



Deliverable #3a: Community Input Session on Shelter and At-risk Populations

The Boone County Children's Services Board (BCCSB) is taking steps to understand more about children's services in Boone County. BCCSB contracted with the Institute of Public Policy (IPP) in the Truman School of Public Affairs at the University of Missouri to organize and moderate five Community Input Sessions. BCCSB wishes to make wise expenditures of the Children's Services Fund and seeks targeted information from local services aligning with the Missouri Statutes 67 & 210. This feedback document provides an overview of the information shared with the Board during the first input session and will help guide BCCSB's future funding strategies.

Missouri State Statute 67.1775 authorizes a local sales tax of one-quarter of one cent to be levied by Missouri counties for the purpose of establishing a Children's Services Fund. This tax was made possible in Boone County following voter approval on November 6, 2012 and is estimated to raise \$6 million dollars annually. According to Missouri Statute 210.861, the Children's Services Fund may be expensed to purchase the following services for children age 0-19 within Boone County:

1. Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
2. Respite care services
3. Services to unwed mothers and unmarried parent services
4. Outpatient chemical dependency and psychiatric treatment programs
5. Counseling and related services as a part of transitional living programs
6. Home-based family intervention programs
7. Community-based family intervention programs
8. Crisis intervention services (inclusive of telephone hotlines)
9. Prevention programs which promote healthy lifestyles among children and youth and strengthen families
10. Professional counseling and therapy services for individuals, groups, or families
11. Psychological evaluations
12. Mental health screenings

Overview: The BCCSB hosted a Community Input Session on February 27, 2014 and invited Boone County social services agencies to attend. The topic of this session was *Shelter & At-risk Populations* which centered on temporary shelter services and services for unwed mothers and unmarried parents. A total of 19 agencies were invited to participate, of which 12 were able to attend. A total of 13 agencies prepared and submitted formal comments on worksheets in response to the Board's predetermined questions. Table 1 is a reference guide to Community Input Session #1 and quantifies the number of agencies engaged in the convening.



Table 1: Community Input Session #1 By the Numbers	
Session #1	Date: February 27, 2014
	Topic: Shelter & At-risk populations
	Funding categories: 1 & 3
	Number of invited participants: 19
	Number of scheduled participants: 12
	Number of worksheets received : 13
	Number of individuals in attendance: 18

Methodology: Boone County agencies that provide services which apply to Category #1 and #3 were invited to attend the BCCSB meeting on February 27, 2014. When an agency confirmed their desire to participate in the meeting they were provided with a worksheet containing five pre-established questions developed by the Board. A copy of the agency worksheet may be found in Appendix A. Invited agencies were given two directives: first, agency representatives were encouraged to submit their written responses to the Board’s five questions in advance of the meeting by using the provided worksheet. These responses may be found in Appendix B, and are organized by agency name. Second, agency representatives were instructed to use their meeting participation time to answer these questions. Each respondent was given a total of five minutes.

The Board’s pre-established questions for this input session are:

Question #1: *What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?*

Question #2: *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*

Question #3: *Where is the gap in your shelter and/or at-risk population services?*

Question #4: *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

Question #5: *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area.*

Findings: The following responses are organized by question and have been de-identified. This allows the aggregated responses to point toward themes and topics rather than agency-level information shared as a byproduct of the participant’s responses during the input session. When possible, responses in bulleted lists are organized by funding topic: Shelter, mental health, transportation, basic needs, and education. The “other” category is catchall for items that do not readily fit into the aforementioned groups.



Top Two Issues

During the community input session, the following were mentioned in response to the question: *What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

Shelter

- Limited low-cost housing options outside of Columbia, MO*
- Limited number of beds for youth under 18 years old
- Shortage of shelter rooms*
- Transient and homeless populations lack supports
- Unmarried parents cannot stay together

Mental Health

- Lack of social services and support relationships means no sources of advice or role modeling*
- Need immediate access to mental health evaluations and treatment*
- At-risk populations have mental health issues which they cannot handle on their own, specifically postpartum depression, toxic stress syndrome for children
- Families need emotional support because they have no support mechanisms
- Free and adequate mental health services (including residential care) regardless of whether the need stems from trauma-induced illness or other

Transportation

- Transportation for those clients outside of Columbia, MO**

Basic Needs

- A more holistic approach to poverty
- Families struggle with meeting basic needs, this is rooted in lack of job, and causes stress
- Need for low-cost medical and dental services in our community (outside of Columbia, MO)
- There is a lack of basic life skills among our clients

Education

- Generating adequate income to support one's self and family
- Families struggle with meeting basic needs, this is rooted in lack of job, and causes stress

Other

- Our funds only go so far*
- Children exiting foster care
- No local services for clients outside of Columbia, MO
- Overcoming generational perspectives on family support
- Parallel developmental needs of parents and children*
- Parents seek help (via shelter) once they have "lost it all" and it takes a family a very long time to come back from that
- Teens have limited time to meet with parent educator

Summary: These responses point toward a need for basic services aimed at keeping families intact. Many providers mentioned a lack of familial or social support structures which may serve



as protective factors aimed to help families during crisis. At-risk populations, particularly those living in generational poverty, often do not have strong role models or informal safety nets in place to prevent homelessness or to seek out self-help mechanisms to combat mental distress. The needs for transportation and access to timely mental health screenings/services are two of the most often mentioned topics for this question. Finally, the top issues facing rural areas of Boone County are access into the network of Columbia-based agencies and transportation into Columbia for services.

Systemic Obstacles to Success

During the community input session, the following were mentioned in response to the question: *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

Shelter

- Lack of affordable housing**

Transportation

- Lack of transportation**
- Limited transportation to and from shelters**
- Struggle to maintain a working relationship with clients due to transportation and trust issues*

Basic Needs

- Getting identification is difficult*
- Quality infant care
- Wait times at Family Division limits SNAP flow**

Education

- Developing marketable skills
- Lack of sustainable wage employment
- Under employment

Other

- Educating the community as to the dynamics involved in domestic violence
- Family trust in our program so they can see they have the ability to be successful
- In communities outside of Columbia, there is a collective lack of knowledge about services available in Columbia, MO
- Influx of people coming from St. Louis and Kansas City because getting services take longer in other regions
- No local services for clients outside of Columbia, MO*
- Not connected or invited to collaborate with Columbia, MO
- Services offices are not open after 5PM
- Systematic exclusion of fathers
- Teen parent services – limited because not adults

Summary: These responses call to mind systemic obstacles which hinder agency-level successes. Because of their very nature, these obstacles are outside the control of agencies and call to mind the need for larger, or systematic, solutions to problems which hinder social services. Inadequate



transportation, long waiting time for services from Missouri Division of Family Services, shortage of affordable/safe housing, and lack of employment (or opportunities for skills development) are some of the most commonly mentioned systemic obstacles to success. In addition, living outside of Columbia proves to be an obstacle for access to services and thwarts agency-level collaboration.

Gap in Services

During the community input session, the following were mentioned in response to the question: *Where is the gap in your shelter and/or at-risk population services?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

Shelter

- Kids with developmental issues have no shelter
- Pregnant teens have no shelter, they are referred out of the county
- Rental deposits
- We have no shelter for homeless youth (outside of Columbia) and have a large couch-surfing problem*

- Demand for healthy babies program is larger than supply
- Lack of affordable daycare facilities outside of Columbia, MO
- No WIC office outside of Columbia, MO
- Requests for money
- There is no “safety net” because resources are too slim

Mental Health

- Lack of adequate services for women’s mental health
- Long wait lists – demand outweighs the supply of services
- Need for mental health services
- When youth turn 18 years old they no longer have Medicaid for treatment or therapy*

Education

- Employment support
- Youth with bad credit, felony convictions, limited education have limited job options

Other

- 13-16 year olds often need parental consent to participate, but this violates their confidentiality
- Confusing funding streams
- Gap in case management services
- Lack of agency funding
- No quiet place for our kids in shelter to have homework time
- Not enough staff to service all families in the areas outside of Columbia, MO
- Pregnant teens unwilling to participate in services

Transportation

- Transportation***
- Getting children to school on-time from shelters

Basic Needs

- Child furniture **
- Affordable childcare*
- Generational poverty*



Summary: Boone County service providers acutely understand the demand for services made on their agency and the resulting service shortfalls, or gaps, generated due to limited resources. In light of efforts to develop ways to make funding dollars stretch, agency representatives mentioned chronic funding/economic constraints. Bottlenecks in services and long-wait times are common. When asked to describe these gaps, agencies responded with specific shortfalls applicable to their programming. Many centered on common themes such as: transportation, limited mental health services, affordable childcare, shelter for children and youth outside of Columbia, MO, and the ever present need for children’s furniture and bedding.

Quantitative Measures of Success

During the community input session, the following were mentioned in response to the question: *What is a quantitative measure of your success when working with shelter and/or at-risk populations?* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:

- Annual performance review
- Birth outcomes
- Birth spacing
- Early entry into prenatal care
- Evidence-based programming measures
- Look at high school graduation rates
- Measurement of goals
- Mental health screenings
- Performance measures
- Research-based curricula
- Screenings happen as part of our services
- Survey of knowledge and skills gained
- Three, six, and 12-month follow up intervals
- Vehicle voucher redemption rate
- We know the children we serve are evaluated systematically
- We measure increased savings in savings accounts
- WIC appointment show-rate

Summary: Many respondents testified to tracking some measure of performance; however, the majority did not offer specific quantitative examples and/or did not indicate specific data they are currently collecting. The majority of the respondents answered the question by referring to tools used to measure knowledge gained over time, evidence-based programming measures, and annual performance reviews.

Potential Collaboration

During the community input session, the following were mentioned in response to the question: *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area.* Responses with an asterisk (*) or asterisks denote responses which were the same or similar among multiple respondents. Multiple asterisks equate to mentions of this item multiple times by respondents:



- A physical presence of larger agencies in areas outside of Columbia, MO would make collaboration easier
- Collaborate with our local churches for basic needs
- Collaborate with churches, we need to pool our resources together
- Our collaboration hopes to eliminate redundancy
- We are always looking for more
- We collaborate and work together to make sure our services do not overlap
- We collaborate with many agencies
- We don't collaborate with Columbia due to transportation issues of our clients*
- We have applied for joint grants in the past, but we were not awarded
- We have capacity to collaborate, but no time
- We would like to collaborate to obtain timely mental health screenings
- Yes, we hope to collaborate with another local agency for a grant

Summary: Agencies appear to have the intuitive nature to pool resources and eliminate redundancy through collaboration. Many participants expressed the desire for more collaboration and hope the BCCSC can be a conduit for collaboration initiatives. Service providers outside of Columbia, MO mentioned the lack of collaboration and expressed their hope for being part of collaborative efforts in the future. More than one representative noted their agency's experience co-grant writing with other local agencies as a source of collaboration.

Conclusion:

BCCSB's process of hearing input from agencies that provide temporary shelter services and services to unwed teens/unmarried parents proves to be useful in identifying common themes. Simply stated, transportation for rural and non-rural clients is a topic of great importance. Struggles with employment and job readiness circle back to the ever-present demand for basic needs and access to mental health services/screenings were commonly mentioned items that apply to both temporary shelter populations and unwed teens/unmarried parents. Finally, agencies expressed the need for more shelter options for teens both within and outside of Columbia, MO. The "other" categories in the previous bulleted lists should by no means be overlooked. While they do not fit directly into categories or groups, they offer useful and anecdotal perspectives from agencies and the populations they serve.



Appendix A: BCCSB Community Input Session Worksheet from February 27, 2014



Dear Service Provider,

You will have between three and eight minutes to address the Children's Services Board. They will expect you to answer the following five questions. If you would like to submit your answers in advance (or in lieu of attending) please use this worksheet. Email your completed worksheet to Jacqueline Schumacher (schumacherja@missouri.edu).

**Boone County Children's Services Board
Community Input Session Worksheet
February 27, 2014**

- 1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?*

- 2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*

- 3) Where is the gap in your shelter and/or at-risk population services?*

- 4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

- 5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area.*



Appendix B: Boone County Children’s Services Board’s Community Input Session Competed Worksheet from February 27, 2014

Agency: Centralia Parents As Teachers	Respondent: Ms. Mary Ann Sander
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- There is a huge need for low cost medical, dental, counseling other services to be offered directly in our local community. We find that many of our ‘at-risk’ single and two parent families not only do not have insurance but they either a) don’t have access to a car, or b) don’t have the money for gas to travel to Columbia to access these services. At today’s gas prices it could easily cost a family \$8.00 in gas just to drive once to Columbia and back. When there are required appointments on different days of the month, this necessitates several trips to Columbia each month.
- The free or low cost services that are available to families such as WIC, Health Department immunizations, and all Family Support Division services also require families to travel to Columbia, which is either difficult or impossible for our most vulnerable families. The need also exists for additional low cost or Section 8 housing and for licensed child care providers who will accept state-assistance pay.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- There are currently 37 single parent families being served by the Centralia Parents as Teachers staff. Of these, 33 have multiple at-risk factors. Seven of them are teen parents—all with multiple at-risk factors. The over-all lack of resources in our small community makes serving these families with the family supports they need extremely challenging. Centralia PAT serves as the ‘child find’ resource for others in our community such as Head Start. Because of a lack of local resources, PAT staff often end up serving as “listening ears” when the family really would benefit from professional counseling and/or other support. There is also a general lack of “collective knowledge” about what services are available to families in Columbia/Boone County to which they could be referred. It would be desirable if many/most of the services located in Columbia could be offered in each of the smaller communities at least once a month. It is our belief that these would be best offered in a neutral, centrally located site that would be within walking distance for most families since public transportation is not available. It is critical that someone within the local community stay in touch with families because they move often and change cell phone numbers frequently.

3) Where is the gap in your shelter and/or at-risk population services?

- Being able to have the time and financial resources to seek out and identify at-risk families is huge. If the services at-risk families needed were offered in a shared location in our local community, PAT staff could recruit/meet the families at there and begin



providing them with PAT services as well as link them with other community services. Social services provided in the local community would allow PAT staff members to accompany at-risk families on appointments to service delivery agencies when needed. We also do not have enough current staff to serve all at-risk families with the intensity of services suggested by the Parents as Teachers national office and the Missouri Department of Elementary and Secondary Education. This means families are either 'under-served' or not served at all. Housing for homeless youth is unavailable in Centralia except from family, friends and neighbors.

4) *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

- For many years we have worked closely with our high school guidance counselors and staff at our alternative high school to identify and serve all pregnant and parenting teens with personal visits and/or group connections especially designed for teens. Our high teen parent population greatly fluctuates from none to as many as seven with a typical number being one to three. All five current staff members are trained to serve teens. With our most at-risk families we continue monthly home visits until the child enters kindergarten or the family declines visits. We have some current at-risk families that we have been providing PAT services to for five to eight years. Our program is working toward meeting model fidelity requirements with an increasing number of families as funding allows. Last program year we served three families who had two or more high needs characteristics with model fidelity services. We are striving to increase this number as funding permits and families agree to twice monthly service frequency.
- We use a computerized record keeping system to keep track of referrals made and resources suggested as well as following up with families to see if they accessed the referral or resource. The follow-up is also recorded. We can track the frequency and type of Pat services a family receives, the duration of each contact as well as documenting the content of the contact. Our computerized record keeping system also summarizes the services we have provided to provide year end statistical data to both the Parents as Teachers national office and the Missouri Department of Elementary and Secondary Education about the services we have provided. Our program is currently in the middle of a research grant in collaboration with Project LAUNCH to assess the effectiveness of Parents as Teachers with 30-50 newly enrolled families.

5) *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?*

- We have and will continue to collaborate with our elementary and intermediate school counselors and teachers as well as Centralia Head Start to identify at-risk families for PAT services. We also work with Centralia City Hall staff in identifying new residents with young children. Plans are being made to connect with local doctors' offices to encourage their referrals. We currently work with First Chance for Children and Project LAUNCH to provide services to at-risk families. Those collaborations are in place and will continue into the future.



- It is hoped that if agencies and services would have a physical presence in Centralia and the other small communities in Boone County that we would have the opportunity to get to know each other and the services that each provides. Our belief is that this would provide better and more coordinated services for all at-risk families that live in the out-county area.

Agency:

Columbia Public Schools Parents As Teachers

Respondent:

Ms. Belinda Masters

What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- Of the 277 single parents we serve, 230 of them have multiple risk factors from poverty to mental health issues to low education level. We have found that they lack many supports and are often very transient and experience homelessness. This year we have 99 teen parents enrolled in our program. They are either visited in their homes and/or in one of our high schools (Battle, Rock Bridge or Hickman) where Parent Educators/Teen Specialists hold bi-weekly parent groups. We have found that our teens often have insecure housing. Some move often. It can be very difficult to keep them active in the program...particularly home visits. Teen parents often struggle with managing work, home, school and parenthood...leaving little time to meet with a parent educator.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- The PAT staff spends a significant amount of time and resources trying to keep up with our families who are transient and lead lives that are crisis- filled. Additionally, many of our families do not have reliable phones, transportation or other resources that make it a challenge to keep in touch with them for scheduled appointments, screenings, etc. Because we've not been allowed to hire additional staff, caseloads are too large to devote the time and resources needed to provide the intensity of contact that many of our families require.
- While we are proud of our teen parent program in each of the 3 high schools, attendance to our meetings is optional. We have seen our attendance decrease over the past year with the change to block scheduling. Some PAT teen programs in other areas offer students educational credit for attendance that comes from structuring a curriculum that teaches child development and parent education.

3) Where is the gap in your shelter and/or at-risk population services?

- Our wait list continues to grow because we lack the staff to serve all of the at-risk parents who are requesting services. The majority of our families are low income. Research and our experience shows that the longer an at-risk family has to wait for services to begin, the greater the chance that we will not be able to retain them in our program. Our large



caseloads limit our ability to offer the recommended intensity of services (24 home visits per year) for our most vulnerable families.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- We complete an annual performance report for the Parents as Teachers National Office that measures our service outputs as they relate to meeting the 22 essential requirements and quality standards for successful home visitation programming. We submit regular reports to our primary funder, the Department of Elementary and Secondary Education that measure outputs in terms of services completed (home visits, screening) as well as demographic information regarding high need factors, race, ethnicity, etc.

5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- Columbia Parents as Teachers and the other home visitation programs in Columbia (First Chance for Children, Lutheran Children and Family Services, The Health Department and Head Start) make referrals to each other, meet on a regular basis to discuss gaps, new initiatives and projects that we feel would provide a positive impact on our clients, families, and children.

Agency: City of Columbia/Boone County Department of Public Health and Human Services	Respondent: Mr. Scott Clardy
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- The Columbia/Boone County Department of Public Health and Human Services (PHHS) provides multiple services to shelter and/or at-risk service populations, including managing City of Columbia social services funding, Healthy Babies Home Visiting program, Special Supplemental Nutrition Program for *Women, Infants, and Children (WIC)*, and *nutrition classes*. *While there are several issues that need to be addressed in these populations, including issues as basic as transportation, we feel the top two issues are:*
 - 1) Addressing mental health issues which these populations are not equipped to handle (e.g., maternal depression and toxic stress in children), and;
 - 2) A lack of protective factors. Protective factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities and that, when present, increase the health and well-being of children and families. Protective factors help parents find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Examples include nurturing and attachment between the parent and child, social connections, parental



resilience, and knowledge of parenting skills and of child and youth development.

2) *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*

- There are systematic obstacles in PHHS' work with these populations. Overall, obstacles include quality infant care and early child education; safe, healthy and affordable housing; underemployment; and systematic exclusions of fathers from impoverished families.
- Our shelter and/or at-risk populations who participate in WIC specifically deal with complicated forms and required attendance at appointments, in order to maintain benefits. As stated above, transportation can be a barrier for these populations.

3) *Where is the gap in your shelter and/or at-risk population services?*

- The gaps tend to be more dependent on the particular service being offered. In the Healthy Babies Home Visiting program, the primary gap is that the demand/need for services greatly exceeds capacity.
- As for WIC services, PHHS serves several prenatal mothers living in shelters, but very few children living in shelters participate in WIC.

4) *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

- As in question # 3, quantitative measures are service-dependent. For the Healthy Babies Home Visiting program, many short-term, intermediate, and long-term outcomes are measured. Examples of outcome measurement categories include:
 - Single parent households,
 - Domestic violence,
 - Early entry into prenatal care,
 - Health insurance coverage,
 - Tobacco use,
 - Birth outcomes,
 - Birth spacing,
 - Depression screenings,
 - Scores from the Ages and Stages Questionnaire (ASQ) for physical and social/emotional development, and;
 - Child harm (hospitalizations/abuse/neglect).
- WIC performance measures include:
 - Appointment show-rate, and;
 - WIC check redemption rate.

5) *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?*



- The administration of Parents as Teachers, Lutheran Family Children’s Services, First Chance for Children, and the PHHS Division of Human Services currently meet monthly regarding home visitation. These organizations are planning a potential collaborative system of intake, coordination, and performance measurement for the home visitation programming in Boone County. We have also envisioned a multi-agency card or form with basic information such as full name, address, phone, email, and other pertinent information (Mo HealthNet information, income, other household members, etc.). These collaborations could eliminate the need for some of the most common and redundant forms which can be complicated to complete for families.
 - For the Board’s information, we are currently participating in the following collaborations:
 - Collaboration with the State of Missouri Department of Social Services to provide presumptive eligibility for pregnant women (temporary Medicaid) and serve as the "front door" to services for low-income pregnant women. In this role, we coordinate with numerous community, state, and federal agencies in providing prenatal services with the common goal of healthy pregnancies and positive birth outcomes, and;
 - Collaboration with in the Networking Early Childhood Team (NET) which serves as a networking and resource opportunity for front-line home visitors.

Agency: First Chance for Children	Respondent: Mr. Jack Jensen
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- Our families struggle to meet the basic needs all people have, including food, safe housing, medical care, transportation, etc. This is basically caused by financial insecurity and leads to the families living their lives in poverty and crisis. The stress they live under makes it difficult for them to plan for the future as they are just struggling to survive.
- Our families also struggle to find emotional support from family, friends and community agencies. In most cases our families are single parent households so they do not have the support of a partner as they struggle to meet the needs of their children. Also, their family and friends are in the same crisis situations the parents we are working with live in and can provide little support. Community agencies have limited resources and often cannot supply the degree of services that allow the families to overcome these crisis situations.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- The majority of our families live in poverty leading to numerous obstacles in providing and maintaining a reliable service model. They are often homeless, or lose stable safe housing. Communication is difficult when they lose phone or internet services because



they lack money. When you are able to connect them with services, transportation and child care are often barriers.

- Building trust with the families so they are willing to accept the support we can offer is an ongoing process. They have been let down by so many people and institutions in their lives they are hesitant to accept the help that is available.

3) Where is the gap in your shelter and/or at-risk population services?

- There is not a safety net in place that gives families the support they need to make progress in moving out of poverty. They are so busy surviving they cannot pursue education or training that might improve their lives. Limited financial resources, childcare, transportation are also barriers. Because they are in crisis mode so much of the time they look for escapes through alcohol, drugs and emotionally unhealthy relationships.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- First Chance for Children’s programs are audited yearly to evaluate if we are meeting the requirements of our funding grants. Our home visitation programs use the research based Parents as Teachers Foundational curriculum. Our child abuse and prevention programs were created with input from the Women and Children’s Hospital Staff and The Children’s Trust Fund. We conduct numerous screenings to evaluate if developmental milestones are being met by the children we serve. If there are concerns we provide support for the family. We monitor family goals that they establish. Our families have a low incident rate of child abuse or neglect.

5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- First Chance for Children works in collaboration with all PAT programs in Boone County to supply additional resources for working with at risk families. We also meet and collaborate with Lutheran Children and Family Services, Head Start, Columbia Public Schools PAT and the City County Health Department to share resources and to make sure families are being best served. These organizations have worked in the past on a joint grant application to help families with mental health needs, the grant was not funded. We currently are looking for ways to help families deal with pre and postnatal stress in a collaborative manner.

Agency: Hallsville Parents As Teachers	Respondent: Ms. Karen Smith
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- The two issues we would like to address in this population are the need for education (either high school or continuing), and the inability to contact our participants, due to



transiency, which also causes inconsistency and a lack of longevity in the services we provide.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- The funding cut that our Parents As Teachers program sustained in the last few years has greatly impacted our ability to provide needed services to this population. There are many mothers and fathers we are unable to assist because of the lack of available funds. The Hallsville P.A.T. program is over 60% dependent on state funding, and our community has no business or corporate base that can contribute to supporting our program, as some other districts have.

3) Where is the gap in your shelter and/or at-risk population services?

- The primary service needed for this population is in the area of daycare facilities/Title 1 Pre-School availability to these families in our community. Parents are unable to afford most of the daycare facilities in our area, and no parent co-op exists here. Our district provides Special Education Pre-School, but nothing else at this time, so the majority of children are not able to take advantage of its' services.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- Over the past 3 years, about 20-25% of the families we serve are part of this at-risk population. Of that number, each child is assessed by the Ages and Stages Questionnaire or the DIAL -4 screening tool to determine their developmental progress. We also administer the Life Skills Progression assessment to identify areas that these families are at-risk. Each of these measure the progress the parent/child make during their participation in the P.A.T. program, and, in the last 3 years, all have shown improvement in their prospective areas. In this same time period, 30% of the children enrolled in our pre-school program have been former enrollees in our program. They each had at least 1 developmental delay, and all showed significant progress when screened at the end of each year.

5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- The collaborations we are working towards include partnering with area churches to provide basic necessities to families at-risk, including food, clothing and shelter. We're also working towards opening a parent co-op in this area to provide low cost childcare for interested families. Another vision we have is to help those needing educational resources find the schools/training they desire.

Agency: Love, INC	Respondent: Ms. Jane Williams
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?



1. Limited social support and relationships (e.g. persons or organizations to turn to in time of crisis, employment networking, emotional support, practical advice, role modeling)
2. Lack of personal life-skills (e.g. money management and other practical living skills, interpersonal/soft skills necessary to find/keep a job and maintain healthy relationships)

2) *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*

- The two issues that most impact our client population are lack of affordable housing and lack of sustainable wage employment. This is particularly true for those who have barriers to overcome such as poor work, rental, or criminal history. +

3) *Where is the gap in your shelter and/or at-risk population services?*

- Our organization continually seeks to identify gaps in services in our community and find ways to fill them. In some cases we have begun to respond to the gap but do not have the capacity to provide all that is needed. Examples include:
 1. Reliable transportation – Helping clients procure affordable/reliable cars, gasoline, car repairs, bus passes
 2. Rental deposits/assistance for those identified as being able to sustain housing.
 3. Professional counseling services for those who don't qualify for Medicaid/ACA
 4. Basic needs furniture – Shortage of donated beds and dressers

4) *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

- Our organization counts “needs met” per client to measure provision of basic needs area. We use client surveys to measure increased knowledge and applied knowledge.

5) *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?*

- At its core, our organization is a network of local churches and volunteers that seeks to pool resources and strategize together to work more effectively with individuals/families in need and address complex issues that would be beyond the scope of individuals or single organizations. By uniting the faith community through a clearinghouse we are more able to partner with community agencies and enhance the outcomes of all. For example, Love INC is collaborating with two organizations to expand transitional housing for families with children. We are providing oversight and case management for a transitional living house that Compass Evangelical Free church will open in May 2014 and administrative office space and social work support for Saint Raymond's Society's new maternity home.

Agency: Lutheran Family and Children Services	Respondent: Ms. Christine Corcoran
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- The top two issues we experience when working with teen parents are:
 1. Lack of support services: Stability-housing, employment, transportation, parenting, and education. We utilize case management to address the obstacles that these issues bring consistently through their individualized treatment plans. Our youth often do not have the coping mechanisms and problem solving skills to overcome the obstacles that they incur that inhibits their overall well-being. Last year LFCS turned away at least 50 youth that would have benefited from case management intervention services.
 2. Mental health needs/ issues. Counseling is a key service to decreasing stress, anxiety, overcoming childhood and familial patterns for the youth and increasing stability. Prevention of abuse and neglect. In 2013, LFCS was able to provide counseling to 20 pregnant and/ or parenting youth through a Children's Trust Fund grant. We have approximately 30 additional youth that could benefit from this service.
 3. Our staff maintain full caseloads, in 2013 we served 119 youth. With additional social workers we could accept more referrals for case management and counseling services

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- Pregnant and parenting teens face a variety of obstacles including a lack of housing, child care, transportation, and employment opportunities. That the majority of the youth we serve have grown up in generational poverty. We are able to help youth break the cycle of poverty through increasing their employment opportunities, parenting skills, overall mental health and relationships

3) Where is the gap in your shelter and/or at-risk population services?

- There is a huge gap in counseling services for pregnant and parenting youth who don't have health insurance. In our current caseloads we have identified at least 30 youth who would benefit from and are open to receiving counseling.
- There is also a gap in case management services (assisting youth with resources, providing counseling and support on an ongoing basis). Our staff maintains full caseloads and routinely has to turn referrals away.
- Our demonstrated outcomes affirm that the services offered are crucial to the success of our young parents and their children.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- Currently we measure the following:



1. Healthy pregnancies- teens are at higher risk of having an unhealthy pregnancy. The state average for healthy pregnancies is 73%, our rate for 2013 was 93% of babies born were healthy.
2. Depression, stress and anxiety- we utilize the Burns depression inventory and our youth have shown a 80-90% decrease in depression, stress and anxiety after our intervention
3. Parenting skills- LFCS utilizes the Nurturing Parents curriculum which is an evidenced based model. We provide pre and post tests after parenting sessions. Our teens have consistently shown a 100% increase in parenting knowledge
4. Education- Only 30% of pregnant and parenting youth complete their high school education, approximately 85% of our youth complete or continue their education.

5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- The agencies providing home visiting services (Parents as Teachers, Boone County Health Department, First Chance for Children and Central Missouri Community Action) in the community meet monthly to discuss ways to work together and meet the demands of referrals.
- LFCS collaborates with many community partners, such as schools, health clinics, Parents as Teachers and First Chance for Children. We would continue to partner with these agencies to ensure that our youth are getting the most comprehensive services possible.

Agency: Rainbow House	Respondent: Ms. Jane Stock
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- More immediate access to mental health evaluation and treatment
- More holistic approach needs to be taken in dealing with issues of poverty including substance abuse, child abuse, domestic violence, crime, hunger, homelessness, etc.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- **Youth** who are ready to graduate the Homeless Youth Program and/or **parents in crisis** whose children are staying at the Children’s Emergency Shelter who have **felony convictions, bad credit or lack of education** have **limited options available to them when they are seeking employment or permanent housing.**
- **Youth above the age of 18 do not have insurance** that will cover the cost of mental health treatment and/or medication
- **Lack of funding and/or complicated funding stream**



3) *Where is the gap in your shelter and/or at-risk population services?*

- **Limited number of beds available** for children and homeless youth below the age of 18
- **Pregnant and Parenting homeless teens have no options** available to them for residential services where the child and the parent can reside together
- Youth who are **not** appropriate for our Children’s Emergency Shelter or Homeless Youth Programs because of **severe mental health or developmental issues have no other immediate options for shelter.**

4) *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

- Rainbow House strives to make sure that every single child, youth, family that seeks help from Rainbow House is given a resource or service that provides them immediate relief.
- Long term success would be for 100% of the children, youth and families who seek help from Rainbow House (or the other organizations in our community) to have options immediately available to them within the community to ensure that their safety and basic needs are met, at least for one more day.

5) *Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?*

- Rainbow House Collaborative agencies include: Phoenix Programs, Youth Empowerment Zone, Job Point, Columbia Builds Youth, Youth Community Coalition, Basic Needs Coalition, Wilkes Boulevard Church, Columbia Public Schools, Dept. of Probation & Parole, 13th Judicial Circuit Juvenile Office, Central Missouri Community Action, Columbia Housing Authority, Boone County Drug Court, University of Missouri Adolescent Clinic, Children’s Division, Central Missouri Food Bank, Red Cross, Burrell Behavioral Health, MUPC, Boone County Family Resources.

Agency: Salvation Army Harbor House	Respondent: Ms. Cynthia Chapman
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1) *What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?*

- The Salvation Army Harbor House is the only shelter that accommodates parents with children, as well as single men and women. Three meals a day are served for Harbor House residents. Unfortunately, there is a stigma related to being homeless and too often, people do not seek the services of Harbor House until they have lost everything. This makes it a longer, more arduous road to start over and re-build lives.
- Faster access is needed for medical and dental services. Even with some funding for co-pays, services for new patients are hard to schedule at Family Health Center.

2) *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*



- People move into the Columbia area from other metropolitan areas because they can obtain social services much faster in Columbia. This means that there is a constant supply of people seeking services in our area.
- Sometimes Harbor House clients are taken advantage of financially, by their family or other people, when they leave the security of Harbor House. Consequently, some parents with children fall victim to other peoples’ request for money, causing the victims to again need shelter.
- Some people come to Harbor House without documentation they need to obtain other services in the community. Also, the time to obtain SNAP and/or SSDI can be an obstacle.

3) Where is the gap in your shelter and/or at-risk population services?

- The Salvation Army Harbor House has a need for a quiet space for study time AND mentors to get children to grade level on important subjects like reading and math.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- Some components of success are:
 - families who obtain housing, and who increase their income, either through employment or through obtaining government assistance,
 - getting children enrolled in school quickly and daily, and
 - increased savings for Harbor House clients.

5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- We would like to see collaborations that provide for mental health evaluations and beginning treatment within three days of request.
- Also, we would like a collaborative effort that provides mentors to help get children to grade level.

Agency: St. Raymond’s Society	Respondent: Ms. Emma Benham
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?



- Our mission is to support mothers who have chosen life for their child, taking particular care to continue support after the baby is born. We provide resources mothers need to become self-reliant and we prepare them to give their child the security of a stable home. The top two issues our clients face are generating adequate income to support an independent lifestyle and overcoming generational perspectives on family support.

2) *Are there systemic obstacles to your success when working with shelter and/or at-risk populations?*

- The obstacles we encounter include difficulty finding affordable childcare, lack of means of transportation, health issues and developing marketable skills.

3) *Where is the gap in your shelter and/or at-risk population services?*

- The current gap we face at St. Raymond's Society is largely due to generational poverty. We at St. Raymond's Society are working toward breaking the cycle of generational poverty through empowering mothers to become self-sufficient. Trying to break the cycle of generational poverty comes with many challenges. Our shelter home in Columbia is not on a bus route and transportation is an issue for many of our residents. Many of our residents do not have their own vehicles. Without reliable transportation, it is difficult for our clients to attend appointments for job interviews or take their children to school or day care. While many of the women we serve qualify for state assistance with childcare, our clients still have difficulty finding childcare they can afford. Many of our clients face challenges receiving adequate services for physical health and mental health due to financial difficulties. Without the basic resources of transportation, adequate childcare or appropriate health services, our clients face challenges in the job market. Many of our clients are unable to continue their education or receive further job training due to the aforementioned obstacles.

4) *What is a quantitative measure of your success when working with shelter and/or at-risk populations?*

- The following are the 2013 statistics for St. Raymond's Society:
 - 16 women resided at the St. Raymond's House in Jefferson City
 - All but two of these women had one major accomplishment during their stay at St. Raymond's Society
 - Last year, six of our residents got full-time jobs; six residents got their own apartments, five residents purchased vehicles, four residents got part-time jobs; four residents earned their GED; one resident earned her driver's license; one resident earned her Associate degree
 - 14 children resided at St. Raymond's House in Jefferson City
 - 6 babies were born to clients of St. Raymond's Society
 - 4 prior house guests spoke publicly on behalf of St. Raymond's Society
- Our shelter home in Jefferson City can house five families at a time. The average length of stay for our residents in Jefferson City is four months.



- In December of 2013 we purchased a second shelter home in Columbia. St. Raymond’s Society House in Columbia will function in the same manner as that of the St. Raymond’s Society House in Jefferson City. One Board resides over both shelter homes.
- The House in Columbia is a duplex. We will be able to provide shelter for up to six mothers and their children when both sides of the duplex are open. We anticipate that both sides of the duplex will be fully functioning by the end of March 2014.
- Currently there are three mothers, four children and one full-time House Mother residing in the Columbia home. One of our residents is expecting a baby due in June 2014. One more resident is scheduled to move in this Saturday March 1, 2014.

5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- St. Raymond’s Society currently partners with crisis pregnancy centers, Children’s Division, Lutheran Family and Children’s Services, Love INC, and other local agencies in Jefferson City and Columbia to meet the needs of our clients. We would like to partner with a local childcare center to establish quality care for the children of St. Raymond’s Society. We also need to establish an effective, reliable mode of transportation for the women we serve. Our ultimate goal is to promote self-sufficiency for mothers so that they may provide a safe, loving environment for their children for years to come.

Agency: Sturgeon Parents As Teachers	Respondent: Mr. Shawn Schultz
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- Parallel developmental needs of parents and their children. Examples: Nutrition, Clothing, Medical Needs, and other resources. Strategies to address the families.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- The success in knowing they have resources to go to. The trust that they have in our program. Knowing they have the confidence to be successful in the community and with employment and education.

3) Where is the gap in your shelter and/or at-risk population services?

- The gap is the lack of willingness to participate in the program.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- 35%



5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- To work jointly with programs. To work with contractors through the children services board. Essentially, we would be willing to work with anybody that could provide resources to aid in the success of our young students.

Agency:	Respondent:
True North	Ms. Jennifer Graves

1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

1. Finding safe, affordable housing for our residents remains both our greatest challenge and our top priority.
2. Finding affordable (i.e., “free”) and adequate mental health services – including residential care -- for those with severe mental health needs (regardless of whether the need stems from trauma-induced illness or other).

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- Yes. Although we work hard to educate our community about the dynamics involved in domestic violence, the average citizen does not always understand – the first question remains “Why does she stay?” – Also, like most non-profits, we struggle to succeed in our mission with fewer dollars awarded through governmental funding each year.

3) Where is the gap in your shelter and/or at-risk population services?

- Primarily in our teen population – young teens (13-16 year olds) are at increasing risk of dating violence and sexual assault and, at present, there is no agency in our community that provides direct victim services for this population. When the abuse is peer-related (Rainbow House does provide services for those victimized by adults), no agency is currently able to provide advocacy, counseling or other face-to-face services without parental permission – this violates confidentiality issues and often prohibits teens from seeking services. True North can and does provide hotline crisis intervention and information services to victims regardless of age and is currently seeking funding for a collaborative project with the Youth Empowerment Zone to provide services to this population gap.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- We track the number of shelter residents who leave the shelter for safer environments (i.e., without the abuser) and conduct phone surveys at 3, 6, and 12 month intervals to ensure continued safety and stability in their new environments.



5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- As briefly mentioned in #3, we are currently seeking funding for a collaborative project with the Youth Empowerment Zone and Centro Latino to both address the gap in service provision and ensure more members of our community understand the dynamics of domestic violence. We also work with the Columbia Housing Authority on resident housing issues (although the need is greater than either agency can currently meet) and work with Phoenix Programs on some mental health issues and McCambridge Center on substance abuse issues. We would like to one day establish collaboration with Burrell Mental Health Services to better address the sometimes severe mental health challenges our residents face.

Agency: Voluntary Action Committee	Respondent: Mr. Nick Foster
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1) What are the top two issues you feel need to be addressed in your shelter and/or at-risk service populations?

- Shortage of shelter rooms available for families with children.
- Unmarried parents are unable to stay together at some shelters.

2) Are there systemic obstacles to your success when working with shelter and/or at-risk populations?

- Limited transportation options to and from shelters or other agencies.
- The following are obstacles in helping to make families stable:
 - Wait time at Family Support Division slows access to SNAP (food stamps).
 - Obtaining identification has become more difficult; one needs identification to obtain identification.
 - Teen parents that are not over age 18 are unable to obtain services because they are not considered adults.
 - Limited resources for parents seeking furniture for their children.
 - Expense of day care.
 - The need for employment supports.

3) Where is the gap in your shelter and/or at-risk population services?

- Inability to provide long term housing assistance and only able to provide short term housing assistance if client has a permanent place to stay afterwards. VAC has limited resources and so is limited in provision of emergency shelter (motel). There is a need for more transitional housing.

4) What is a quantitative measure of your success when working with shelter and/or at-risk populations?

- Surveys to measure the impact our services had on clients



5) Please describe potential collaborations you envision for addressing challenges in the shelter and/or at-risk populations service area?

- VAC provides a broad range of services that enhance the services of many other community agencies. VAC seeks ways to strengthen these connections and improve awareness of shared and unique resources for meeting needs.