2016
U.S.	18.2	20.0	21.6	22.5	22.6	22.2	21.7	20.7	19.5	1.3	-1.2
Missouri	18.9	20.7	21.0	22.3	22.6	22.2	21.3	20.4	19.2	0.3	-1.2
Franklin	12.3	15.2	19.3	13.8	19.1	16.0	16.2	16.3	15.2	2.9	-1.1
Gasconade	18.4	19.5	20.4	21.6	22.3	23.8	19.8	19.2	18.7	0.3	-0.5
Jefferson	11.0	12.7	15.7	16.6	14.2	14.6	14.9	13.6	13.0	2.0	-0.6
Lincoln	14.4	16.1	15.2	19.2	17.2	17.1	20.8	15.4	15.1	0.7	-0.3
St. Charles	6.6	6.8	7.2	7.8	9.3	8.3	8.9	7.8	6.5	-0.1	-1.3
St. Louis	12.0	13.9	14.0	16.6	17.8	16.2	13.7	14.0	12.6	0.6	-1.4

Table 18. Percentage of Youth 5-17 in Poverty – County, State, and National Trends

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	2015-2016
U.S.	16.5	18.2	19.8	20.8	21.0	20.8	20.4	19.5	18.3	1.8	-1.2
Missouri	16.6	18.6	18.5	20.1	20.6	20.5	19.5	18.9	17.5	0.9	-1.4
Franklin	10.6	13.9	17.3	13.1	16.5	14.8	15.1	14.9	13.6	3.0	-1.3
Gasconade	15.0	17.3	17.8	19.4	19.2	21.1	18.2	17.3	16.7	1.7	-0.6
Jefferson	9.3	11.1	13.2	15.0	13.0	12.9	13.1	12.4	11.0	1.7	-1.4
Lincoln	12.0	14.3	13.7	17.6	15.8	16.1	19.3	14.2	13.9	1.9	-0.3
St. Charles	5.5	6.1	6.0	6.6	8.2	7.9	7.9	6.9	5.9	0.4	-1.0
St. Louis	9.9	12.3	12.0	14.9	16.0	14.9	12.6	13.1	11.1	1.2	-2.0



The number of children age 5-17, who were in poverty, increased 23.2% to an estimated 2,335 children for 2018. 2010 was the year where this percentage was the highest at 17.3%. *Franklin County's youth poverty rate for 5-17 years old youth of 13.6% was better than both the state and national rates.* The percentage of youth age 5-17 in poverty in Missouri was, by comparison, 17.5%, and 18.2% for the nation (for 2016).

An estimated 19.6% of 0-4 years old children were in poverty for 2016 in Franklin County, representing 1,218 children this age. This had increased by 2.6% since 2008.

Table 19. General Poverty Trends for Franklin County

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Population	99571	99994	100236	100650	100051	100474	100719	101121	101538	1967	2.0%
# Total in Poverty	8963	11027	14097	10114	13732	10900	11919	11480	10901	1938	21.6%
% Total in Poverty	9.0	11.0	14.1	10.0	13.7	10.8	11.8	11.4	10.7	1.7	
Youth Population	24491	24838	24516	24289	23799	23819	23568	23526	23411	-1080	-4.4%
# Youth In Poverty	3022	3787	4722	3349	4540	3819	3808	3826	3553	531	17.6%
% Youth In Poverty	12.3	15.2	19.3	13.8	19.1	16.0	16.2	16.3	15.2	2.9	
5-17 Youth Population	17838	18037	18098	17818	17480	17481	17289	17351	17182	-656	-3.7%
# Youth 5-17 in Poverty	1896	2513	3132	2337	2885	2585	2604	2580	2335	439	23.2%
% Youth 5-17 in Poverty	10.6	13.9	17.3	13.1	16.5	14.8	15.1	14.9	13.6	3.0	
0-14 Youth Population	6653	6801	6418	6471	6319	6338	6279	6175	6229	-424	-6.4%
# Youth 0-4 in Poverty	1126	1274	1590	1012	1655	1234	1204	1246	1218	92	8.2%
% Youth 0-14 in Poverty	16.9	18.7	24.8	15.6	26.2	19.5	19.2	20.2	19.6	2.6	

Youth who are Homeless *–The percentage of reported homeless youth in Franklin County increased by 1.8% from its 2010 rate of 2.1%. For 2016, 3.9% of children in schools were noted as homeless, or 607 homeless youth.* By comparison, Missouri's rate increased by 1.7%, and for 2016 was at 3.5%. Focusing on the two largest school districts in Franklin County, there were 261 homeless youth in Meramec Valley and 48 in the Union school district for the 2016-17 homeless count. Within the school homeless count data, the number of homeless students increased by 97% since 2009-10, representing an estimated 669 students. Both of these data collection sources illustrate a significant increase in youth homelessness. Due to the increase over time, this is marked as an area that needs attention, and resources/services should be targeted to these identifiable 669+ students.

Table 20. Homeless Student Counts for Local School Districts - 2009-10 to 2016-17

School District	09-10 HC	10-11 HC	11-12 HC	12-13 HC	13-14 HC	14-15 HC	15-16 HC	16-17 HC	Diff.	% Ch.
FRANKLIN CO. R-II	0	0	0	0	0	0	0	0	0	N/A
MERAMEC VALLEY R-III	65	66	110	133	213	269	301	326	261	402%
UNION R-XI	0	0	13	15	24	37	44	48	48	N/A
LONEDELL R-XIV	0	0	0	0	20	11	11	0	0	N/A
SPRING BLUFF R-XV	0	0	0	0	0	0	0	0	0	N/A
STRAIN-JAPAN R-XVI	0	0	0	0	0	0	0	0	0	N/A
ST. CLAIR R-XIII	149	153	145	146	203	208	131	161	12	8%
SULLIVAN	46	55	67	66	68	72	59	71	25	54%
NEW HAVEN	18	23	0	22	21	16	19	20	2	11%
WASHINGTON	61	73	45	45	54	34	39	43	-18	-30%
Total Franklin County	**339**	**370**	**380**	**427**	**603**	**647**	**604**	**669**	**330**	97%

Table 21. Percentage and Number of Youth who are Homeless – 2010 to 2016

Regions	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	16162	19370	23889	25749	29127	30049	31213	15051	93.1%
	1.8%	2.2%	2.7%	2.9%	3.3%	3.4%	3.5%	1.7%	
Franklin	339	370	380	427	603	647	607	268	79.1%
	2.1%	2.3%	2.4%	2.7%	3.8%	4.1%	3.9%	1.8%	
Gasconade	22	28	28	44	91	104	112	90	409.1%
	0.8%	1.0%	1.0%	1.6%	3.3%	3.7%	4.0%	3.2%	
Jefferson	153	316	495	464	653	685	942	789	515.7%
	0.4%	0.9%	1.4%	1.3%	1.9%	2.0%	2.8%	2.4%	
Lincoln	23	84	121	116	108	135	150	127	552.2%
	0.3%	1.0%	1.4%	1.3%	1.2%	1.5%	1.7%	1.4%	
St. Charles	402	473	682	708	711	613	772	370	92.0%
	0.7%	0.9%	1.2%	1.3%	1.3%	1.1%	1.4%	0.7%	
St. Louis	3796	3475	4403	4264	4728	4902	5094	1298	34.2%
	2.6%	2.4%	3.1%	3.0%	3.4%	3.5%	3.7%	1.1%	

Source: Missouri DESE.

Students Enrolled in the Free/Reduced Price Lunch Program –

The rate of students enrolled in the Free/Reduced-Price Lunch program increased by 12.1% over time from 2008 to 2016, with 45.8% of students, or 6,885 on this program in Franklin County (2016). For 2016, the Franklin County rate was approximately 6% less than the Missouri rate of 52% of students, yet was doing worse than all but one of the other comparative regions (Gasconade County). Due to the increase seen with this indicator over time, this is marked as an item that needs attention.

Figure 8. Percentage of Students Enrolled in Free/Reduced Price Lunch Program

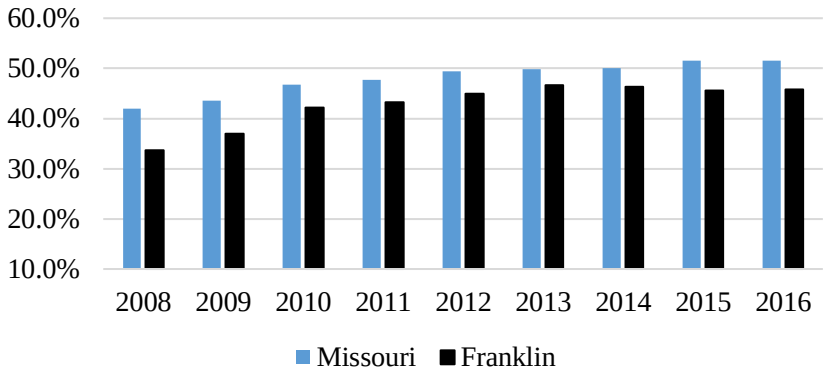


Table 22. Percentage of Students Enrolled in Free/Reduced Price Lunch Program

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	42.0%	43.6%	46.8%	47.7%	49.4%	49.8%	50.0%	51.5%	51.5%	9.5%
Franklin	33.7%	37.0%	42.2%	43.2%	44.9%	46.7%	46.3%	45.6%	45.8%	12.1%
Gasconade	37.7%	40.1%	45.0%	46.5%	49.2%	48.7%	47.9%	48.3%	48.9%	11.2%
Jefferson	30.2%	32.3%	36.3%	37.0%	39.5%	39.8%	40.0%	39.6%	39.2%	9.0%
Lincoln	34.6%	37.4%	42.8%	44.8%	46.1%	47.0%	46.4%	45.1%	43.8%	9.2%
St. Charles	15.8%	17.0%	20.1%	21.5%	22.9%	23.8%	24.2%	23.4%	23.2%	7.4%
St. Louis	36.9%	38.7%	40.6%	41.0%	42.3%	42.0%	41.7%	44.7%	44.4%	7.5%

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

Table 23. Number of Students Enrolled in Free/Reduced Price Lunch

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	366243	377281	407133	414355	427246	431759	433768	446708	446780	80537	22.0%
Franklin	5335	5879	6630	6698	6861	7163	7109	6923	6885	1550	29.1%

Children in Families Receiving the Supplemental Nutrition Assistance Program (SNAP, aka Food Stamps) - There were 899 more children on food stamps in 2016 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, Franklin County's 28.3% was less than Missouri with 34% *of children on food stamps. The indicator is marked as an area that needs attention due to the 6,771 youth in need of SNAP, and the large increase over time.*

Table 24. Percentage of Children in Families Receiving Food Stamps -2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	32.5%	35.6%	37.5%	37.8%	39.0%	36.9%	34.7%	34.2%	33.5%	1.0%
Franklin	22.9%	27.7%	30.8%	31.7%	32.1%	30.8%	28.6%	28.7%	28.3%	5.4%
Gasconade	27.9%	32.3%	31.8%	34.6%	35.9%	34.4%	31.5%	32.6%	30.7%	2.8%
Jefferson	21.8%	25.5%	27.9%	28.5%	29.5%	28.2%	26.3%	25.7%	24.7%	2.9%
Lincoln	27.2%	30.6%	33.2%	34.6%	36.3%	33.0%	31.0%	30.1%	28.1%	0.9%
St. Charles	11.7%	13.4%	15.0%	15.3%	15.5%	14.7%	13.7%	13.3%	12.8%	1.1%
St. Louis	24.3%	26.8%	28.8%	29.9%	30.6%	29.6%	28.3%	28.6%	28.4%	4.1%

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

Table 25. Number of Children in Families Receiving Food Stamps -2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	464927	507425	533309	534534	548542	515576	483741	475684	464535	-392	-0.1%
Franklin	5872	7019	7692	7858	7812	7497	6894	6902	6771	899	15.3%

Youth Receiving Psychiatric Services - FC youth age 0-17 (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). With the exception of youth under the age of 6, which could not be calculated, there were increases in the number of youths who received these services since 2008, with the largest increase of 180% *found with 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.*

Table 26. Number of Youth in Franklin County who received Psychiatric Services from the Division of Behavioral Health - FY 2009-2015.

Age Ranges	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	% of total - 2017	Diff.	% Ch.
Under 6	*	*	*	*	8	14	16	5	*	*	0.1%	N/A	N/A
6 to 9	35	46	62	81	102	117	128	141	140	98	8.0%	63	180.0%
10 to 13	63	54	88	122	141	138	134	152	148	137	11.2%	74	117.5%
14 to 17	66	73	83	109	131	135	135	161	151	130	10.7%	64	97.0%
18 to 24	53	75	94	91	102	95	106	101	123	92	7.5%	39	73.6%
General Pop. Total	593	692	835	1016	1106	1081	1157	1,303	1,349	1,219		626	105.6%

Source: Status Report on Missouri's Substance Use and Mental Health; Division of Behavioral Health, Missouri. Note: Individuals who received psychiatric services had one of the disorders listed in the next table. The total number of diagnoses is larger than the number served because some individuals had more than one type of disorder.

Table 27 shows the number of clients seen per year within each diagnosis, where an individual client may have more than one admission within a year. This is for the general population of Franklin County, and shows that for 2017 "mood disorder" was the most prevalent diagnosis at 765, making up 36% of all diagnoses. This was followed by "anxiety disorder" for 537 diagnoses as the second most prevalent (25% of total). The third most prevalent was "impulse control disorder" at 286 diagnoses at 13% of the total. All three of these diagnoses have increased dramatically over time.

FIGURE 9. PSYCHIATRIC SERVICES DIAGNOSES CATEGORIES - FRANKLIN COUNTY - 2017

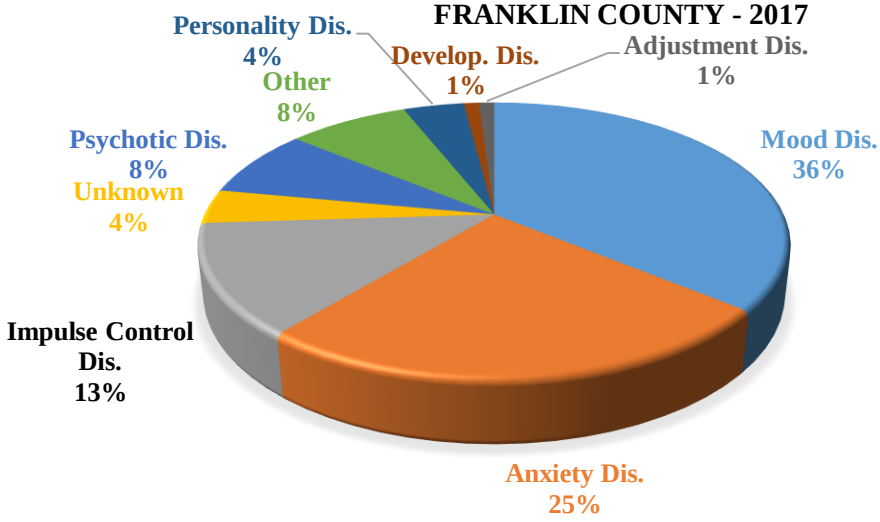


Table 27. Comprehensive Psychiatric Services- Numbers Served in Franklin County

Diagnoses	2008	2017	2008% Total Diagnoses	2017% Total Diagnoses	% Ch
Total Clients	593	1219			105.6%
Adjustment Dis.	35	26	4%	1%	-25.7%
Anxiety Disorder	159	537	16%	25%	237.7%
Dementia	*	*			
Developmental Dis.	21	13	2%	1%	-38.1%
Impulse Control Disorder	114	286	11%	13%	150.9%
Mood Disorder	337	765	34%	36%	127.0%
Personality Dis.	99	85	10%	4%	-14.1%
Psychotic Dis.	90	164	9%	8%	82.2%
Sexual	*	*			
Other	61	172	6%	8%	182.0%
Unknown	77	87	8%	4%	13.0%
Total diagnoses	993	2135			115.0%

Source: Division of Behavioral Health: Psychiatric Services.

Truancy (Juvenile Law Violation Referrals) -The types of Juvenile Law Violation Referrals are divided into multiple categories (see Table 40) and findings are presented in different sections based on if they were positive, mixed, or needing attention. Data is summarized when the sample sizes are above ten. Truancy 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 (Juvenile Law Violation Referrals) - Neglect had the highest number of offenses out of all categories with 196 reported for 2016, which increased by 221% since 2008 reports (see Table 40).

Suicide and Self-Injury of Youth - Overall, the Franklin County 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 this group of 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).

Table 28. Deaths Ages 15-19 – Per 100,000 – 2006 - 2016

Indicators	Count	Rate		State Rate	Sign. Diff.
All Causes	73	97.04		67.67	**H**
Total Unintentional Injuries	49	65.14		31.61	**H**
Motor Vehicle Deaths	35	46.53		22.59	**H**
Homicide	1	1.33	*	12.56	**L**
Suicide	11	14.62	*	9.94	N/S
All Cancers (Malignant Neoplasms)	2	2.66	*	2.57	N/S
Heart Disease	1	1.33	*	1.45	N/S

Source: DHSS-MOPHIMS Community Data Profiles - Child Health
*Sample size was too small to calculate significant differences.
H = significantly higher than the state; L = significantly lower than the state; N/S = not significantly different from the state.

Table 29. Self-Inflicted Injuries – Franklin County Total Population and Youth Population

Total Self-Inflicted Injuries	Data Years	Count	Rate	State Rate	Sign. Diff.
Deaths	2006 - 2016	230	20.58	15.01	**H**
Hospitalizations	2005 - 2015	757	7.14	7.24	N/S
Emergency Room Visits	2005 - 2015	680	0.66	0.61	N/S
Under Age 15					
Deaths	2006 - 2016	0	0.00	0.66	N/S
Hospitalizations	2005 - 2015	14	0.62*	0.74	N/S
Emergency Room Visits	2005 - 2015	54	0.24	0.22	N/S
Age 15-19					
Deaths	2006 - 2016	11	14.62*	9.94	N/S
Hospitalizations	2005 - 2015	66	8.67	10.54	N/S
Emergency Room Visits	2005 - 2015	183	2.40	1.87	**H**

Table 30. Self-inflicted Injuries – Regional Comparison – 2006 to 2016

Regions	Count	Rate	State Rate	Sign. Diff.
Missouri	10,049	15.01	15.01	
Franklin	230	20.58	15.01	**H**
Gasconade	25	13.37	15.01	N/S
Jefferson	442	18.05	15.01	**H**
Lincoln	119	21.05	15.01	**H**
St. Charles	506	12.55	15.01	L
St. Louis County	1,361	11.84	15.01	L

Substance Use Trends - Substance abuse has significant health and economic consequences for the citizens of a community. In 2017, Franklin County residents had a total of 70 alcohol-related and 148 drug-related hospitalizations. In addition, there were 205 alcohol-related and 284 drug-related ER visits that did not include a hospital stay (Behavioral Health Epidemiology Workgroup, 2017). Related to this, in 2017 Franklin County had 573 DWI arrests, 38 liquor law violations and 499 drug-related arrests. There was 1 methamphetamine laboratory seizure in Franklin County in 2017 in comparison to 102 methamphetamine laboratory seizures in 2012, only one in 2017 marks this indicator as very promising.

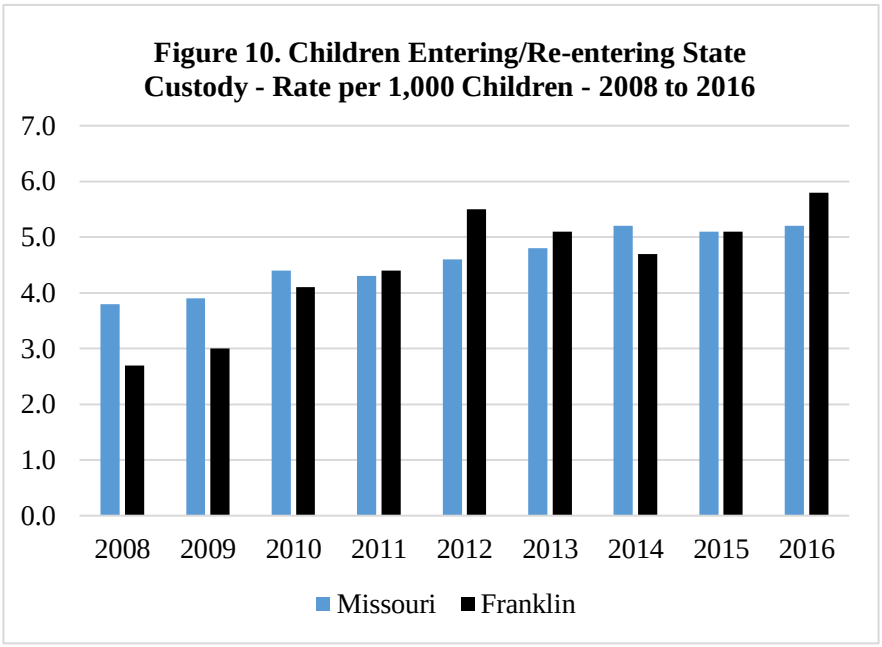
In 2017, there were 41 individuals under the age of 18 who were admitted to the Division of Behavioral Health substance use treatment program in Franklin County. This represents approximately 9% of the total number of individuals admitted. Covering all of the individuals admitted, heroin was the primary drug problem affecting 124 individuals (29% of total), followed by alcohol (115 individuals; 27% of total), then stimulants (i.e., methamphetamine, 79 individuals; 19%), and marijuana (66 individuals; 16%).

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. Additional substance abuse and use trends are provided in the Missouri Student Survey Section.

Children Entering/Re-Entering State Custody

The number of children entering and re-entering state custody for Missouri increased by 30%, while Franklin County increased by 76% from 2008 to 2016. In 2016, there were 53 children entering/re-entering custody for Franklin County. Since this statistic doesn't account for the change in the population, it is important to look at the entries per 1,000 children, which was 5.8 for Franklin County 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.

Figure 10. Children Entering/Re-entering State Custody - Rate per 1,000 Children - 2008 to 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).

Table 31. Children Entering/Re-entering State Custody -FC Compared to Missouri - 2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	5418	5620	6236	6137	6422	6688	7259	7058	7242	1640	30.3%
Franklin	70	76	102	109	134	123	112	123	138	53	75.7%

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

Table 32. Children Entering/Re-entering State Custody - Rate per 1,000 Children - 2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	3.8	3.9	4.4	4.3	4.6	4.8	5.2	5.1	5.2	1.4
Franklin	2.7	3.0	4.1	4.4	5.5	5.1	4.7	5.1	5.8	3.1
Gasconade	1.7	2.1	0.9	3.1	6.0	3.2	1.9	7.0	4.8	3.1
Jefferson	5.2	5.6	5.7	5.2	7.0	6.6	6.9	6.8	7.8	2.6
Lincoln	2.4	4.7	2.7	4.0	4.8	3.0	2.1	3.5	4.4	2.0
St. Charles	1.4	1.1	1.1	1.8	1.8	1.6	1.5	1.6	1.7	0.3
St. Louis	1.9	2.3	1.9	1.8	1.7	1.8	2.1	2.4	2.1	0.2

Child deaths, ages 1 – 14 – The child death rate, ages 1-14 of 24.2 in 2012-2016 increased by 14.2 per 100,000 children 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. The number of child deaths also increased over time, representing a 140% increase. However, this represents four additional youth from the 2004-2008 data period.

Table 33. Child Deaths - Age 1-14 - Frequency

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.	% Ch.
Missouri	688	913	1093	1070	1031	1025	1006	1041	1022	334	48.5%
Franklin	10	13	21	24	22	22	23	18	24	14	140.0%

Table 34. Child Death Rate - Age 1-14 - Per 100,000 Youth

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.
Missouri	12.0	16.0	19.0	18.0	18.0	18.0	17.0	18.0	17.7	5.7
Franklin	10.0	12.0	20.0	23.0	21.0	22.0	23.0	18.0	24.2	14.2
Gasconade	28.0	43.0	43.0	38.0	34.0	22.0	9.0	17.0	7.7	-20.3
Jefferson	7.0	9.0	11.0	11.0	12.0	13.0	14.0	16.0	15.8	8.8
Lincoln	12.0	15.0	20.0	21.0	18.0	16.0	15.0	12.0	10.3	-1.7
St. Charles	6.0	8.0	10.0	11.0	11.0	12.0	13.0	12.0	9.7	3.7
St. Louis	11.0	14.0	16.0	16.0	14.0	15.0	14.0	15.0	15.2	4.2

Source: Missouri Department of Health and Senior Services.

Infant Mortality

Infant mortality is defined as babies born alive and dying before their first birthdays. Franklin County 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. In addition to this finding, FC's rate was higher than the state rate of 6.4 per 1,000 live births, and was the highest out of all the comparative regions.

Table 35. Infant Mortality – Frequency and Rate

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.	% Ch.
Missouri	2966	2947	2855	2738	2621	2526	2418	2411	2419	-547	-18.4%
Franklin	129	134	133	133	123	122	105	104	99	-30	-23.3%

Source: Department of Health and Senior Services

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.
Missouri	7.4	7.3	7.1	6.9	6.8	6.6	6.4	6.4	6.4	-1.0
Franklin	6.5	7.7	7.1	7.0	7.1	6.3	5.0	6.1	6.8	0.3
Gasconade	8.0	10.5	12.0	10.0	5.2	5.2	2.6	1.3	1.3	-6.7
Jefferson	6.0	5.6	5.8	5.7	5.6	5.2	5.0	5.1	5.0	-1.0
Lincoln	7.0	7.0	7.3	7.0	5.6	4.9	4.7	4.7	5.5	-1.5
St. Charles	5.6	5.8	5.7	5.7	5.4	5.4	4.6	4.6	4.4	-1.2
St. Louis	8.2	8.0	7.3	7.2	6.3	6.1	6.1	6.5	6.3	-1.9

Franklin County Community Indicators & Data That Demonstrated 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. This is being placed in the "mixed results" section due to its comparison with the state data, and that it's among the comparative regions with the higher percentages.

Table 36. Children Receiving Cash Assistance 2008 to 2015

Regions	2008	2009	2010	2011	2012	2013	2014	2015	Diff.
Missouri	4.5%	4.7%	4.8%	4.8%	4.7%	4.3%	3.7%	3.4%	-1.1%
Franklin	1.9%	2.5%	2.7%	2.8%	3.0%	3.0%	2.6%	2.7%	0.8%
Gasconade	1.9%	1.8%	2.0%	2.3%	2.4%	3.0%	2.7%	2.0%	0.1%
Jefferson	1.9%	2.3%	2.4%	2.6%	2.7%	2.6%	2.2%	2.0%	0.1%
Lincoln	3.1%	3.4%	3.8%	4.1%	4.2%	4.1%	3.5%	3.0%	-0.1%
St. Charles	1.3%	1.3%	1.3%	1.4%	1.3%	1.1%	1.0%	0.9%	-0.4%
St. Louis	3.3%	3.4%	3.4%	3.5%	3.7%	3.4%	2.9%	2.7%	-0.6%

Table 37. Number of Children in Families Receiving Cash Assistance

Regions	2008	2009	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
Missouri	63621	67453	68783	68593	65857	59806	51856	47116	-16505	-25.9%
Franklin	485	636	686	693	737	731	633	651	166	34.2%

Source: MO Dept. of Social Services; US Census Bureau; MO Office of Administration, Division of Budget and Planning.
Definitions: Number of children in households receiving public assistance under Temporary Assistance for Needy Families (TANF).

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 out of 100,000 in 2012-2016. The state rate improved in this same period of time to 47.5 out of 100,000, but was significantly lower than the Franklin County rate. With the exception of Gasconade County with a rate of 114.4 out of 100,000, Franklin County had a much higher violent teen death rate than the other comparative regions, which places this indicator in the "mixed results" section.

Table 38. Number of Violent Teen Deaths – Age 15-19

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.	% Ch.
Missouri	1371	1345	1291	1210	1129	1018	957	764	951	-420	-30.6%
Franklin	36	34	33	29	33	29	28	26	25	-11	-30.6%

Table 39. Violent Teen Deaths -Age 15-19 - Per 100,000 Youth

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.
Missouri	64.3	62.8	60.3	56.9	53.8	49.3	47.1	47.5	47.5	-16.8
Franklin	98.8	93.4	91.3	81.3	94.7	85.2	84.4	79.5	79.8	-19.0
Gasconade	74.5	75.5	38.9	60.7	83.8	130.1	155.2	157.1	114.4	39.9
Jefferson	65.8	64.3	59.5	64.4	59.0	63.2	57.6	49.8	41.7	-24.1
Lincoln	37.8	36.9	31.1	25.7	25.9	31.4	26.4	31.8	25.1	-12.7
St. Charles	37.3	38.4	34.8	27.6	29.9	27.6	24.4	26.6	29.0	-8.3
St. Louis	42.4	38.7	41.8	43.7	40.5	37.7	41.6	40.6	40.7	-1.7

Source: Missouri Department of Health and Senior Services.

Violent Offenses (Juvenile Law Violation Referrals)

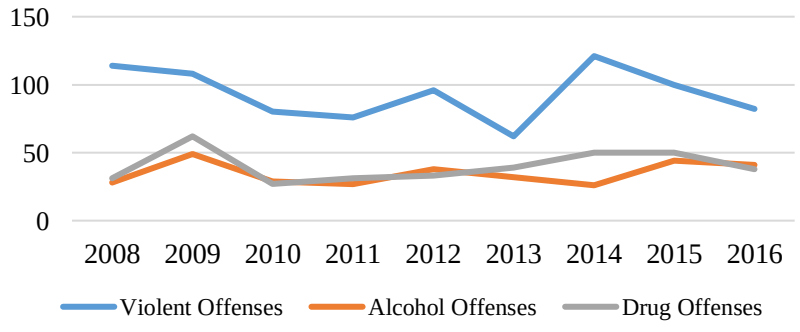
The types of Juvenile Law Violation Referrals are divided into multiple categories (see Table 40) and findings are presented in different sections based on if they were positive or an area needing attention. Data is summarized when the sample sizes are above ten. Only one of the three law violation offenses 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.

Table 40. Juvenile Offenses for Franklin County from 2008 to 2016

Juvenile Offense Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Law Offenses											
Violent Offenses	114	108	80	76	96	62	121	100	82	-32	-28.1%
Alcohol Offenses	28	49	29	27	38	32	26	44	41	13	46.4%
Drug Offenses	31	62	27	31	33	39	50	50	38	7	22.6%
Status Offenses											
Truancy	27	39	69	38	79	91	184	202	151	124	459.3%
Beyond Parental Control	23	33	20	28	19	8	19	18	17	-6	-26.1%
Runaway/Absent from Home	34	46	40	18	48	26	54	35	31	-3	-8.8%
Injurious Behavior	39	43	70	74	52	38	62	60	33	-6	-15.4%
Abuse/Neglect/Custody Offenses											
Abuse	11	23	5	8	5	2	4	5	1	-10	-90.9%
Neglect	61	42	98	96	127	129	191	195	196	135	221.3%
Custody Disputes	3	0	0	1	1	0	0	1	0	-3	-100.0%
Out of Home Placement											
Parental Alcohol Use Related	2	0	0	11	4	3	4	2	0	-2	-100.0%
Parental Drug Use Related	43	30	73	53	86	73	79	87	86	43	100.0%
Parental Alcohol and Drug Related	3	0	8	5	6	0	0	0	13	10	333.3%
Child Removed for Other Reasons	28	39	23	39	38	47	29	34	39	11	39.3%
Total Out of Home Placements	**76**	**69**	**104**	**108**	**134**	**123**	**112**	**123**	**138**	62	81.6%

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

Figure 11. Juvenile Law Offenses - Franklin County - 2008 to 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, which is the reason why this indicator has been placed in the mixed results' section.

Table 41. Annual High School - Dropout Percentages

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	3.5%	3.6%	3.2%	3.2%	3.0%	2.5%	2.4%	2.1%	2.1%	-1.4%
Franklin	3.5%	3.0%	2.4%	3.2%	2.4%	1.9%	1.8%	2.0%	2.4%	-1.1%
Gasconade	2.7%	2.2%	1.8%	2.1%	0.9%	1.5%	1.3%	1.6%	1.6%	-1.1%
Jefferson	2.6%	2.6%	2.1%	2.1%	2.2%	1.7%	1.3%	1.3%	1.3%	-1.3%
Lincoln	3.8%	3.3%	2.4%	2.1%	2.1%	1.7%	0.9%	2.0%	1.5%	-2.3%
St. Charles	2.2%	2.6%	1.8%	1.7%	1.6%	1.4%	1.3%	1.4%	1.0%	-1.2%
St. Louis	2.0%	2.5%	2.5%	2.1%	2.4%	2.1%	2.1%	1.8%	1.7%	-0.3%

Table 42. Annual High School - Dropout Numbers

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	9852	10303	9190	9610	7946	6620	5922	5458	5647	-4205	-42.7%
Franklin	187	159	129	158	119	91	87	97	112	-75	-40.1%

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

Out-of-School Suspensions (OSS)- The school districts in Franklin County varied in their out-of-school suspension rates with Union (2.0), St. Clair (1.5), and Meramec Valley (1.0) who had the highest OSS rates out of 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).

However, over time Union's rate increased to 2.0 in 2017, in addition to St. Clair's rate which increased to 1.5, whereas Meramec Valley's rate decreased to 1.0 for 2017. Spring Bluff and Sullivan also experienced OSS decreases over time. District data should be viewed separately considering there were substantial school district differences. Other districts that have shown decreased OSS rates over time include Spring Bluff and Sullivan.

Table 43. Out of School Suspension (rate) - 2008 to 2017 out of 100 students

Out-of-school Suspension Rate	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.
FRANKLIN CO. R-II	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
LONEDELL R-XIV	0.0	0.0	0.9	0.3	1.3	0.3	0.6	1.0	1.0	0.3	0.3
MERAMEC VALLEY R-III	2.1	1.2	0.9	0.7	1.2	1.8	1.1	0.8	0.6	1.0	-1.1
NEW HAVEN	0.0	0.0	0.0	0.2	0.4	0.0	0.0	0.0	0.2	0.0	
SPRING BLUFF R-XV	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.4
ST. CLAIR R-XIII	1.0	1.9	2.2	1.8	2.0	2.4	2.0	1.7	1.7	1.5	0.5
STRAIN-JAPAN R-XVI	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	1.2	0.0	
SULLIVAN	1.2	1.4	1.3	1.3	1.3	0.8	1.0	0.1	0.6	0.7	-0.5
UNION R-XI	1.3	4.4	3.0	1.5	1.5	0.5	0.7	0.7	1.6	2.0	0.7
WASHINGTON	0.2	0.0	0.5	0.9	1.4	0.6	1.1	0.9	1.2	0.3	0.1

Source: DESE District Report Card

Table 44. Out-of-School Suspension (number) - Franklin County School Districts- Change in Percent from 2008 to 2017

Out of School Suspensions	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.
FRANKLIN CO. R-II	0	0	0	0	0	0	0	0	0	0	0	
LONEDELL R-XIV	0	3	1	4	1	2	3	3	1	3	3	N/A
MERAMEC VALLEY R-III	43	30	25	39	56	34	26	20	32	25	-18	-41.9%
NEW HAVEN	0	0	1	2	0	0	0	1	0	2	2	N/A
SPRING BLUFF R-XV	0	0	0	0	0	0	0	0	0	0	0	
ST. CLAIR R-XIII	45	53	42	46	53	44	38	36	31	18	-27	-60.0%
STRAIN-JAPAN R-XVI	0	1	0	0	0	0	0	1	0	0	0	
SULLIVAN	31	28	28	29	17	21	2	12	16	13	-18	-58.1%
UNION R-XI	129	91	44	45	14	23	23	51	61	62	-67	-51.9%
WASHINGTON	1	22	37	57	24	47	37	47	13	18	17	1700.0%
TOTAL	249	228	178	222	165	171	129	171	154	141	-108	-43.4%

Source: DESE District Report Card

Infants born with a low birth weight -The county's low-birth weight infant rate was 7.8% in 2012-2016 compared to 8.2% for Missouri. The county's rate increased by 0.4% covering the 2004-2008 range to 2012-2016, while the state rate increased by 0.1% in that same period of time. 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. This indicator is being placed in the mixed results section due to its comparison to the state and slight increase over time.

Table 45. Low birth weight infants – Numbers

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.	% Ch.
Missouri	32428	32390	32311	31747	31123	30584	30345	30326	30810	-1618	-5.0%
Franklin	491	483	491	474	438	446	444	441	480	-11	-2.2%

Source: Missouri Department of Health and Senior Services. Definitions: Number of live infants recorded as having a birth weight under 2,500 grams (five pounds, eight ounces). Data were aggregated over five-year periods in order to provide more stable rates.

Table 46. Low birth weight infants – Percentage

Regions	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	Diff.
Missouri	8.1%	8.1%	8.1%	8.1%	8.0%	8.0%	8.0%	8.0%	8.2%	0.1%
Franklin	7.4%	7.3%	7.4%	7.2%	6.8%	7.0%	7.1%	7.1%	7.8%	0.4%
Gasconade	8.1%	8.6%	8.1%	6.7%	6.8%	6.6%	6.2%	6.5%	7.3%	-0.8%
Jefferson	7.5%	7.5%	7.3%	7.1%	6.8%	7.0%	7.1%	7.2%	7.4%	-0.1%
Lincoln	6.1%	5.9%	6.6%	6.6%	6.5%	6.9%	7.2%	7.2%	7.3%	1.2%
St. Charles	7.3%	7.3%	7.3%	7.3%	7.1%	6.9%	6.7%	6.6%	6.7%	-0.6%
St. Louis	9.1%	8.9%	9.0%	9.0%	8.7%	8.7%	8.8%	9.0%	9.1%	0.0%

Franklin County Community Indicators that are Positive

Households at Risk of Homelessness – In 2012-2016, there were 2.1% less "housing units" in Franklin County (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.

Table 47. Percentage of Housing Units by Type that Spend more than 30% of their Income on Gross Household (Rent or Mortgage) Costs

Regions	2006 - 2010	2007 - 2011	2011 - 2015	2012 - 2016	Diff.
Missouri	30.7%	31.1%	30.3%	21.6%	-9.1%
Franklin	27.6%	28.0%	28.8%	19.5%	-8.1%
Gasconade	23.8%	25.5%	27.1%	17.7%	-6.1%
Jefferson	26.4%	26.9%	26.5%	19.8%	-6.6%
Lincoln	28.4%	30.4%	29.1%	21.2%	-7.2%
St. Charles	27.4%	26.8%	24.7%	16.2%	-11.2%
St. Louis	32.3%	32.5%	31.1%	20.8%	-11.5%

Source: US Census Bureau

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). In addition, Franklin County fell below Missouri at 18.6%, and was in the middle of the comparative regions. There were an estimated 4,440 Franklin County children who were food insecure in 2015.

Table 48. Percentage and Number of Children who are Food Insecure -2010 to 2015

Regions	2010	2011	2012	2013	2014	2015	Diff.
Missouri	22.7%	22.5%	22.0%	21.6%	20.8%	18.6%	-4.1%
Franklin	23.4%	20.7%	21.3%	21.2%	20.6%	18.3%	-5.1%
Gasconade	22.5%	21.5%	22.1%	23.1%	21.9%	20.4%	-2.1%
Jefferson	21.8%	19.8%	19.2%	20.1%	19.6%	17.3%	-4.5%
Lincoln	23.7%	22.1%	21.3%	22.0%	21.7%	20.0%	-3.7%
St. Charles	17.6%	14.6%	15.1%	15.8%	15.1%	14.1%	-3.5%
St. Louis	17.5%	15.4%	15.9%	17.3%	16.9%	15.5%	-2.0%

Regions	2010	2011	2012	2013	2014	2015	Diff.	% Ch.
Missouri	316450	312440	308110	304810	289210	258610	-57840	-18.3%
Franklin	5830	5250	5320	5250	5050	4440	-1390	-23.8%

Source: Feeding America, Map the Meal Gap 2016 Definitions: Number of children estimated to be food insecure. A child under 18 years old is defined as being food insecure if he or she lives in a household having problems meeting basic food needs, as measured by the Core Food Security Module of the Census Bureau's Current Population Survey

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

Table 49. Juvenile Law Violation Referrals for Youth -Missouri & Regional Comparison-Ages 10-17

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	35658	36467	32737	28292	28698	20255	18660	18595	18535	-17123	-48.0%
Franklin	583	498	378	341	400	269	409	325	295	-288	-49.4%

Table 50. Juvenile Law Violation Referrals for Youth -Missouri & Regional Comparison, Ages 10-17 (per 1,000)

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	2012 to 2013
Missouri	54.5	56.2	50.8	44.3	45.3	32.2	29.7	29.6	29.5	-25.0	-13.1
Franklin	48.8	42.0	32.6	29.7	35.5	23.8	36.6	29.2	26.8	-22.0	-11.7
Gasconade	81.3	43.2	59.9	60.6	52.4	49.2	26.5	27.4	21.7	-59.6	-3.2
Jefferson	53.4	45.3	47.3	46.2	53.1	42.4	34.6	29.7	29.3	-24.1	-10.7
Lincoln	38.1	44.1	44.0	31.6	33.3	25.1	30.1	32.3	31.3	-6.8	-8.2
St. Charles	44.5	49.3	46.3	43.2	41.4	26.4	20.4	23.0	20.9	-23.6	-15.0
St. Louis	61.3	73.1	69.6	58.2	59.0	41.1	35.3	33.0	31.1	-30.2	-17.9
										Mean	-11.1

Source: Missouri Department of Social Services; Missouri Office of Administration. Definitions: Number of referrals to juvenile courts in Missouri for acts that would be violations of the Missouri Criminal Code if committed by an adult. The count represents separately disposed court referrals, not individual youth. Rate is expressed per 1,000 youths ages 10 through 17.

Juvenile Delinquency - The types of Juvenile Law Violation Referrals are divided into multiple categories (see Table 40), with the positive findings presented here. Within the Status violations, three out of the four status 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, Franklin County 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 for this community especially when comparing this rate with the other comparative regions shown in the table below. The consultant utilizes the data available through the source below, which as of November 2018 had not updated the information to reflect 2017. The annual reports are also available, so the consultant utilized this information to prepare the remaining tables of information about child abuse and neglect.

Table 51. Substantiated Child Abuse/Neglect per 1,000 Children

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	4.7	4.0	4.3	4.3	4.5	4.4	4.5	4.5	4.2	-0.5
Franklin	3.6	4.7	3.9	7.3	6.7	5.6	5.2	4.7	3.0	-0.6
Gasconade	1.2	1.8	3.6	5.6	4.4	4.7	5.4	4.8	3.2	2.0
Jefferson	5.1	4.1	4.7	4.4	5.1	3.3	4.2	3.7	3.9	-1.2
Lincoln	6.5	5.4	4.6	5.8	5.6	5.5	2.9	5.1	4.3	-2.2
St. Charles	2.6	2.8	2.6	3.5	3.4	3.0	3.6	3.1	3.8	1.2
St. Louis	1.9	2.2	2.0	2.1	2.0	2.1	2.1	2.5	2.1	0.2

Source: MO Dept. of Social Services; US Census Bureau; MO Office of Administration, Division of Budget and Planning.
Definitions: Number of substantiated child abuse/neglect investigations for children under 18. This indicator represents the number of substantiated cases, not an unduplicated count of children who experienced child abuse/neglect. Rate is expressed per 1,000 children.

When reviewing tables 52 and 53, it can be seen that the number of reported children increased from 47.5 per 1,000 in 2008 to 73.3 per 1,000 in 2017, a rate increase of 23.1 per 1,000. This lends support for the mandated reporter training that has been implemented in the past decade throughout this community. 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 child abuse and neglect incidents that have required family assessments increased quite dramatically since 2008, so it is important to ensure that support continues to be allocated for these children considering it impacted 1,208 in Franklin County for 2017.

Table 52. Number of Children Involved in Child Abuse/Neglect Substantiated Incidents for Franklin -2008-2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.
Substantiated	93	118	98	180	164	119	149	108	90	67	-26	-28.0%
	7.6%	9.1%	7.4%	11.5%	11.1%	7.9%	8.3%	6.2%	4.9%	3.8%	-3.8%	
Unsub- PSI	76	118	115	161	169	147	103	73	172	89	13	17.1%
	6.2%	9.1%	8.7%	10.3%	11.4%	9.8%	5.7%	4.2%	9.3%	5.0%	-1.2%	
Unsub.	360	435	405	524	467	467	522	493	513	360	0	0.0%
	29.5%	33.7%	30.5%	33.5%	31.6%	31.0%	28.9%	28.2%	27.9%	20.3%	-9.2%	
FA	639	562	560	662	664	753	995	1065	1037	1208	569	89.0%
	52.4%	43.5%	42.2%	42.4%	44.9%	50.0%	55.2%	60.8%	56.4%	68.2%	15.8%	
Other	52	59	149	36	16	21	35	12	28	48	-4	-7.7%
	4.3%	4.6%	11.2%	2.3%	1.1%	1.4%	1.9%	0.7%	1.5%	2.7%	-1.6%	
Total	1220	1292	1327	1563	1,480	1507	1804	1751	1840	1772	552	45.2%
Children per 1,000–Subst.	3.62	4.6	3.82	7.17	6.53	4.74	5.94	4.3	3.59	2.67	-1.0	
Per 1,000-Total-Reports	47.54	50.35	51.71	62.26	58.95	60.03	71.86	69.75	73.3	70.59	23.1	

Source: Missouri Department of Social Services Annual Reports from 2008 to 2017

Table 53. Rate of Children Substantiated and Reported in Child Abuse/Neglect Substantiated Franklin County and Missouri Comparison -2008-2017

Missouri	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.
Children per 1,000 - Subst.	4.7	4.0	4.2	4.3	4.4	4.3	4.5	4.4	4.4	3.6	-1.1	-13.1%
Per 1,000- Total Reported	53.1	52.9	58.5	63.6	65.0	64.4	71.6	70.6	74.4	68.9	15.9	-23.7%
FC & MO - Children per 1,000 - Diff.	-1.1	0.6	-0.4	2.9	2.1	0.5	1.4	-0.1	-0.8	-0.9		
FC & MO - Total Reported - Diff.	-5.5	-2.6	-6.8	-1.4	-6.0	-4.4	0.2	-0.8	-1.1	1.7		

The types of reported child abuse and neglect are gathered as well (Table 54), and important to review for programming and education purposes. Neglect made up the majority of substantiated cases in 2017 at 39 out of the total 69 cases (58%) for Franklin County. 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 Franklin County, reaching 15 children. These three areas of child abuse and neglect need to be a focal point for discussion and the provision of services.

Table 54. Child Abuse and Neglect Types-Reported Children for Franklin - 2008 vs. 2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	MO 2017
Physical	27	46	30	60	46	40	29	12	16	16	
	29%	39%	31%	33%	28%	34%	20%	11%	18%	24%	21%
Neglect	41	66	58	106	106	68	113	67	59	39	
	44%	56%	59%	59%	65%	57%	76%	62%	66%	58%	54%
Emotional Maltreatment	1	2	0	6	4	0	9	2	1	5	
	1%	2%	0%	3%	2%	0%	6%	2%	1%	8%	5%
Medical	0	3	0	3	5	5	12	3	2	2	
	0%	3%	0%	2%	3%	4%	8%	3%	2%	3%	3%
Educational Neglect	2	0	2	0	0	1	0	1	0	0	
	2%	0%	2%	0%	0%	1%	0%	90%	0%	0%	1%
Sexual	21	29	17	35	29	32	27	27	16	15	
	23%	25%	17%	19%	18%	27%	18%	25%	18%	22%	25%
Total	93	118	98	180	164	119	149	108	90	67	

Source: Missouri Department of Social Services Annual Reports

Table 55. Information on Reported Incidents of Child Abuse and Neglect for Franklin County, MO 2018 to 2017

Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.	MO 2017	FC vs MO
Substantiated	59	87	69	119	112	86	86	74	58	53	-6	-10%	3,618	
	7.5%	10.4%	7.7%	11.4%	11.4%	8.5%	7.6%	6.4%	4.8%	4.4%	-3.1%		5.3%	-0.9%
Unsub - (PSI)	53	72	67	104	104	98	60	55	104	58	5	9%	2,466	
	6.8%	8.6%	7.5%	10.0%	10.6%	9.7%	5.3%	4.8%	8.6%	4.8%	-2.0%		3.6%	1.2%
Unsub	235	273	274	340	304	304	338	332	350	257	22	9%	17,205	
	30.1%	32.7%	30.8%	32.7%	30.9%	30.2%	29.7%	28.9%	29.0%	21.3%	-8.8%		25.3%	-4.0%
FA	402	374	381	451	454	505	634	679	670	808	406	101%	40,155	
	51.4%	44.8%	42.8%	43.4%	46.1%	50.1%	55.7%	59.1%	55.5%	66.9%	15.5%		59.0%	7.9%
Other	33	28	100	26	11	14	20	8	26	31	-2	-6%	4,570	
	4.2%	3.4%	11.2%	2.5%	1.1%	1.4%	1.8%	0.7%	2.2%	2.6%	-1.6%		6.7%	-4.1%
Total	782	834	891	1040	985	1007	1138	1148	1208	1207	425	54%	68,014	

Source: Missouri Department of Social Services Annual Reports from 2008 to 2017. Unsub-PSI = Unsubstantiated- Preventive Services Indicated; Unsub = Unsubstantiated; FA =Family Assessment and Services Needed

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

Table 56. Teen Birth Rate - Age 15-19 - Per 1,000 Youth

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	43.5	40.6	37.0	34.5	32.2	30.0	27.2	25.0	23.3	-20.2
Franklin	44.9	33.9	36.8	40.4	32.8	29.0	30.4	29.4	21.6	-23.3
Gasconade	46.8	38.9	32.2	27.5	32.5	42.4	22.5	27.8	23.0	-23.8
Jefferson	33.7	31.5	29.1	29.4	27.9	24.0	22.6	20.0	21.1	-12.6
Lincoln	50.3	39.7	32.3	28.7	32.6	34.4	22.6	25.3	22.6	-27.7
St. Charles	20.5	19.5	18.1	15.0	12.7	14.4	10.1	11.1	9.2	-11.3
St. Louis	27.6	26.0	28.0	23.2	19.4	19.2	17.2	13.6	14.6	-13.0

Source: Missouri Department of Health and Senior Services.

Table 57. Teen Birth - Age 15-19 - Frequency

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	9154	8496	7625	6937	6314	5812	5230	4835	4501	-4653	-50.8%
Franklin	161	120	125	131	102	91	93	91	66	-95	-59.0%

High School 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. The graduation rate peaked in 2015 with a 92.3% graduation rate. Based on all of this information, this indicator is being marked as one that has shown overall positive trends.

Table 58. High School Graduation - 2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.	% Ch.
Missouri	61942	62788	64058	63033	61609	61589	61259	60604	61403	-539	-0.9%
Franklin	1175	1267	1214	1116	1086	1065	1156	1092	1056	-119	-10.1%

Source: MO Dept. Elementary and Secondary Education. Definitions: Number of students' grades 9 through 12 enrolled in public schools that graduated within four years. The formula used to calculate the rate accounts for transfers in and out of a district (adjusted 4-year cohort graduation rate). Years indicated are school years; for example, 2015 indicates the 2014-2015 school year.

Table 59. High School Graduation Rates – 2008 to 2016

Regions	2008	2009	2010	2011	2012	2013	2014	2015	2016	Diff.
Missouri	86.0%	85.9%	86.1%	86.7%	87.8%	87.7%	88.9%	90.1%	91.5%	5.5%
Franklin	86.8%	87.1%	86.2%	86.7%	86.8%	90.5%	90.9%	92.3%	91.3%	4.5%
Gasconade	87.3%	87.6%	90.5%	92.1%	92.4%	91.0%	95.2%	96.6%	90.9%	3.6%
Jefferson	90.0%	88.7%	89.7%	90.0%	89.3%	91.7%	92.3%	93.7%	94.3%	4.3%
Lincoln	85.2%	84.3%	87.2%	89.7%	91.4%	91.1%	95.2%	94.0%	92.4%	7.2%
St. Charles	90.4%	89.5%	91.8%	91.3%	92.1%	93.8%	94.2%	93.9%	94.5%	4.1%
St. Louis	90.1%	91.0%	89.0%	89.5%	91.0%	89.7%	91.0%	91.2%	92.5%	2.4%

Disciplinary Incidents -The school districts in Franklin County also varied in their disciplinary incident rates where Union (2.0), Lonedell (1.0), and St. Clair (0.9) had the highest rates in 2017. However, over time both Union and St. Clair improved significantly, while Lonedell declined since 2008. Missouri's rate improved over time to 1.3 for 2016 (for comparison, with all but two school districts faring better than the state). Of the 144 total incidents in Franklin County for 2017, 62 were tied to Union (43%), the largest school district. With the exception of Washington School District, the number of disciplinary incidents decreased by more than 40% since 2008.

Table 62 provides a breakdown of each type of disciplinary incident for Franklin County students' overall, which 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 disciplinary incidents noted 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.

Table 60. Disciplinary Incidents (rate) - 2008 to 2017 out of 100 students

Disciplinary Incidents Rate	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.
FRANKLIN CO. R-II	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0
LONEDELL R-XIV	0.0	0.9	0.3	1.3	0.3	1.0	1.0	1.0	0.3	1.0	1.0
MERAMEC VALLEY R-III	1.2	0.9	0.7	1.2	1.8	1.1	0.8	0.6	1.0	0.8	-0.4
NEW HAVEN	0.0	0.0	0.2	0.4	0.0	0.2	0.0	0.2	0.0	0.4	0.4
SPRING BLUFF R-XV	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ST. CLAIR R-XIII	1.9	2.4	2.0	2.2	2.4	2.2	2.0	1.8	1.5	0.9	-1.0
STRAIN-JAPAN R-XVI	0.0	1.1	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0
SULLIVAN	1.4	1.3	1.3	1.3	0.8	1.0	0.1	0.6	0.8	0.7	-0.7
UNION R-XI	4.5	3.1	1.5	1.9	2.1	2.6	2.1	2.2	2.0	2.0	-2.5
WASHINGTON	0.0	0.5	1.0	1.5	0.6	1.2	0.9	1.2	0.4	0.5	0.5

Table 61. Disciplinary Incidents (number) - 2008 to 2017 out of 100 students

Disciplinary Incidents	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.
FRANKLIN CO. R-II	0	0	0	0	0	1	0	0	0	0	0	
LONEDELL R-XIV	0	3	1	4	1	3	3	3	1	3	3	
MERAMEC VALLEY R-III	43	30	25	39	56	34	26	20	32	25	-18	-41.86%
NEW HAVEN	0	0	1	2	0	1	0	1	0	2	2	N/A
SPRING BLUFF R-XV	0	0	0	0	0	0	0	0	0	0	0	
ST. CLAIR R-XIII	46	58	47	49	54	47	43	37	31	18	-28	-60.87%
STRAIN-JAPAN R-XVI	0	1	0	0	0	0	0	1	0	0	0	
SULLIVAN	31	28	28	29	17	21	2	13	17	14	-17	-54.84%
UNION R-XI	131	93	45	59	64	81	66	70	63	62	-69	-52.67%
WASHINGTON	1	22	40	62	26	48	37	47	14	20	19	1900.00%
TOTAL	252	235	187	244	218	236	177	192	158	144	-108	-42.86%

Source: DESE District Report Card

Table 62. Disciplinary Incident Information (rate) - 2008 to 2017 out of 100 students

Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Diff.	% Ch.
ENROLLMENT_K_12	16464	16447	16357	16163	15850	15933	15987	15788	15679	15555	-909	-5.52%
D.INCIDENTS	252	235	187	244	218	236	177	192	158	144	-108	-42.86%
INCIDENT_RATE	0.9	1.0	0.7	1.0	0.8	1.0	0.7	0.9	0.6	0.6	-0.27	
ALCOHOL	8	6	7	17	8	14	14	19	9	5	-3	-37.50%
ALCOHOL_RATE	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	-0.02	
DRUG	34	54	37	79	43	54	30	47	31	50	16	47.06%
DRUG_RATE	0.1	0.3	0.1	0.3	0.2	0.2	0.1	0.2	0.1	0.3	0.14	
DISC. OTHER	178	141	120	118	142	134	111	97	98	72	-106	-59.55%
DISC.OTHER_RATE	0.6	0.6	0.5	0.5	0.6	0.6	0.4	0.5	0.4	0.3	-0.35	
VIOLENCE	27	18	5	7	9	16	13	14	14	4	-23	-85.19%
VIOLENCE_RATE	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	-0.08	
WEAPON	5	6	9	7	11	5	5	7	5	8	3	60.00%
WEAPON_RATE	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.03	
REMOVAL_IN_SCHL Suspension	3	7	9	22	53	65	48	21	4	3	0	0.00%
REMOVAL_IN_SCHL Suspension Rate	0.0	0.0	0.0	0.1	0.2	0.3	0.2	0.1	0.0	0.0	0.00	
REMOVAL_OUT_SCHL Suspension	249	228	178	222	165	171	129	171	154	141	-108	-43.37%
REMOVAL_OUT_SCHL Suspension	0.6	0.9	1.0	0.7	0.9	0.6	0.7	0.5	0.8	0.6	-0.04	
REMOVAL_EXPULSION	0	0	0	0	0	0	0	0	0	0	0	N/A
MORE_10_DAYS	128	58	38	48	53	84	67	74	46	51	-77	-60.16%
MORE_10_DAYS_RATE	0.5	0.2	0.1	0.3	0.2	0.4	0.2	0.4	0.2	0.2	-0.21	

Source: DESE District Report Card
D. Incidents = Disciplinary Incidents

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

This section provides a review of some of the positive and negative trends from 2008 to 2018 for Franklin County public school students ranging from 6th to 12th grade collected from the Missouri Student Survey (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. It is important to mention that the schools are instructed to have all 9th graders complete the survey, and to select an additional grade level to survey. The selection process of this additional grade is not consistent over time or across all Franklin County schools. **The table in Appendix E was developed to compare Franklin County to the state of Missouri on the relevant Missouri Student Survey items. The table also quantifies changes over time from 2008 to 2018 on each reviewed item for the Franklin County student sample (note that minimal rounding errors occur). Items that are showing positive trends are highlighted in green on the Table and items showing a negative trend or underperformance are highlighted in red.**

The statewide random sample (tied to MO reported data) included a total of 96 schools (48 middle and 48 high) as part of the random sample. Of these, 62 (65%) schools with 3,339 students participated in the final 2018 MSS. Data was weighted to represent the state level demographics, and this information is available in the public report. The sample was evenly represented by males (47.7%) and females (52.3%), also similar to the state's gender distribution (49% males and 51% females), and the Franklin County sample.

For county-level data, after data cleaning and adjustments were made to ensure the data represented the demographic characteristics of each county, the sample size equaled 118,105, representing 102 counties (89%).

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 (with relevant data) in the MO Student Survey, over time (2008 to 2018 in most cases) the Franklin County sample improved on 58% of the items (or 81 items). Forty-two percent of these items had a 2% or greater improvement over time. The items that showed the greatest improvements over time, (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) for the years that data was available**. 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

Due to the number of items included in the Missouri Student Survey, the information within this section will identify the more notable positive and negative trends. Note that when reviewing the information in the tables and narrative, the percentages were rounded and therefore some rounding errors will exist. Let's examine some of the 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. These ages, especially for OTC drugs, is very young, and may not be an age that parents are vigilant in their home. This is something that should be addressed in Franklin County, especially if it just begins as an educational program for parents. Pairing this information with "ease of availability" data for these items (all substances are more available to youth in 2018 than ever before with the exception of illicit drugs) demonstrates that this is more of an alarming issue that should receive some attention and programming.

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. However, the differences are bigger when you compare average age of first use for over-the-counter (OTC) drugs and prescription drug misuse, both of which were new items in 2018.

Table 63. Missouri Student Survey – Age of First Use

MSS	Franklin							MO	% Diff.	% Diff.
Item -Age of First Use	2008	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO
Alcohol	12.3	12.3	12.3	12.5	12.8	13.0	12.9	12.9	0.6	0.0
Cigarettes	11.8	11.8	11.9	12.1	12.8	13.0	12.9	12.7	1.1	0.2
Inhalants			12.4	12.2	12.1	10.7	10.5	10.5	-1.8	0.0
Marijuana	13.2	13.2	13.2	13.2	13.6	14.4	14.1	14.2	0.9	-0.1
Over-the-Counter							10.7	11.9		-1.1
Prescription Drug Misuse							11.3	11.6		-0.3

Source: Missouri Department of Mental Health provided MSS data to BOLD to prepare in this format.
Rating Scale - average

Alcohol

Areas Needing Attention: Overall, FC performed below the state on many of the alcohol-related item comparisons, with 81% or 22 out of the 27 items fitting these criteria. Sixty-three percent of the items showed that FC youth underperformed by 2% or more in comparison to the state. 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).

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	1	4%	17	63%	
Difference is less than 2%	4	15%	5	19%	
Total	5	19%	22	81%	27
FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	8	40%	6	30%	
Difference is less than 2%	3	15%	3	15%	
Total	11	55%	9	45%	20

*Or latest data available.

Strengths: Over time, Franklin County 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). This is in addition to numerous other positive trends that can be found within the alcohol category since 2008 including 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 including: alcohol use and e-cigarette use. Further, 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.

Table 64. Missouri Student Survey – Lifetime Substance Use Franklin County 3008-2018

Missouri Student Survey	Franklin						MO	% Diff.	% Diff.
Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO
Lifetime alcohol use	57%	45%	43%	33%	39%	37%	34%	-19.6%	2.4%
Lifetime alcohol use (times)			42%	32%	38%	35%	33%	-6.7%	2.4%
Lifetime chew use	15%	15%	12%	11%	11%	9%	10%	-5.7%	-0.5%
Lifetime cigarette use	27%	24%	21%	19%	17%	16%	18%	-10.6%	-2.0%
Lifetime club drug use	2%	2%	2%	1%	2%	1%	1%	-1.0%	0.4%
Lifetime cocaine use	3%	2%	1%	1%	1%	1%	1%	-1.9%	-0.2%
Lifetime electronic cigarette use				17%	23%	32%	27%	15.0%	5.1%
Lifetime hallucinogen use		4%	2%	2%	2%	2%	1%	-2.5%	0.4%
Lifetime heroin use		1%	1%	0%	0%	0%	0%	-0.4%	0.0%
Lifetime hookah use				11%	8%	5%	6%	-5.1%	-0.1%
Lifetime inhalant use	9%	9%	5%	3%	3%	3%	2%	-6.4%	0.6%
Lifetime marijuana use	17%	16%	14%	12%	16%	15%	14%	-1.5%	1.5%
Lifetime methamphetamine use		1%	1%	1%	0%	0%	0%	-0.7%	0.0%
Lifetime OTC drug misuse		8%	5%	3%	4%	4%	4%	-3.9%	0.1%
Lifetime prescription drug misuse		13%	8%	5%	13%	7%	7%	-5.4%	0.8%
Lifetime synthetic drug use			5%	3%	2%	2%	1%	-3.1%	0.6%

Rating Scale - Yes

There was a new set of questions built into the 2018 MSS asking youth how they access alcohol, OTC, prescriptions, e-cigs, marijuana, etc. This information is very valuable and was reported by youth that endorsed being a lifetime user. 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.

Table 65. Missouri Student Survey Method of Access - 2018

	Alcohol			Cigarettes			E-Cigarettes			Marijuana			Prescription Drugs		
Item	**FC**	**MO**	**FC to MO**	**FC**	**MO**	**FC to MO**	**FC**	**MO**	**FC to MO**	**FC**	**MO**	**FC to MO**	**FC**	**MO**	**FC to MO**
A family member gives or sells it to me	40%	38%	2.2%	12%	11%	0.3%	11%	11%	0.4%	17%	20%	-3.3%	20%	25%	-4.9%
A friend gives or sells it to me	49%	45%	4.7%	43%	40%	3.1%	55%	50%	5.3%	74%	73%	0.9%	10%	14%	-4.0%
Buy it/them online	1%	1%	0.1%	1%	0%	0.5%	12%	9%	3.2%	6%	5%	0.7%	1%	2%	-0.8%
I ask a stranger to buy it for me	4%	5%	-0.3%	5%	4%	0.4%	3%	3%	-0.4%	32%	30%	1.7%	1%	1%	0.6%
I buy it from the store / bar / etc.	6%	4%	2.3%	17%	13%	3.7%	17%	14%	2.7%	1%	2%	-0.9%	9%	6%	3.1%
I take it without permission	23%	21%	2.0%	25%	23%	1.9%	7%	7%	0.0%	8%	5%	3.0%	11%	4%	7.4%
Other	12%	15%	-3.0%	19%	18%	1.2%	16%	16%	-0.5%	9%	11%	-2.5%	9%	11%	-2.5%

Other Illicit Drug Trends

Areas Needing Attention: There were no additional trends to identify as needing attention in this section above and beyond what was included in the previous section

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. There were improvements with all of the other substances listed in the "lifetime use" table. Peer- other illicit drug use decreased by 3.6% (in Table 64); 16.7% in 2010 to 13.1% in 2018.

Illicit Drugs

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	0	0%	1	6%	
Difference is less than 2%	8	47%	8	47%	
Total	8	47%	9	53%	17
FC Trends -2008* to 2018	**Positive**		**Negative**		
Difference greater than or equal to 2%	9	53%	1	6%	
Difference is less than 2%	5	29%	2	12%	
Total	14	82%	3	18%	17

*Or latest data available.

Marijuana

Areas Needing Attention: Across all of the marijuana-related item comparisons between FC and Missouri, FC underperformed in 80% of items (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 between FC and MO was peer smoking marijuana, where 39.4% of the FC youth confirmed in comparison to 34.5% of Missouri youth respondents; 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 that had shown 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.

Marijuana

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	2	10%	2	10%	
Difference is less than 2%	2	10%	14	70%	
Total	4	20%	16	80%	20
FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	1	8%	9	69%	
Difference is less than 2%	3	23%	0	0%	
Total	4	31%	9	69%	13

*Or latest data available.

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%).

Table 66. Missouri Student Survey- Reason given for Rx Misuse - 2018

			MO	% Diff.	% Diff.
	2016	2018	2018	* to 2018	FC to MO
Curiosity	9%	10%	7%	0.6%	2.6%
To fit in with friends	3%	1%	2%	-1.8%	-1.0%
To have a good time	10%	10%	9%	0.1%	0.4%
To help me feel better or happier	22%	18%	14%	-3.9%	4.4%
To help me sleep	32%	20%	22%	-12.9%	-2.7%
To help with stress reduction	22%	15%	16%	-6.9%	-1.3%
To help with weight loss	6%	2%	3%	-3.9%	-1.1%
To improve academics/grades	7%	3%	5%	-3.5%	-2.0%
To increase my energy	14%	8%	12%	-6.3%	-4.0%
To reduce and-or manage pain	41%	24%	28%	-17.1%	-4.2%

Rating Scale - Endorsed by lifetime users

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.

OTC/Prescriptions

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	8	22%	8	22%	
Difference is less than 2%	7	19%	13	36%	
Total	15	42%	21	58%	36
FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	17	61%	4	14%	
Difference is less than 2%	4	14%	3	11%	
Total	21	75%	7	25%	28

*Or latest data available.

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, and this needs to change. 88% of respondents perceived cigarettes as wrong/very wrong in comparison to only 71% for e-cigs. For

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	1	3%	13	38%	
Difference is less than 2%	9	26%	11	32%	
Total	10	29%	24	71%	34
FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	8	42%	8	42%	
Difference is less than 2%	1	5%	2	11%	
Total	9	47%	10	53%	19

*Or latest data available.

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).

Mental Health

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	0	0%	4	40%	
Difference is less than 2%	3	30%	3	30%	
Total	3	30%	7	70%	10
FC Trends -2008* to 2018	**Positive**		**Negative**		
Difference greater than or equal to 2%	0	0%	10	100%	
Difference is less than 2%	0	0%	0	0%	
Total	0	0%	10	100%	10

*Or latest data available.

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.

Strengths: There were no major strengths included in this section due to the findings.

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.

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	0	0%	0	0%	
Difference is less than 2%	1	20%	4	80%	
Total	1	20%	4	80%	5
FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	1	20%	1	20%	
Difference is less than 2%	3	60%	0	0%	
Total	4	80%	1	20%	5

*Or latest data available.

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).

FC Compared to Missouri	Positive		Negative		
Difference greater than or equal to 2%	1	8%	5	38%	
Difference is less than 2%	2	15%	5	38%	
Total	3	23%	10	77%	13
FC Trends -2008* to 2018	Positive		Negative		
Difference greater than or equal to 2%	6	46%	5	38%	
Difference is less than 2%	2	15%	0	0%	
Total	8	62%	5	38%	13

*Or latest data available.

Bullying

Areas Needing Attention: In 92% of the FC and MO comparisons, FC lagged. 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: Generally, bullying trends improved (67% of the applicable bullying items) with the exception of those listed above; bullying online, and being a victim online and a victim via cell phone. 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).

FC Compared to Missouri	Positive		Negative	
Difference greater than or equal to 2%	1	8%	5	38%
Difference is less than 2%	0	0%	7	54%
Total	1	8%	12	92%
FC Trends -2008* to 2018	**Positive**		**Negative**	
Difference greater than or equal to 2%	9	60%	4	27%
Difference is less than 2%	1	7%	1	7%
Total	10	67%	5	33%

*Or latest data available.

The Provider Perspective

The agencies who provide FCCRB-funded services and programs to Franklin County youth possess a wealth of information and knowledge to gather and analyze to identify gaps in services. To advance the needs assessment report, funded agencies received two separate surveys, with one focusing on the individual program information and the other one focused on generalized youth needs and trends from the perspective of the agencies' executive directors. Only one agency survey was completed per each funded agency regardless of how many programs are funded. Then, only one program survey was completed per FCCRB-funded program. All of the agencies responded to both survey processes.

The agency survey was also sent to other organizations who serve youth in Franklin County with the guidance of the FCCRB's Executive Director.

The information presented in this section contains the agency survey information with summarized findings across all of the respondents. The summarized program survey data was presented in a previous section, divided up by the different program types.

Referrals Utilized in Franklin County when a Behavioral/Mental Health Provider Needs Additional Supportive Services or CANNOT Provide Behavioral/Mental Health Services for Clients

The agencies provided referral information that they give to clients when they need additional behavioral and/or mental health services (beyond what the agency can provide). The referrals in alphabetical order included:

- Alive
- Behavioral Health Response Helpline
- Counseling Concepts
- Crider Health Center/Compass Health Network
- Diversified Counseling
- F.A.C.T.
- Great Circle
- Hospitals: BJC, Mercy Outpatient, and Rolla Regional named
- Lutheran Family and Children's Services
- McCauley Clinic
- Preferred Family Healthcare
- St. Louis Counseling (Catholic Family Services)
- UMSL Center for Behavioral Health

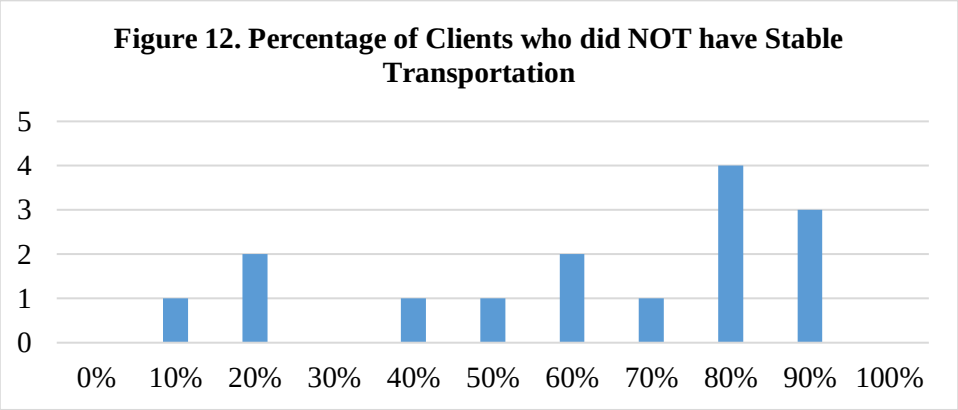
Assessment of Clients' Basic Needs

Relating to the basic needs of Franklin County youth, agency staff were asked to estimate the percentage of their clients that are food insecure, living in unstable housing or in need of housing support, in need of clothing/shoes, and do not have access to stable transportation

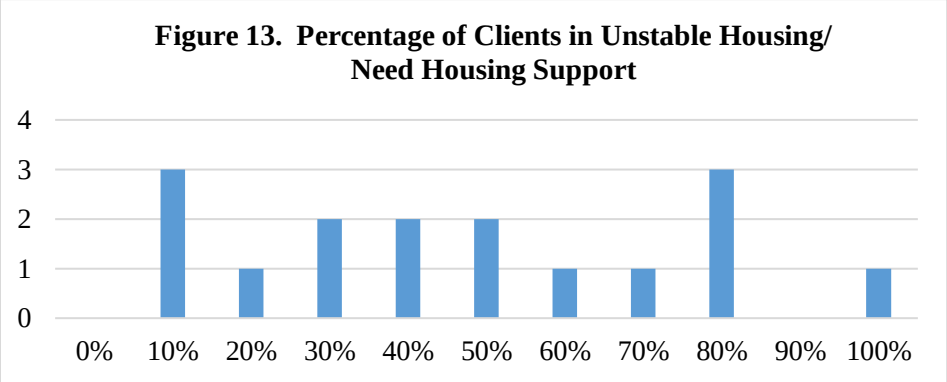
As can be seen in Table 67, agency staff estimated that on average 61% of their clients were unable to access stable transportation, which is the greatest need. Figures 12 through 15 also show the range in the percentage of clients estimated as lacking the specified basic need. Following stable transportation, 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%.

Table 67. Average Percentage of the Basic Needs of Clients as Rated by Program Staff

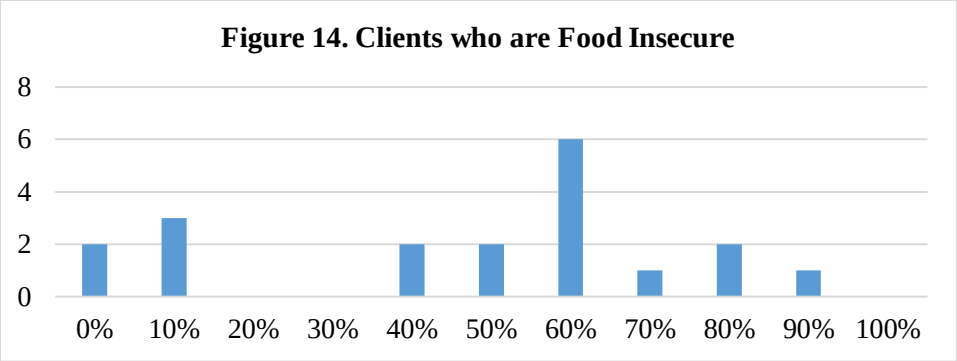
	Transportation	Housing	Food	Clothing/ Shoes
Average %	**61%**	**48%**	**46%**	**46%**



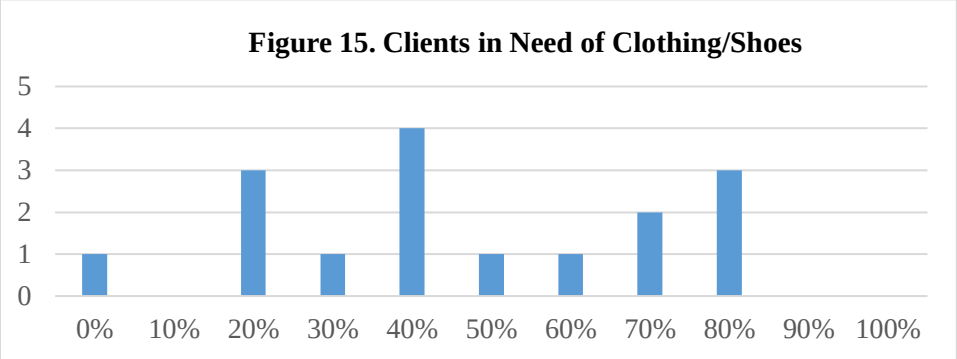
N = 15; 6 "I don't know" responses



N = 16; 5 "I don't know" responses



N = 19; 2 did not respond



N = 16; 5 “I don’t know” responses

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

The executive directors (or their designees) were asked to identify the greatest unmet need or 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. Following these three was family/caregiver involved therapy/care, special demographic-focused programs, and transportation; all noted by three separate providers or 14%. There were 10% of providers (two) who also identified trauma-focused therapy/services and psychological evaluations/assessments as an unmet need or under-funded service in Franklin County. The specific details provided by the agency staff is included in Table 68.

Table 68. Greatest Unmet Need/ Under-Funded Service for Franklin County Youth

Theme	#	%
Mental Health services	6	29%
Psychiatric Care*	4	19%
Housing-related Resources/Services*	4	19%
Family/caregiver involved therapy/care*	3	14%
Focused (demographic) programs*	3	14%
Transportation	3	14%
Trauma-focused therapy/services*	2	10%
Psychological Evaluations/Assessments (funding)	2	10%
Life skills' training	1	5%
Mentors for at-risk youth	1	5%
Prevention services (coordinated/validated for parents and youth)	1	5%
Respite providers	1	5%
Staff	1	5%
Foster homes (well trained and well-staffed) in FC	1	5%
Free/low cost legal assistance for youth in poverty/homeless.	1	5%
Grief support group in FC (related to youth experiencing heroin epidemic)	1	5%
Total Respondents	21	

Detailed information that was provided for the items shown with an asterisk (*) are provided in the next table.

Category	Additional Information
Psychiatric Care	Inpatient psychiatry/intensive outpatient psychiatry (youth 6-12); Outpatient Psychiatry; intensive Outpatient Treatment programs
Housing-related Resources/Services	Transitional living; housing/transitional programs for older youth; Grace's Place expansion of services for crisis housing/shelter services; resources to respond to clients who are homeless
Family/caregiver involved therapy/care	Family therapy; caregiver inclusion with youth-client care; parent assistance
Focused (demographic or other variable) programs	LGBTQ specific programs; Autism-focused programs; female-specific programs
Trauma-focused therapy/services	Community-based, trauma-focused residential services

See Appendix for Full Comments by Agency (private board report only)

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. There were 15 or 71% of the agencies who 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.*** The responses were so varied that the consultant included their full comments in the body of this report (private board report only).

- At times, it seems there is pushback on if a client is "mental ill" or "behavior" problem. Sometimes, it is both and a treatment plan would be beneficial from the start. It appears our county is working with youth at such a young age and it seems like there should be some "in-between" treatment prior to being referred to the Juvenile Office for being labeled as "out of control". Also, it would be nice to have another individual in Franklin County who could develop an out-patient sexual offender program.
- Current gaps include, psychiatry, intensive outpatient therapy, and Multi-Systemic Therapy.
- Developmental resources/services for Developmentally Disabled children.
- From our Board Members: "Yes, every school district should have a social worker to work with students and families struggling to connect with all the great resources that we do have available and could provide if they only knew more about them and had assistance getting set up. Union had one through Crider but she has since moved and we are back to trying to coordinate those services to the best of our ability and I believe we do fall short in that area. " and "There are numerous gaps in the behavioral/mental health services for youth--including but not limited to recognition of the issues, follow through and lack of knowledge of the caregivers, and the ever present "mental health services are voluntary" as many people feel there is still a stigma involved, and lack of agencies to work together."
- Group therapy for youth and parents
- I don't want to sound parent heavy, and I realize FCCRB funds are for children, but more services for the entire family unit can work wonders for the children.
- I think we can always benefit from working together more collaboratively as providers to ensure continuity of care
- Lack of mental health awareness and education, identifying kids at risk and connecting them to services.
- Lack of providers who take Medicaid. The length of time a child has to wait to see someone for their mental health needs.
- Lack of psychiatric care; Lack of quality care services and professionals (high turnover rates); Lack of continuum of care and communication between providers before System of Care involvement/hospitalization.
- Many of our older youth, especially those aging out of foster care, are not adequately prepared to live independently as productive citizens. This is also the case with many older youth who are not in foster care, but have left their homes for safety reasons and are now struggling to complete high school or post-secondary training. In addition, we do not have local residential services available to provide the therapy and programs needed for struggling children. Currently, if residential services are needed, children are sent out of the county, from their family and community support system, making the transition back home even more difficult for the child and family. Family counseling and after-care services seldom can be provided due to distance and lack of transportation.
- Sometimes there are limited psychiatrists with availability to treat youth, in addition to the need for psychological evaluations and access to intensive outpatient treatment. In home services to remove the transportation barrier would address a gap as well as the availability of evening and weekend appointments.
- Students need that piece of behavioral and mental health service. The request for suicide prevention has increased overtime and will likely continue as most schools will begin requiring it.
- There are limited number of trauma informed therapist within the County.
- There are not many behavioral/mental health services for youth in the Sullivan area. Transportation and scheduling are often barriers in getting students the services they need. When they do receive services in Sullivan, they are often pulled from class at school to do so creating problems in other areas.

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. There were an additional eight "roadblocks" that providers were faced with, and these are provided in Table 69.

Table 69. Recent Roadblocks (other than funding) that Have Hindered Utilization of Funds or Provision of Services

Theme	#	%
Transportation	8	38%
Scheduling/re-scheduling prevention program; schools not wanting prevention programming on a yearly basis; not wanting suicide prevention.	3	14%
Finding quality staff	2	10%
Basic Needs' Resources: Limited basic needs' resources/funding for families due to zip code restrictions; and making sure we are meeting the basic needs of the students	2	10%
Inability to maintain appointments/no show appointments	2	10%
Lack of community knowledge, understanding and involvement of services; especially newly available services	2	10%
Limited scheduling availability for after school/ evening appointments	2	10%
Communication/collaboration among agencies; Agencies often become territorial in providing what minimal services are available instead of working cooperatively	2	10%
Stigma & Community perception of students and the root of their issues (not recognizing trauma and the impact it has)	2	10%
Unable to reach clients by phone/conduct follow-up	2	10%

N = 21

The remaining responses represent single roadblocks that hindered the utilization of funds or provision of services to clients by these agencies, which included:

- Clients don't pursue professional services (think situation is resolved or they can manage it themselves)
- Families where parent/guardian has a mental health issue; has limited/no access to treatment.
- Inability to utilize creative solutions to ongoing issues.
- Lack of "real" support from educational systems (i.e. school districts) to incorporate effective prevention programming into the school day. There are many double binds that impair the frontline educator from effectively implementing interventions that would be more impactful due to district policies, reporting systems, and lack of 'buy in' from administrators.
- Lack of awareness of how free legal services can help improve safety and stability for youth
- Limited response to calls confirming youth has been linked to services
- Parent care (involvement)
- Psychiatrist availability of time for our agency
- Space to provide services

Another Behavioral/Mental Health Provider/Program that FCCRB should consider that would Enhance the Effectiveness of the Local System of Care for Franklin County Youth

Agency staff were asked if there are external programs and services that would enhance the effectiveness of the local system of care for Franklin County youth. Many of the comments referenced psychiatry and trauma-focused counseling/programming. Varied responses are provided below:

- Annie's Hope
- Intensive Outpatient Programs Youth have been linked to Midwest Counseling, Counseling Concepts, Mercy, and Children's Division for services not currently funded.
- There are many of us providing different services, but feedback received indicates a desire for different services being provided by different agencies in different schools and a desire for more choice. As an example, parents have asked - "why aren't you in such and such school?", or "wish we had this type of program at my child's school".
- CharacterPlus, Trauma Training, and Restorative Practices Academies.
- More child psychiatrists
- More trauma trained counselors and psychiatrist for children.
- We regularly work with Crider and have success when working with them. We may have to provide some ongoing case management to a family while they are on a wait list, but I do feel if the situation warrants, our families receive an immediate response.
- Psychiatry
- Suicide prevention programming (KUTO).
- Both intensive outpatient treatment or in-home Multi-Systemic Therapy would be great additions.

School Districts' Needs

Agency staff were asked to rate if each service/program listed in Table 70 was currently needed for youth in or near the community surrounding the specific school districts (ten districts listed). If a program was available, but there were still needs for this program to serve more youth, or be more accessible, staff were asked to select the "needed" rating. They could respond with: "not needed", "needed" or "don't know". The table shows the services prioritized by the average rating across all of the represented agencies and across all school districts in Franklin County. *Two services tied with an average 75% "needed" rating, which included: Psychiatrists in/near the community, and services for youth dealing with trauma***.** The information per school district is presented in Appendix F.

Table 70. Average Percentage of the Basic Needs of Clients as Rated by Program Staff

Need/Service	Ave. % Needed	Ave. % Not Needed*
Psychiatrists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications (or Psychiatric referrals to community organizations).	74%	0%
Services for youth dealing with trauma.	74%	0%
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need	69%	10%
Drug and alcohol use/abuse treatment.	66%	2%
Services for youth in crisis	64%	5%
Psychologists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs (or clinical referrals to community organizations).	63%	0%
Services for teens who are pregnant and/or parenting.	36%	18%

*Remaining percentage is for the "I don't know" response.

In the next section, the school staff survey data will be presented, which includes an assessment of this item with school staff including teachers and counselors. 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. Further, the table on the next page identifies the percentage of school staff who identified that the service was not available.***

Table 71. Behavioral/Mental Health Services for Youth – Assessed by School Staff- - Necessity and Availability in Franklin County*

	% Needed	Needed	Not Needed	Don't Know	Grand Total	Available	Available; limited access	Not Available	Don't Know	% Not Avail.	Grand Total
Services for youth dealing with trauma.	97%	89	3	12	104	16	51	10	24	13%	101
Psychiatrists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications (or Psychiatric referrals to community organizations).	95%	87	5	13	105	12	56	15	18	18%	101
Services for youth in crisis.	95%	87	5	13	105	17	48	10	26	13%	101
Psychologists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs (or clinical referrals to community organizations).	94%	90	6	9	105	12	57	14	17	17%	100
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.	90%	89	10	6	105	23	53	9	16	11%	101
Drug and alcohol use/abuse treatment	86%	68	11	21	100	14	36	15	35	23%	100
Services for teens who are pregnant and/or parenting.	67%	44	22	36	102	14	32	15	39	25%	100

***See Appendix for School District data (for staff who responded)**

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

There were 152 school personnel across seven of the public-school districts (non-italicized listed in Table 72) and two private schools (italicized listed below), in Franklin County, Missouri, that participated in an assessment of the school-based prevention programs and mental/behavioral health needs of students. Surveys were issued to all Franklin County schools where FCCRB-funded prevention programs are implemented. School staff, including superintendents, principals, counselors, and other special school personnel, received a survey link based on their roles in addressing youths' behavioral/mental health needs and its impact on their educational pursuits. To view the frequency and percentage of staff who responded, see Table 73 below. The most represented staff role was teachers which made up 53% of all staff (N = 81).

Table 72. Frequency and Percentage of School Districts that Participated in Staff Survey

School District	#	% of Total
Union R-XI	91	59.9%
Lonedell R-XIV	16	10.5%
Sullivan School District	13	8.6%
New Haven School District	10	6.6%
Meramec Valley R-III	8	5.3%
School District of Washington	5	3.3%
St. Clair R-XIII	4	2.6%
Other (please specify)	2	1.3%
St. Francis Borgia Regional High School	*2*	*1.3%*
Immanuel Lutheran	*1*	*0.7%*

Table 73. Distribution of Staff Participants by Role*

Staff Role	#	% of Total
Teacher	81	53.3%
Other School Personnel	27	17.8%
Counselor/Social Worker	21	13.8%
Superintendent/Principal	16	10.5%
Para-professional	6	3.9%
No response	1	0.7%
Total	152	

Most Critical Mental/Behavioral Health Needs of Franklin County Students

School personnel were asked to identify the most critical mental health needs of youth across all grade levels. Findings showed:

- The most critical mental health need was "friend/peer relationships, social skills, problem solving, and self-esteem" (80%; N = 122).
- The second most critical mental health need was "controlling emotions, anger management, and conflict resolution" (75%; N = 114).
- The third most critical mental health need was "anxiety, worry a lot, fear" (60%; N = 91).
- The fourth most critical mental health need was identified for "bullying/cyber bullying" noted by 43% of school personnel (N = 65).
- The fifth most critical mental health need was "housing instability/nowhere to live" (41%; N = 63).

Table 74. Most Critical Behavioral Health Issues Students Face -Total Respondents

%	#	Behavioral Health Issue Prioritized
79.7%	**122**	**Friend/peer relationships, social skills, problem solving, and self-esteem**
74.5%	**114**	**Controlling emotions, anger management, and conflict resolution**
59.5%	**91**	**Anxiety, worry a lot, fear**
42.5%	65	Bullying/cyber-bullying
41.2%	63	Housing instability/nowhere to live
35.9%	55	Drug and alcohol use and abuse
34.6%	53	Abuse and neglect issues (body safety)
33.3%	51	Depression/sad a lot
32.7%	50	Feelings of acceptance/belonging
28.1%	43	Self-harm and suicide
25.5%	39	Coping with grief, loss, and/or divorce
14.4%	22	Online safety
10.5%	16	Unhealthy dating relationships
7.2%	11	Threats of violence or being injured by another peer
6.5%	10	Other
0.0%	0	Gang violence
	153	**Respondents**

This same data set was analyzed to determine the most critical mental health needs of youth by grade level, where it was found that:

- For the elementary grades, "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). The second most critical issue for these grades was "controlling emotions, anger management, and conflict resolution" with 83% of the ratings (N = 47). The third most critical need was "anxiety, worry a lot, fear" noted by 60% of staff (N = 34). This was followed by "housing instability/nowhere to live" by 49% of staff (N = 28) (see Table 75).

- For middle school, the highest rated issue (see Table 76) was "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). The next highest rated issue was "anxiety, worry a lot, fear" with 68% of staff (N = 15). The fourth highest rated need was "bullying/cyber-bullying" at 59% (N = 13). "Drug and alcohol use and abuse" rose to the fifth highest rated need with 46% of staff (N= 10).

- The highest rated issue for the high school student population was "drug and alcohol use and abuse), noted by 76% of staff (N = 25; see Table 77). The second highest rated issue for high school students was "friend/peer relationships, social skills, problem solving, and self-esteem" rated by 67% (N = 22). Next, 64% of staff identified "anxiety, worry a lot, fear" as the third highest rated issue students face (N = 21). This issue was followed by, "self-harm and suicide" noted by 58% of school staff (N = 19). "Depression/sad a lot" was identified as a 5th highest ranked need by 55% of staff (N = 18). 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.

Table 75. Most Critical Behavioral Health Issues Students Face -Elementary

%	#	Behavioral Health Issue Prioritized
86.0%	**49**	**Friend/peer relationships, social skills, problem solving, and self-esteem**
82.5%	**47**	**Controlling emotions, anger management, and conflict resolution**
59.6%	**34**	**Anxiety, worry a lot, fear**
49.1%	**28**	**Housing instability/nowhere to live**
36.8%	21	Abuse and neglect issues (body safety)
36.8%	21	Feelings of acceptance/belonging
31.6%	18	Coping with grief, loss, and/or divorce
29.8%	17	Bullying/cyber-bullying
28.1%	16	Depression/sad a lot
12.3%	7	Drug and alcohol use and abuse
12.3%	7	Self-harm and suicide
12.3%	7	Online safety
5.3%	3	Threats of violence or being injured by another peer
3.5%	2	Other
0.0%	0	Unhealthy dating relationships
0.0%	0	Gang violence
	57	Respondents

Table 76. Most Critical Behavioral Health Issues Students Face -Middle School

%	#	Behavioral Health Issue Prioritized
77.3%	**17**	**Friend/peer relationships, social skills, problem solving, and self-esteem**
77.3%	**17**	**Controlling emotions, anger management, and conflict resolution**
68.2%	**15**	**Anxiety, worry a lot, fear**
59.1%	**13**	**Bullying/cyber-bullying**
45.5%	**10**	**Drug and alcohol use and abuse**
36.4%	8	Abuse and neglect issues (body safety)
31.8%	7	Coping with grief, loss, and/or divorce
31.8%	7	Online safety
27.3%	6	Feelings of acceptance/belonging
27.3%	6	Housing instability/nowhere to live
22.7%	5	Self-harm and suicide
22.7%	5	Depression/sad a lot
9.1%	2	Unhealthy dating relationships
4.5%	1	Threats of violence or being injured by another peer
4.5%	1	Other
0.0%	0	Gang violence
	22	Respondents

Table 77. Most Critical Behavioral Health Issues Students Face -High School

%	#	Behavioral Health Issue Prioritized
75.8%	25	**Drug and alcohol use and abuse**
66.7%	22	**Friend/peer relationships, social skills, problem solving, and self-esteem**
63.6%	21	**Anxiety, worry a lot, fear**
57.6%	19	**Self-harm and suicide**
54.5%	18	**Depression/sad a lot**
51.5%	17	**Controlling emotions, anger management, and conflict resolution**
36.4%	12	Bullying/cyber-bullying
36.4%	12	Unhealthy dating relationships
36.4%	12	Housing instability/nowhere to live
24.2%	8	Feelings of acceptance/belonging
15.2%	5	Abuse and neglect issues (body safety)
15.2%	5	Coping with grief, loss, and/or divorce
12.1%	4	Online safety
6.1%	2	Threats of violence or being injured by another peer
3.0%	1	Other
0.0%	0	Gang violence
	33	Respondents

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, which were:

- Social/emotional skills training (grade/age focused)
- Counseling (at school) for students with social, emotional, or behavioral needs (depression, anxiety, anger, etc.).

These two needs should be prioritized above other identified needs that were agreed upon by 70-89% of school staff, and are highlighted orange in the table below. Tables with data presented by school district are available in the Appendix.

Table 78. Behavioral Health Programs Currently Needed -Franklin County Overall from Staff Who Responded

	Don't Know	Needed	Not Needed	Grand Total	# Needed	% Needed
Abuse and neglect (body safety) prevention	20	85	17	122	102	83%
Bullying/cyber-bullying prevention	9	92	21	122	113	81%
Chronic absenteeism prevention	23	76	23	122	99	77%
Coping with grief, loss, an/or divorce training	16	83	23	122	106	78%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anxiety, anger, etc.)	4	109	12	125	121	90%
Drug and alcohol use and abuse prevention	20	67	28	115	95	71%
Feelings of belonging/acceptance (diversity) training	18	76	25	119	101	75%
Online safety training	19	61	34	114	95	64%
Self- harm and suicide prevention/resources	16	84	19	119	103	82%
Social/emotional skills training (grade/age-focused)	4	110	10	124	120	92%
Healthy dating relationships education	28	46	42	116	88	52%
Other	12	8	8	28	16	50%

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).

Table 79. Primary barriers students encounter when trying to address a BH need/issue (by Staff who Responded)

Barriers	%	#
Lack of parent involvement to assist student with the need.	**90%**	**77**
Lack of time within the school day to respond to the youth with the behavioral health needs.	**71%**	**61**
Lack of access to mental health professionals for services.	**65%**	**56**
Severity of students' problems.	**63%**	**54**
Lack of sufficient resources for student support services at school.	**60%**	**52**
Students have difficulty accessing services due to transportation limitations.	49%	42
Unavailability of assessment/treatment resources in the community.	43%	37
Lack of information/training.	38%	33
Lack of sufficient resources for special education services.	36%	31
Students require too many modifications/accommodations to assist.	21%	18
Lack of clear, consistent, school behavior rules/policies.	15%	13
Lack of support from school administration.	8%	7
Total Respondents		86

N = 86

Staff were also asked if they were aware of any redundant prevention programming across the FCCRB-funded programs and/or school-provided programs, which had 87 eligible respondents. 94% of them responded no, with 6% responding yes. The responses that were provided regarding the redundant prevention programming included:

1. I feel like you have several different counseling organizations and parents are unaware that they cannot utilize more than 1 because of "double dipping". I also feel like funding the in-school counseling needs to be more consistent because some of them you fund provide weekly services and others provide only 2x a month services, which isn't fair just because it is a rural school.
2. Bullying; Online safety
3. Drug/Alcohol abuse

Appendix

Appendix A. Coverage of FCCRB Prevention Programming by Community Indicator

	Buddies Not Bullies	Buddies Not Bullies - YOU-Niquely Social	CHADS Coalition - Signs of Suicide	The Character Plus Way program	Children's Advocacy Center - Sexual Abuse Prevention	Crider - School-Based Violence Prevention	Crider Health Center-Pinocchio Program	Life House Center - Mentoring Program	LFCS - Trauma Care Coor-dinator	PfH - Team of Concern	NCADA - Prevention First	#	%
Bullying (rated by youth)	x	x	x	x		x	x	x	x	x		9	82%
Self-harm/ suicide rate	x	x	x	x		x	x	x	x			8	73%
School disc. incidents	x	x		x			x	x		x	x	7	64%
Juvenile law violation offenses/ referrals, ages 10-17	x	x		x	x			x	x	x		7	64%
Substance use/abuse rates			x	x			x	x	x	x	x	7	64%
Youth not attending school/ truancy	x			x			x	x	x	x		6	55%
Child abuse substant. reports or child/abuse neglect data				x	x	x	x	x				5	45%
High school dropouts		x		x				x	x	x		5	45%
Graduation rates/ Graduating on time		x		x				x	x	x		5	45%
Children in poverty		x		x			x	x				4	36%
Children at risk of home-lessness		x		x			x	x				4	36%
Academic Perf. (ELA/Math proficiency)				x			x	x	x			4	36%
Children who are homeless				x			x	x				3	27%
Teen pregnancy/ births (up to age 19)		x		x				x				3	27%
Child runaways							x	x		x		3	27%
Out-of-home placement entries										x		1	9%
Violent deaths among youth (age 15 to 19)			x									1	9%
Child deaths (age 1-14)												0	0%
Low birth weight babies and/or infant mortality (up to 1 year)												0	0%
Other				x		x	x					3	27%

Appendix B. Coverage of FCCRB Direct Service Programming by Community Indicator

Table B.1	Crisis Interventions Services				Respite Care Services		Teen Parent Services			
Agency & Program	BHR - Youth Connection Helpline	Grace's Place Crisis Nursery Crisis/ Respite Care	NAMI STL-Crisis Intervention TEam	UMSL Center for Beh. Health - Psych. Evalution	Jireh Ministries - SafeKids - Youth Intervention Services	PfH - The Farm	LFCS-Nurturing Teens	Washington Teen Parent Services--Parents as Teachers	#	%
High school dropouts		x		x	x	x	x	x	6	75%
School disc. incidents	x		x	x	x	x		x	6	75%
Graduation rates/ Graduating on time			x	x	x	x	x	x	6	75%
Youth not attending school/ truancy		x	x	x	x	x	x		6	75%
Children who are homeless		x	x		x		x	x	5	63%
Juvenile law violation offenses/ referrals, ages 10-17	x		x	x	x	x			5	63%
Out-of-home placement entries		x		x	x		x	x	5	63%
Substance use/abuse rates	x		x	x		x	x		5	63%
Child abuse substantiated reports or child/abuse neglect data		x		x	x		x		4	50%
Children in poverty		x			x		x	x	4	50%
Children at risk of homelessness		x			x		x	x	4	50%
Teen pregnancy/ births (up to age 19)		x			x		x	x	4	50%
Self-harm/ suicide rate	x		x	x			x		4	50%
Violent deaths among youth (age 15 to 19)			x	x	x				3	38%
Child runaways		x		x	x				3	38%
Low birth weight babies and/or infant mortality (up to 1 year)		x					x	x	3	38%
Bullying (rated by youth)			x		x				2	25%
Child deaths (age 1-14)							x	x	2	25%
Academic Performance (ELA/Math proficiency)				x					1	13%
Other									0	0%

Table B.2	Individual, Group, and Family Counseling Services							Outpatient Psychiatric Services			
Program	ALIVE	Buddies Not Bullies- School Based MH	Crider's - School-Based Therapy	LFCS - MH Counseling for Children, Youth & Families	PfH - A.R.T.C.	St. Louis Counseling -School-Based MH Services	St. Louis Counseling Services	PfH - Psychiatry	St. Louis Counseling - Psych. Services	#	%
School disc. incidents	x	x	x	x	x	x	x	x	x	9	100%
Self-harm/ suicide rate	x	x	x	x	x	x	x	x	x	9	100%
Graduation rates/ Graduating on time	x		x	x	x	x	x	x	x	8	89%
Bullying (rated by youth)		x	x	x	x	x	x	x		7	78%
High school dropouts	x	x	x	x	x		x	x		7	78%
Juvenile law violation offenses/ referrals, ages 10-17	x	x	x	x	x		x	x		7	78%
Youth not attending school/ truancy	x	x		x	x	x	x	x		7	78%
Substance use/abuse rates	x		x	x	x		x	x		6	67%
Out-of-home placement entries	x		x	x	x			x		5	56%
Child abuse substantiated reports or child/abuse neglect data	x	x	x	x						4	44%
Violent deaths among youth (age 15 to 19)	x			x	x			x		4	44%
Child runaways	x		x		x			x		4	44%
Children at risk of homelessness	x		x	x						3	33%
Children in poverty	x		x	x						3	33%
Children who are homeless	x		x							2	22%
Child deaths (age 1-14)	x			x						2	22%
Academic Performance (ELA/Math proficiency)	x	x								2	22%
Teen pregnancy/ births (up to age 19)	x		x							2	22%
Low birth weight babies and/or infant mortality (up to 1 year)	x									1	11%
Other*		x								1	11%

Table B.3	Home and Community-based Family Intervention Services										
Program	Children's Advoc. Center-Family Support Services	Crider's - Partnership with Families	Crider's - School-Based MH Specialist Program	Crider's - The School-Based Social Work Program	F.A.C.T. - Partnership With Families	Franklin County CASA - Child Advocacy	Legal Srvcs of Eastern MO, Inc. - Civil legal help for youth/families	LFCS - Nurturing Kids	PfH - Drug Testing	#	%
Child abuse substantiated reports or child/abuse neglect data	x	x	x	x	x	x	x	x		8	89%
Children who are homeless		x	x	x	x	x	x	x		7	78%
Children at risk of homelessness		x	x	x	x	x	x	x		7	78%
Juvenile law violation offenses/ referrals, ages 10-17	x	x	x	x	x	x	x			7	78%
Out-of-home placement entries		x	x	x	x	x		x	x	7	78%
Children in poverty		x	x	x	x		x	x		6	67%
High school dropouts		x	x	x	x	x	x			6	67%
School disc. incidents		x	x	x	x	x	x			6	67%
Graduation rates/ Graduating on time		x	x	x	x	x	x			6	67%
Self-harm/ suicide rate		x	x	x	x	x		x		6	67%
Academic Performance (ELA/Math proficiency)		x	x	x	x	x	x			6	67%
Youth not attending school/ truancy		x	x	x	x	x	x			6	67%
Child runaways		x	x	x	x	x	x			6	67%
Substance use/abuse rates		x	x	x		x		x		5	56%
Teen pregnancy/ births (up to age 19)		x	x	x		x				4	44%
Bullying (rated by youth)		x	x	x		x				4	44%
Child deaths (age 1-14)					x		x	x		3	33%
Violent deaths among youth (age 15 to 19)							x			1	11%
Low birth weight babies and/or infant mortality (up to 1 year)								x		1	11%
Other										0	0%

Appendix C. Greatest Unmet Need or Under-Funded Service for Youth in Franklin County at this Time

Agency	Comment
20th Circuit Juvenile Office	Mentors for at-risk youth, a Grief Group like Annie's Hope and a Juvenile Detention Center. Child Abuse and Neglect Youth are partnered with CASA, but most of our youth do not have a positive individual in their life. The heroin epidemic is horrid and lots of families are losing loved ones to overdoses. It would be nice to have grief support group in Franklin County instead of St. Louis.
Behavioral Health Response	Intensive Outpatient Treatment programs are needed for youth who are not in need of hospitalization but are in need of a higher level of care than outpatient counseling can provide. Additional funding for psychological evaluations would provide opportunities for more youth to be referred to providers best equipped to meet their individual needs. Additional funding for Grace's Place to expand their crisis housing and shelter services is recommended. Funding for services for youth with developmental disabilities would increase access to services for these youth.
Buddies Not Bullies	From Buddies Not Bullies agency perspective - a. Mental Health Services 1. Actively involving the caregiver for the child - regardless of place of service 2. Adequate Mental Health providers in the community. 3. Cost coverage for services. b. Coordinated and validated prevention services for parents and youth c. Mental Health and parenting psycho-education for parents
CHADS	Mental Health Services
CharacterPlus	We deliver a preventative program for character education. I do not feel I can answer for the under-funded services for Franklin County.
Children's Advocacy Center of East Central MO	Transportation to services
Children's Division	Mental health services: Psychiatrists, psychologists, and therapists who specialize in trauma therapy who are Medicaid providers.
Compass Health, Inc. d/b/a Crider Health Center	Barrier to service provision is transportation.
F.A.C.T.	Transportation is a huge issue. It makes it challenging for people to get to appointments such as doctor's appointments, school meetings, and even the grocery store for their children if they don't drive or have their own vehicle.
Franklin County CASA	The truth is the unmet need for the children we serve is that the children do not have proper parental figures. Ideally this would come from their biological parents, but when that isn't possible, the state must step in and provide. From my perspective there is a shortage in well trained foster homes and respite providers. We are over utilizing the current foster homes causing them to oversee things, not complete tasks such as getting the child to counseling and they don't have the time or knowledge to process when a child has a negative reaction to their situation. Because there aren't enough foster homes in Franklin County, children are placed out of the county to receive specialized care. This impacts the reunification process greatly.in a negative way. Parental visits are less and parental contact with the child's school or providers is less. It has impacted CASA services also as volunteers do not have the time to visit the children as frequently when they are driving 2 plus hours per visit. Children's housing/family stability is the most important part of their healing process when working through the trauma.

Grace's Place Crisis Nursery, Inc.	I feel our region struggles with resources to combat homelessness and issues that could contribute to homelessness such as funding to assist with energy bills, water bills, etc.
Hope Ranch of Missouri	The greatest unmet need is housing and transitional programs for older youth. Community-based, trauma-focused residential services are also needed.
Jireh Ministries	Manpower
Legal Services of Eastern Missouri	Lack of free civil legal help for youth living in poverty, which legal help promotes safety and stability in the low-income households where the youth live or for those youth who are homeless or are unaccompanied minors.
Life House Center	Mental Health services; Life skills
Lutheran Family and Children's Services	Psychiatric Care
NAMI St. Louis	Mental health services
Preferred Family Healthcare, Inc.	At this time we believe the greatest unmet needs in Franklin County are trauma therapy, family therapy, transitional living, inpatient psychiatry, intensive outpatient psychiatry for youth 6 to 12 years of age, female specific programs, LBTQ specific programs, and programs for youth on the autism spectrum.
Saint Louis Counseling	We believe mental health services is still a great need. Mental health touches every aspect of our lives in that it affects employment of individuals, academic performance, family functioning. The need to address it within schools and communities is always present and much needed.
The National Council on Alcoholism and Drug Abuse	One of the greatest needs for youth in the Franklin County area are no cost adolescent assessments.
UMSL Center for Behavioral Health	Outpatient psychiatry

Appendix D. School District Needs – Agency Assessment -Tables

Table D.1 - Psychologists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs (or clinical referrals to community organizations).	Needed	Not Needed	Don't Know
Franklin County R-2	60%	0%	40%
Lonedell R-XIV	65%	0%	35%
Meramec Valley R-III	60%	0%	40%
New Haven	60%	0%	40%
St. Clair R-XIII	65%	0%	35%
Spring Bluff R-XV & Sullivan	65%	0%	35%
Strain-Japan R-16	60%	0%	40%
Gasconade County R-II (Gerald, MO)	65%	0%	35%
Union R-XI	65%	0%	35%
Washington	60%	0%	40%
Average	**63%**	**0%**	**37.5%**

Table D.2 - Psychiatrists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications (or Psychiatric referrals to community organizations).	Needed	Not Needed	Don't Know
Franklin County R-2	70%	0%	30%
Lonedell R-XIV	80%	0%	20%
Meramec Valley R-III	70%	0%	30%
New Haven	70%	0%	30%
St. Clair R-XIII	75%	0%	25%
Spring Bluff R-XV & Sullivan	75%	0%	25%
Strain-Japan R-16	70%	0%	30%
Gasconade County R-II (Gerald, MO)	75%	0%	25%
Union R-XI	75%	0%	25%
Washington	75%	0%	25%
Average	**74%**	**0%**	**27%**

Table D.3 - Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need	Needed	Not Needed	Don't Know
Franklin County R-2	65%	5%	25%
Lonedell R-XIV	75%	5%	15%
Meramec Valley R-III	65%	10%	20%
New Haven	70%	5%	20%
St. Clair R-XIII	70%	10%	15%
Spring Bluff R-XV & Sullivan	70%	10%	20%
Strain-Japan R-16	65%	10%	25%
Gasconade County R-II (Gerald, MO)	75%	10%	20%
Union R-XI	65%	15%	20%
Washington	65%	15%	20%
Average	**69%**	**10%**	**20%**

Table D.4 - Drug and alcohol use/abuse treatment.	Needed	Not Needed	Don't Know
Franklin County R-2	60%	5%	35%
Lonedell R-XIV	65%	5%	30%
Meramec Valley R-III	65%	0%	35%
New Haven	65%	0%	35%
St. Clair R-XIII	70%	0%	30%
Spring Bluff R-XV & Sullivan	65%	5%	30%
Strain-Japan R-16	60%	5%	35%
Gasconade County R-II (Gerald, MO)	70%	0%	30%
Union R-XI	70%	0%	30%
Washington	70%	0%	30%
Average	**66%**	**2%**	**32%**

Table D.5 - Services for teens who are pregnant and/or parenting.	Needed	Not Needed	Don't Know
Franklin County R-2	30%	20%	50%
Lonedell R-XIV	30%	25%	45%
Meramec Valley R-III	40%	15%	45%
New Haven	45%	10%	45%
St. Clair R-XIII	40%	15%	45%
Spring Bluff R-XV & Sullivan	35%	20%	40%
Strain-Japan R-16	30%	25%	40%
Gasconade County R-II (Gerald, MO)	30%	25%	40%
Union R-XI	40%	15%	40%
Washington	40%	10%	40%
Average	**36%**	**18%**	**43%**

Table D.6 - Services for youth in crisis	Needed	Not Needed	Don't Know
Franklin County R-2	55%	5%	40%
Lonedell R-XIV	65%	5%	30%
Meramec Valley R-III	60%	5%	35%
New Haven	60%	5%	35%
St. Clair R-XIII	65%	5%	30%
Spring Bluff R-XV & Sullivan	65%	5%	30%
Strain-Japan R-16	65%	5%	30%
Gasconade County R-II (Gerald, MO)	70%	5%	30%
Union R-XI	65%	5%	30%
Washington	65%	5%	30%
Average	**64%**	**5%**	**32%**

Table D.7 - Services for youth dealing with trauma.	Needed	Not Needed	Don't Know
Franklin County R-2	70%	0%	30%
Lonedell R-XIV	80%	0%	20%
Meramec Valley R-III	70%	0%	30%
New Haven	70%	0%	30%
St. Clair R-XIII	75%	0%	25%
Spring Bluff R-XV & Sullivan	75%	0%	25%
Strain-Japan R-16	70%	0%	30%
Gasconade County R-II (Gerald, MO)	75%	0%	25%
Union R-XI	75%	0%	25%
Washington	75%	0%	25%
Average	**74%**	**0%**	**27%**

Appendix E. Missouri Student Survey Table About Franklin County Students

	Missouri Student Survey	Franklin						MO	% Diff.	% Diff.	Rating scale
Category	Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO	for data point
Alcohol	Age of First Use – Alcohol	12.3	12.3	12.5	12.8	13.0	12.9	12.9	0.6	0.0	Average
Alcohol	Ease of availability - alcohol	44.3%	58.3%	58.4%	47.9%	55.7%	55.4%	49.1%	11.2%	6.3%	Very easy/ sort of
Alcohol	Lifetime alcohol use	56.5%	44.7%	43.2%	32.9%	39.2%	36.9%	34.5%	-19.6%	2.4%	Yes
Alcohol	Lifetime alcohol use (times)			42.1%	32.1%	38.3%	35.4%	33.0%	-6.7%	2.4%	Yes
Alcohol	Method of Alcohol Access: A family member gives or sells it to me						40.1%	37.8%		2.2%	Endorsed by users
Alcohol	Method of Alcohol Access: A friend gives or sells it to me						49.4%	44.7%		4.7%	Endorsed by users
Alcohol	Method of Alcohol Access: Buy it online						0.8%	0.7%		0.1%	Endorsed by users
Alcohol	Method of Alcohol Access: I ask a stranger to buy it for me						4.2%	4.5%		-0.3%	Endorsed by users
Alcohol	Method of Alcohol Access: I buy it from the store / bar / etc.						6.0%	3.7%		2.3%	Endorsed by users
Alcohol	Method of Alcohol Access: I take it without permission						23.1%	21.1%		2.0%	Endorsed by users
Alcohol	Method of Alcohol Access: Other						12.4%	15.4%		-3.0%	Endorsed by users
Alcohol	Past month alcohol use	28.7%	20.2%	18.1%	11.5%	17.0%	18.6%	14.4%	-10.1%	4.2%	1+ days
Alcohol	Past month driving under the influence	4.7%	2.0%	3.8%	2.4%	1.8%	2.1%	2.3%	-2.6%	-0.2%	1+ days
Alcohol	Past month riding with a driver under the influence	22.9%	25.2%	20.9%	17.4%	18.3%	19.0%	15.0%	-3.9%	4.0%	1+ days
Alcohol	Past two weeks binge drinking	14.3%		9.9%	4.6%	7.4%	8.5%	6.2%	-5.8%	2.3%	1+ times
Alcohol	Peer alcohol use	56.2%	57.1%	55.0%	41.7%	48.6%	51.7%	43.7%	-4.5%	8.0%	1+ friends
Alcohol	Peer perception of coolness of alcohol use				19.1%	26.5%	31.3%	26.9%	12.2%	4.4%	Pretty cool/very
Alcohol	Perception of friends feelings on student alcohol use				77.0%	76.7%	72.7%	75.3%	-4.3%	-2.6%	wrong/very
Alcohol	Perception of harm - alcohol (1 or 2 drinks nearly every day)				59.6%	67.6%	66.6%	68.6%	7.0%	-2.0%	moderate/ great risk
Alcohol	Perception of harm - alcohol (5 or more drinks once or twice a week)				74.2%	76.9%	75.9%	77.2%	1.7%	-1.3%	moderate/ great risk
Alcohol	Perception of harm - alcohol (no dosage)		76.5%	67.9%		64.9%	57.8%	60.2%	-18.6%	-2.4%	moderate/ great risk
Alcohol	Perception of parental feelings on student alcohol use					79.3%	79.0%	82.1%	-0.2%	-3.1%	wrong/very
Alcohol	Perception of parental feelings on student alcohol use (1-2 drinks nearly every day)				95.1%	93.4%	94.4%	93.8%	-0.7%	0.7%	wrong/very
Alcohol	Perception of wrongness - alcohol					66.0%	63.8%	67.6%	-2.2%	-3.8%	wrong/very
Alcohol	Perception of wrongness - alcohol (1 or 2 drinks nearly every day)				86.9%	85.1%	84.6%	86.3%	-2.3%	-1.6%	wrong/very
Alcohol	Perception of wrongness - alcohol (5 or more drinks once or twice a week)				88.7%	87.8%	88.0%	88.9%	-0.7%	-0.9%	wrong/very
Alcohol	School alcohol use			2.2%	0.3%	1.3%	1.5%	0.8%	-0.7%	0.8%	1+ days

	Missouri Student Survey	Franklin						MO	% Diff.	% Diff.	Rating scale
Category	Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO	for data point
Bullying	Past 3 month bullying online		11.5%	8.7%					5.4%		1+ times
Bullying	Past 3 month bullying online or via cell phone				13.5%	18.1%	16.9%	15.5%		1.4%	1+ times
Bullying	Past 3 month bullying via cell		13.0%	9.2%					3.9%		1+ times
Bullying	Past 3 month emotional bullying		70.7%	61.4%	50.1%	53.7%	51.9%	51.1%	-18.8%	0.8%	1+ times
Bullying	Past 3 month physical bullying			22.0%	14.2%	15.5%	14.3%	14.1%	-7.7%	0.2%	1+ times
Bullying	Past 3 month rumor spreading		34.3%	27.2%	23.3%	23.6%	22.1%	20.7%	-12.2%	1.4%	1+ times
Bullying	Past 3 month victim of bullying online		13.1%	12.6%					13.8%		1+ times
Bullying	Past 3 month victim of bullying online or via cell phone				21.6%	26.6%	26.8%	23.2%		3.6%	1+ times
Bullying	Past 3 month victim of bullying via cell		13.5%	15.4%					13.3%		1+ times
Bullying	Past 3 month victim of emotional bullying		68.5%	63.0%	60.0%	60.7%	62.7%	59.8%	-5.8%	2.9%	1+ times
Bullying	Past 3 month victim of physical bullying			27.6%	22.2%	24.2%	23.1%	20.9%	-4.4%	2.2%	1+ times
Bullying	Past 3 month victim of rumor spreading		55.1%	51.8%	48.8%	47.4%	47.6%	47.0%	-7.5%	0.6%	1+ times
Bullying	Past year fighting	38.4%	24.0%	21.8%	17.8%	18.0%	18.9%	17.8%	-19.6%	1.1%	1+ times
Bullying	Past year fighting with injury		4.3%	3.3%	2.6%	2.3%	3.2%	2.8%	-1.1%	0.4%	1+ times
Bullying	Past year victim of bullying at school - version 2	49.4%	27.4%	35.6%	34.4%	34.0%	32.0%	29.3%	-17.4%	2.7%	1+ times
Bullying	Past year victim of weapon threat at school	12.9%	9.8%	6.8%	7.5%	7.1%	8.7%	6.6%	-4.2%	2.1%	1+ times
Bullying	Peer gun carrying		8.6%	7.6%	4.7%	8.9%	9.6%	11.8%	1.0%	-2.2%	1+ friends
Illicit Drugs	Age of First Use – Inhalants		12.4	12.2	12.1	10.7	10.5	10.5	-1.8	0.0	Average
Ill. Drugs	Ease of availability - other illicit drugs	16.8%	17.9%	15.5%	11.8%	16.1%	14.3%	13.0%	-2.5%	1.3%	Very easy/sort of
Ill. Drugs	Ease of availability - synthetic drugs				26.8%	26.6%	24.2%	22.7%	-2.6%	1.4%	Very easy/sort of
Ill. Drugs	Lifetime club drug use	2.3%	2.1%	1.7%	1.3%	1.7%	1.2%	0.8%	-1.0%	0.4%	Yes
Ill. Drugs	Lifetime cocaine use	2.7%	1.6%	0.9%	0.7%	1.3%	0.7%	0.9%	-1.9%	-0.2%	Yes
Ill. Drugs	Lifetime hallucinogen use		4.1%	2.2%	1.7%	2.0%	1.7%	1.3%	-2.5%	0.4%	Yes
Ill. Drugs	Lifetime heroin use		0.6%	0.5%	0.3%	0.4%	0.2%	0.2%	-0.4%	0.0%	Yes
Ill. Drugs	Lifetime hookah use				10.5%	7.7%	5.5%	5.6%	-5.1%	-0.1%	Yes
Ill. Drugs	Lifetime inhalant use	9.1%	8.5%	5.0%	3.2%	3.0%	2.8%	2.2%	-6.4%	0.6%	Yes
Ill. Drugs	Lifetime methamphetamine use		1.0%	0.8%	0.8%	0.5%	0.3%	0.3%	-0.7%	0.0%	Yes
Ill. Drugs	Lifetime synthetic drug use			4.9%	3.4%	1.5%	1.8%	1.1%	-3.1%	0.6%	Yes
Ill. Drugs	Past month hookah use				5.9%	3.0%	2.5%	2.6%	-3.4%	-0.1%	1+ days
Ill. Drugs	Past month inhalant use	4.1%	3.7%	2.3%	1.2%	0.9%	1.4%	1.0%	-2.8%	0.3%	1+ days
Ill. Drugs	Past month synthetic drugs			2.2%	1.0%	0.2%	0.7%	0.3%	-1.6%	0.4%	1+ days
Ill. Drugs	Peer other illicit drug use		16.7%	13.2%	10.5%	12.8%	13.1%	10.2%	-3.6%	2.9%	1+ friends
Ill. Drugs	Perception of harm - other illicit drugs		92.2%	93.7%	94.3%	92.9%	91.7%	91.0%	-0.5%	0.7%	Mod./ great risk
Ill. Drugs	Perception of harm - synthetic drugs				90.3%	90.1%	88.9%	87.3%	-1.4%	1.6%	Mod./ great risk

	Missouri Student Survey	Franklin						MO	% Diff.	% Diff.	Rating scale
Category	Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO	for data point
Marijuana	Age of First Use – Marijuana	13.2	13.2	13.2	13.6	14.4	14.1	14.2	0.9	-0.1	Average
Marijuana	Ease of availability - marijuana	33.0%	34.8%	35.4%	29.3%	36.5%	38.6%	37.1%	5.6%	1.5%	Very easy/sort of
Marijuana	Lifetime marijuana use	16.8%	15.9%	13.6%	11.7%	15.8%	15.3%	13.9%	-1.5%	1.5%	Yes
Marijuana	Method of Marijuana Access: A family member gives or sells it to me						16.9%	20.3%		-3.3%	Endorsed by users
Marijuana	Method of Marijuana Access: A friend gives or sells it to me						73.8%	72.9%		0.9%	Endorsed by users
Marijuana	Method of Marijuana Access: A stranger gives or sells it to me						6.0%	5.3%		0.7%	Endorsed by users
Marijuana	Method of Marijuana Access: I buy it from a dealer						32.2%	30.5%		1.7%	Endorsed by users
Marijuana	Method of Marijuana Access: I buy it online						0.7%	1.6%		-0.9%	Endorsed by users
Marijuana	Method of Marijuana Access: I take it without permission						7.6%	4.6%		3.0%	Endorsed by users
Marijuana	Method of Marijuana Access: Other						8.6%	11.1%		-2.5%	Endorsed by users
Marijuana	Past month marijuana use	9.0%	8.1%	6.2%	5.8%	7.9%	8.3%	6.4%	-0.7%	1.8%	1+ days
Marijuana	Peer perception of coolness of marijuana use				13.8%	22.7%	27.5%	26.0%	13.7%	1.5%	Pretty cool/very
Marijuana	Peer smoking marijuana	29.5%	33.3%	32.3%	29.3%	36.9%	39.4%	34.5%	9.9%	4.9%	1+ friends
Marijuana	Perception of friends feelings on student marijuana use				80.2%	75.6%	71.0%	71.1%	-9.2%	-0.1%	wrong/very
Marijuana	Perception of harm - marijuana		69.4%	75.4%	66.4%	67.9%	64.9%	63.1%	-4.5%	1.8%	moderate/great risk
Marijuana	Perception of parental feelings on student marijuana use	94.1%	92.4%	94.3%	93.9%	92.2%	90.8%	90.9%	-3.3%	-0.1%	wrong/very
Marijuana	Perception of parental feelings on student marijuana use (once or twice a week)				95.3%	93.3%	92.7%	93.0%	-2.5%	-0.2%	wrong/very
Marijuana	Perception of wrongness - marijuana					80.8%	77.7%	79.2%	-3.1%	-1.5%	wrong/very
Marijuana	Perception of wrongness - marijuana (once or twice a week)				85.1%	82.4%	81.2%	82.2%	-3.9%	-1.0%	wrong/very
Marijuana	School marijuana use			1.4%	0.6%	1.1%	1.3%	1.1%	-0.1%	0.1%	1+ days
Mental Health	Depression scale - Student eating disruption		18.2%	18.9%	20.5%	22.0%	23.7%	21.8%	5.5%	1.9%	Often/always
MH	Depression scale - Student feels hopeless		10.7%	11.0%	12.6%	13.7%	17.5%	13.1%	6.8%	4.4%	Often/always
MH	Depression scale - Student irritable		21.9%	26.1%	24.5%	31.5%	34.2%	35.0%	12.3%	-0.8%	Often/always
MH	Depression scale - Student school work disruption		20.0%	24.8%	23.8%	30.2%	33.4%	29.5%	13.4%	3.9%	Often/always
MH	Depression scale - Student sleeping disruption		27.5%	20.8%	19.2%	23.5%	32.2%	33.4%	4.6%	-1.2%	Often/always
MH	Depression scale - Student very sad		18.7%	19.7%	20.5%	22.9%	28.0%	24.4%	9.3%	3.6%	Often/always
MH	Student feels optimistic about their future					80.0%	74.8%	76.1%	-5.1%	-1.2%	Agree/ Strongly
MH	Student feels that they handle stress in a healthy way					63.4%	57.7%	59.6%	-5.8%	-1.9%	Agree/ Strongly
MH	Student has adults in their life to turn to when things feel overwhelming					77.3%	73.9%	76.8%	-3.4%	-3.0%	Agree/ Strongly
MH	Student knows where to go in their community to get help					72.8%	69.2%	68.8%	-3.6%	0.4%	Agree/ Strongly

	Missouri Student Survey	Franklin						MO	% Diff.	% Diff.	Rating scale
Category	Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO	for data point
OTC/Scrpt	Age of First Use – Over-the-Counter						10.7	11.9		-1.1	Average
OTC/Scrpt	Age of First Use – Prescription Drug Misuse						11.3	11.6		-0.3	Average
OTC/Scrpt	Ease of availability – over the counter drugs			51.2%	45.0%	54.3%	53.4%	50.4%	2.2%	3.0%	Very easy/sort of
OTC/Scrpt	Ease of availability – prescription drugs			30.4%	24.5%	31.4%	28.7%	25.5%	-1.7%	3.3%	Very easy/sort of
OTC/Scrpt	Lifetime over the counter drug misuse		8.1%	4.8%	2.7%	3.7%	4.2%	4.2%	-3.9%	0.1%	Yes
OTC/Scrpt	Lifetime prescription drug misuse		12.8%	8.1%	4.9%	12.7%	7.4%	6.7%	-5.4%	0.8%	Yes
OTC/Scrpt	Method of Rx Access: A family member gives or sells it to me						20.3%	25.2%		-4.9%	Endorsed by users
OTC/Scrpt	Method of Rx Access: A friend gives or sells it to me						9.8%	13.8%		-4.0%	Endorsed by users
OTC/Scrpt	Method of Rx Access: A stranger gives or sells it to me						1.4%	2.2%		-0.8%	Endorsed by users
OTC/Scrpt	Method of Rx Access: Buy it online						1.4%	0.8%		0.6%	Endorsed by users
OTC/Scrpt	Method of Rx Access: I take it without permission						9.1%	6.0%		3.1%	Endorsed by users
OTC/Scrpt	Method of Rx Access: Other						11.2%	3.7%		7.4%	Endorsed by users
OTC/Scrpt	Past month over the counter drug misuse		4.7%	2.8%	1.2%	1.5%	2.3%	1.6%	-2.4%	0.7%	1+ days
OTC/Scrpt	Past month prescription drug misuse		7.7%	3.6%	2.9%	8.6%	8.5%	7.6%	0.8%	0.9%	1+ days
OTC/Scrpt	Past Year Misuse Among those who Used: Other Rx medication					24.2%	14.0%	18.6%	-10.2%	-4.6%	1+ times
OTC/Scrpt	Past Year Misuse Among those who Used: Pain medication					71.0%	49.7%	48.3%	-21.4%	1.4%	1+ times
OTC/Scrpt	Past Year Misuse Among those who Used: Sedatives /anxiety meds					20.8%	24.5%	21.3%	3.7%	3.2%	1+ times
OTC/Scrpt	Past Year Misuse Among those who Used: Sleeping medication					29.0%	21.7%	25.3%	-7.4%	-3.6%	1+ times
OTC/Scrpt	Past Year Misuse Among those who Used: Stimulants					15.8%	20.3%	10.3%	4.5%	10.0%	1+ times
OTC/Scrpt	Perception of friends feelings on student prescription drug misuse				91.2%	89.9%	88.2%	87.8%	-3.0%	0.3%	wrong/very
OTC/Scrpt	Perception of harm - over the counter drugs to get high			81.5%	82.3%	81.2%	79.3%	78.4%	-2.1%	0.9%	moderate/great risk
OTC/Scrpt	Perception of harm – prescription drug misuse			85.4%	88.1%	88.7%	87.7%	87.0%	2.2%	0.6%	moderate/great risk
OTC/Scrpt	Perception of parental feelings on student OTC drug misuse			96.0%	98.4%	97.4%	96.3%	96.1%	0.4%	0.2%	wrong/very
OTC/Scrpt	Perception of parental feelings on student prescription drug misuse			95.1%	97.6%	95.6%	95.3%	95.5%	0.2%	-0.2%	wrong/very
OTC/Scrpt	Perception of wrongness - over the counter drug misuse			90.2%	95.4%	94.7%	92.5%	92.9%	2.2%	-0.5%	wrong/very
OTC/Scrpt	Perception of wrongness - prescription drug misuse			90.3%	95.1%	94.8%	94.5%	94.8%	4.2%	-0.3%	wrong/very
OTC/Scrpt	Reason given for Rx Misuse: Curiosity					9.2%	9.8%	7.2%	0.6%	2.6%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To fit in with friends					3.2%	1.4%	2.4%	-1.8%	-1.0%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To have a good time					9.7%	9.8%	9.4%	0.1%	0.4%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To help me feel better or happier					22.1%	18.2%	13.8%	-3.9%	4.4%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To help me sleep					32.4%	19.6%	22.2%	-12.9%	-2.7%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To help with stress reduction					21.7%	14.8%	16.1%	-6.9%	-1.3%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To help with weight loss					6.0%	2.1%	3.2%	-3.9%	-1.1%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To improve academics/grades					7.0%	3.5%	5.5%	-3.5%	-2.0%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To increase my energy					14.0%	7.7%	11.7%	-6.3%	-4.0%	Endorsed by users
OTC/Scrpt	Reason given for Rx Misuse: To reduce and-or manage pain					40.9%	23.8%	27.9%	-17.1%	-4.2%	Endorsed by users

	Missouri Student Survey	Franklin						MO	% Diff.	% Diff.	Rating scale
Category	Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO	for data point
School-based beh.	Days missed due to safety concerns			4.5%	4.0%	5.0%	9.7%	7.6%	5.2%	2.1%	1+ days
School-based beh.	Days skipped or cut			26.0%	23.9%	24.9%	28.6%	29.6%	2.6%	-1.1%	1+ days
School-based beh.	No discrimination in student treatment		80.2%	79.0%	85.4%	84.2%	81.6%	79.4%	1.5%	2.2%	Agree/ Strongly
School-based beh.	Parents check on students homework	78.3%	82.0%	82.2%	82.1%	80.2%	79.6%	81.2%	1.3%	-1.7%	Agree/ Strongly
School-based beh.	Parents consult student when making decisions	61.7%	68.7%	65.8%	67.5%	68.5%	67.5%	70.0%	5.8%	-2.6%	Agree/ Strongly
School-based beh.	Parents notice and comment on good work	60.5%	84.2%	82.4%	84.1%	68.5%	80.8%	83.0%	20.3%	-2.2%	Agree/ Strongly
School-based beh.	Perception of school safety		85.4%	87.1%	89.2%	87.4%	80.4%	84.0%	-5.0%	-3.6%	Agree/ Strongly
School-based beh.	Rules are enforced fairly		67.5%	61.2%	68.8%	66.7%	65.2%	65.6%	-2.3%	-0.4%	Agree/ Strongly
School-based beh.	School notifies parents with praise	43.6%	46.5%	38.9%	41.4%	40.2%	38.3%	41.1%	-5.3%	-2.8%	Agree/ Strongly
School-based beh.	Student believes it is ok to cheat	35.1%	25.1%	22.1%	14.9%	21.2%	21.3%	21.7%	-13.9%	-0.4%	Agree/ Strongly
School-based beh.	Student ignores rules	25.3%	24.0%	20.9%	15.2%	19.0%	17.0%	16.2%	-8.3%	0.8%	Agree/ Strongly
School-based beh.	Student is oppositional	18.5%	17.4%	14.5%	11.3%	12.5%	13.9%	12.6%	-4.6%	1.4%	Agree/ Strongly
School-based beh.	Teachers notice and comment on good work	69.3%	71.2%	65.7%	75.0%	74.3%	73.6%	73.7%	4.3%	-0.1%	Agree/ Strongly
Self-harm	Past year attempting suicide	7.4%	5.7%	5.4%	5.8%	6.0%	6.7%	6.2%	-0.7%	0.6%	1+ times
Self-harm	Past year planning suicide	13.6%	8.6%	9.8%	9.6%	10.6%	11.7%	10.9%	-1.9%	0.8%	Yes
Self-harm	Past year seriously considering suicide	17.3%	11.0%	11.9%	11.8%	14.0%	15.7%	14.1%	-1.6%	1.6%	Yes
Self-harm	Past year suicide with injury	3.9%	0.0%	1.6%	1.0%	1.0%	1.5%	1.3%	-2.4%	0.2%	Yes
Self-harm	Self-injury			12.8%	13.8%	18.0%	19.3%	19.5%	6.6%	-0.2%	Yes

	Missouri Student Survey	Franklin						MO	% Diff.	% Diff.	Rating scale
Category	Item	2008	2010	2012	2014	2016	2018	2018	* to 2018	FC to MO	for data point
Tobacco	Age of First Use – Cigarettes	11.8	11.9	12.1	12.8	13.0	12.9	12.7	1.1	0.2	Average
Tobacco	Ease of availability - cigarettes	42.7%	53.7%	51.8%	44.1%	48.5%	48.1%	44.6%	5.4%	3.5%	Very easy/sort of
Tobacco	Ease of availability - electronic cigarettes					45.9%	53.8%	48.3%	7.9%	5.5%	Very easy/sort of
Tobacco	Lifetime chew use	15.1%	14.9%	12.5%	11.2%	11.0%	9.4%	9.9%	-5.7%	-0.5%	Yes
Tobacco	Lifetime cigarette use	26.8%	24.3%	21.0%	19.2%	17.3%	16.2%	18.2%	-10.6%	-2.0%	Yes
Tobacco	Lifetime electronic cigarette use				17.0%	23.1%	32.0%	26.9%	15.0%	5.1%	Yes
Tobacco	Method of Cigarette Access: A family member gives/sells to me						11.5%	11.3%		0.3%	Endorsed by users
Tobacco	Method of Cigarette Access: A friend gives or sells them to me						42.7%	39.6%		3.1%	Endorsed by users
Tobacco	Method of Cigarette Access: Buy them online						0.9%	0.5%		0.5%	Endorsed by users
Tobacco	Method of Cigarette Access: I ask a stranger to buy them for me						4.7%	4.3%		0.4%	Endorsed by users
Tobacco	Method of Cigarette Access: I buy them from the store						17.1%	13.4%		3.7%	Endorsed by users
Tobacco	Method of Cigarette Access: I take them without permission						25.2%	23.3%		1.9%	Endorsed by users
Tobacco	Method of Cigarette Access: Other						19.3%	18.1%		1.2%	Endorsed by users
Tobacco	Method of E-Cigarette Access: A family member gives/sells to me						11.1%	10.7%		0.4%	Endorsed by users
Tobacco	Method of E-Cigarette Access: A friend gives or sells them to me						55.3%	50.0%		5.3%	Endorsed by users
Tobacco	Method of E-Cigarette Access: Buy them online						11.9%	8.7%		3.2%	Endorsed by users
Tobacco	Method of E-Cigarette Access: I ask a stranger to buy them for me						2.7%	3.1%		-0.4%	Endorsed by users
Tobacco	Method of E-Cigarette Access: I buy them from the store						16.6%	13.9%		2.7%	Endorsed by users
Tobacco	Method of E-Cigarette Access: I take them without permission						6.7%	6.6%		0.0%	Endorsed by users
Tobacco	Method of E-Cigarette Access: Other						15.6%	16.1%		-0.5%	Endorsed by users
Tobacco	Past month chew use	6.9%	9.1%	7.6%	4.1%	5.5%	3.9%	4.4%	-3.0%	-0.5%	1+ days
Tobacco	Past month cigarette use	13.9%	13.5%	9.6%	8.0%	6.6%	6.1%	6.0%	-7.8%	0.1%	1+ days
Tobacco	Past month electronic cigarette use				12.3%	10.8%	22.6%	15.3%	10.2%	7.3%	1+ days
Tobacco	Peer perception of coolness of cigarette use				7.0%	8.3%	11.8%	10.7%	4.7%	1.1%	Pretty cool/very
Tobacco	Peer perception of coolness of electronic cigarette use					16.9%	34.6%	25.9%	17.7%	8.7%	Pretty cool/very
Tobacco	Peer smoking cigarettes	38.2%	44.6%	39.5%	34.2%	30.5%	29.7%	26.2%	-8.5%	3.5%	1+ friends
Tobacco	Perception of enforcement - cigarettes	22.1%	27.8%	25.2%	32.3%	28.2%	28.8%	29.4%	6.7%	-0.6%	Yes or Yes!
Tobacco	Perception of friends feelings on student cigarette use				80.3%	82.4%	79.4%	79.4%	-0.9%	0.0%	wrong/very
Tobacco	Perception of harm - cigarettes (1+ pack per day)					85.8%	84.9%	83.0%	-0.9%	1.9%	Mod./ great risk
Tobacco	Perception of harm - cigarettes (no dosage)		80.0%	83.0%	86.2%					0.0%	Mod./ great risk
Tobacco	Perception of harm - electronic cigarettes					59.9%	54.9%	58.1%	-5.0%	-3.2%	Mod./ great risk
Tobacco	Perception of parental feelings on student cigarette use	92.8%	89.3%	93.0%	94.5%	93.4%	93.7%	94.0%	0.9%	-0.3%	wrong/very
Tobacco	Perception of wrongness - cigarettes	80.1%	80.1%	84.1%	88.9%	89.2%	87.5%	87.1%	7.4%	0.4%	wrong/very
Tobacco	Perception of wrongness - electronic cigarettes					78.5%	71.2%	76.9%	-7.3%	-5.7%	wrong/very

Appendix F. School Staff Survey Tables

Behavioral/Mental Health Services for Youth - Necessity and Availability in Franklin County- by School District*

Table F.1 - Program Needed the Most by School District & Grade Level
Lonedell R-XIV
Elementary (K-5)
School Counselor, Crider and more counselors to service individual students
Middle School (6-8)
Kids with behavioral problems (trauma)
Self-esteem acceptance
Multiple grade levels
A more productive bully prevention program.
Full-time social worker. Licensed Counselor for mental health issues
School based social worker, 5 days a week
Meramec Valley R-III
Elementary (K-5)
Any mental health service. We have no psychologists or psychiatrists in the area and even in St. Louis there is a 6-9 month wait. Our kids need mental health assistance and have nowhere to turn.
MVR-III community needs access to a social worker, psychologist, and psychiatrist.
Middle School (6-8)
Mandatory counseling for truancy.
New Haven School District
Middle School (6-8)
drug abuse/prevention, chronic absenteeism
Multiple grade levels
Counseling/therapy
kids in some sort of trauma
School District of Washington
Elementary (K-5)
More services for community based in Marthasville
Multiple grade levels
In-home services working with parents
St. Clair R-XIII
Elementary (K-5)
Loss and death and drug abuse
We need more services for our younger (pre-k) kids. I have some kids with severe needs who have struggled to find services, despite recommendations and referrals. It's frustrating in my classroom as well to lack the mental health support we need for students. The age I teach (ECSE) is very at risk. We need services.
Multiple grade levels
Bullying prevention
Sullivan School District
Elementary (K-5)
Helping students deal with trauma and neglect. Also students who come from homes where parents, other adults, or siblings suffer from addiction or with mental health issues.
More mental health specialists available to students with less stipulations
Providers that will come to the school to administer services.

Severe emotional and behavioral needs--youth dealing with trauma.
Middle School (6-8)
More Mental Health Specialists and Therapists.
High School (9-12)
Availability & accessibility to all students and families - decrease the amount of paperwork and "red tape" prior to providing services
Compass
Multiple grade levels
More behavioral/mental health services period. Or, maybe just refine the way the current ones work "with" schools. We need to find a way to incorporate mental/behavioral health services during and throughout the school day in conjunction with the education. I'm finding that the most severe students with these issues aren't successful with a full school day and only an hour or two of counseling/services a week (usu. on a one-on-one, behind closed doors situation). Please, let's discuss some new ideas of how to combine the two in a public school setting (without sending students to an alternative/outside/residential setting).
Therapy for students who have suffered trauma and school based mental health workers who can work with school staff on how to support the student with mental health problems. Most importantly more training and therapy for parents along with accountability for the parents is needed. Too many parents are told what they need to do to improve the lives of their children, but there is no accountability for them to participate. Therefore, too many kids get released from mental health services because the parents won't show up to the appointments.
We need services to help the school and families who have a child with severe/dangerous behaviors.
Union R-XI
Elementary (K-5)
Help for our children who have parents on drugs. They are emotionally, behaviorally, and educationally suffering.
A social worker in the school!!!!!!!!!!!!!!!!!!!
Counseling for students who have experienced trauma. Counselors who can come to school and provide that counseling.
counseling, resources for families with mental health
Crider
ED, ODD assistance. More hands for students with anger issues that have a hard time being in the classroom.
many
more access in evenings so families in need are more willing to seek help as they wont need to take off work
More counseling individual or small group for those kids who have serious trauma or neglect.
Pinocchio
Psychiatrists
Psychologist and trauma trained personnel at school.
Middle School (6-8)
All of the services are needed
Crider
I think the kids need more things that offer hope - body positivity, raising self-esteem, etc..
We need MORE help. So many kids need services.
High School (9-12)
Anxiety, depression, and substance abuse.
Autism behavior counselors are in severe short supply
Child Psychiatry

Depression and anxiety assistance; emotional behaviors
Depression/Anxiety
fighting depression and anxiety
Need more on-site counseling and services.
Services for students with moderate to severe intellectual disabilities
Multiple grade levels
Anxiety
Crider
More online/cyber bullying services
therapists (for students to talk to)
Unfortunately, many of the resources we have to utilize are reactive in nature. So, any proactive mental health services to assist young adults in "how" to avoid the stressors that are put onto students growing up in this cyberworld.
Helping students deal with the impacts of trauma

Table F.2 - Behavioral Health Programs Currently Needed by School District Staff (Who Responded)

Abuse and neglect (body safety) prevention

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran		0	1	1	0%
Lonedell R-XIV	2	13		15	100%
Meramec Valley R-III		6	1	7	86%
New Haven School District	3	3	2	8	60%
Other		2		2	100%
School District of Washington		1	3	4	25%
St. Clair R-XIII		2	1	3	67%
St. Francis Borgia Regional High School	1	0		1	N/A
Sullivan School District		9	2	11	82%
Union R-XI	14	49	7	70	88%
Grand Total	20	85	17	122	102

Bullying/cyber-bullying prevention

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV		14	1	15	93%
Meramec Valley R-III		5	1	6	83%
New Haven School District	2	4	2	8	67%
Other	1	1		2	100%
School District of Washington		2	2	4	50%
St. Clair R-XIII		3		3	100%
St. Francis Borgia Regional High School			1	1	0%
Sullivan School District	1	7	2	10	78%
Union R-XI	5	56	11	72	84%
Grand Total	9	92	21	122	113

Chronic absenteeism prevention

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV	5	7	3	15	70%
Meramec Valley R-III		6	1	7	86%
New Haven School District	1	6	1	8	86%
Other	1	1		2	100%
School District of Washington		3	1	4	75%
St. Clair R-XIII		2	1	3	67%
St. Francis Borgia Regional High School		1		1	100%
Sullivan School District		9	2	11	82%
Union R-XI	16	41	13	70	76%
Grand Total	23	76	23	122	99

Coping with grief, loss, an/or divorce training

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran		1		1	100%
Lonedell R-XIV		14	1	15	93%
Meramec Valley R-III		3	2	5	60%
New Haven School District	1	7		8	100%
Other		2		2	100%
School District of Washington	1		3	4	0%
St. Clair R-XIII		3		3	100%
St. Francis Borgia Regional High School	1			1	N/A
Sullivan School District	1	4	5	10	44%
Union R-XI	12	49	12	73	80%
Grand Total	16	83	23	122	106

Counseling (at school) for students with social, emotional, or behavioral needs (depression, anxiety, anger, etc.)

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran		1		1	100%
Lonedell R-XIV		16		16	100%
Meramec Valley R-III		5	1	6	83%
New Haven School District		5	3	8	63%
Other		2		2	100%
School District of Washington		1	3	4	25%
St. Clair R-XIII		3		3	100%
St. Francis Borgia Regional High School		1		1	100%
Sullivan School District		11		11	100%
Union R-XI	4	64	5	73	93%
Grand Total	4	109	12	125	121

Drug and alcohol use and abuse prevention

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV	5	7	1	13	88%
Meramec Valley R-III		2	3	5	40%
New Haven School District	1	4	3	8	57%
Other	1	1		2	100%
School District of Washington	1	1	2	4	33%
St. Clair R-XIII		2	1	3	67%
St. Francis Borgia Regional High School		1		1	100%
Sullivan School District		5	4	9	56%
Union R-XI	12	44	13	69	77%
Grand Total	20	67	28	115	95

Feelings of belonging/acceptance (diversity) training

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV	2	13	1	16	93%
Meramec Valley R-III		2	3	5	40%
New Haven School District	2	6		8	100%
Other		2		2	100%
School District of Washington		3	1	4	75%
St. Clair R-XIII		3		3	100%
St. Francis Borgia Regional High School	1			1	N/A
Sullivan School District	2	3	4	9	43%
Union R-XI	11	44	15	70	75%
Grand Total	18	76	25	119	101

Online safety training

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV	3	8	1	12	89%
Meramec Valley R-III		3	2	5	60%
New Haven School District	1	4	2	7	67%
Other	1	1		2	100%
School District of Washington		2	2	4	50%
St. Clair R-XIII		2	1	3	67%
St. Francis Borgia Regional High School	1			1	N/A
Sullivan School District		7	3	10	70%
Union R-XI	13	34	22	69	61%
Grand Total	19	61	34	114	95

Self- harm and suicide prevention/resources

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV	3	12		15	100%
Meramec Valley R-III		5	2	7	71%
New Haven School District	1	4	3	8	57%
Other	1	1		2	100%
School District of Washington		3	1	4	75%
St. Clair R-XIII	1	2		3	100%
St. Francis Borgia Regional High School		1		1	100%
Sullivan School District		9	1	10	90%
Union R-XI	10	47	11	68	81%
Grand Total	16	84	19	119	103

Social/emotional skills training (grade/age-focused)

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV		16		16	100%
Meramec Valley R-III	1	5		6	100%
New Haven School District	1	6	1	8	86%
Other		1	1	2	50%
School District of Washington		2	2	4	50%
St. Clair R-XIII		3		3	100%
St. Francis Borgia Regional High School		1		1	100%
Sullivan School District	1	9	1	11	90%
Union R-XI	1	67	4	72	94%
Grand Total	4	110	10	124	120

Healthy dating relationships education

	Don't Know	Needed	Not Needed	Grand Total	% Needed
Immanuel Lutheran			1	1	0%
Lonedell R-XIV	3	9	1	13	90%
Meramec Valley R-III		2	3	5	40%
New Haven School District	4	1	3	8	25%
Other	2			2	N/A
School District of Washington	1	1	2	4	33%
St. Clair R-XIII		2	1	3	67%
St. Francis Borgia Regional High School	1			1	N/A
Sullivan School District	1	3	6	10	33%
Union R-XI	16	28	25	69	53%
Grand Total	28	46	42	116	88

Table F.3- Behavioral/Mental Health Services for Youth - Necessity and Availability per School District (with staff who responded)

Psychologists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs (or clinical referrals to community organizations).

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	14		1	100%	15	3	5	5	2	38%	15
Meramec Valley R-III	6			100%	6		3	3		50%	6
New Haven School District	4	1		80%	5		4		1	0%	5
Other	2			100%	2		1	1		50%	2
School District of Washington	3			100%	3		1	2		67%	3
St. Clair R-XIII	3			100%	3	1	2			0%	3
Sullivan School District	10	1		91%	11	1	9	1		9%	11
Union R-XI	48	4	8	92%	60	7	32	2	14	5%	55
Total	90	6	9	94%	105	12	57	14	17	17%	100

Psychiatrists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications (or Psychiatric referrals to community organizations).

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	13		2	100%	15	3	6	5	1	36%	15
Meramec Valley R-III	6			100%	6		3	3		50%	6
New Haven School District	4		1	100%	5		3	1	1	25%	5
Other	2			100%	2		1	1		50%	2
School District of Washington	3			100%	3		1	2		67%	3
St. Clair R-XIII	3			100%	3	1	2			0%	3
Sullivan School District	9	2		82%	11	1	10			0%	11
Union R-XI	47	3	10	94%	60	7	30	3	16	8%	56
Total	87	5	13	95%	105	12	56	15	18	18%	101

Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	14	1		93%	15	3	10	1	1	7%	15
Meramec Valley R-III	5	1		83%	6	1	1	4		67%	6
New Haven School District	4	1		80%	5	1	3	1		20%	5
Other	2			100%	2		2			0%	2
School District of Washington	2	1		67%	3		2	1		33%	3
St. Clair R-XIII	3			100%	3	1	2			0%	3
Sullivan School District	10	1		91%	11	2	6	1	2	11%	11
Union R-XI	49	5	6	91%	60	15	27	1	13	2%	56
Total	89	10	6	90%	105	23	53	9	16	11%	101

Drug and alcohol use/abuse treatment

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	10		4	100%	14	2	3	3	7	38%	15
Meramec Valley R-III	2	1	1	67%	4	1	3	1	1	20%	6
New Haven School District	4	1		80%	5	1		2	2	67%	5
Other	1	1		50%	2		2			0%	2
School District of Washington	2	1		67%	3			3		100%	3
St. Clair R-XIII	3			100%	3	1	1		1	0%	3
Sullivan School District	10	1		91%	11	1	5	2	3	25%	11
Union R-XI	36	6	16	86%	58	8	22	4	21	12%	55
Total	68	11	21	86%	100	14	36	15	35	23%	100

Services for teens who are pregnant and/or parenting.

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	5	4	5	56%	14	1	3	3	8	43%	15
Meramec Valley R-III	2	1	2	67%	5	1		3	2	75%	6
New Haven School District	3	1	1	75%	5	1	2	1	1	25%	5
Other		1	1	0%	2		1		1	0%	2
School District of Washington	1	2		33%	3	1		2		67%	3
St. Clair R-XIII	3			100%	3	1	1	1		33%	3
Sullivan School District	5	3	3	63%	11	2	4	1	3	14%	10
Union R-XI	25	10	24	71%	59	7	21	4	24	13%	56
Total	44	22	36	67%	102	14	32	15	39	25%	100

Services for youth in crisis.

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	14		1	100%	15	3	7	3	2	23%	15
Meramec Valley R-III	6			100%	6		3	2	1	40%	6
New Haven School District	5			100%	5	1	3	1		20%	5
Other	1		1	100%	2	1	1			0%	2
School District of Washington	2	1		67%	3		3			0%	3
St. Clair R-XIII	3			100%	3	1	2			0%	3
Sullivan School District	11			100%	11	2	4	2	3	25%	11
Union R-XI	45	4	11	92%	60	9	25	2	20	6%	56
Total	87	5	13	95%	105	17	48	10	26	13%	101

Services for youth dealing with trauma.

	Needed	Not Needed	Don't Know	**% Needed**	Grand Total	Available	Available; limited access	Not Available	Don't Know	**% Not Avail.**	Grand Total
Lonedell R-XIV	14		1	100%	15	4	8	2	1	14%	15
Meramec Valley R-III	6			100%	6		3	2	1	40%	6
New Haven School District	5			100%	5		2	2	1	50%	5
Other	2			100%	2	1		1		50%	2
School District of Washington	3			100%	3		3			0%	3
St. Clair R-XIII	3			100%	3	1	2			0%	3
Sullivan School District	11			100%	11	1	7	1	2	11%	11
Union R-XI	45	3	11	94%	59	9	26	2	19	5%	56
Total	89	3	12	97%	104	16	51	10	24	13%	101

Table F.4- General Comments – School Staff Survey

General Comments
Lonedell R-XIV
I deeply appreciate all of the resources that have become available to our students and their families. The frustrating part is trying to get around the system, guidelines for how to get the help is not always easy for our families or it's a timing issue, like hurry up and wait. Also, many times neglectful parents don't try to get help for their struggling children. I feel that there needs to be a well-run shelter for families in crisis and housing for our displaced youth. The only one I know of in Franklin Co is Agape and that looks rough. I forgot to mention United Way also helps with providing us funds to buy things for our students. That is also very helpful and appreciated! Thank you!
No
We appreciate each and every service you have been able to provide to our district. We do see an ever-increasing need for mental health support in our district. We have a lot of children in need.
Meramec Valley R-III
If a student is referred to the FCCRB committee please alert school staff / counselors 2 weeks in advance so we can attend.
The supports that FCCRB does provide is appreciated. Meramec Valley R-III could use additional mental health support and drug prevention for our teenage and parent populations.
Transportation is the key factor in getting families to Compass Health Open Access. Availability and cost are the key factors in not having therapists available for the students with mental health issues that need them.
New Haven School District
The FCCRB funds have literally saved the lives of many students. The fact that we have an MHS and school-based therapist in our school is amazing. Pinocchio is a wonderful resource for our little ones. Our school utilizes many of the prevention programming and has an ARTC group for our middle schoolers. Our district went from zero services (besides our awesome school counseling program) to a wealth of resources and services! I love the trauma informed school approach and I am so very happy the county is heading this direction. Thank you!
St. Clair R-XIII
I feel like the board needs to evaluate the services they fund. Make sure they are doing what is intended and make sure that the work they are funding is quality. Also, remember that times are changing and things that made sense even 10 years ago don't work now. Finally - REMEMBER THE LITTLE ONES. PREVENTION STARTS AT BIRTH!
Pinocchio is great help/ support for students!
Sullivan School District
Everything the FCCRB does for schools is very much appreciated. A full-time mental health specialist would be ideal in each school building to help with students with severe emotional needs. It is beyond the schools' capacity to help these children.
I do appreciate the fact that we have school-based services through Crider. I would really like to see the workers communicate more with teachers and as a team (like IEP teams do). Most teachers don't even know when the students are being seen by one, and when they are being seen, they are never communicated with regarding the students' treatment, progress, or given suggestions on how to improve mental/behavioral health within the classroom setting or school day.
There is not a lack of services. We would like to see more progress in the children's behaviors and more school support (guidance to teachers). Not all, but too many cases are opened for several years without having measurable improvements.

We need one contact person who can meet with all stakeholders in the district (counselors, teachers, & administrators) to discuss services and programs.
Union R-XI
I appreciate all that is being done and am grateful that you are looking into how to best use the resources available. Seventeen-year-olds leaving home is becoming a new trend. They are going to need help finding jobs that can become careers because many will not go to college.
Students need to hear from people who have gone through what they're going through, especially people their own age. Information is boring to them; they need inspiration. Interactive activities will keep their attention.
Thank you for all of your support for our kids. Trauma's impact in our schools is currently our biggest struggle. We are beginning the journey for this, but need lots of help. The mental health of our kids is such a concern.
Thank you for all you do.
The FCCRB has been a great asset to our district. The trauma/crisis that continues to increase in our students seem to increase at a faster rate than our services can handle. The role of the school counselor has shifted from an educational counselor to a "trauma/crisis" counselor. I believe without the assistance that our district has received from the FCCRB many of the student crisis's that we have experienced may have resulted in a much more serious result. Thanks for the partnership!
Would love to see schools have more mental health professionals on staffing to help children. One or two counselors in a large school are simply overwhelmed by all the responsibilities on their plate. They are stretched to thin to be able to dig into certain situations and children are suffering. Behaviors are at an all-time high, but it isn't necessarily the fault of the child. They are trying to function at school when their home-life is completely upside down. Just wish we could get them the mental health help that they truly need so they have skills to cope in their young life.

About the Consultant Who Prepared This Report

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Cynthia Berry, Ph.D., is a Psychologist with a specialization in Industrial/Organizational, Personality and Experimental Psychology, and founded BOLD, Berry Organizational and Leadership Development, LLC in January of 2006. BOLD, LLC is a 100% woman-owned business registered with the State of Missouri.

She has over nineteen years of experience in Human Resources, Organizational and Fund Development, Evaluation and Research including large-scale community needs assessments and customer/employee/stakeholder surveys, Psychometrics and Employee and Management Training. She has vast experience in organizational and community-based assessments allowing for guided strategic plan development complete with outcome measurement tools and procedures to match. Many of the community-based projects assess opinions, satisfaction and needs relating to a specific area of interest within a community.

BOLD is further strengthened by providing services for full organizational and program budget development, fund development and writing in-depth policies and procedures. She has worked with numerous not-for-profits, for-profits and government agencies involving strategic program planning and development, employee development, fundraising and/or fund development, survey/outcome development, board facilitation activities, and organizational assessments. In the past ten years, Cynthia has personally raised over $10 million dollars for many programs she has helped develop and implement. Furthermore, she has strengthened many not-for-profits with the development of measurement tools and processes to track outcomes, and the implementation of various quality improvement projects. Finally, she is an adjunct professor for the Evaluation of Programs and Services Master's level course at the George Warren Brown School of Social Work at Washington University.