Table of Contents
Introduction ................................................................................................................................. 5

Population of Focus: Pilot Site Snapshot .................................................................................. 5
High-Risk Indicators of Child Well-being ................................................................................. 6
Methodology ................................................................................................................................ 9
Successes and Challenges ......................................................................................................... 11
Summary of Findings .................................................................................................................. 13

Family Support and Parenting Education ............................................................................... 13
Situation ...................................................................................................................................... 13
Resources to Address Basic Needs ............................................................................................ 13
Basic Needs .................................................................................................................................. 14
Resources to Address Family Support and Parenting Education Needs .................................. 16
Family Support and Education Needs ......................................................................................... 18
Conclusions ................................................................................................................................. 19

Mental Health and Social Emotional Awareness ..................................................................... 20
Situation ...................................................................................................................................... 20
Resources to Address Mental Health and Social Emotional Wellness ......................................... 21
Needs ........................................................................................................................................... 26
Conclusions ................................................................................................................................. 29

Early Care and Education and Early Elementary Systems ......................................................... 31
Situation ...................................................................................................................................... 31

Screening ................................................................................................................................... 37

There are a number of local agencies, organizations, and schools that do development
screening, behavioral health screening, and educational screening through their
programs. While there are multiple screening initiatives in the pilot area, there is not
consistency among the instruments used.................................................................................... 37

Instrument .................................................................................................................................. 37

Agency/Organization/Center ...................................................................................................... 37
Devereux Early Childhood Assessment (DECA) ........................................................................ 37
YWCA, University City Child Care, Southside Early Childcare, Head Star................................. 37
Depression Anxiety Stress Scale (DASS)...................................................................................... 37
Neighborhood Houses, St. Louis Center for Family Development .................................................. 37
Developmental Indicators for the Assessment of Learning (Dial 3 and 4) .................................. 37
YWCA (3), Head Start (currently 3 but planning to move to 4) University City Child Care (4) ................................................................. 37
Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social/Emotional. 37
Nurses for Newborns, University City Child Care ................................................................. 37
Achenbach Child Behavior Checklist .......................................................................................... 37
Our Little Haven, Southside Early Child Care ......................................................................... 37
Pediatric Symptoms Checklist .................................................................................................. 37
Our Little Haven .......................................................................................................................... 37
Conners Reading Skills ............................................................................................................. 37
Our Little Haven .......................................................................................................................... 37
Peabody Picture Vocabulary Test/Teacher .................................................................................. 37
Our Little Haven .......................................................................................................................... 37
Edinburgh Depression Screen .................................................................................................... 37
Nurses for Newborns .................................................................................................................. 37
Infant/Toddler Environmental Rating Scale ............................................................................. 37
University City Child Care ........................................................................................................ 37
Early Language and Literacy Classroom Observation (ELLCO) ............................................. 37
University City Child Care ........................................................................................................ 37
Ohio Scales .................................................................................................................................. 37
St. Louis Center for Family Development .................................................................................. 37

Needs ........................................................................................................................................... 39

Conclusions .................................................................................................................................. 41

Primary Care ............................................................................................................................... 42
Situation ........................................................................................................................................ 42
Resources ..................................................................................................................................... 43
Needs ............................................................................................................................................. 45
Conclusions .................................................................................................................................. 47

System-Level Coordination ....................................................................................................... 49
Situation ........................................................................................................................................ 49
Resources ................................................................................................................................................. 49
Needs.......................................................................................................................................................... 53
Conclusions.................................................................................................................................................. 56
Special Populations: Services and Needs ................................................................................................... 58
 Resources and Needs: Families of Incarcerated Family Members......................................................... 58
 Resources and Needs: Adults with Substance Abuse and Mental Health Disorders...... 58
 Resources and Needs: Military Families .................................................................................................. 59
Conclusions.................................................................................................................................................. 59
Conclusion.................................................................................................................................................... 60
References..................................................................................................................................................... 63
Acknowledgements and Disclaimer ............................................................................................................ 68
Introduction

In September of 2012, Missouri was awarded a five-year cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) through their Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) program. The goal of this project is to promote child wellness for children from birth to age eight by enhancing and expanding the services and systems serving young children. This environmental scan explores the available resources and the needs of families with young children living in two zip codes in the City of St. Louis, as well as state policies and practices for families. Findings from this scan will be used to inform the strategic plan and facilitate decision-making as Project LAUNCH moves forward.

Population of Focus: Pilot Site Snapshot

Missouri’s Project LAUNCH has selected an area of high need in the north side of the city of St. Louis as the local community to pilot selected activities and services to promote the wellness of young children. The geographic area includes two contiguous zip codes (63106 and 63107) in north St. Louis City that exhibit similar high-risk indicators of child well-being.

The total population of the selected area is 23,795. The number of children eight years old and younger, the targeted age for the LAUNCH initiative, is 3,822 (U.S. Census Bureau, 2010). The population is younger than the city average with 32% under the age of 18 and 16% under the age of 9 (compared to 21% and 11% for the city, respectively). Approximately 93% are African American, 5% White and 1% self-identify as Hispanic. The median income is $14,631 (zip code 63106) and $25,214 (zip code 63107), compared to $47,202 for Missouri. Two-thirds of children in zip code 63106 and almost 45% in zip code 63107 live in poverty, compared to 20% of children in Missouri (U.S. Census Bureau American Community Survey, 2011). There is no one statistic on the number of military families in the St. Louis Metropolitan Area. However, there were approximately 927 service members deployed to Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) from the St. Louis area from 2001 to 2011 with 1,105 dependents eligible for military health benefits and 84 ineligible dependents (Citizen Soldier Support Program, 2011). Civilian veterans make up 11.2% of the population in St. Louis City, 5.6% of the population in 63106 and 8.2% of the population in 63107 (U.S. Census Bureau, 2010).

Economic struggles have plagued the pilot area since the mid-20th century, when a mass exodus of families to the suburbs and a failure to expand the political boundaries of the city began eroding the city tax base. The population of the city has decreased from 850,000 in 1950 to 320,000 in 2010 (U.S. Census Bureau). Likewise, the population in the selected
neighborhoods declined 39% between 1990 and 2010. The economic picture for the pilot area has only worsened since the current economic downturn. In 2000 approximately 53% of children in the local site were eligible for Supplemental Nutrition Assistance Program (SNAP); in 2008 approximately 75% of the children were eligible. Between 1999 and 2000 the unemployment rate in these zip codes more than doubled from 10% to approximately 23% and has remained at that level through 2008 (VCR, 2009).

**High-Risk Indicators of Child Well-being**

The dismal economic conditions in North St. Louis city have contributed to an environment that is not conducive to child well-being. According to the biennial children’s risk assessment conducted by Vision for Children at Risk (VCR, 2009), the two zip codes are two of the three highest “severe risk” ranking zip codes of the north side of St. Louis City. A large majority of children in the pilot area receive food stamps and are enrolled in MC+/Medicaid. Health disparities in the selected neighborhoods are measurable at or before birth with as many as 39.3% of mothers in zip code 63107 receiving no or inadequate prenatal care, at a rate that is three times the national average of 11.8%. Lead poisoning has dropped significantly in the last decade but, in 63106 and 63107 the respective rates are 2.0% and 6.2%, much higher than the national average of 1.0% (VCR, 2009). Of all Missouri counties, St. Louis ranks worst in substance abuse-related morbidity/mortality, drug possession (adult and juvenile arrests), and sexually transmitted disease (Missouri Department of Mental Health, 2008). Students in the St. Louis metropolitan area rate more poorly than their rural peers on risk and protective factors related to substance abuse (Missouri Institute of Mental Health, 2004).

Young children at the pilot sites grow and develop in a social culture rife with crime. While Missouri’s overall property crime and violent crime rates are 41.7 and 5.0 per 1,000 citizens respectively, the site’s rates are 109.1 and 21.4 crimes per 1,000 residents (VCR, 2009). Stability for many young children in the pilot area is tenuous, as 70.7% of students transfer in or out of St. Louis Public Schools (SLPS) in any given year (VCR, 2009). The SLPS graduation rate of 65.3% (compared to 88.1% for the state) suggests lower educational attainment for many students in the pilot area (Missouri Department of Education and Secondary Education, 2012). Stability is likely even more tenuous for children of military families and incarcerated parents. Although there is no data specific to the pilot site, in a Department of Defense Profile of Military Communities, 35% of respondents reported having sought counseling for themselves or a child in order to help deal with the negative effects of deployment (Department of Defense, 2010). The study reports an 11% increase in outpatient visits for behavioral health issues among 3 to 8 year
old children of military families. However, mental health providers are often ill equipped to meet the unique needs of military children, lacking specific training in how to serve youth.

**Indicators of Child Well-Being**

<table>
<thead>
<tr>
<th>Population of Focus</th>
<th>Missouri</th>
<th>St. Louis City</th>
<th>63106</th>
<th>63107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children under 6 below poverty</td>
<td>23.0%³</td>
<td>42.0 %</td>
<td>46.3%</td>
<td>34.4%</td>
</tr>
<tr>
<td>Percent receiving food stamps</td>
<td>35.5%²</td>
<td>66.8%⁴</td>
<td>85.8%¹</td>
<td>65.5%¹</td>
</tr>
<tr>
<td>Percent of children enrolled in MC+/Medicaid</td>
<td>33.2%³</td>
<td>61.2%³</td>
<td>91.2%¹</td>
<td>67.8%¹</td>
</tr>
<tr>
<td>Receiving no or late prenatal care</td>
<td>11.8%⁵</td>
<td>21.3%⁵</td>
<td>26.6%¹</td>
<td>39.3%¹</td>
</tr>
<tr>
<td>Low Birth Weight (%) (2005-2009 avg.)</td>
<td>8.1%²</td>
<td>11.9%²</td>
<td>11.4%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Percent children with elevated blood lead levels</td>
<td>1.0%²</td>
<td>3.1%²</td>
<td>2.0%¹</td>
<td>6.2%¹</td>
</tr>
<tr>
<td>Child abuse and neglect (per 1,000)</td>
<td>31.8%³</td>
<td>30.3%²</td>
<td>15.2%¹</td>
<td>15.5%¹</td>
</tr>
<tr>
<td>Percent of households with single parent families</td>
<td>11.9%¹</td>
<td>20.5%¹</td>
<td>29.1%¹</td>
<td>23.0%¹</td>
</tr>
<tr>
<td>Births to teenage mothers (per 1,000)</td>
<td>11.4%²</td>
<td>16.1%²</td>
<td>18.6%¹</td>
<td>25.7%¹</td>
</tr>
</tbody>
</table>

¹Vision for Children at Risk – 2008 (gathered from the composite tables by zip code)
³Kids Count – (2008) (gathered from customized tables Comparing St. Louis City and Missouri)
⁵Missouri Information for Community Assessment (2009) (Calculated by dividing the total # of no or inadequate prenatal care by total births at the state and county level)

The family structure in the pilot area differs from the state and the City of St. Louis as a whole, particularly in the 63106 zip code. Almost one-third of households in 63106 are single-parent families, and around one-fourth of births in zip code 63107 are to mothers under the age of 20. In households where a grandparent resides with grandchildren under the age of 18, around half are the primary caregiver (U.S. Census, 2010). Data from focus groups indicates that parents rely heavily on extended family for child care support.

Area churches are a stabilizing force within neighborhoods. An online database search of company listings found 71 religious organizations in zip code 63106 and 83 located in zip code 63107. Most (83% in 63106 and 88% in 63107) are small religious organizations,
such as churches, temples, missions, or youth ministries with 1-4 employees (www.manta.com), suggesting that religious activity is not highly centralized in the pilot area.

The data on the population within the two zip codes points to significant issues related to economic deficiencies, health disparities and environmental factors which negatively impact health outcomes and healthy development of young children. Although some positive impacts may occur by the provision of more services, enhancing existing services and/or improved coordination of services, sustaining long term changes will require a focus on macro level systems and environments. Young children growing up in violent communities, with limited access to healthy foods, poor transportation systems, limited access to timely and consistent healthcare and severe economic deficiencies are more likely to be at high risk for poor social and health outcomes, despite enhanced service availability.

The current environmental scan will be amended as the Project identifies the precursors to any negative community factors. Based on an ecological framework, Missouri's Project LAUNCH will focus not only on individual, family and agency systems but also on the broader systems of community and society to effectively address civic policy changes. The remainder of the report explores these topics in greater detail, focusing upon the resources available at both the state and local levels, and the specific needs identified according to key stakeholders and families living in this impoverished area.
Methodology

Data collection for the environmental scan has included several activities, including: 1) in-person interviews with identified stakeholders; 2) focus groups with parents; 3) an on-line survey of the local Regional Early Childhood Council members and community service providers; 4) an on-line survey of members of the State Young Child Wellness Council, and 5) compilation and analysis of existing needs assessments and other secondary data, both at the state level and for the 63106 and 63107 zip codes.

Stakeholder Interviews. Ten in-person interviews were conducted to gain additional information about key programs in St. Louis, as well as to learn more about the pilot area. Interviews explored the perceived needs of the targeted communities. The Project LAUNCH team asked for input from the stakeholders regarding approaches the program could take over the course of the grant.

Parent Focus Groups. Five parent focus groups were conducted in an effort to capture parents’ perspective. Focus groups were conducted with a variety of parents living in the pilot zip codes, including parents in a substance abuse recovery program, homeless parents, teen parents, parents who were connected to early childhood services (Head Start), and parents who were not connected to services (St. Louis Public Schools). Focus groups were intended to gain a better understanding of parents’ everyday experiences. Parents were asked to share a variety of information about the challenges of being a parent, access and barriers to services, and what Project LAUNCH could do to support the healthy development of their children.

Local Agency Survey. 41 individuals completed an on-line local agency survey, many of whom are members of the Regional Early Childhood Council (see Appendix for details). The survey was developed to determine what services and programs already existed, the unmet needs of the area, and recommendations to the Project LAUNCH team regarding approaches the program could take over the course of the grant.

State-Level Survey. 21 members of the Project LAUNCH State Young Child Wellness Council completed an on-line survey exploring their perception of resources and needs in the area of early childhood wellness statewide.

Secondary Data Analysis. Several existing data sources were reviewed and analyzed at both the state and local levels. Data for the two zip codes was obtained from several sources, including the U.S. Census, Vision for Children at Risk, the Regional Health Commission, Child Care Aware® of Missouri, and the City of St. Louis Department of Health. Existing
reports, including but not limited to the following, were also consulted. A full list of sources is included in the reference section.

- **Children of Metropolitan St. Louis: A Report to the Community**, Vision for Children at Risk, 2009-2010.
- **City of St. Louis 2012 Health Improvement Plan.**
- **Show Me to the Top Early Learning Roadmap**, Missouri Department of Mental Health, 2012.
- **SSM Cardinal Glennon Children’s Medical Center Community Health Needs Assessment**, 2012.
- **St. Louis Children’s Hospital Needs Assessment**, Missouri Institute of Mental Health, 2008.
- **St. Louis Children’s Initiative Executive Summary**, Grace Hill Settlement House, 2011
**Successes and Challenges**

Conducting the environmental scan has provided a great opportunity for the Project LAUNCH team and state and local Council members to become very quickly acquainted with the needs and resources available to families with young children in a highly impoverished neighborhood in the City of St. Louis. Existing data sources, state and local on-line surveys with key agency personnel, stakeholder interviews, and parent focus groups were all included in the scan to best capture the current situation in the pilot area and in Missouri. The environmental scan process was ambitious, yet the information that has been collected should serve as a valuable tool to not only inform the strategic plan but also to educate key stakeholders, including state and local decision and policy makers, key community stakeholders, staff serving families with young children, families with young children, and the community at large.

More specifically, the environmental scanning process has led to the following:

- **The development of an inventory of programs and organizations in St. Louis City.** The table in the appendix lists the services provided in or near the pilot area. Information in this table has been entered into a searchable database along with contact information to allow for on-going updating of current resources and the ability to easily search for resources according to each of the LAUNCH strands. This database will also allow for the mapping of current providers (agencies, schools, etc.) in the pilot area to visualize the location of services for families.

- **The development of an inventory of needs.** The local agency survey served to gather a comprehensive list of community needs which can be used for program planning and as one of the baseline indicators measuring program success.

- **Engagement of stakeholders in data collection efforts.** Interviews and focus groups provided the opportunity to learn what local agencies and community members need and how they would define success for Project LAUNCH. It also served as a mechanism for developing relationships with key community leaders to facilitate future program and evaluation activities.

- **Parental involvement in data collection efforts.** The LAUNCH team recognizes the strong need for continued parent input throughout the life of the grant. The five focus groups were a first step toward that goal, and in-person interviews with parents and other caregivers are anticipated to be a next step in obtaining parent
input. The focus groups also served as impromptu support groups for parents, which gave parents the opportunity to discuss parenting challenges and share information about services in the area.

Challenges

Collecting comprehensive state and local information on all of the areas in which LAUNCH will be involved has been a challenge.

- **Obtaining up-to-date and specific information.** Although there is a large amount of information available, locating the most up-to-date, accurate and area specific (zip code, citywide, statewide) information has proved to be a challenge. Zip code level data for some sub-populations and resources were unavailable. Verifying the information that was presented in existing, but oftentimes outdate, documents was a challenge. In many cases, who “held” the information needed to be determined prior to being able to follow up and verify or obtain additional information. Data was sometimes provided without a source and conflicted with other existing data.

- **Scheduling focus groups.** Obtaining parent input for the scan was critical, but scheduling focus groups proved to be challenging. Consent needed to be obtained from the parents of some teen parents which delayed data collection, and some focus groups could not be scheduled for weeks after initial contact due to schedules and conflicting prior engagements.

- **On-line survey follow-up.** Overall, participation from stakeholders and organizations has been plentiful, but some key stakeholders were not able to be involved before the scan needed to be submitted. The environmental scan is a living document that can be added to as more information becomes available.

- **Integration of state and local scan information.** Perhaps the biggest challenge of the scan has been collecting information at both the state and local levels and integrating that information to create a total picture of the arrays of services available to families. It is anticipated that as the program continues and more information is obtained, this picture will become more complete.
Summary of Findings

Family Support and Parenting Education

Situation

The needs of parents living in the selected neighborhoods fall into several categories. Given the severe poverty facing most of these families, many have basic needs (housing, employment, nutrition, etc.) which, if gone unmet, may severely affect their ability to support their children's social/emotional development and well-being. Almost half of families living in the 63106 and one-third in the 63107 zip code areas live at or below poverty level (U.S. Census, 2010). The mental and physical health needs of families living in this area are also high (discussed in other sections of the scan). Finally, the need for increased parental engagement, empowering caregivers to better understand their children’s social/emotional development and to learn appropriate parenting skills is essential to the well-being of their children.

Resources to Address Basic Needs

State Level

Given the poverty rates in the pilot area, reliance on federal and state assistance is high. Resources include Temporary Assistance for Needy Families (TANF), Medicaid, and the State Children's Health Insurance Program (SCHIP). Nutrition assistance is provided through the Supplemental Nutritional Assistance Program (SNAP) (food stamps), the Women, Infant and Children's program (WIC), and the Missouri School Lunch program, the Missouri Special Milk program, and the Missouri Summer Food Service program. The Missouri Low Income Home Energy Assistance Program, Missouri Unemployment Assistance program, and the Missouri Weatherization program are also available to low-income individuals.

Local Level

Several of the agencies that provide services in the area assist with meeting basic needs. These agencies include the City of St. Louis Mayor’s Office, the City of St. Louis Health Department, Gateway 180, Grace Hill Settlement House, Haven of Grace, Nurses for Newborns, Provident Counseling, St. Louis Crisis Nursery, the Youth and Family Center, and
YWCA Head Start. The City of St. Louis’s Mayor’s Office provides emergency fuel and utility assistance and the City of St. Louis Health Department provides housing and transportation assistance to families in need. Gateway 180 provides 24-hour emergency shelter services and transitional supports enabling families to move into long term housing. Grace Hill Settlement House offers material assistance, housing supports, legal services, life skills, business development, child care and job readiness services for women. Haven of Grace is a residential home for young pregnant women with services that include financial counseling, housing, parenting education and family advocacy. Nurses for Newborns (NFNF) serves high-risk expectant and new parents and their infants, assisting with basic needs including clothing, food, utilities, and housing. Provident Counseling provides mental health services and GED classes for families living in those neighborhoods. St. Louis Crisis Nursery provides emergency services to parents in need of short-term care for their children, including assistance with immediate basic needs of families including financial, housing, clothing and emergency fuel/utility assistance. Youth and Family Center, in addition to youth programming, provides material and food support, job preparation, neighborhood mobilization and child care services. In addition to providing Head Start early childhood education, the YWCA Head Start provides financial, clothing and emergency fuel assistance.

**Basic Needs**

Despite the presence of programs in these neighborhoods to address basic needs, significant gaps remain. When providers were asked to list the greatest challenges facing their organization in trying to address the needs of families, basic needs were mentioned most frequently. Specifically, employment and financial assistance were listed as the greatest challenges, followed by housing, emergency fuel and utility assistance, legal assistance, transportation, food/nutrition and clothing. In several focus groups, housing, employment, money, and transportation were mentioned as the greatest barriers they face as parents. Several parents mentioned the high cost of the public transportation system in St. Louis, essential to many families given that 55.5% of families in 63106 and 36.1% of families in 63107 do not own a vehicle, (American Community Survey, 2011)

One parent who could not obtain financial assistance for child care noted:

“So if you don’t have a job, or if you’re not in school then it’s like your kids are stuck to your hip and it’s kind of hard to do if you have a kid stuck to your hip going to look for a job, or try to get into school....”
Many parents are finding it difficult to meet TANF guidelines related to employment and job readiness training, and were often not receiving financial support to pay for their basic needs, as well as those of their children. The need for food was also mentioned by several providers. As one Executive Director stated, “children cannot learn when they have not eaten for days.”

Safety consistently came up as a significant barrier for families living in the selected zip codes. As one provider noted, “if a child is dead, there is nothing we can do, and they are dying every day.” One focus group parent mentioned that her medicine had been stolen from her home. Getting professionals to provide services in the pilot area is also difficult. According to one agency leader, “The threat of violence limits the hours we are able to be in the homes. It can be a challenge to find Licensed Social Workers that are willing to work in these areas.”

### Basic Needs: Resources and Needs in Pilot Area
(Among Local Survey Respondents Who Estimated Need*)

<table>
<thead>
<tr>
<th>Service</th>
<th># of agencies providing services in pilot area</th>
<th>% reporting “great need” for services</th>
<th># who estimated service need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment assistance</td>
<td>5</td>
<td>70.4</td>
<td>27</td>
</tr>
<tr>
<td>Financial assistance (budgeting, etc.)</td>
<td>6</td>
<td>70.0</td>
<td>30</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>5</td>
<td>64.5</td>
<td>31</td>
</tr>
<tr>
<td>Emergency fuel and utility assistance</td>
<td>4</td>
<td>56.5</td>
<td>23</td>
</tr>
<tr>
<td>Legal assistance</td>
<td>1</td>
<td>52.4</td>
<td>21</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>1</td>
<td>50.0</td>
<td>24</td>
</tr>
<tr>
<td>Food/nutrition assistance</td>
<td>6</td>
<td>39.1</td>
<td>23</td>
</tr>
<tr>
<td>Clothing assistance</td>
<td>3</td>
<td>30.0</td>
<td>20</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who estimated a service need. There were a high percentage of “Don’t Know” responses ranging from 11 to 20. Total Sample size ranged from 38 to 41. See Appendix for detail.*
Resources to Address Family Support and Parenting Education Needs

State Level

Missouri has several state and federally funded programs designed to support families, particularly programs that serve families in the home. The *Missouri Community Based Home Visiting Program* model utilizes nurses and family support workers to provide intensive sustained home visits and community services over a period of two years in several counties and the City of St. Louis. The *Building Blocks of Missouri* program utilizes the Nurse Family Partnership® model, an evidence-based home visiting program provided by registered nurses to first time pregnant women who are low-income and enter the program prior to the 28th week of pregnancy, continuing through age two. This program is available in the City of St. Louis. Combined, these intensive programs served 1,262 families statewide in 2009. The Department of Elementary and Secondary Education (DESE) funds the *Parents as Teachers* (PAT) program, which provided around 84,000 home visits statewide in 2009 (DHSS, 2011). Due to Missouri’s financial situation, Parents as Teachers experienced a significant budget cut in 2010, reducing the availability of the program, which had previously been available in all school districts in Missouri. Due to the budget cuts, the PAT program shifted their target population from all families to those who meet their high need criteria. Currently, 75% of the PAT funds allocated to school districts for parent education must be used for high-needs families with an emphasis on families with children prenatal to age three.

The Department of Social Services offers two home visiting programs: the *Stay at Home Parent Program* and *Child Abuse and Neglect Prevention Program*. These programs are offered in the City of St. Louis, and 979 families received home visits statewide in 2009. New awards were recently made to grantees that required that they implement evidence-based models.

Local Level

Home Visiting Services. According to the agency survey, several agencies offer home visiting services to families in the pilot neighborhoods. *Nurses for Newborns (NFnF)*, a multi-state program serving families in Missouri and Tennessee, conducts in-home visits with registered nurses. Its target population is prenatal women with children up to 3 years of age, medically fragile infants, mothers with mental illness/disability and teen parents. In
addition to providing health care assistance and basic needs, NFNF also provides education and information on parenting skills, including support for teen mothers to complete school or find employment, strengthen relationships, and assist with pregnancy planning. The program is currently considered a “promising approach” for the purposes of the Maternal Infant and Early Childhood Home Visiting program in Tennessee. St. Louis Crisis Nursery has a Family Empowerment Program that offers in-home developmental assessments using the Strengthening Families approach and offers age-appropriate books, toys and videos for children 0-3. The Family Support Network’s Project First Step is an in-home visitation program based on cognitive Behavioral Family Intervention™ and draws from other programs such as Active Parenting Families First™ and Parent Child Interactive Therapy™.

*Other Family Strengthening and Parenting Programs and Services.* In the pilot site, in addition to the agencies that provide home visitation services, some agencies serve families in various settings. St. Louis Center for Family Development, in addition to crisis intervention and stabilization services, offers both in-home and community-based therapy and parenting skills development. Child Care Aware® of Eastern Missouri offers family strengthening services through education and resources to child care and early learning programs. Delta Dental Health provides education to families and children on appropriate dental care. Our Little Haven offers parenting programs to foster care parents. United 4 Children, an outgrowth of the Child Day Care Association (CDCA) and St. Louis for Kids, provides education and resources related to family strengthening to teachers and caregivers. The St. Louis Public Schools, through its Parent/Infant Interaction Program at Vashon High School, also provides parenting education. A Parents as Teachers parent educator visits the school regularly to provide parenting skills information and support to the teen parents. The YWCA’s Head Start also provides in-home services in addition to center-based care. The HOME WORKS! The Teacher Home Visit Program sponsored by SLPS provides home visits by students’ teachers and family dinners held at the students’ schools. Queen of Peace is a substance abuse treatment center serving pregnant and post-partum women and their children. One of their programs located in the pilot area requires women living in the long-term residential housing, to attend structured parenting classes at their main facility in the central part of the City.

Agencies report using a number of evidence-based parenting programs, including the Nurturing Parent Program, Triple-P Positive Parenting Program, Parents as Teachers, Motivational Interviewing, and HOMEBUILDERS, all of which are on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Effective Programs and Practices (NREPP), and the Center for the Study of Social Policy (CSSP)’s research-based Strengthening Families framework. The Father Support Center offers programs and services for men who want to become responsible fathers. The Father Support Center prepares fathers to become financially and emotionally involved, teaches
fathers the skills to maintain employment, and assists mothers and fathers to develop the skills to foster child well-being to help build a foundation for their children to develop into responsible and productive adults.

**Family Support and Education Needs**

The environmental scan indicated a strong need for services in parenting support and education, particularly teen parenting, family strengthening, and pregnancy prevention programs. Many teen parent focus group members had limited information about parenting and expressed a great deal of stress. According to one parent attending the local high school, “*We need somebody to talk to before you just lose it.*” Another said “*I don’t have anybody to turn to if something goes wrong, because nobody understands my situation.*” The need for education regarding how to address behavior issues was great for many of the young parents. According to staff at Vashon High School, there are currently no parenting skills classes at Vashon High School or neighboring middle schools other than the Parent/Infant Interaction program at Vashon which is only available to students who already have infants or small children.

Overall, focus group findings suggested that parents connected to institutional supports (substance abuse treatment centers, schools, health centers) have information available to them to help them to understand the developmental stages of their children. However, less well-connected parents felt they had no access to parenting programs and were raising their children based solely on their own experience as children. So while agencies working in the pilot area use an array of evidence-based practices, there appears to be a need to better connect parents to these services. Agency providers also perceived there to be a greater need for consistent, sustainable and competent evidence-based services, and some felt that educating the community about the availability of existing programs should be a high priority. Many stakeholders felt that access and awareness related to parenting programs was as needed as programs themselves. According to one stakeholder, “*maybe what we need is case managers in every neighborhood, social work case managers who can become the hub of information for a neighborhoods*”. 
Family Strengthening and Education: Resources and Needs
Local Agency Survey
(Among Those Who Estimated Service Need*)

<table>
<thead>
<tr>
<th>Service Type</th>
<th># of agencies providing services in pilot area</th>
<th>% reporting “Great Need” for services</th>
<th># who estimated service need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family strengthening programs</td>
<td>7</td>
<td>67.7</td>
<td>31</td>
</tr>
<tr>
<td>Parenting classes</td>
<td>6</td>
<td>63.3</td>
<td>30</td>
</tr>
<tr>
<td>Teen parenting classes</td>
<td>2</td>
<td>58.1</td>
<td>31</td>
</tr>
<tr>
<td>Home visitation programs</td>
<td>7</td>
<td>55.6</td>
<td>27</td>
</tr>
<tr>
<td>Pregnancy prevention</td>
<td>1</td>
<td>48.3</td>
<td>29</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who estimated a service need. “Don’t Know” responses ranging from 9 to 11. Total sample size ranged from 39 to 40. See Appendix for detail.

Conclusions

- The pilot area has high rates of poverty and unemployment with a great need for basic services. Employment, financial and housing assistance were identified as having the greatest gaps in services by both local agency personnel and focus group parents.
- While there are several programs offering home visitation and family support, there is nonetheless a high need for parenting classes and supports, according to both agency personnel and focus group parents. This was especially true for those families not receiving services from or engaged with other agencies or programs (schools, treatment centers, etc.). More home visiting and additional programs for teen parents were also identified as needed.
- Many of the agencies serving young families in the pilot neighborhoods are providing evidence-based programs, yet there is a continued need for consistent, and sustainable evidence-based services implemented with fidelity.
Mental Health and Social Emotional Awareness

Situation

According to the National Survey of Children’s Health (2007), approximately 16% of children in Missouri are at moderate risk for developmental, behavioral or social delays, and 8% of children are at high risk of delays. About 9% of children consistently exhibit problematic social behaviors, and 8% are on medication for attention difficulties, emotions, concentration, or behavior. Furthermore, 40% of Missouri parents have concerns about their child’s physical, behavioral, and social development.

For the City of St. Louis, prevalence data is limited, but data on mental health treatment admissions are available from the Missouri Department of Mental Health’s Division of Behavioral Health (DBH). Of the 6,234 psychiatric treatment admissions in 2011, about 2.7% were for children aged 0-9, 8.3% were for children aged 10-17, 7.4% were for young adults aged 18-24, and 81.6% were for adults aged 25 and over. The majority (79.2%) of individuals (of all ages) served were African American, and most were treated for either a mood (45%) or psychotic (39%) disorder.

Substance abuse treatment admission data are available from the 2008 Treatment Episode Data Set (TEDS; SAMHSA, 2009). Compared to Missouri as a whole, treatment admissions in St. Louis were more likely to involve heroin and smoked cocaine. For children under 18, marijuana accounted for the majority (80%) of treatment admissions. For adults aged 18 to 34, the most common drugs were alcohol, heroin, and marijuana, whereas alcohol and smoked cocaine treatment admissions were most common for adults older than 34. African-American persons were most likely to be treated for marijuana and smoked cocaine use. About 57% of treatment referrals were from the criminal justice system.

There is very little zip code level data available that would shed light on the state of mental health in the pilot area, however emergency room (ER) data for mental disorders and substance abuse suggest that the stresses of living in a resource-poor, high-crime area takes its toll on the mental health and well-being of children and parents. ER visits for alcohol/substance use and mental disorders in the pilot area are much higher than for Missouri, and in some cases higher than St. Louis City as a whole. In particular, ER visits relating to mental disorders are much higher for children in the pilot area compared to city and state averages.
### Emergency Room visits (rate per 1,000 persons) for Adults, Young Adults, and Children in 2010

<table>
<thead>
<tr>
<th></th>
<th>Missouri</th>
<th>St. Louis City</th>
<th>63106</th>
<th>63107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (age 25+) visits for substance use</td>
<td>4.4</td>
<td>19.4</td>
<td>19.9</td>
<td>16.0</td>
</tr>
<tr>
<td>Adult (age 25+) visits for mental disorders</td>
<td>13.8</td>
<td>48.7</td>
<td>41.0</td>
<td>34.7</td>
</tr>
<tr>
<td>Young Adult (age 15-24) visits for substance use</td>
<td>4.9</td>
<td>4.7</td>
<td>4.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Young Adult (age 15-24) visits for mental disorders</td>
<td>19.0</td>
<td>19.5</td>
<td>24.0</td>
<td>16.7</td>
</tr>
<tr>
<td>Child (age 0-14) visits for substance use</td>
<td>0.1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Child (age 0-14) visits for mental disorders</td>
<td>2.2</td>
<td>5.1</td>
<td>7.5</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Data from the Missouri Information for Community Assessment (MICA, 2010)

### Resources to Address Mental Health and Social Emotional Wellness

**State Level Mental Health Services**

DMH is a cabinet-level state agency established to: (1) prevent mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) provide treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) improve public understanding and attitudes about these behaviors. DMH serves approximately 150,000 Missourians annually. DMH makes services available through state-operated facilities and contracts with private organizations and individuals. DMH provides funding to several mental health and substance abuse treatment and prevention agencies that serve residents of the City of St. Louis. DMH-run facilities include the St. Louis Metropolitan Psychiatric Center in the center of the city (in-patient), the St. Louis Psychiatric Rehabilitation Center in south St. Louis (inpatient and residential), and Hawthorn Children's Psychiatric Hospital (child inpatient and residential facility). There are also two Community Mental Health Centers that serve children and adults near the pilot area, and several organizations providing substance abuse prevention, treatment and recovery services.

The state council survey asked respondents about the availability and need for policies and supports relating to early childhood at the state level. Many respondents felt that behavioral health consultation (35.3% rated it a “great need”) and physical/behavioral health integration (50.0%) were great needs for young children. However, a majority of
respondents felt that not much (50%) or no effort (6.3%) was being made to develop state policies to ensure behavioral health consultation is available to children. For behavioral/physical health integration, 6.7% believed no effort was being made to develop state policies in this area, and 53.3% felt not much effort was being made.

State council members were also asked about the availability of services for children and adults in the state. Very few respondents felt that mental health supports were available in most or all of the state. For children, the support with the least perceived availability (92.3% perceived it as either unavailable or available in few areas of the state) was training for physical health professionals to identify children with mental health needs. Likewise, a system to support and expand the child care and home visiting work force was rated by most (81.3%) respondents as either unavailable or available in a few areas of the state. Although a small proportion of survey respondents said early identification of children's social, emotion, and behavioral needs was available statewide (11.8%), most (82.4%) said it was available in few or no parts of the state. Finally, only 28.6% and 23.5% of respondents, respectively, felt that training mental health professionals to address the needs for young children and training for educators to identify and refer children with mental health needs were available in most or all of the state.

For adults, the area with the lowest perceived availability was behavioral health services for the homeless; 92.3% of respondents reported services in few or no areas of state. Behavioral health services for the military and for victims of trauma, domestic violence, or abuse were also not widely available, with 30.8% and 35.3% of respondents, respectively, believing these services were available in most of the state, and none believing they were available statewide.

Local Level Mental Health Services

Mental Health Services in the Pilot Area. Very few mental health resources are physically located in the pilot area. One local resource is Grace Hill Health Centers, Inc. (GHHC), which has multiple locations, including a location in both 63106 and 63107. GHHC is a Federally Qualified Health Center (FQHC) that predominantly serves low-income and homeless populations. In 2010, the large majority (84%) of patients were below poverty level, many (59%) were uninsured, and 22% were homeless (Grace Hill Health Centers Inc., 2010). Almost a third of patients (28.6%) were children or teens under age 20. GHHC offers an array of services relating to physical health and provides integrated mental health services in collaboration with BJC Behavioral Health. In addition, GHHC has opened a new location for adult medicine within a BJC Behavioral Health site, allowing for co-location and integration of services (e.g., appointments, pharmacy, billing) between the sites. Through the collaboration with BJC, patients at GHHC can receive outpatient counseling and
psychiatric treatment provided by Licensed Clinical Social Workers and doctors at GHHC. For inpatient treatment or mental health case management, patients would have to go elsewhere, such as the downtown location of BJC Behavioral Health (which offers a variety of inpatient and outpatient services for both children and adults). Although GHHC does offer mental health services through BJC, mental health services are a smaller aspect of its operation. Out of almost 150,000 patient encounters at GHHC in 2010, mental health services comprised 4% of encounters, substance abuse treatment comprised 5.8%, and case management occurred in 6.7% of encounters (Grace Hill Health Centers Inc., 2010).

“There is a place that I go to called BJC and when I get to that point where I can’t take no more and it’s too much. I can call the lady there and she will come and pick me up and take me to their office and so I can at least talk to a psychiatrist.” (Parent in emergency shelter care)

Head Start is a potential resource for mental health services for 2- to 5-year-olds participating in the program. All local Head Start programs use the Devereux Early Childhood Assessment (DECA) to assess social and emotional development. The scale evaluates the frequency of 27 positive behaviors related to three protective factors related to resilience: attachment, self-control, and initiative. The DECA also includes a 10-item Behavioral Concerns Screener to address behavior issues. A licensed professional oversees the mental health component of the assessments, and if additional intervention is needed, he or she arranges for clinical assessment and connects the parents with local resources. Head Start has limited funds to help pay for mental health services, and many families struggle to find low-cost or sliding scale services. Head Start is also mandated to identify 10% of their population as children with special needs, but in practice they only reach 7% or 8%, primarily because it has been a challenge to convince parents to follow up on the developmental screens to get their child the official diagnosis and needed services according to a Head Start employee. Without an official diagnosis, children cannot be counted as having special needs by Head Start.

Another possible point of entry for young children into the mental health system is at early childhood education centers of the St. Louis Public Schools (SLPS). SLPS recently expanded their early childhood education program to provide educational services for children aged 3-4. Any parent with concerns about their child’s social or emotional development can request an assessment to determine eligibility for special education services. The primary assessment tool used by SLPS is the Developmental Indicators for the Assessment of Learning, which includes an assessment of the child’s social development (i.e., social skills, rule compliance, sharing, self-control, and empathy). The People’s Health Center opened a health center at Vashon High School in January 2013 and will be providing mental health in addition to physical health services to students.
Mental Health Services Near the Pilot Area. A number of agencies in zip codes adjoining 63106 and 63107 provide mental health services to both children and adults. *St. Louis Center for Family Development* offers crisis intervention and stabilization services, in-home or community-based therapy, and trauma-informed therapy. *Our Little Haven* provides a number of out-patient services to children, including psychological evaluations and assessments, early mental health screenings, parenting and bonding assessments, and psychotherapy. Psychological evaluations and psychotherapy services are also available to adults. In addition to various residential and outpatient services for adults with serious and persistent mental illness, the *Amanda L. Murphy Hopewell Center* offers a Children's Community Psychiatric Rehabilitation Program for children aged 5-18 with a diagnosis of Serious Emotional Disturbance. Currently, Hopewell is also providing school-based services in four St. Louis Public Schools. *Provident Counseling* offers individual, group, and family therapy. They also operate the *SHREVE clubhouse* for youth aged 10-21 years of age. The clubhouse provides free social activities, job/interview skills, computer skills training, case management, and counseling for youth. Finally, *Places for People* has a psychosocial rehabilitation center that is open every day of the year and provides social support and education for adults with mental illness.

State Level Substance Abuse Services

The Division of Behavioral Health (DBH), formerly the Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services, is the state authority charged with assuring the availability of substance abuse prevention, treatment, and recovery support services for the State of Missouri. In the area of prevention, DBH funds several initiatives throughout the state aimed at preventing, delaying or reducing substance abuse. Community Coalitions designed to prevent drug use throughout the state are supported by DBH Regional Support Centers to develop and implement prevention strategies. DBH also provides funding to several agencies statewide that provide direct prevention services, including Big Brothers/Big Sisters of Eastern Missouri. In the area of substance abuse treatment, DBH contracts with several treatment centers throughout the state including *Preferred Family Healthcare* which offers in-patient, residential and outpatient substance abuse rehabilitation for adults and adolescents and is located near the pilot area. DBH developed, and in conjunction with Medicaid, funds several Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs, including programs for women and children, adolescents, opioid-dependent individuals and the general population. Two CSTAR programs are located in or near the pilot area (described below). DBH oversees and/or provides funding to a number of agencies providing recovery services throughout the state and in or near the pilot area, providing funding to *Salvation Army Harbor Light,*
Respondents to the state council survey indicated that substance abuse and prevention services were more widely available than mental health services. Most (55.6%) felt that substance abuse services were widely available, and almost half (46.7%) felt addiction recovery supports were available in most or all of the state. About a third (31.3%) felt that prevention programming for children was available in most or all of the state.

**Local Level Substance Abuse Services**

Most of the agencies that specifically serve people who abuse substances are outside the targeted zip codes. *Queen of Peace*, a CSTAR agency, provides residential and outpatient substance abuse and mental health services to women and their children. The long-term residential facility is located in the pilot area; out-patient and short-term residential services are offered in a neighboring zip code. Counseling is offered to children up to age 18, and a licensed Early Childhood Development Center is available for children under 5 and is open to the community. *New Beginnings*, another CSTAR agency, operates a state Medicaid-funded program that provides a combination of clinical and supportive services for adolescents and adults. It is located in a zip code adjacent to the pilot area. *Salvation Army Harbor Light* is in downtown St. Louis and provides substance abuse treatment rehabilitation services for men. *St. Patrick's Center*, which provides comprehensive services for adults and families needing emergency shelter, offers evidence-based mental health treatment programs for adults both at the center and through mobile outreach in the community. *BASIC* (Black Alcohol/Drug Service Information Center) provides comprehensive culturally sensitive alcohol and drug treatment services for adults near the 63106 zip code. The *BASIC Charlotte Merritts Ottley Women’s Recovery Center* provides non-traditional recovery supports for women in the criminal justice system. The *National Council on Alcohol and Drug Abuse* (NCADA) provides substance abuse prevention and community education services to local schools. While they provided prevention programming to 13 elementary schools and 1 high school in SLPS in 2011, only one school in the pilot area (Ames Elementary in 63107) was served (NCADA, 2011).

**Evidence-Based Practices**

Many of the agencies listed above provide evidence-based therapies. Those offered include Cognitive Behavioral Therapy, Multisystemic Therapy, Functional Family Therapy, Trauma-focused Cognitive Behavioral Therapy, Motivational Interviewing, Dialectical Behavior Therapy, Assertive Community Treatment, and HOMEBUILDERS, all of which are on SAMHSA’s National Registry of Effective Programs and Practices (NREPP). While an array
of evidence-based practices are in use, some respondents to the agency survey felt that there was a greater need for consistent, sustainable and competent evidence-based services. Others felt that getting the knowledge about evidence-based programming into the community should be a high priority.

**Needs**

As outlined in the Resources section, there are a limited number of agencies located in the pilot area that provide mental health care. When asked to list the number one most urgent need of families with young children in the target zip codes, more local agencies mentioned mental health services than any other need. Local agencies also believed that the highest priority of the Project LAUNCH initiative should be increasing capacity for mental health services for children and families, including intervention and prevention services. It was suggested that mental health and substance abuse assessment should be part of all health evaluations, and that there should be an array of services and supports for young children and their families.

Local agencies completing the agency survey were asked specifically about mental health-related needs (see table below). Earlier intervention than what now exists was reported as a “great need” among the largest percentage of agencies. More outreach to parents/caregivers in their homes and better coordination of services between physical and mental health providers were also listed among the top needs. Other important areas of need (for which about 3 out of 4 agencies perceived a “great need”) were better coordination of services between mental and physical health providers, more mental health practitioners, and better referral networks among schools, doctors, and mental health providers.

State council members also shared their perceptions regarding current mental health needs in the state. The top need identified by state survey respondents was that parents and families are involved in program policy and planning (rated a “great need” by 37.5%). Screening for maternal depression (35.7%) and public awareness campaigns related to childhood mental health (31.5%) were also among the items most commonly rated as great needs. Like local agencies, coordination of services between physical and mental health professionals (27.8%), early identification of children’s social, emotional, and behavioral needs (22.2%), and better referral networks among schools, doctors, mental health agencies and mental health providers (22.2%) were also rated highly among state council members.
## Perceptions of Current Mental Health Needs in Pilot Area
### Local Agency Survey

<table>
<thead>
<tr>
<th>Need</th>
<th>Percent reporting services as “Great Need”</th>
<th>Number who estimated service need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earlier intervention than what now exists.</td>
<td>84.4</td>
<td>32</td>
</tr>
<tr>
<td>More outreach to parents/caregivers in their homes.</td>
<td>81.3</td>
<td>32</td>
</tr>
<tr>
<td>Better coordination of services between physical and mental health professionals.</td>
<td>80.0</td>
<td>30</td>
</tr>
<tr>
<td>More mental health practitioners available to meet the need.</td>
<td>75.9</td>
<td>29</td>
</tr>
<tr>
<td>More attention to identification of children who need help.</td>
<td>74.2</td>
<td>31</td>
</tr>
<tr>
<td>Better referral networks among schools, doctors, mental health agencies and mental health providers.</td>
<td>74.2</td>
<td>31</td>
</tr>
<tr>
<td>More up-to-date mental health and/or physical health models for mental health services to infants and very young children.</td>
<td>73.1</td>
<td>26</td>
</tr>
<tr>
<td>More attention to prevention.</td>
<td>71.9</td>
<td>32</td>
</tr>
<tr>
<td>More training for educators to help them identify and refer children who need help with a mental health issue.</td>
<td>69.0</td>
<td>29</td>
</tr>
<tr>
<td>More support for parents to promote positive mental health development in infants and young children.</td>
<td>68.8</td>
<td>32</td>
</tr>
<tr>
<td>More training for physical health professionals to help them identify and refer children who need help with a mental health issue.</td>
<td>66.7</td>
<td>27</td>
</tr>
<tr>
<td>Increase in or changes to trauma, domestic violence, and abuse related services.</td>
<td>66.7</td>
<td>27</td>
</tr>
<tr>
<td>Increase in or changes to addiction-related services</td>
<td>65.2</td>
<td>23</td>
</tr>
<tr>
<td>More training for mental health professionals to address needs of young children</td>
<td>53.6</td>
<td>28</td>
</tr>
</tbody>
</table>

**NOTE:** Percentages calculated only on those who estimated a service need. There were a high percentage of “Don’t Know” responses ranging from 5 to 14. Total sample size ranged from 36 to 37. See Appendix for detail.
Local agency survey respondents were also asked about the services their agency provides and the type of services most in need. Three areas stand out as needing the most attention. A large majority (81.5%) of agencies who felt knowledgeable regarding services in pilot area zip codes felt that there was a “great need” for trauma-informed services, 79.3% felt there was a great need for mental health consultation, and 77.8% felt there was a great need for maternal depression services. According to one focus group parent support groups would be helpful: “Some parents don’t have the support from the family and friends and they don’t know what to do and that’s where the stress comes in.”

Interestingly, despite the lack of agencies providing substance abuse services to the pilot area, substance abuse treatment and recovery services were not perceived to be as great a need as other services. However, about half of agencies responding to the survey did not know about the needs of the pilot area in regards to substance use.

### Perceptions of Current Mental Health & Substance Abuse Service Needs in Pilot Area

**Local Agency Survey**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Number of Agencies Providing Services in 63106 and 63107 Zip Codes</th>
<th>Percent Reporting Service as “Great” Need</th>
<th>Number who Estimated Service Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma treatment services for adults</td>
<td>4</td>
<td>81.5</td>
<td>27</td>
</tr>
<tr>
<td>Mental health consultation</td>
<td>5</td>
<td>79.3</td>
<td>29</td>
</tr>
<tr>
<td>Treatment for maternal depression</td>
<td>6</td>
<td>77.8</td>
<td>27</td>
</tr>
<tr>
<td>Mental health services for adults</td>
<td>8</td>
<td>76.7</td>
<td>30</td>
</tr>
<tr>
<td>Mental health screening for children</td>
<td>7</td>
<td>75.9</td>
<td>29</td>
</tr>
<tr>
<td>Trauma treatment services for children</td>
<td>6</td>
<td>75.9</td>
<td>29</td>
</tr>
<tr>
<td>Mental health services for children</td>
<td>7</td>
<td>70.0</td>
<td>30</td>
</tr>
<tr>
<td>Substance abuse treatment services</td>
<td>2</td>
<td>59.1</td>
<td>22</td>
</tr>
<tr>
<td>Substance abuse recovery services</td>
<td>0</td>
<td>59.1</td>
<td>22</td>
</tr>
<tr>
<td>Substance abuse prevention programs for children</td>
<td>1</td>
<td>57.9</td>
<td>19</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who estimated a service need. There was a high percentage of “Don’t Know” responses ranging from 11 to 20. Total sample size ranged from 39 to 41. See Appendix for detail.*
Although there are some mental health services in the surrounding zip codes, there are multiple barriers that may keep residents in the pilot area from accessing these services. A major issue mentioned repeatedly by focus group parents and local agency staff related to obtaining mental health services was transportation. Several focus group members mentioned the cost of public transportation is high and 55% of agencies said it was a major barrier for their clients. Many mental health providers are located outside of the immediate pilot area, and so families must travel far to receive help. Given that 55.5% of families in 63106 and 36.1% of families in 63107 do not own a vehicle (American Community Survey, 2011), the time, expense, and danger involved in taking public transportation to receive mental health treatment can be a tremendous barrier for many families. There is no light rail stop in the target zip codes, and although there is a bus connection to that stop near the selected neighborhoods, focus group members have noted the inefficiency of this method, stating that using public transportation for a far flung job interview or doctor appointment is a whole day affair. The transportation barrier is compounded by the difficulty of finding childcare and a service provider (these were the 2nd and 3rd most highly rated barriers among local agencies). Related to the difficulty of finding a provider, many parent focus group members mentioned that the programs might be available but that they were not necessarily aware of them:

“So people could send us some lists of places to go for help. It doesn’t have to be all at once it could be like every week or something, they could send it home with their newsletter at least letting us know where to go.”

Conclusions

- In the pilot area, the local capacity for free or low-cost mental health services for young children and their families is severely limited. Additional barriers (such as transportation and child care) also negatively impact access to services.

- Local agencies believed that the highest priority of the Project LAUNCH initiative should be increasing the capacity for mental health services for children and families.

- State council members thought that including parents in program policy and planning is the greatest statewide need.

- Although behavioral health consultation and physical/behavioral health integration were rated as great needs among respondents to the state council survey, most agreed that little or no effort was being made to implement policies relating to these needs.
• Both local and state stakeholders listed better coordination of services and referral networks and early identification of children's needs among the highest mental health priorities.

• Local agencies also indicated a great need for earlier intervention, more outreach to parents in their homes, and more mental health practitioners.

• According to local agencies, the most highly rated service needs were trauma-informed services, mental health consultation, and treatment for maternal depression. Maternal screening for depression was also a top need among state council members.

• While early childhood educational programs in the pilot area, such as the early education programs in SLPS and Head Start programs, do conduct social emotional assessments, there are struggles to find adequate resources for families once an assessment is made, and sometimes families are reluctant to follow-up to obtain an official diagnosis and services.

• Parents in focus groups indicated that they would like to be made aware of available mental health services for both themselves and for their children.
Early Care and Education and Early Elementary Systems

Situation

Numerous studies have shown that children who attend high-quality early-care programs that address early developmental needs are better prepared for school and have better educational outcomes (Duncan et al., 2007, Duncan et al., 2010). One study of Chicago students showed that children who attended an early childhood education program were 29% more likely to graduate from high school than their peers who did not attend (Alliance for Quality Education, 2013).

This is particularly important in the pilot area, where the majority of children attend school in the St. Louis Public Schools (SLPS). SLPS has a history of being a poor performing district. It was unaccredited by the Missouri State Board of Education in 2007 and only became provisionally accredited in 2012. Students in the district as a whole and in the pilot area, on average, score poorly on standardized assessment tests, and the district has had consistently lower graduation rates and higher drop-out rates than the state average. Currently, the graduation rate for SLPS is 65.3% compared to 88.1% for the state and the drop-out rate for SLPS is 18.8% compared to the state average of 3.2% (DESE, 2013). Furthermore, mobility is a consistent issue for the district, which has the highest rate of students transferring in and out of schools in the state with a rate of 70.7 (VCR, 2009).

Resources

State Level

A combination of State general revenue, federal flow-through dollars, and private initiatives support early learning and development programs for young children and families in Missouri. The Department of Elementary and Secondary Education (DESE) certifies early childhood teachers, administers Parts B and C of Individuals with Disabilities Act (IDEA) through Special Education, and disseminates Parents as Teachers and Title I funds to districts. The Department of Health and Senior Services (DHHS) houses the Title V Maternal and Child Health Block Grants (MCHBG), the Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant, child care licensing, health programs and the Early Childhood Comprehensive System (ECCS) grant program. The Department of Social Services (DSS) disseminates through contracts of dedicated funds to providers of professional development, home visitation and others services, and is responsible for administering the Missouri’s Child Care and Development Block Grant (CCDBG) program.
including child care assistance. Missouri’s Coordinating Board for Early Childhood (CBEC) is a governor-appointed entity with the mission to coordinate a cohesive system of early childhood programs and services across the state (Department of Health and Senior Services, 2010). Various collaborations exist among these agencies, including the ECCS steering committee, the State Advisory Council, and the State Interagency Coordinating Council for Part C. Programs funded through these agencies include 1) Missouri Early Head Start; 2) Missouri Preschool Project; 3) Parents as Teachers; 4) Child Care Aware ® of Missouri, 5) Early Childhood Start-up and Expansion; and 6) T.E.A.C.H. Early Childhood Missouri scholarship and retention program. Grants are also available to accredited providers for start-up and expansion (Coordinating Board for Early Childhood, 2013). Currently, of Missouri’s 442,460 children (birth to kindergarten entry), 153,629 (or 35%) attend licensed/regulated Early Learning and Development Programs. An additional 5% attend preschool programs in the schools. The remaining children are either at home or receive care from family, friends or neighbors (FFNs) (State of Missouri Governor’s Office, 2010).

In FY12 House Bill 1731 was passed by the legislature impacting Missouri’s early childhood system. To highlight this affect, $9.8 million for the Early Childhood Start-up & Expansion Program, the Early Head Start Program, and the Grants for Accredited Providers was eliminated along with a $3.4 million dollar decrease in funding for the Missouri Preschool Project (MPP). The MPP project promotes high quality early care and education programs for children one or two years before kindergarten eligibility. Funds for this program are distributed directly to preschool programs in public school districts and private licensed programs and are designed to be developmentally appropriate for preschool age children. The Missouri Early Head Start program funding was decreased by $3.4 million. These cuts, including the budget cut in the previous year, also impacted access to quality training. In Missouri, center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least twelve (12) clock hours of child-care related training during each year of employment in training which is approved by the Department of Health and Senior Services (DHSS). Access to trainings and meeting the DHSS requirement is crucial for renewing a program’s license.

The impact of these cuts is a reduction in the licensed child care slots available resulting in some staff job loss, and parents of children who lose their slots will be challenged to find alternate care in order to remain in the work force.

According to reports by Child Care Aware® of America, Missouri ranks 46th and 24th in child care centers and family homes respectively for oversight and regulation. A high number of unlicensed and illegal child care programs throughout the state contributes to child care being unsafe for children. One issue related to child safety and quality child care
is training. Currently Missouri only requires 12 clock-hours of training a year for licensed providers and there are no requirements for unlicensed care providers. Providers are not required to receive the 12 hours of training in any specific content area (i.e., health and safety or social and emotional health, etc.). The budget cuts also decreased the availability of quality training for this group and the direct cost to the provider for those trainings increased.

To further explore the extent to which policies are in place to support early childhood education in the state, members of the newly created Project LAUNCH State Young Child Wellness Council were surveyed to obtain their perception of the availability of early childhood services statewide and gaps in early childhood services. Specifically, they were asked to rate the degree of effort being put forth statewide to ensure the development and implementation of policies and practices related to early childhood development. In the area of professional development, council members felt that there was some, but not a large degree of effort being exerted on ensuring that professional development is available child care workers and home visitors (77% “some effort”). A majority felt that there were professional development opportunities in most or all of the state (67%). However, a majority also felt that a system to support and enhance the workforce was available only in a few areas of the state.

A large majority of respondents felt that there was “some” effort (88%) in ensuring that early childhood education is available to all children and “some” effort (87%) supporting early childhood screening for all infants and young children, with a majority perceiving that developmental screening is available in most of the state. One stakeholder stated that there is a review effort to fund universal, voluntary preschool in Missouri and that this effort is being championed by the governor. Council members felt that far less effort was being put forth to ensure behavioral health consultation is available to all young children, with 50% perceived there to be “not much effort” and 23% said that there was no network of child health consultants. Only 23% of Council members believed that evidence-based practices were available in most of the state.

Local Level

St. Louis Public Schools. The St. Louis Public Schools (SLPS) has an Early Childhood Department with a mission is to serve children birth to five through developing a comprehensive system of education services to support children and their families. The mission also focuses on social-emotional, physical, cognitive, and language needs of children in this age group. There are eight early childhood pre-school sites in the pilot area. Children must be three years old to enroll, and priority is given to four and five year olds (SLPS, 2013). This program provides free care and all-day care, According to SLPS, the
district continues to provide these services for students and families at no cost due to the direct return on investment (SLPS, 2013). The early childhood program enrolls over 2,000 children and the district follows Head Start standards in all of the preschool classrooms. The early childhood program screened 1,890 preschool children during the 2011-2012 school year with the Developmental Indicators for the Assessment of Learning (DIAL-3). In addition, there are 303 children enrolled in the early childhood special education program for the 2012-2013 school year (Davenport, 2012). SLPS also has an early childhood special education program; current enrollment is 153 students and anticipated to increase throughout the school year. The district plans to focus on training teachers on social and emotional development of young children and is working towards licensure for classrooms.

In addition to pre-schools and special education programs, SLPS offers the Parent/Infant Interaction Program (PIIP) at Vashon High School, which is within the pilot zip codes. This program serves teen parents whose children are between six weeks and five years old; the PIIP at Vashon was 11 in 2012 (Davenport, 2012). Enrollment in PIIP is anticipated to increase as this program expands into more high schools in St. Louis City. This program is expanding to two additional high schools in SLPS this next year. Teen parents who are registered at Vashon High School can access the CRIB Early Childhood Center. This center is Missouri State licensed and accredited and is expanding into two other St. Louis City high schools. Parent focus groups at Vashon indicated that the parents were highly satisfied with these services and that their ability to have their children watched during school hours was allowing them to stay in school and graduate from high school. There are also needs for elementary school children in this community. Responses in the agency survey indicated that 53.6% of the respondents felt that after-school programs for elementary children are a great need in the pilot zip codes.

SLPS also participates in the Voluntary Interdistrict Choice Corporation (VICC). The VICC program works with the St. Louis community to promote diversity and choice in education. There are currently 341 students in the 63106 and 214 students in 63107 who participate in the VICC program.

Parents as Teachers (PAT) is also offered through the early childhood center at SLPS. In 2011-12, 25 children between birth and three were screened with the ASQ, and 685 children aged three to five were screened with the DIAL-3. PAT also offers professional development, with past opportunities including SIDS Training, PAT Teen Training, ASQ training, and New Foundational Curriculum Training.

Head Start. Head Start serves approximately 1,500 children in St. Louis City, and their service area includes a large section of the pilot zip codes. There are two Head Start locations in the selected community; the Howard Branch Head Start in 63106 and the
Water Tower Hub Head Start in 63107. Head Start is also located in following neighborhood schools within SLPS: Columbia, Dunbar, Henry, Bryan Hill, Jefferson, Clay, and Farragut. There is also access to Head Start in nearby zip codes at schools and other agencies such as the YWCA.

Along with the physical and mental health components of their program, Head Start also works with their clients to increase school readiness for both the child and the parent. For example, according a stakeholder interview with Head Start, school readiness is not only a child learning shapes and colors, but also a parent learning how to maneuver the school and bus system. Head Start coordinates with the early childhood program at SLPS, and uses the same screening tool (Dial-3) that was in place at SLPS to maintain consistency between the two organizations. Both organizations plan on using the Dial-4 in the upcoming school year.

Head Start includes parents in their decision making process. Parents make up 51% of Head Start’s Policy Council (the organizations governing body), and they serve on the Board of Directors. However, this program does have eligibility criteria including income level, therefore while this program serves many children, it is not universal.

Early Head Start is a community-based program for low-income families with infants, toddlers and pregnant women. According to Grace Hill, 20 families in the St. Louis City area participated in the Early Head Start Program (Grace Hill Settlement House, 2011). The YWCA in a neighboring zip code also provides Early Head Start services.

Childcare Centers. In addition to programs through SLPS and Head Start, parents use other childcare and family care options in the pilot zip codes, and can obtain information from local agencies. Child Care Aware ® of Eastern Missouri is part of the LUME Institute, and provides training and other consultation for local child-serving agencies. In addition, Child Care Aware ® of Missouri provides detailed information about child care throughout the state including the pilot zip codes. These data provides the number of licensed and exempt centers as well as home-based care and can be broken down by zip code. There are a total of 22 child care centers, and 142 family child care homes.

An additional child care facility is being built in the pilot area and is scheduled to open in early 2014. The Flance Center is a partnership between McCormack Baron, Urban Strategies, and the LUME Institute and will offer care and education for 154 children from birth through age five and will serve as a training and education hub for childcare providers. The center will also house a health suite for onsite wellness checks and immunizations.
The local pilot site for Missouri Project LAUNCH has a weekly market rate for child care of approximately $104-106 a week (VCR, 2009), which is low compared to other areas. The weekly rate in St. Louis City is $123 and the weekly market rate in St. Louis County is $160 (Deaconess Foundation, 2011).

### Child Care Centers in the Pilot Zip Codes

<table>
<thead>
<tr>
<th></th>
<th>63106</th>
<th>63107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Centers</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Licensed Center</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Licensed Exempt Center</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Exempt/not subject to regulation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Number of family child care homes</td>
<td>56</td>
<td>86</td>
</tr>
<tr>
<td>Licensed Family Care</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Exempt/not subject to regulation</td>
<td>56</td>
<td>81</td>
</tr>
<tr>
<td>Number of other child care programs (preschool &amp; school age)</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Total Licensed spaces/slots by facility type</td>
<td>587</td>
<td>799</td>
</tr>
<tr>
<td>Number of spaces in centers</td>
<td>414</td>
<td>444</td>
</tr>
<tr>
<td>Number of spaces in family child care</td>
<td>-</td>
<td>50</td>
</tr>
<tr>
<td>Number of spaces in other programs (preschool &amp; school age)</td>
<td>173</td>
<td>305</td>
</tr>
<tr>
<td>Total Licensed spaces/slots by ages group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 2 years old</td>
<td>63</td>
<td>73</td>
</tr>
<tr>
<td>2 and over</td>
<td>351</td>
<td>421</td>
</tr>
<tr>
<td>Kindergarten and School Age</td>
<td>173</td>
<td>305</td>
</tr>
</tbody>
</table>

*Data from Child Care Aware® of Missouri. WLS Report Data as of 02/18/2013.

*It should be noted that child care capacity is determined by square footage of the center and not by number of professionals; therefore, capacity does not necessarily mean availability.
Screening

There are a number of local agencies, organizations, and schools that do development screening, behavioral health screening, and educational screening through their programs. While there are multiple screening initiatives in the pilot area, there is not consistency among the instruments used.

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Agency/Organization/Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devereux Early Childhood Assessment (DECA)</td>
<td>YWCA, University City Child Care, Southside Early Childcare, Head Star</td>
</tr>
<tr>
<td>Depression Anxiety Stress Scale (DASS)</td>
<td>Neighborhood Houses, St. Louis Center for Family Development</td>
</tr>
<tr>
<td>Developmental Indicators for the Assessment of Learning (Dial 3 and 4)</td>
<td>YWCA (3), Head Start (currently 3 but planning to move to 4) University City Child Care (4)</td>
</tr>
<tr>
<td>Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social/Emotional</td>
<td>Nurses for Newborns, University City Child Care</td>
</tr>
<tr>
<td>Achenbach Child Behavior Checklist</td>
<td>Our Little Haven, Southside Early Child Care</td>
</tr>
<tr>
<td>Pediatric Symptoms Checklist</td>
<td>Our Little Haven</td>
</tr>
<tr>
<td>Conners Reading Skills</td>
<td>Our Little Haven</td>
</tr>
<tr>
<td>Peabody Picture Vocabulary Test/Teacher</td>
<td>Our Little Haven</td>
</tr>
<tr>
<td>Edinburgh Depression Screen</td>
<td>Nurses for Newborns</td>
</tr>
<tr>
<td>Infant/Toddler Environmental Rating Scale</td>
<td>University City Child Care</td>
</tr>
<tr>
<td>Early Language and Literacy Classroom Observation (ELLCO)</td>
<td>University City Child Care</td>
</tr>
<tr>
<td>Ohio Scales</td>
<td>St. Louis Center for Family Development</td>
</tr>
</tbody>
</table>

Elementary and Secondary Schools

There are 19 schools in the pilot area, 14 public schools, 3 charter schools, and 1 parochial school. In addition to these schools, many students, through the Voluntary Interdistrict Choice Corporation, attend school in school districts in St. Louis County. The following table contains information on these schools, including free/reduced lunch status and where available, performance on the Missouri Assessment Program (MAP) tests in Communication Arts and Mathematics. There is considerable variation in the achievement levels of students across these schools, and in most cases, proficiency levels are lower than those for the City of St. Louis overall and Missouri.
### Elementary and Secondary Schools in the Pilot Zip Codes

<table>
<thead>
<tr>
<th>School</th>
<th>Grade Level</th>
<th>Type</th>
<th>Zip Code</th>
<th>% Free/Reduced Lunch</th>
<th>% Proficient Communication Arts 2011</th>
<th>% Proficient Math 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>Overall</td>
<td>Public</td>
<td>47.8</td>
<td>62.0</td>
<td>54.2</td>
<td></td>
</tr>
<tr>
<td>St Louis</td>
<td>Overall</td>
<td>Public</td>
<td>85.7</td>
<td>43.4</td>
<td>30.9</td>
<td></td>
</tr>
<tr>
<td>Ames VPA</td>
<td>PS-5</td>
<td>Public</td>
<td>63107</td>
<td>25.2</td>
<td>27.0</td>
<td></td>
</tr>
<tr>
<td>Bryan Hill</td>
<td>PS-5</td>
<td>Public</td>
<td>63107</td>
<td>44.4</td>
<td>40.3</td>
<td></td>
</tr>
<tr>
<td>Clay</td>
<td>PS-5</td>
<td>Public</td>
<td>63107</td>
<td>39.4</td>
<td>22.3</td>
<td></td>
</tr>
<tr>
<td>Columbia</td>
<td>PS-6</td>
<td>Public</td>
<td>63106</td>
<td>22.4</td>
<td>27.1</td>
<td></td>
</tr>
<tr>
<td>Dunbar</td>
<td>PS-6</td>
<td>Public</td>
<td>63106</td>
<td>4.3</td>
<td>8.7</td>
<td></td>
</tr>
<tr>
<td>Farragut</td>
<td>PS-6</td>
<td>Public</td>
<td>63107</td>
<td>30.5</td>
<td>15.9</td>
<td></td>
</tr>
<tr>
<td>Gateway MST Elementary</td>
<td>PS-5</td>
<td>Public</td>
<td>63106</td>
<td>42.2</td>
<td>34.6</td>
<td></td>
</tr>
<tr>
<td>Gateway-Michael</td>
<td>PS-8</td>
<td>Public</td>
<td>63106</td>
<td>27.2</td>
<td>35.8</td>
<td></td>
</tr>
<tr>
<td>Carr Lane</td>
<td>6-8</td>
<td>Public</td>
<td>63106</td>
<td>24.3</td>
<td>17.3</td>
<td></td>
</tr>
<tr>
<td>Gateway Math &amp; Science Preparatory</td>
<td>6-8</td>
<td>Public</td>
<td>63106</td>
<td>Not available</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>Beaumont</td>
<td>10-12</td>
<td>Public</td>
<td>63107</td>
<td>44.0</td>
<td>17.1</td>
<td></td>
</tr>
<tr>
<td>Clyde Miller Career Academy</td>
<td>9-12</td>
<td>Public</td>
<td>63106</td>
<td>70.8</td>
<td>39.8</td>
<td></td>
</tr>
<tr>
<td>Vashon</td>
<td>9-12</td>
<td>Public</td>
<td>63106</td>
<td>42.9</td>
<td>23.3</td>
<td></td>
</tr>
<tr>
<td>Innovative Concept School</td>
<td>9-12</td>
<td>Public</td>
<td>63107</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better Learning Community</td>
<td>K-3</td>
<td>Charter</td>
<td>63107</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confluence Academy</td>
<td>K-8</td>
<td>Charter</td>
<td>63107</td>
<td>95.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jamaa Learning Center</td>
<td>K-1.3-4, 6-7</td>
<td>Charter</td>
<td>63107</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most Holy Trinity</td>
<td>K-8</td>
<td>Parochial</td>
<td>63107</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data from [www.slps.org](http://www.slps.org), [www.mocharterschools.org](http://www.mocharterschools.org), and [archstl.org](http://archstl.org)
**Needs**

**State Level**

Issues surrounding licensure regulations is one area to be explored by the State Young Child Wellness Council to identify what is working for the state and providers and what are barriers to access and quality. Additionally, due to the high level of unknown providers who are not registered or licensed through a state department and/or provide home based services to a small number of issues of outreach to this population will also be explored by the State and Local Young Child Wellness Councils to support access to training needs in the area of safety, health and mental health.

The State Council Member survey explored the early childhood education needs at the state level. Reflecting the earlier findings related to statewide behavioral health efforts, the greatest perceived need was to ensure that behavioral health consultation is available to all young children and ensuring that early childhood education is available to all children. There was also a strong need for early childhood screening for all infants and toddlers.

<table>
<thead>
<tr>
<th>Policies to Ensure that quality professional development opportunities are available for child care and home visitors</th>
<th>Not much need</th>
<th>Some need</th>
<th>Great need</th>
<th># Who Estimated a Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that home visitation is available to all families with young children</td>
<td>0.0%</td>
<td>0.0%</td>
<td>31.3%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Ensure that early childhood education is available to all children</td>
<td>0.0%</td>
<td>5.9%</td>
<td>11.8%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Support early childhood screening for all infants and young children</td>
<td>6.3%</td>
<td>0.0%</td>
<td>12.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Ensure behavioral health consultation is available to all young children</td>
<td>0.0%</td>
<td>0.0%</td>
<td>17.6%</td>
<td>47.1%</td>
</tr>
</tbody>
</table>

NOTE: Percentages based upon the number of respondents who estimated a need. “Don’t know” responses ranged from 3 to 4 respondents. See Appendix for detail.
Local Level

According to the local agency survey, a large majority of respondents felt that there was a high need for programming both for young children and elementary school children. The highest need was for recreational activities, child day care and early childhood education. Furthermore, assuring readiness for higher grades (1\textsuperscript{st}, 2\textsuperscript{nd}, etc.) was stated to be a great need.

### Early Childhood and Elementary School Needs: Agency Survey
**(Among those who Estimated Service Need*)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Great need: real gap in services</th>
<th># Who Estimated Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreational activities for young children</td>
<td>81.5%</td>
<td>27</td>
</tr>
<tr>
<td>Child day care</td>
<td>76.0%</td>
<td>25</td>
</tr>
<tr>
<td>Special Education services for young children</td>
<td>60.9%</td>
<td>23</td>
</tr>
<tr>
<td>Early childhood education</td>
<td>60.7%</td>
<td>28</td>
</tr>
<tr>
<td>After-school programs for elementary school children</td>
<td>53.6%</td>
<td>28</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only upon those who estimated a service need. There were a high percentage of “Don’t Know” responses. See Appendix for detail.*

In addition to education needs, the cost of child care is an additional barrier to the residents of the pilot zip codes. While many of the child care facilities in the area offer a sliding scale, many do not offer fully subsidized care. When parents are earning low wages and living below the poverty level, even a sliding scale is more than parents afford.

A final need mentioned by community stakeholders is the need for providers to be able to track children for follow-up. Since this community has a high mobility rate, it is necessary to be able to track children as they change schools and utilize new physical and mental health care providers. When children are screened through their school or through an organization such as Head Start and issues are identified, it is important to follow up with parents to assure that the problem was being addressed. This is important not only for education-based screens, but physical and mental health screens as well. One stakeholder stated provided an example about a child needing following-up for a dental screen. To improve follow-up, home visitation might be necessary or other means of reaching the
child and family. Also, by addressing behavioral and physical health needs, children may go to school more prepared to learn than if their illness and/or behavioral issues were going untreated.

“So we’re not sure if the challenge is that we’re not identifying children, or if it’s once the child is identified we do know that there is some resistance and reluctance from parents to do that follow up. Nobody wants to hear that their child has an issue, so a lot of times it’s like “he’ll just grow out of it” or “I had that same problem.” So really helping families understand that what we’re trying to do is really to help the child succeed.” (Stakeholder Interview)

Conclusions

- Elementary, middle and high schools in the area are challenged with low graduation rates, high mobility rates, and poor test scores. Preparing children to learn through quality early childhood programs was identified to be a high priority.

- There is much work being done at the state-level in the area of early child wellness. However, a majority of state Council members surveyed felt that there was only “some” effort being made in the areas of professional development, developmental screening, and ensuring the availability of early childhood education for all children. The biggest need was in the area of behavioral health consultation.

- There is a wide array of early childhood education options available to children living in the pilot neighborhoods, yet local agency leaders felt a strong need for affordable child care and early childhood education services.

- Access to quality and affordable trainings that are offered in flexible formats (i.e. webinar, on-demand, etc.) is paramount for quality education of child care professionals in Missouri.

- A Public Awareness Campaign, on the importance of social and emotional development in young children, is a crucial component of a successful campaign for elevating the quality of child care and the lives of the children and their families.

- On the public policy level, this requires a change in state policy to include social and emotional trainings in the licensing requirement.
Primary Care

Situation

In addition to disparities related to their mental health, individuals living in the selected neighborhoods, on average, have significantly more physical health issues compared to those living in City of St. Louis and Missouri overall. As described in the introduction, this area has a significantly higher percentage of mothers receiving no or inadequate prenatal care, and a comparatively higher percentage of low birth weight babies. Additionally, the rates of diseases such as heart disease, cancer, tuberculosis, asthma, sexually transmitted diseases, influenza, pneumonia, and diabetes are all higher in these zip codes compared to both the City of St. Louis and the state of Missouri as a whole. Notably, the average life expectancy of individuals living in the 63106 zip code is eight years less than the state average. Chlamydia in that same zip code is six times higher than the state average, tuberculosis cases five times higher, and hospitalizations due to asthma eight times higher. Clearly, these health indicators all point to the urgency of addressing physical health care needs to address both the health of parents and their young children.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy</td>
<td>77.4</td>
<td>74.9</td>
<td>69.2</td>
<td>70.5</td>
</tr>
<tr>
<td>Infant mortality ²</td>
<td>7.4</td>
<td>10.8</td>
<td>9.1</td>
<td>24.7</td>
</tr>
<tr>
<td>Heart disease mortality</td>
<td>227.2</td>
<td>269.3</td>
<td>308.8</td>
<td>267.1</td>
</tr>
<tr>
<td>Cancer mortality</td>
<td>193.6</td>
<td>210.6</td>
<td>284.6</td>
<td>280.7</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>417.4</td>
<td>1272.5</td>
<td>2580.7</td>
<td>2042.4</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>21.4</td>
<td>21.1</td>
<td>36.3</td>
<td>33.5</td>
</tr>
<tr>
<td>Diabetes mortality</td>
<td>22.2</td>
<td>28.6</td>
<td>28.0</td>
<td>33.4</td>
</tr>
<tr>
<td>Tuberculosis cases</td>
<td>1.8</td>
<td>4.2</td>
<td>13.2</td>
<td>9.0</td>
</tr>
<tr>
<td>Asthma hospitalizations</td>
<td>1.3</td>
<td>3.1</td>
<td>5.9</td>
<td>4.3</td>
</tr>
</tbody>
</table>

¹ Data are from "Understanding Our Needs," St. Louis City Department of Health, 2013 except where noted.
² Infant deaths per 1,000 live births (2006-2008 avg.)
³ Data from "Understanding Our Needs," St. Louis City Department of Health, 2007.
%Hospitalization Rates *  
(Per 1,000)

<table>
<thead>
<tr>
<th></th>
<th>Missouri</th>
<th>City of St. Louis</th>
<th>63106</th>
<th>63107</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital admissions</td>
<td>129.1</td>
<td>161.9</td>
<td>195.1</td>
<td>176.0</td>
</tr>
<tr>
<td>Avoidable hospitalizations</td>
<td>15.0</td>
<td>20.2</td>
<td>33.8</td>
<td>29.5</td>
</tr>
<tr>
<td>Emergency room visits</td>
<td>363.3</td>
<td>392.2</td>
<td>717.3</td>
<td>543.6</td>
</tr>
</tbody>
</table>

*(per 1,000). 2006-2008 average. Data provided by St. Louis City Department of Health, 2013.

Resources

State Level

Missouri has focused on integration of physical and mental health care for several years, first through a model based on partnering relationships between Community Mental Health Centers (CMHC) and Federally Qualified Health Centers (FQHC). More recently in 2012, Missouri became the first state to be approved by the Center for Medicare and Medicaid Services for implementation of Health Homes. The Health Home has many characteristics of the Patient-Centered Medical Home but is customized to meet the specific health needs of low-income patients with chronic medical conditions. One model operates within the FQHCs and public entity primary care clinics that serve individuals with chronic health conditions. The other operates within the Community Mental Health Centers, serving low-income patients with chronic mental health conditions. Health Home Partners include the Missouri HealthNet Division (Medicaid), Missouri Department of Mental Health, the Missouri Foundation for Health, the Missouri Primary Care Association (PCA), and the Missouri Coalition of Community Mental Health Centers. However, while considerable effort is being made to create a system that will assure that comprehensive mental and physical health care services are available to adults. The DMH is currently exploring how to adapt the model to be more developmentally appropriate.

Local Level

Physical Health Services in the Pilot Area. The largest provider of health care services in the selected zip codes is Grace Hill Health Centers, Inc. Grace Hill is a FQHC with offices in both the 63106 and 63107 zip codes and was a site for the integrated FQHC/CMHC initiative. Beginning in 2012, Grace Hill also became a Health Home with a partnering relationship with BJC Behavioral Health, one of the CMHCs in the St. Louis region. Medical services include adult medicine and pediatric care, with mammography, OB/GYN, medical,
social services, dental, WIC, and Family Services Division workers at each health center site. The Center also operates a pharmacy at the location in the 63106 zip code and provides Head Start and Early Head Start services. In 2010, there were around 99,000 medical health care encounters at all Grace Hill locations, including those in south and north St. Louis City.

The Community Health-in-Partnership Services (CHIPS) Health and Wellness Center is also located in the selected neighborhoods and provides adult and pediatric care as well as specialty and social services. In 2011, there were approximately 55,000 health care encounters at CHIPS. Nurses for Newborns (NFNF) provides in-home comprehensive assessments, education, health monitoring, and linkages to needed services for mothers and infants up to two years of age. In FY 2012, 110 families received a home visit from NFNF (56 in 63106 and 54 in 63107). Of those who received care, around half of the infants (54) and mothers (56) had medical issues. St. Louis Children’s Hospital’s mobile van provides hearing and vision screenings, dental and asthma care to children in the area.

There are no hospitals in the selected neighborhoods with the exception of the John Cochran Veteran’s Administration Medical Center that provides health care to veterans living in the St. Louis area. The Center has surgical facilities, intensive care units, and outpatient psychiatry clinics. Services available to families living in the pilot neighborhoods are primarily provided through health clinics, with few primary care providers offering services that are not through health clinics.

As of January 2013, in cooperation with the Betty Jean Kerr People’s Health Clinic, Vashon High School has a four day/week health center offering medical, dental and mental health services to students free of charge.

**Physical Health Services Near the Pilot Area.** In addition to its services at Vashon High School, the Betty Jean Kerr People’s Health Clinic provides comprehensive physical and mental health care services a few miles from the pilot area. The Myrtle Hilliard Davis Comprehensive Health Centers is in an adjoining zip code and offers physical health, behavioral health and social services to low income families.

Because there is no hospital in the pilot area, women deliver their babies at a variety of hospitals in the St. Louis area. According to a representative at Barnes Jewish Christian Hospital (BJC), approximately half of pregnant women in the targeted area have their babies at BJC Hospital, between three to seven miles from the targeted zip codes. Others receive care from hospitals in St. Louis County.
Needs

While a large majority of families in this area have access to health insurance through Medicaid, private insurance and the State Children’s Health Insurance Program (SCHIP) (St. Louis Children’s Initiative, 2011), many parents who participated in recent focus groups indicated that they did not have a primary care physician but receive services from health centers, and many use emergency rooms to address their health care needs. Several parents in the focus groups reported that they do not go to the health centers in the area but rather take busses to clinics and hospitals in other neighborhoods throughout the City and County due to long wait lists and waiting times at the local centers. Some women with babies were particularly concerned about safety on the public busses, but did not have automobiles to get them to their doctors’ offices.

Overall, focus group participants were satisfied with the physical health care their children were receiving, and said that doctors asked them about child developmental milestones and kept records of their child(ren)’s development. Moreover, clinics were found to be helpful because medical and non-medical services (dental care, WIC, counseling) are housed in one location.

Parents expressed a need for physical health care for themselves as much as for their children, since many suffer from chronic illnesses that are not being consistently treated, including epilepsy, asthma, high blood pressure, and lupus. According to one parent, “I have been waiting to see a neurologist for five years.” Others said that finding providers that accept Medicaid can be challenging, as was the cost of over-the-counter drugs for their children.

Provider surveys and interviews explored the emphasis that the community placed on several physical health related issues. Survey responses from agency staff indicated that there was minimal emphasis in the community in a number of areas, including assuring that all children have a primary care physician, having health care professionals conduct developmental screenings and discuss mental health issues, and having mechanisms for early childhood providers to communicate and coordinate with medical providers, mental health/early childhood education, and physical health services.
Perceptions of Current Community Emphasis on Primary Care Services  
Local Agency Survey  
(Among Those Who Estimated Emphasis*)

<table>
<thead>
<tr>
<th>Area of Emphasis</th>
<th>Great emphasis</th>
<th>Some emphasis</th>
<th>Not much emphasis</th>
<th>Number who estimated emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children have a primary care physician</td>
<td>8.8%</td>
<td>20.6%</td>
<td>11.8%</td>
<td>34</td>
</tr>
<tr>
<td>Medical providers conduct regular comprehensive screenings and assessments</td>
<td>5.9%</td>
<td>17.6%</td>
<td>5.9%</td>
<td>34</td>
</tr>
<tr>
<td>Medical providers explore mental health issues and substance abuse issues with family members</td>
<td>5.9%</td>
<td>17.6%</td>
<td>5.9%</td>
<td>34</td>
</tr>
<tr>
<td>Early childhood providers (e.g. home visitors, early intervention specialists, WIC child care) have mechanisms to communicate and coordinate with medical providers</td>
<td>5.9%</td>
<td>23.5%</td>
<td>11.8%</td>
<td>34</td>
</tr>
<tr>
<td>Families are connected to traditional and spiritual support</td>
<td>0.0%</td>
<td>21.2%</td>
<td>12.1%</td>
<td>33</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who rated the emphasis area "great," "some," or "not much" emphasis. There were a fairly high percentage of "Don't Know" responses. See Appendix for detail.

The need for physical and mental health care coordination was perceived to be high among most providers (among those who estimated a need). Notably, a large percentage of survey respondents did not know whether there were gaps. Training of physicians, expanded referral networks, more up-to-date mental/physical health care models and physical/mental health service coordination were all perceived to be high need areas.
## Physical Health Care Needs
*(Among Those Who Estimated Service Need*)

<table>
<thead>
<tr>
<th></th>
<th>Percent reporting services at “Great Need”</th>
<th>Number who estimated service need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better coordination or services between physical and mental health professionals.</td>
<td>80.0</td>
<td>30</td>
</tr>
<tr>
<td>More up-to-date mental health and/or physical health models for mental health services to infants and very young children.</td>
<td>73.1</td>
<td>26</td>
</tr>
<tr>
<td>Better referral networks among schools, doctors, mental health agencies and mental health providers.</td>
<td>74.2</td>
<td>31</td>
</tr>
<tr>
<td>More training for physical health professionals to help them identify and refer children who need help with a mental health issue.</td>
<td>66.7</td>
<td>27</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who estimated a service need. There were a high percentage of “Don't Know” responses ranging from 6 to 10. Total sample size ranged from 36 to 37. See Appendix for detail.*

Other areas identified by providers included follow-up with families and children who need additional care, training for physical health care providers on developmental screening and dental care. Asthma treatment, obesity treatment and nutrition, and early screening for developmental disabilities were also listed as high needs.

## Conclusions

- Health care clinics are the major providers of physical health care in the selected neighborhoods, with few primary care physicians in the area practicing independently from these centers. Many focus group participants do not use these centers due to wait lists and office waiting times and travel to other location for physical health care needs.

- Significant efforts are being made to integrate physical and mental health care in the pilot site at Grace Hill Health Center, both through the FQHC/CMHC integration initiative and the Health Homes program. Coordination of services is a very high need according to area providers.

- Most families do not have a primary care physician and providers felt there was a significant area of need. Providers indicated that there was little emphasis on assuring that families have a primary care physician in this community.
• Agency leaders perceived there to be a need for medical professionals to conduct comprehensive child developmental screenings and assessments though some parents in focus groups who received care in health clinics indicated that the clinics were conducting screenings and discussing developmental milestones with them.
• A coordinated system with strong referral networks among physical and mental health care providers and schools was seen to be a high need according to providers, with little emphasis in the community currently being made to address the issue.
• Assuring that all parents have access to physical health care services themselves was perceived to be critical among parents both for their own well-being and that of their children.
System-Level Coordination

Situation

As stated in the introduction, the Missouri Project LAUNCH pilot area has high poverty, crime, unemployment and other community-level factors that greatly increase the needs of children and their families in these neighborhoods. In addition, there are unmet physical and mental health needs, and a challenged school district. High mobility is one of the results, as families move to find better educational opportunities for their children, better housing opportunities, and other resources to help their children to thrive. This high mobility challenges providers who are trying to meet the needs of families in the pilot zip codes. Moreover, it can be difficult to track utilization rates and the effectiveness of area resources. Additionally, while many agencies serve families living in the selected neighborhoods, these agencies, for the most part, are not located in the pilot area and they also provide services to individuals throughout the St. Louis area, making it difficult to have a coordinated system that families the 63106 and 63107 can access. Yet given that the service needs of families are so high in this pilot area, a coordinated system of care is even more essential.

Resources

State Level

To enhance the system of care for children statewide, various collaborations exist among the Department of Elementary and Secondary Education (DESE), the Department of Mental Health (DMH), the Department of Health and Senior Services (DHSS) and the Department of Social Services (DSS). These include the Coordinating Board for Early Childhood (CBEC), the State Interagency Coordinating Council, the Missouri Comprehensive Data System Committees, Bright Futures, MOHealthNet (Missouri’s Medicaid program), the Comprehensive System Management Team, and specific to early childhood, the Early Childhood Comprehensive System Initiative (ECCS) steering committee. The CBEC was formed in 2007 and is a statutorily defined, governor-appointed Board that also functions as the State Advisory Committee. It is charged with coordinating a cohesive system of early childhood programs and services. The CBEC includes representatives from the major state departments as well as representatives from the Governor’s Office, Head Start and other child-serving statewide agencies. The DHSS ECCS initiative is a statewide grant awarded by the U.S Health Resources and Services Administration (HRSA), with a similar mission as the
CBEC and membership that includes state departments and state-level, child-focused agencies as well. The strategic plans for the CBEC and the ECCS initiative have been integrated to reflect the shared work on the state’s early childhood system.

**Local Level**

There have been considerable efforts to coordinate early childhood services for low income families with young children in the St. Louis area metropolitan region. These efforts present an opportunity for Project LAUNCH to work collaboratively with existing agencies and councils to develop specific plans to support the healthy development of young children in the pilot area.

Resources include the following:

*Vision for Children at Risk*. One major system-level resource in the City of St. Louis is Vision for Children at Risk (VCR). VCR provides data, research, collaboration and advocacy. It is located in the Missouri Project LAUNCH pilot area and provides information about the community on a variety of family and child indicators at the zip code level.

VCR also works to engage business and civic leaders in children’s initiatives and coordinate the St. Louis Metropolitan Children’s Agenda, an interagency collaboration that provides the infrastructure to support the collaborative interagency work needed to achieve the goals of children and families. The Children’s Agenda has established a structure and process for carrying out coordinated, strategic community action on behalf of children and families. Currently the Children’s Agenda has 300 community organization members involved in implementation of 25 policy and program strategies in six areas addressing the fundamental needs of children. Under the Children’s Agenda, VCR facilitates the Regional Early Childhood Council (RECC); which is comprised of early childhood education and wellness agencies, businesses, and child advocates.

*Regional Early Childhood Council*. The St. Louis RECC’s mission is to build a comprehensive system that addresses the full range of early childhood needs for all St. Louis area children. Council members collaboratively work with a cross-section of the community to implement and coordinate existing and new policies, programs, and initiatives. The RECC’s current strategic goals include: (1) Developing the necessary infrastructure to build a coordinated early childhood system, (2) Screening and assessment of children at appropriate intervals so that children receive the services they need to be ready to learn when they enter kindergarten, (3) Enhancing the quality of care provided by those caring for children, including parents, caregivers, individual providers, and programs, (4) Creating a regional data collection system that aligns with data required by key state partners and allows the
St. Louis region to access and use early childhood data easily, and (5) Ensuring that early childhood policy issues are recognized as critical on local and state levels. Many of the RECC members also serve on the Project LAUNCH Local Young Child Wellness Council. This overlap will help both councils to be informed of local and statewide Missouri Project LAUNCH efforts. Other organizations are working to coordinate care throughout the City, including:

The LUME Institute. The LUME Institute is an area resource located in the City of St. Louis. This institute provides professional development and training for area child care professionals and organizations (e.g., courses and coaching) as well as family resources (e.g., Parent Cafes and information about local child care). Child Care Aware® of Missouri – Eastern Region is a program at The LUME Institute. Child Care Aware® of Missouri – Eastern Region serves St. Louis City as well as the surrounding Missouri counties (St. Louis, Warren, Jefferson, St. Charles, St. Francois, Franklin, and Ste. Genevieve). They provide professional development, on-site and phone coaching and support and works with communities to promote the importance of quality child care and early learning programs (www.lumeinstitute.org).

Maternal, Child & Family Health Coalition. The Maternal, Child & Family Health Coalition (MCFHC) works to promote and share best practice strategies and increase coordination between community agencies, coalitions, and health care systems, particularly for at-risk, low income women and infants in the St. Louis area (www.stlmcfhc.org). This coalition works to improve awareness of maternal health through advertising, disseminating literature, training, and programming efforts (MCFHC Annual Report, 2011).

MCFHC offers St. Louis Healthy Start, a federally and locally funded initiative to reduce racial disparities in infant death in at-risk families by promoting prenatal care and coordination at the system-level (MCFHC Annual Report, 2011); 145 families were served through Healthy Start in 2011. In addition, they report Fetal Infant Mortality Review Data (FIMR) as part of Healthy Start. This data is used to inform access to quality care and services.

MCFHC also works to increase area prenatal care, improve maternal mental health, prevent substance abuse, and improve preconception health. Finally, MCFHC sponsors family and community programs such as an immunization coalition, works to eliminate health risks associated with houses, and holds a quarterly coalition series to help promote and continue their work.
“[W]e know preconception [needs] and we aren’t moving the bar in St. Louis on infant mortality. We have some of the worst infant mortality rates in the nation, worse than Cuba, and we moved the bar some through our Healthy Start project, but not enough.” (Stakeholder Interview)

United 4 Children. United 4 Children provides leadership, coordination, innovation, and advocacy in promoting quality child care and early childhood and youth development (www.united4children.org). Ultimately, United 4 Children works with early childhood and school age youth programs on quality improvement.

While there are some active system-level agencies and organizations in the pilot area, responses to the local agency survey indicated that there is room to grow and increase these efforts in the pilot neighborhoods.

According to the local agency survey, there are efforts currently underway to build collaboration between stakeholders who are engaged in addressing young child wellness. More effort was suggested in strengthening a network of child care health consultants, training providers to connect families to parenting programs, and making developmental screening available in the early care and education systems.
**System-Level Efforts in Pilot Area**

**Local Agency Survey***

<table>
<thead>
<tr>
<th>Effort Level</th>
<th>Significant effort</th>
<th>Some effort</th>
<th>Not much effort</th>
<th># Who Estimated Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building a collaboration between stakeholders who are engaged in addressing young child wellness</td>
<td>40.9%</td>
<td>50.0%</td>
<td>9.1%</td>
<td>22</td>
</tr>
<tr>
<td>Building a local early childhood and education workforce, including center or home-based care who are competent in young child social, emotional, and behavioral health</td>
<td>18.2%</td>
<td>63.6%</td>
<td>18.2%</td>
<td>22</td>
</tr>
<tr>
<td>Developing or strengthening a network of child care health consultants</td>
<td>10.5%</td>
<td>84.2%</td>
<td>5.3%</td>
<td>19</td>
</tr>
<tr>
<td>Training providers to connect families to parenting education resources and programs</td>
<td>4.8%</td>
<td>76.2%</td>
<td>19.0%</td>
<td>21</td>
</tr>
<tr>
<td>Making developmental screening available through early care and education systems</td>
<td>0.0%</td>
<td>78.3%</td>
<td>21.7%</td>
<td>23</td>
</tr>
<tr>
<td>Ensuring that early childhood settings are culturally sensitive and appropriate</td>
<td>0.0%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>18</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who estimated the amount of effort. There were a very high percentage of "Don't Know" responses ranging from 12 to 18. See Appendix for detail.

**Needs**

When examining the system-level needs in these zip codes, better coordination among existing resources was a major gap. Naturally, there is a need for more resources in this area, but both the local agency survey and qualitative data show that better coordination and collaboration is also needed. According to the agency survey, there is a need for more outreach in the home (81.3% saw this as a great need), better coordination or services between physical and mental health professions (80.0%) and better referral networks among schools, doctors, mental health agencies and mental health providers (74.2%).
System-Level Gaps in Services
Local Agency Survey*

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Great need: real gap in services</th>
<th>Some need: some services provided but more needed</th>
<th>Not much need: Services already being offered</th>
<th># of People who Estimated Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>More outreach to parents/caregivers in their homes.</td>
<td>81.3%</td>
<td>18.8%</td>
<td>0.0%</td>
<td>5</td>
</tr>
<tr>
<td>Better coordination or services between physical and mental health professionals.</td>
<td>80.0%</td>
<td>16.7%</td>
<td>3.3%</td>
<td>7</td>
</tr>
<tr>
<td>Better referral networks among schools, doctors, mental health agencies and mental health providers.</td>
<td>74.2%</td>
<td>19.4%</td>
<td>6.5%</td>
<td>6</td>
</tr>
<tr>
<td>More support for parents to promote positive mental health development in infants and young children.</td>
<td>68.8%</td>
<td>25.0%</td>
<td>6.3%</td>
<td>5</td>
</tr>
<tr>
<td>Public awareness</td>
<td>67.9%</td>
<td>14.3%</td>
<td>10.7%</td>
<td>3.6% 3.6%</td>
</tr>
</tbody>
</table>

*NOTE: Percentages calculated only on those who estimated a service need. There was a very high percentage of "Don’t Know" responses ranging from 28 to 32. Total sample size ranged from 37 to 39. See Appendix for detail.

There are many systems that affect the children, families, and child-serving agencies in North St. Louis, such as the education system, the behavioral and physical health systems, the criminal justice system, and other community-specific agencies. Stakeholders do not want to duplicate or cause competition around existing resources, but they want to ensure there are resources available to those who need them. For example, if a child is identified as having a need, there should be resources in place to serve that child and their family.
“One of the things I would caution, though, is we need to get our act together as a community of practitioners.” (Stakeholder interview)

“A goal as long as I’ve been doing this [work and] trying to actually have systems be sensitive to each other and in touch with each other and talking to each other.” (Stakeholder interview)

“I think there has to be a collection of thinkers who are able to rise above a fight for resources -- and that’s both funders and practitioners -- to be able to come together and put the dots together to build the agreements necessary to have a system.” (Stakeholder interview)

As described in early sections of the scan, there are a number of existing resources in the 63106 and 63107 zip codes and surrounding areas; however, there is mistrust about some area resources as well as a general unawareness about some of the resources in the community. This is among community residents and providers as well, although it is a larger problem for residents.

“Daycare? I don’t trust daycares. I didn’t want him to go to a daycare period! But I see too many daycares on TV where kids are abducted and beating on kids. I don’t want them beating on my kid.”  (Parent focus group member)

“I don’t know if I end up having to do daycare I would probably enroll with my friend’s momma’s daycare, which is an in-home daycare, and I could trust her because I’ve actually been there and helped out with her daycare. That’s one lady that I do trust around my child, no matter what!”  (Parent focus group member)

“And so, there is resource information that’s helpful to everyone, but it’s at different levels for everyone.” (Parent focus group member)

Public awareness is seen as a gap in the local community as well; 67.9% of providers who responded to the local agency survey saw this as a great need. Public awareness about the importance of child wellness and information about existing resources may lead to increased health literacy. Increasing health literacy was mentioned as a need in one of the stakeholder interviews. This is applicable at the state level as well because increasing health literacy could potentially impact all areas of Missouri Project LAUNCH. Health literacy and education can be provided at multiple levels throughout the system (e.g., physician’s offices, schools, home visitation). Follow-up with families can be challenging for area providers, and with increased health literacy, families might have a better understanding about how important following up with appointments and referrals can be.
As discussed in previous sections, a coordinated system would allow for multiple opportunities to provide health literacy and education to families. The pilot site has many existing community-level challenges making it difficult to access resources. When community members do not understand why a referral is important, or why their child should be screened for a developmental or social/emotional problem, they may be unlikely to seek out resources.

“I mean a lot of times we don’t do as good a job explaining the ‘why’ behind what we do… and I think that’s a resource manpower ability to have someone that can really work with families a lot closer and help them understand...when it comes up they will be able to say, ‘yeah, I need to follow through with that.’” (Stakeholder interview)

Conclusions

- There are resources at the state level and in the local pilot site, but it has been suggested that better coordination, collaboration, and communication would improve accessibility to resources and ensure appropriate resources are being accessed. The information provided in the scan indicates that having a coordinated system would allow for individuals to better access the care they receive and ensure that the care they receive is appropriate.

- According to both agency staff and focus group parents, there is a strong need for a provider referral network for providers involved in screening and other early childhood serving initiatives to ensure that when a referral is made, there is available follow-up for that child and family.

- Providers, early childcare professionals and families were not always aware of what resources exist, and it was stressed by many that increasing awareness of local resources and providing clear information about how area parents and child care professionals can access these resources is a high need.

- Providers in the local pilot site consistently discussed the challenges of working with an extremely mobile population. Some providers suggested a tracking system that could link detailed health information about families across systems to indicate not only the resources a person has accessed, but also the effectiveness of those services and whether follow-up was needed and/or obtained.
• The stakeholders interviewed also discussed reasons why mobility rates are high, and how these community-level issues (e.g., safety, housing, education systems) affect families. Many providers felt that working with families to ensure their basic needs are met, as well as increased efforts to build a safe, connected community, should be a priority.
Special Populations: Services and Needs

Resources and Needs: Families of Incarcerated Family Members

As of June, 2012 a total of 31,017 Missourians were incarcerated. While only 2,629 inmates are women, 81% of them have dependents. For their male counterparts, 58% identify as having dependents. St. Louis City ranks as the number one sentencing county in the state, with 15% of all Missouri inmates from the city (Missouri Department of Corrections, 2009).

According to the director of the Missouri Department of Corrections, “Children of incarcerated parents are seven times more likely to be sentenced to jail time than other children” (MU News Bureau, 2010). Statewide, there are some programs for incarcerated parents and their families, although key stakeholders indicated that services were mainly focused on a few areas of the state. One program that does provide services statewide is ParentLink parenting corners. This program is available at all 21 correctional facilities and provides information to incarcerated parents about parenting and offer a “drop box” for parents where they can drop specific questions which are then answered by ParentLink staff. Additionally, the Amachi Missouri is a program through Big Brothers Big Sisters of Eastern Missouri, which provides a mentor to children of current and former prisoners. In 2010, Amachi Missouri served over 1,140 children throughout Missouri. The majority of State Young Child Wellness Council members surveyed felt that services for this group were offered only in a few areas of the state, and 20% felt that that was a “great need” for services for these families.

Two local agencies, Nurses for Newborns and Crisis Nursery, indicated they provide services for families of incarcerated family members. Let’s Start is a program in St. Louis that offers support and education services to female ex-offenders and to female prisoners. However, services for families of incarcerated family members were seen as a “great need” (50%) according to respondents in the local agency survey, indicating a need for greater program support.

Resources and Needs: Adults with Substance Abuse and Mental Health Disorders

As discussed previously, City of St. Louis emergency room data suggests that the stresses of living in a resource-poor, high crime area can affect the mental health and well-being of families and lead to increases in substance use. Thus it is essential that mental health and substance abuse services be available to all those in needs of such assistance.
The Department of Mental has many resources available to families in need of these services either in or near the pilot area, including two adult psychiatric facilities, two Community Mental Health Centers that serve adults, and two CSTAR substance abuse treatment centers, one serving pregnant and post-partum women and their children, and one serving adolescents. The Department also provides funding to several mental health and substance abuse treatment agencies and agencies providing recovery services to adults living either in or near the pilot area. Health care clinics in the area also provide behavioral health services.

Despite these resources, there is still a very high need for services to serve adults in these zip codes. According to local agency staff, there are large gaps in services for adults in several areas, especially for trauma treatment services, mental health consultation, treatment for maternal depression and mental health services generally. The need for substance abuse prevention, treatment and recovery services was also very high. Multiple barriers keep residents from accessing these services, including waiting times and transportation.

**Resources and Needs: Military Families**

In 2012, more service members died by suicide than in combat, and 35% percent of those deployed sought counseling for themselves or a child (Department of Defense, 2010). Civilian veterans make up 11.2% of the population in St. Louis City, 5.6% of the population in 63106 and 8.2% of the population in 63107 (U.S. Census Bureau, 2010). The Department of Mental Health served 192 military veterans in 2011, constituting 3.1% of admissions (Missouri Department of Mental Health, 2011).

Among state agency representatives surveyed, behavioral health care for the military and support for families was not perceived to be available statewide. A majority of respondents indicated that services were only offered in a few areas of the state. Support for military families and behavioral health needs of the military were expressed to be a “great” need by only 12.5% of state agency respondents, although one individual stressed that LAUNCH should identify the military needs in its planning efforts.

Locally, the **John Cochran Veteran’s Hospital** is in the pilot area, and offers medical and psychiatric services to veterans. The **Mayor’s Office** also indicated that it serves veterans in the pilot area. **Catholic Charities** also provides services to veterans but does not have a location in the selected zip codes. **Employment Connection**, located in a nearby zip code, connects individuals, including veterans, to employment, and also offers housing, GED/education, business clothing, transportation, childcare, mental health counseling, and vocational training. **St. Patrick’s Center**, also in a neighboring zip code, provides services to
veterans, and in 2012, 10.5% of persons served were veterans (http://www.stpatrickcenter.org). The Salvation Army Harbor Light, near the pilot area, implemented a plan to build a Veterans Residence to accommodate the growing number of veterans in need. In 2012, Ameren donated $200,000 to assist military families in paying their utility bills. There are other organizations/groups assisting veterans that are serving the entire metropolitan area (e.g., The Mission Continues, Little Patriots Embrace) but services are not specific to this area of the city. Despite the availability of some services, however, almost half (45.5%) of local agency survey respondents said that there was a “great need” for veterans’ services in the pilot area.

Conclusions

- There are very limited services for families of incarcerated adults and their families in or near the pilot area. Given the high percentage of incarcerated individuals living in the City of St. Louis compared to Missouri as a whole, a priority for Project LAUNCH should be focusing on the needs of these families.

- Additional services in the pilot area for mental health and substance abuse services are extremely needed, especially in the areas of trauma, mental health consultation and maternal depression.

- While some services exist in the St. Louis area for military families, the only resource in the pilot area is the Veterans Administration Hospital, and they do not serve family members. Some services for veterans are near the pilot area but the need for additional services was perceived to be very high.
Conclusion

Project LAUNCH will be greatly challenged given issues families face with obtaining safe and affordable housing, reliable transportation, stable employment, high quality early childhood education (including elementary school) for their children, and a safe environment in which to live, work and play. Given the geographical mobility of the population, it is inevitable that a large number of families will move into and out of the area during the course of the Project LAUNCH grant. Local coordination of care among agencies serving these families is critical and needed. Barriers to coordination identified by the local council can be brought up to the state council to address as appropriate.

That said, the high level of need in the area means that Project LAUNCH has a tremendous opportunity to make a significant impact on the lives of children and families. Some of the greatest needs discovered through the environmental scan were in the following areas:

- **Mental health care services for adults and children.** Trauma services, maternal depression screening, mental health consultation and mental health care services overall are great needs in the community. Parents are stressed, have many children to care for and need access to services to help them address their own issues as well as those of their children. The local capacity for free or low-cost mental health services to young children and their families is severely limited, increasing barriers (such as transportation and child care) to access services. While there are agencies in St. Louis working with families in the pilot area on mental health issues, most are not located in the area and serve families throughout the St. Louis region. Thus families in the pilot area are competing for mental health resources that are scarce throughout the city of St. Louis and in fact scarce throughout the state.

  Earlier intervention, more outreach to parents in their homes, better coordination of services and referral networks, better dissemination of information related to mental health resources in the community, more mental health practitioners, and more attention to and identification of children who need help were all perceived to be high needs.

- **Family support and parenting education.** While several agencies serving families in the area offer home visitation and family strengthening programs, additional programs and supports are a high need, especially for teen parents. Programs for older children are also needed, as many provider programs serve only very young children. Many of the agencies serving young families in the pilot neighborhoods are
providing evidence-based programs, yet there is a continued need for consistent, sustainable and competent evidence-based services.

- **Primary Care/Mental Health Care Integration.** At both the state and local levels there was a very high perceived need to integrate primary care and mental health care services and for medical professionals to conduct comprehensive child developmental screenings and assessments. Significant efforts towards behavioral health integration in primary care settings have begun at Grace Hill Health Center, Inc., both through the FQHC/CMHC integration initiative and the Health Homes initiative, but more needs to be done throughout the community. Providers and families believed that a coordinated system with strong referral networks among physical and mental health care providers and schools could strengthen these relationships.

- **Early Care and Education.** Although there are licensed centers in the pilot area, a majority of children do not attend these centers, and at the state level, universal child care for all children does not currently exist. High quality child care for children in the pilot area was found to be a high need.

  The St. Louis Public Schools and Head Start programs both conduct developmental screenings and assessments, but there are struggles to find adequate resources for families once an assessment is made, and sometimes families are reluctant to follow-up to obtain an official diagnosis and services. Continued follow-up with families once needs are identified is perceived as lacking. Furthermore, access to screening and assessment for younger children who are not yet in early childhood education or school settings is needed.

- **Systems Development.** At the state level, there are several initiatives involving key state-level departments and child-serving agencies designed to address the needs of children statewide. Likewise, local level initiatives are in place to better coordinate programs and services. Nevertheless, providers indicated a strong need for coordinated care and referral networks to assure that families receive the physical and mental health care they need. The challenges of working with a mobile population suggest the need for strong involvement of state-level stakeholders with Project LAUNCH to assure that system-wide change is possible.
References


**Acknowledgements and Disclaimer**

Thank you to the many individuals who assisted in the completion of the Missouri Project LAUNCH Environmental Scan, including members of Project LAUNCH State and Local Young Child Wellness Councils, the St. Louis Regional Early Childhood Council, and agency leaders and staff who graciously shared their experiences and perspective with us. We particularly would like to extend our thanks to parents living in the pilot area who allowed us to gain their perspectives on community resources and needs related to caring for their young children.

The Project LAUNCH Environmental Scan was authored by evaluators at the Missouri Institute of Mental Health, University of Missouri St. Louis. They include Elizabeth Sale, Ph.D., Research Associate Professor, Amanda Bequette, Ph.D., Research Assistant Professor, Claire Ward, M.S.W., Senior Research Specialist, Michelle Hendricks, M.A., Research Associate, Jayne Collier, M.A., Programmer/Analyst Expert, and Cathy Williams, B.S., Program Coordinator. Special thanks to Martha Donovan, Administrative Assistant.

Missouri Project Launch is funded by the U.S. Substance Abuse and Mental Health Services Administration, Grant 1H79SM061299. The views, opinions, and content of this document are those of the authors and do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration.