



Deliverable #3e: Community Input Session – Open Forum

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 fifth 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 \$6.5 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 Boone County social services agencies at their bi-monthly board meeting on April 24, 2014. This open forum input session offered the Boone County community-at-large to address the Board. A total of five individuals participated, two of which submitted worksheets on the behalf of their agencies. In addition, two non-conflicted referral agencies (Boone County Children’s Division and the Columbia Police Department) addressed the Board. Table 1 is a reference guide to the Community Input Session #5 and quantifies the number of people engaged in the convening.



Table 1: Community Input Session #5 By the Numbers	
Session #5	Date: April 24, 2014
	Topic: Open Forum
	Funding categories: n/a
	Number of invited participants: 2
	Number participants: 7
	Number of worksheets received: 2
	Number of individuals in attendance: 17

Methodology: This fifth and final community input session was open to the community-at-large and was held on April 24, 2014. No pre-established questions were distributed, community members were simply welcome to attend and raise their own comments and concerns. Two non-conflicted referral agencies (Boone County Children’s Division and the Columbia Police Department) were asked to attend to offer their insight.

Findings: The following responses are organized in two parts. The first focuses on community member participation and the second on non-conflicted referral agency participation.

Community Participation: The open forum input session resulted in five community member participants. They spoke on topics ranging from access to healthy foods, the stigma associated with mental health, the need for parent education with regards to substance abuse, and the need for more agency collaboration. Two community member participants explained their agency’s specific upstart projects which are in the development phase. Two other community member participants were from established and currently funded programs. They provided worksheets which addressed the Board’s set of pre-established questions used in previous sessions. Those worksheets may be found in Appendix A.

Finally, one community member offered a number of critiques – he noted his assessment of apprehension regarding the funds’ ability to actually impact the city and county. He feels mental health should be the primary concern even though there are a number of eligible funding categories. He is pleased the Board organized a series of community input sessions, but found it disheartening that the Board did not travel to the outer areas of the county to hear direct input.

Non-Conflicted Referral Agency Participation: A representative from the Children’s Division noted a number of concerns: lack of funding for services which can reunite families, lack of providers willing to accept services at a state-established rate, and transportation of families to services. The representative noted systemic obstacles including: a decreasing number of foster homes, increasing number of children entering foster care, and high staff turnover among Children’s Division staff. Children’s Division also has a limited amount of “spending dollars” for services which aim to reunite families. The Children’s Division representative has difficulty finding providers who will attend to the state’s Medicaid-funded foster children – this contributes to the growing gap between expressed need and services.



Representatives from the Columbia Police Department voiced concerns pertaining to youth who have not yet broken the law but are at high risk of engaging in criminal activity due to lack of supervision. The law enforcement process for minors is easier when they have broken the law, however often police need a non-criminal environment for children to be housed, possibly assessed, and directed to family services. This is not easy to do on a community-wide scale unless there is a law in place, i.e. a curfew, which would give the police the ability to detain and transport a minor to a non-criminal assessment center.



Appendix A: Boone County Children’s Services Board’s Community Input Session from April 24, 2014

Agency:	Respondent:
Access to Healthy Foods	Ms. Lynelle Phillips

1) What are the top two issues you feel need to be addressed in your service population for primary prevention?

- **Hunger/Food Insecurity:** Columbia and Boone County are home to almost 29,000 families in poverty. The county as a whole has a food insecurity rate of almost 14% of total households with 21.6% of the population eligible for SNAP benefits.
- **Malnutrition/Obesity:** Over 14% of students in Missouri are considered obese. We rank thirtieth in the country in childhood obesity. Low-income populations are particularly at risk, as they are more likely to consume diets that are high in energy density, low in nutrients and containing more processed foods. These diets generally contain high amounts of fat, sodium and sugar which contribute to obesity and food-related illnesses such as diabetes and heart disease. Locally, over 75% of kids are not getting the recommended amount of fruits and vegetables in their diet. In a survey of adolescents in Boone County, over 10% of kids reported not having any fruit or vegetables in the prior 7 days.

2) Are there systemic obstacles to your success when working with primary prevention services?

- The prices of fresh fruits and vegetables can be cost-prohibitive for many families in poverty. In a survey conducted by the health department, 3 out of 4 responded that “reasonably priced fruits and vegetables” would help them eat healthier. Cost of healthy foods was the #2 reported barrier to a healthy lifestyle.
- Access to Healthy Food (AHF) supplements income for the poor by providing funds that match SNAP benefits redeemed at the Columbia Farmers Market. AHF matches the first \$25.00 each week for participants enabling them to purchase additional food products to eat. AHF targets low-income families participating in SNAP and/or WIC programs with children in the family under ten years of age. AHF also supports the consumption of locally produced, healthy food with a special emphasis on fruit and vegetables. This consumption pattern is intended to create healthy eating habits in the low-income population by making it possible for participating families to avoid eating high energy, often cheaper processed food products.

3) Where is the gap in your primary prevention services?

- The eventual goal is for the AHF program to operate year round. To this point, budget constraints have limited the program to the Spring/Summer/Fall Outdoor Farmers Market only. We would like to expand the budget to serve more families and to offer the AHF benefit during the Winter Indoor Market as well.



4) What is a quantitative measure of your success when working with primary prevention services?

- In 2013, 120 families signed up for the AHF program. Participants increased the usage of program funds to over \$450 a week, up from less than \$250 a week in 2012. For 2014, AHF aims to enroll at least 150 families and increase the utilization of program funds to at least \$750 a week.

5) Please describe potential collaborations you envision for addressing challenges in the primary prevention service area.

- AHF is already a successful collaborative effort between Sustainable Farms and Communities, the University of Missouri Masters of Public Health Program, Sinclair School of Nursing, and Peace Corps Fellows Program, the Columbia Boone County Department of Public Health and Human Services. Volunteers and students from these programs enable the program to run without any paid staff, which means the vast majority of funds go directly for food.
- AHF is currently in the process of applying for a grant with the Heart of Missouri United Way for 2015. We are also in the initial stages of exploring a partnership with University of Missouri Health Care. The goals for these potential collaborations would be to increase the AHF budget and to embrace promotional and marketing opportunities to expand the program to operate year round and increase total enrollment.
- For the 2014 year, AHF intends to spend 90% of its total operating budget on Columbia Farmers Market tokens for participating families. AHF has no paid staff most of the remaining 10% of the budget is reserved to cover the printing and distribution of promotional materials for the program.

Quotes from our participants!

- ❖ “More healthy foods for my kids, more variety I know, more money to spend on good food.”
- ❖ “I have lost more weight due to farmers market because it’s healthier for me and I want to say thank you.”
- ❖ “My kids enjoy going to farmers market. I hope that they will be more likely to make healthier choices.”
- ❖ “My daughter gets to have fun and interact with farmers who are growing her food and we get to eat well. Also with the wooden coins she gets to learn about budgeting as she selects what she wants to buy.”
- ❖ “My children and I eat healthier foods. I would like to say thank you for such a wonderful program.”



Agency:
Bridgeway Behavioral Health

Respondent:
Mr. Scott Snodgrass

1) *What are the top two issues you feel need to be addressed in your service population specifically for clinical and/or mental health services?*

- Education and Training of Doctors, Law Enforcement, Parents, Behavioral Health Clinicians, Teachers, and other Stakeholders on drug trends (synthetics, Rx, Heroin, potency of Marijuana), science of Addiction, and what treatment is and is not. Most of these folks have never had any sort of formal and/or informal education/training on any of the above. And often times their first people that Parents turn to for advice.
- Stigma surrounding substance abuse treatment.

2) *Are there systemic obstacles to your success when working specifically with clinical and/or mental health services?*

- Transportation—traditional model of bringing clients to a centralized office is not always the best option for young people. Embedding substance abuse counselors in clinics, afterschool programs, GED programs, residential’ s, etc. is often times much more impactful for the target population.
- Isolated impact because of funding models. Agencies function from their specific mission/vision versus meeting community needs.
- Children’s taxes get passed and implemented without a true understanding of specific needs. Example: each and every school/neighborhood has different needs and a different culture. They may not need and/or be receptive to all the services funded and/or those agencies that provide these services.

3) *Where is the gap in your clinical and/or mental health services?*

- Educating Parents, Doctors, Teachers, Law Enforcement and Mental Health Clinicians on signs and symptoms of drug abuse/experimentation, drug trends, drug language, addiction, and what treatment is and is not.
- Bridgeway Behavioral Health spends a ton of time and resources on educating/training Parents, Doctors, Teachers, DJO’s, and Mental Health Clinicians on drug trends, drug culture, addiction, and treatment.

4) *What is a quantitative measure of your success when working with clinical and/or mental health services?*

- Confusing question need more clarity before answering.



5) *Please describe potential collaborations you envision for addressing challenges in the clinical and/or mental health service area.*

- Treating substance abuse is an entire community initiative and is bigger than just Bridgeway Behavioral Health (BBH.) Getting sober is just the first step to living a happier, healthier, and more productive life. Collaborations between BBH, Schools, Parents, Family Court, Mental Health Agencies, Doctors, Hospitals, and Family are essential to successful treatment of young people.