Deliverable #2: Synthesis of Existing County-Level Reports

Overview

The Boone County Children's Services Board (BCCSB) is taking steps to understand more about areas of service and populations in Boone County (age 0-19). BCCSB contracted with the Institute of Public Policy (IPP) in the Truman School of Public Affairs at the University of Missouri to conduct a synthesis of five publically available Boone County reports. These reports were selected by the Board and have been published since 2011. Together, the reports focus on a county-level understanding of the community at-large and its children, youth, and families. BCCSB wishes to make wise expenditures of the Children's Services Fund and seeks information to help guide future funding strategies in accordance with Missouri Statutes 67 and 210.

Method

This synthesis examines five publically available Boone County reports commissioned by the Heart of Missouri United Way, the Putting Kids First Coalition, the City of Columbia, Boone County, and the Columbia Public School District. These reports were selected for inclusion in this synthesis by BCCSB. Together, the reports examine the current state of social service need in the community, attempt to measure gaps, gauge community perspective, and point toward findings that may guide new resource allocations. However, it should be noted that collectively these reports do not suggest a singular theme or service area of primary need. Individual report findings vastly differ because of variation in report-level methodology, audience, and purpose.

As part of this synthesis, two types of tables have been created to supply the reader with important details of each report. The first series of tables are housed in the body of this synthesis and serves as a quick reference of each report's purpose, methods, and findings. The second, more detailed group of tables, are found in the appendix. There, table details include: the report's author, funder, purpose, methodology, findings, and an itemized list of the data points, which serves as a quick reference guide to determine where specific data of interest are housed.

Finally, while the majority of the reports included in this synthesis focus on children, youth, and families, the Missouri Statutes allow the Children Services Fund to expense funds for programs serving Boone County residents up to the age of 20 years. Therefore some of the data and reports also include references to adults.

Findings

Heart of Missouri United Way Community Need Assessment (2011)

Table #1: Purpose, method, and findings for the Heart of Missouri United Way Community Need Assessment	
Purpose	**Method**
Evaluate perceptions of need in Mid-Missouri	1) 24 community leader interviews 2) 300 residential phone surveys (random digit dial) in Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau and Randolph Counties
Findings	
• Weak economy • High unemployment • Address poverty by way of education	

In April 2011, the Heart of Missouri United Way partnered with Pure, LLC, a Columbia, Missouri-based marketing and communications firm, to evaluate the perceptions of need in mid-Missouri. In total, 24 community leaders were interviewed in person and 300 residents were surveyed via random digit dial phone calls. They provided feedback on the strengths and weaknesses of social service providers in mid-Missouri, as well as the type of services that are under-resourced in the region. The most pressing issues of concern reported by all respondents (both community leaders and residents) are the weak economy and high unemployment rate, both of which are feared to be challenges for at least a few decades. Residents also perceived that growing needs of senior citizens, the need for a trained and skilled workforce, and the need to address poverty through education would form the core of social need in the future. These concerns are also shared by community leaders, who said it's crucial to address the root causes of poverty (access to education, and development of job and life skills) as opposed to only the symptoms (hunger, lack of housing, etc.). A detailed table of the data used in the Heart of Missouri United Way Community Need Assessment can be found in Appendix A, Table 1.

School-Based Mental Health Report (2013)

Table #2: Purpose, method, and findings for the School-Based Mental Health Report	
Purpose	**Method**
Describe the work of the CPS's School Based Mental Health Committee and to analyze current practices and processes within the school district related to school mental health.	1) Examine current mental health services in CPS 2) Research best practices in schools 3) Compare with five survey results (parents, teachers, counselors, etc.)
Findings	
• Lack of shared understanding and knowledge of appropriate emotional development and mental health for children/ teens • Lack of communication between parents and teachers • Need for universal promotion of skills building and mental awareness • Need for targeted prevention by way of services to students who are at risk • Intense, individualized, support for students	

In June 2013, the Columbia Public Schools (CPS) released a report entitled, "Report of the School-Based Mental Health Committee". The Committee evaluated the then-current mental health services available in the CPS, researched best practices in school-based mental health services, and compared the results from 5 surveys, which included: *Columbia Public Schools Elementary and Secondary Guidance Needs Assessment, Missouri School Improvement Program Advance Questionnaire, ACT Engage, Columbia Public Schools School-Based Mental Health Committee Surveys, Survey of Student Strengths and Differences* and *Survey of School Mental Health Systems.*

Through the analysis of the Columbia Public School-Based Mental Health Committee Surveys, it was discovered that there was a high level of disagreement between the perceptions of parents and faculty, and between grade school and secondary school teachers, in regards to the mental health wellness of the students in the CPS system. The committee cited a lack of a shared understanding and knowledge of appropriate emotional development and mental health, as well as a lack of communication between teachers and parents as the reasons behind their diverging perceptions. As a result, the Committee encouraged the use of a Multi-tiered System of Support, with tier one providing universal promotion of skill building and mental wellness for all students, tier two providing targeted prevention through the provision of services to students who are at risk for additional academic difficulties, and tier three providing intense, individualized support for students.

The Committee acknowledges that mental illness and unusual emotional development can create barriers to learning and leading a successful, positive life. In order to best support their student body, schools must educate their students, faculty and parents on the appropriate emotional development for youth, the best ways to cope with life stress in a positive way, and the importance of early detection and treatment of mental illness. Overall, the Committee argues for the development of a comprehensive mental wellness program that incorporates different community partners. They caution that steps must be taken to assess the needs of the individual student, services must be provided strategically, and an inventory of resources available through different providers must be complied in order to avoid service redundancy. Without these steps, there is the risk for: overlap in services, the needs of the individuals may not be met, and some individuals may fall through the cracks. A detailed matrix of the data used in the School-Based Mental Health Report can be found in Appendix A, Table 2.

Putting Kids First in Boone County: Children's Mental Health Services Assessment (2011)

Table #3: Purpose, method, and findings for Putting Kids First in Boone County: Children's Mental Health Services Assessment	
Purpose	**Method**
Children's mental health assessment	1) Boone County provider survey 2) Secondary data analysis
Findings	
• Need for more transitional housing	

- Need for mental health services
- Need for substance abuse treatment for teens

The Putting Kids First Coalition contracted with the Institute of Public Policy (IPP) to research the accessibility and shortfalls of social services in Boone County. In the August 2011 report titled, "Putting Kids First in Boone County: Children's Mental Health Services Assessment", IPP worked with a steering committee to identify and recruit 48 representatives from 38 local agencies. Each representative received an online survey where he or she answered questions regarding the scope of need and availability of social services in Boone County. The survey revealed the following findings from 2010:

- 64 youth turned away from full shelter
- 65 older youth turned away from transitional living services
- 20 children turned away from respite care services
- 2,138 parents and children turned away from services for unwed teen parents
- 1,189 adolescents were suspected as turned away from substance abuse treatment services
- 245 children and youth were unable to receive school-based prevention services at the time of request
- 357 children and families unable to receive counseling services at the time of request

In addition to provider surveys, this report houses a significant amount of data from publically available sources. This list of data can be found in a detailed matrix of the data used in the Putting Kids First report can be found in Appendix A, Table 3. Here, are a few highlighted findings from the report:

- The greatest need for social service growth was in transitional housing, mental health services, and substance abuse treatment for teens.
- In 2010 alone, two transitional housing providers (Rainbow House and Boys and Girls Town) provided shelter to 43 youth and at the same time turned away 65 youth due to a lack of capacity.
- When comparing the 2008 Missouri Student survey and 2007 National Survey on Drug Use and Health, Boone County teens were found to be two times more likely to use alcohol and marijuana, while one and a half times more likely to use cigarettes in the past 30 days than the national average

The report revealed that Boone County has many social service organizations which provide similar services. They often work together through a referral process to ensure a safety net for residents. However, with greater state and federal budget cuts, community organizations are forced to solicit private sector organizations and individuals for donations in order to maintain operations. Undependable funding sources may result in inconsistent social services.

Boone County Issues Analysis of Children, Youth, and Families (2011)

Table #4: Purpose, method, and findings for the Boone County Issues Analysis of Children, Youth, Families	
Purpose	**Method**
Boone County Issues Analysis- help direct funding decisions	Examination of secondary data at the local level
Findings	
• Significant increases of number of children in poverty between 2000 and 2008 • Only one organization provides local support to homeless teens • African-Americans and other minorities in Boone county were shown to be at an overall disadvantage in comparison to Caucasians	

The City of Columbia/Boone County Department of Public Health and Human Services contracted with IPP to take a detailed look at the challenges faced by children, youth and families in Boone County. As a result, the report "Boone County Issues Analysis: Children, Youth and Families", published in October 2012, compares community-level data on teen pregnancy, academic achievement, mental health, child welfare and safety, child and youth homelessness and school readiness rates. Through data analysis, the report identifies disparities in at-risk populations. African-Americans and other minorities were shown to be at an overall disadvantage in comparison to Caucasians in the same region. According to the Missouri Information for Community Assessment data from 2005-2011, Boone County's teen pregnancy rate among 15-19 year old Caucasians is lower than the state rate. However, the rate of teen pregnancies for that same age range amongst African-Americans is higher in Boone County than the state of Missouri.

Additionally, the low birth weight amongst African-Americans in Boone County is higher than the national rate. When looking at the number of children living in poverty, the state of Missouri and Boone County saw an increase from 2000 to 2008, though Boone County has a lower percentage than the state as a whole. Even though there has been an increase in the number of reported homeless youth and number of children receiving free and reduced lunch, there is only one organization providing support to homeless teens in Boone County. When youth are left to fend for resources on their own, they may engage in illegal means. Data from the Missouri State Highway Patrol Uniform Crime Reporting Program showed that juvenile arrests for violent crimes, property, and Part II crimes (which include simple assaults, vandalism, and drug abuse violations) in Boone County constituted a larger percentage of total arrests compared to trends in Missouri. Overall, Columbia had the highest percentage of juvenile arrests in Boone County. Please see Appendix A, Table 4 for detailed information on the data used in this report.

Boone Issues Analysis of Mental Health (2012)

Table #5: Purpose, method, and findings for the Boone Issues Analysis of Mental Health	
Purpose	**Method**
Boone County Issues Analysis- help direct funding decisions	Examination of secondary data
Findings	
- Co-occurring psychological disorders are very common - Boone County has a higher rate of suicides than Missouri - Primary reasons for lack of treatment (12+ years old) is no health coverage and no means to afford treatment (National Data)	

The City of Columbia/Boone County Department of Public Health and Human Services contracted with IPP with to examine the status of mental health in Boone County. Their October 2012 report titled, "*Boone County Issue Analysis on Mental Health*", examines secondary data sources to understand the community-level prevalence of mental health diagnoses, the prevalence of substance abuse, and access to treatment. The report and its findings are targeted at adult mental health, which is classified as those 18 years of age and older.

This report highlights the persistence of co-occurring psychological disorders and substance abuse disorders – this means that often individuals struggle with a combination of mental and substance abuse disorders. These two conditions often occur at the same time and are not easily separated. The primary findings from the report show Boone County's alcohol-related arrests and convictions are rising faster than drug-related arrests and convictions and that half of all Boone County admissions to treatment cite alcohol as the primary substance of abuse. Historically, Boone County has had a higher rate of suicides than the state of Missouri and between 2008 and 2009, the number of suicides in Boone County increased to 133.

Access to treatment is a unique indicator examined in this report. IPP used the National Survey on Drug Use and Health (NSDUH) to examine specific reasons why a person in need of mental health treatment does not receive treatment. IPP found that among persons 12 years of age and older, the lack of health coverage and means to afford treatment are primary reasons substance abuse treatment is not received. Please reference to Appendix A, Table 5 for detailed information on the data used in this report.

Conclusion

The five reports included in this synthesis demonstrate the complex and encompassing challenges facing Boone County children, youth, and families. Local social services agencies are continually challenged to stretch funding dollars further and, alongside the clients they serve, are at times faced with the reality of service shortfalls and gaps in services areas. This synthesis describes each report's purpose, method, finding, and data used to reach conclusions. Above all, this synthesis captures Boone County's diverse approaches to communicating the needs of children, youth, and families.

Appendix A: Detailed Tables

Table #1: Heart of Missouri United Way Community Needs Assessment				
Report	**Year**	**Purpose**	**Method**	**Data**
Heart of Missouri United Way Community Needs Assessment *Written by:* Pure Marketing, LLC *Funded by:* Heart of Missouri United Way	2011	Evaluate perceptions of need in Mid-Missouri	1) 24 community leader interviews 2) 300 residential phone survey (random digit dial) in Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, and Randolph Counties	• *Qualitative interviews with 24 Mid-Missouri community leaders:* --Understanding perceived strengths and satisfaction with the Unites Way's current operations model --Understanding perceived challenges and weaknesses in meeting the region's social service needs --Understanding perceived opportunities for meeting the region's social service needs --Describing the future of community service need in Mid-Missouri over the next 10-20 years • *Quantitative phone interviews with 300 Mid-Missouri residents:* --Measuring poverty awareness --Identifying of non-profit and charitable organizations --Perception of social need --Perception the future of community service need in Mid-Missouri over the next 10-20 years
		Findings		
		Weak economy		
		High unemployment		
		Address poverty by way of education		

Table #2: School-Based Mental Health Report

Report	Year	Purpose	Method	Data
School-Based Mental Health Report *Written by:* Columbia Public Schools' School-Based Mental Health Committee *Funded by:* Columbia Public Schools	2013	Describe the work of the CPS's School Based Mental Health Committee and to analyze current practices and processes within the school district related to school mental health.	1) Evaluate current mental health services in CPS 2) Research best practices in schools 3) Compare with five survey results (parents, teachers, counselors, etc.)	• *Self-Regulation (Thinking before acting):* Perceptions of students "not thinking things out" before acting. --Respondents: 6th grade students, K-12 parents, and K-12 faculty • *Self-Regulation (Thinking before acting):* Perceptions of students in regards to emotions of anger, fear, sadness, and nervousness --Respondents: 6th grade students, K-12 parents, and K-12 faculty • *Motivation and Skills (Optimism):* Perceptions of students' personal characteristics that help students succeed academically. Optimism is characterized by having a hopeful outlook about the future in spite of difficulties or challenges --Respondents: 6th grade students, K-12 parents, and K-12 faculty • *Social Engagement (Bullying):* Perceptions of frequency and expression of need for help handling teasing or bullying. --Respondents: 6-12 grade students, K-12 parents, and K-12 faculty • *Systems and Practices (Utilization of Mental Health Referral Procedures):* Measure of faculty's knowledge of mental health referrals procedures and perception of utilization by school staff. --Respondents: K-12 faculty • *Systems and Practices (Systematic Provision of Preventive and Supportive Services):* Measure of faculty's awareness of school-wide, small group and classroom level preventative and supportive services --Respondents: K-12 faculty • *Systems and Practices (Provision of Training and Educational Activities on Mental Health and Appropriate Services):* Measure of faculty's knowledge of educational opportunities regarding mental health barriers to learning. --Respondents: K-12 faculty • *Systems and Practices (Utilization of Evidence-Based Practices and Program Monitoring):* Measure of faculty's knowledge of the school usage and monitoring of such programs. --Respondents: K-12 faculty • *Systems and Practices (Collaboration to Provide Flexible and Rapid Services Matched to Need):* Measure of faculty's knowledge of the decision process incorporated in the provision of services, the nature, and appropriate use of services. --Respondents: K-12 faculty • *Counseling Services and School Safety:* Measure of the perception of counseling services availability. Measure of "I feel safe at school." --Respondents: 3th-12th grade students, K-12 faculty

Findings

Discord of shared understanding and knowledge of appropriate emotional development and mental health for children/teens
Lack of communication between parents and teachers
Need for universal promotion of skills building and mental awareness
Need for targeted prevention by way of services to students who are at risk
Intense, individualized, support for students

Table #3: Putting Kids First Putting Kids First in Boone County: Children's Mental Health Services Assessment

Report	Year	Purpose	Method	Data	
Putting Kids First *Written by:* The Institute of Public Policy *Funded by:* Putting Kids First Coalition	2011	Children's mental health assessment	1) Boone provider survey 2) Secondary data analysis	• *Missing juveniles* • *Runaways* • *Juvenile arrests* • *Domestic violence* • *Child abuse* • *Teen births* • *Past 30-day use* • *Past 2-week binge drinking* • *Children on Medicaid* • *Youth suffering from serious emotional disturbance* • *Homeless youth in public schools* • *Suicides* • *Dropouts* • *Children in foster care*	• ***Service gaps & number of clients reached in each of the following categories:*** *--Temporary shelter services, respite care services* *--Services to unwed and teen mothers/fathers* *--Substance abuse treatment services* *--Outpatient psychiatric services* *--Transitional living services* *--Crisis intervention services* *--School-based prevention services* *--Home- and community based intervention services* *--Individual/group/family counseling services*
		Findings			
		Need for more transitional housing			
		Need for mental health services			
		Need for substance abuse treatment for teens			

Table #4: Boone Issues Analysis of Children, Youth, and Family

Report	Year	Purpose	Method	Data
Children Youth Family *Written by:* The Institute of Public Policy *Funded by:* City of Columbia Boone County Heart of Missouri United Way	2011	Boone County Issues Analysis – help direct funding decisions	1) Examination of secondary data at the local level	• *Teen pregnancy rates* • *Life births among 15-19 year olds by race* • *Dropout rates* • *High school graduation rates by race* • *Missouri Assessment Program Results by grade* • *Missouri Assessment Program Results by race* • *Emergency room use by mental health diagnosis and age* • *Risk behaviors: 30-day use, perception of wrongness to use alcohol/cigarettes/marijuana* • *Out-of-home placement entries* • *Rate of homeless students* • *Rate of students receiving free and reduced lunch by school district* • *Rate of discipline incidents by school district* • *Juvenile arrests* • *Referrals on minors for "runaway" offenses* • *Poverty rates for children five years old and younger by race* • *Rate of births to mothers with less than 12 years of education* • *Rate of low birth weight babies by race* • *Number of families with children enrolled in Columbia Public School District's Parents as Teachers program* • *Number of children receiving subsidized childcare* • *Number of spaces in licensed family childcare homes, group childcare homes, and childcare centers* • *Number of accredited child care centers* • *Early childhood special education participation rate* • *Head Start enrollment* • *Head Start waiting list* • *Title I enrollment* • *Title I waiting list*
		Findings		
		Significant increases of number of children in poverty between 2000 and 2008		
		Only one organization provides local support to homeless teens		
		African-Americans and other minorities in Boone county were shown to be at an overall disadvantage in comparison to Caucasians		

Table #5: Boone Issues Analysis of Mental Health

Report	Year	Purpose	Method	Data
Mental Health *Written by:* The Institute of Public Policy *Funded by:* City of Columbia Boone County Heart of Missouri United Way	2012	Boone County Issues Analysis – help direct funding decisions	1) Examination of secondary data	• *Homelessness* --Point in time count of sheltered and unsheltered individuals by mentally ill status, chronic substance abuse status, and Veteran status --Section 8 Housing voucher wait list --Public Housing wait list • *Affordable Housing* --Rate of cost burdened families (renters and homeowners) --Median annual housing costs --Median household income • *Domestic violence* • *Food Security* --Rate of families eligible for SNAP --Rate of families receiving SNAP --WIC participation numbers
		Findings		
		Co-occurring psychological disorders are very common	Boone has higher rate of suicides than Missouri	
		Primary reasons for lack of treatment (12+ year olds) is no health coverage and no means to afford treatment (National data)		