Children's Mental Health
and Substance Abuse Services
Needs Assessment for St. Louis County

SUBMITTED TO:

ST. LOUIS COUNTY
CHILDREN'S SERVICE FUND

SUBMITTED BY:

Applied Research Collaborative

MARCH 2013

OFFICE OF THE COUNTY EXECUTIVE
SAINT LOUIS COUNTY
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CHARLIE A. DOOLEY
COUNTY EXECUTIVE

May 22, 2013

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Dear St. Louis County Partner:

I would like to commend the St. Louis County Children's Service Fund and its research partners for their diligent work on this updated County-wide mental health and substance abuse needs assessment focused on children and youth.

St. Louis County citizens voted affirmatively for the sales tax that created the Children's Service Fund in 2008; since that time, the team has worked to ensure that our community's youngest and most vulnerable residents receive high quality and effective mental health and substance abuse services to help them successfully transition into adulthood.

This updated needs assessment defines the timely issues facing not only St. Louis County but other communities throughout the nation. As we all know, the need for services to address the behavioral health challenges of children and youth is demonstrated on a daily basis. Our goal is to analyze the key findings of the needs assessment and use the information to identify effective strategies to address these issues.

The findings of this assessment will guide not only the work of the Children's Service Fund but the entire County government in ensuring the stability of children, youth and families within St. Louis County.

Sincerely,

Charlie A. Dooley
St. Louis County Executive

May 22, 2013

Dear St. Louis County Partner:

I am pleased to present the 2012 Children's Mental Health and Substance Abuse Services Needs Assessment for St. Louis County. Launched in the spring of 2012, this needs assessment marks the third endeavor by the St. Louis County Children's Service Fund to catalog the current mental health and substance abuse needs impacting children, youth and families within St. Louis County in an effort to address gaps in service provision.

The School of Social Work at Saint Louis University, the Missouri Institute of Mental Health, and the Department of Political Science, the Public Policy Research Center, and the School of Social Work at the University of Missouri-St. Louis worked together through the Applied Research Collaborative (ARC) to conduct a multi-method approach to collecting the data necessary to quantify the needs and document the perceptions of personal and community conditions that affect the mental health of children in St. Louis County.

We hope that the key findings will not only articulate the mental health and substance abuse challenges facing the children and youth of St. Louis County face, but also serve as a valuable resource in fostering an ongoing discussion to address the needs. Over the coming months, our staff and Board will diligently review and evaluate the key findings in an effort to help set forth our funding priorities for the years to come.

We look forward to working with stakeholders throughout the region to address the identified mental health and substance abuse service gaps for children, youth and families of St. Louis County and to expand the level of high quality services supported by the St. Louis County Children's Service Fund.

Sincerely,

Julie Leicht
Interim Executive Director

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EXECUTIVE SUMMARY – NEEDS ASSESSMENT REPORT

The St. Louis County Children's Service Fund (CSF) contracted the University of Missouri-St. Louis, on behalf of the Applied Research Collaborative (ARC), to conduct a community-wide needs assessment for children's mental health and substance abuse services for St. Louis County. ARC applied a multi-method approach to collecting both primary and secondary data to quantify needs and document perceptions of personal and community conditions that affect the mental health of children in St. Louis County.

KEY FINDINGS

Children and adults in St. Louis County are much more aware of and receptive to persons with mental illness. While children are aware of how to access mental health services, they lack the tools for communicating to adults about their mental health concerns. Further, adults are unsure of how to respond to children's mental health related behaviors, particularly violent behavior.

While mental health services are offered in schools, student access often is limited by requirements for permission to go to a counselor's office and the counselor not being present when students are seeking service.

While risky behaviors are reported by both students and school staff as existing in limited numbers, risky behaviors are a significant concern for parents/guardians; for those children engaging in substance abuse, school staffs report they do not have the training to identify and manage social, emotional, or behavioral problems.

While bullying prevention programs are prevalent in schools, parents report great concern about bullying and students report observing or actually conducting bullying.

While agencies funded by CSF provided programs in all 10 statutory mental health and substance abuse service areas and the agencies provided programs in all parts of St. Louis County, the programs were heavily concentrated in two of the 10 service areas (home/community intervention and individual counseling) and there were many neighborhoods in St. Louis County, particularly high poverty neighborhoods that were not served.

The Children's Service Fund's annual funding model focuses on the short term and on individual care. Funding longer-term planning and the continuum of care including prevention and early identification are opportunities for CSF.

Supporting parent training to identify children with social, emotional, or behavioral problems, and teacher and support staff in-service training about identifying students with social, emotional or behavioral problems training programs are opportunities for CSF.

The population aged 19 and under in St. Louis County is declining.

<p style="text-align:center">SUMMARY OF THE DATA COLLECTION AND ANALYSIS</p>

Summary of Student Survey Findings

Public and private school students were surveyed regarding a variety of behaviors, including alcohol, tobacco, and other drug use, depression, suicidal ideation and bullying behaviors. A total of 6,091 public and 1,380 private high school students (9th – 12th grades) completed surveys.

- Alcohol is the drug of choice among both public and private school students. Alcohol use is perceived to be low risk and students tend to think that most teenagers and adults drink alcohol.
- Encouragingly, among public school students, alcohol use has generally been declining since 2006. However, in 2012, around 13 percent of public high school students had consumed five or more drinks on one occasion in the 30 days prior to taking the survey. Furthermore, around 25 percent had ridden in a car with someone who had been drinking.
- Marijuana is the second most commonly used drug among both public and private school students. Marijuana is also perceived to be far less harmful than other illegal drugs as well as cigarettes. Marijuana use among public school students has not decreased since 2006.
- Cigarette use among public high school students has declined in the past six years.
- More students reported inappropriate use of prescription drugs than over-the-counter drugs. Reported use of illicit substances other than marijuana was low.
- Over 10 percent of both public and private school high school students reported they seriously considered suicide in the past year.
- Around 13 percent of both public and private school high school students had harmed themselves in the past "on purpose in a way that was deliberate but not intended as a way to take their life." Self-harm was much more frequent among females than males.
- A very low percent (fewer than 5 percent) of students reported bringing a weapon to school.
- A large percentage of public and private high school students engaged in some type of bullying behavior in the three months prior to the survey. The most frequent bullying behavior was making fun of someone.

<u>**Summary of Student Focus Group Findings**</u>

Ten focus groups were held with youth who attend educational programs in St. Louis County to determine youth's knowledge of mental health issues and treatment options. Focus groups were conducted at 3 middle schools, 5 high schools, and 2 CYP program sites.

- There were no gender differences in diagnosis or medication receipt among the youth, but higher percentages of African American youth report diagnosis and current medication usage. Perceptions of mental health are low as youth believe that those with a mental illness are viewed less favorably than others in social settings.
- Youth are willing to engage with individuals who have a mental illness with the exception of having those individuals provide care for children. Older youth have more favorable opinions and more willingness than younger ones to engage those with a mental illness.
- Various terms are used to describe mental illness and youth have an awareness of what mental illness is, and would be able to recognize the signs of mental illness in others.
- Some of the youth viewed substance abuse as a mental health issue but others view categorizing substance abuse as mental health is an excuse. There is also the perception that those who abuse substances can just stop if they wanted to.
- Youth were aware of where to go for mental health services and who pays for this service. There was some discrepancy in the value of formal religious institutions but there were some strong religious convictions toward receiving help from God to address mental illness.
- Youth learn about mental illness from first-hand experiences, media outlets, and from courses within the school. The latter source of knowledge was scrutinized as not being taken seriously by students or instructors particularly when delivered within mandatory health classes.
- Youth know to seek help from a trusted adult but how to communicate to these adults that they are having a problem was mentioned as a possible gap to seeking the help.
- Youth did not have very favorable opinions about existing mental health programs. Most youth focused on the help that could be received within the school setting. Many youth felt school counselors are not well trained in providing mental health services and help seeking gets lost within formalities such as needing a hall pass and the counselor not being available when needed.
- Bullying is prevalent; youth have witnessed others being bullied due to their mental illness.
- Stigma and trust were consistent themes in youth's perceptions of why people do not seek out mental health services.
- Use of technology to increase awareness about mental illness was a consistent theme. Youth generally agreed that technology would be beneficial especially as an awareness tool. However, there was concern with the use of technology for providing treatment to those with a mental illness.

- Youth's opinions about helpful tools for mental health services provision included a therapist that is always available, a fun place where youth could go to receive help, and a peer-based program.

Summary of School Staff Survey Findings

1,018 school staff in public and private St. Louis County schools completed on-line surveys in 2012 regarding student behavioral health issues. A large majority of those surveyed were teachers.

- A consistent theme running throughout the survey of school staff in public and private St. Louis County schools was *negative student behaviors*.
  - The most significant problem in the schools was perceived to be disrespectful behavior. Around 50 percent of staff felt this was a "very big" or "big" problem. Disruption in the classroom was also a significant problem, and around 50 percent of school staff stated that these behaviors limited their ability to do their job.
  - Staff felt that school-wide discipline programs and parent training programs to manage student behaviors would be very important resources for their school.
  - Bullying prevention programs were most prevalent in the schools (62 percent) compared to other student programs addressing behavioral health and were also still perceived to be a high need. Only 19 percent of staff reported violence prevention programs in their schools.
  - Over half of staff felt not very or not at all confident in managing students with violent behaviors, with almost 25 percent feeling "not at all" confident.
  - Fewer than half of all staff felt community resources were adequate to assist a violent student, and around one-third did not know about the adequacy of community resources.

- *Social-emotional well-being* was also a persistent theme throughout.
  - Clinical referrals for students with severe social, emotional, or behavioral problems were identified to be one of the most important services that could be provided in schools. Also very important were opportunities for students to receive mental health counseling, school-wide social/emotional skills training for students, parent training to identify students with social, emotional, or behavioral problems, and teacher and support staff in-service training about identify students with social, emotional or behavioral problems. In-house psychiatric services were perceived to be less important.
  - Identifying students with social, emotional or behavioral problems was seen to be very important to a majority of school staff.

- o Only around 20 percent of staff felt that community resources were adequate to address student behavioral health issues.
- o Only around 20 percent felt "extremely" or "very" confident that they could identify someone with trauma-induced stress.
- o Over half of staff felt ill-equipped to manage students with anxiety or depression.
- While behaviors such as alcohol and drug use and suicidal ideation were not seen to be the most significant problems in their schools, fewer than 10 percent felt "extremely" or "very" confident to manage these problems, and around 25 percent felt "not at all" confident.
- *Family issues* were also identified to be highly problematic, with over 50 percent of staff citing divorce or parental conflict to be a "very big" or "big" problem in their school. Around 30 percent of staff said that there were programs in their schools to help students cope with divorce.
- Mental health stigma was relatively low, with 88 percent of staff "definitely" or "probably" willing to "let people know that someone in their family has been diagnosed with a mental illness."

Summary of Agency Directors' Interview Findings

Interviews were conducted with 19 of 23 possible executive directors of St. Louis County social service agency directors, many of whom receive funding through the Children's Services Fund. The directors were asked questions assessing their perceptions of gaps in mental health services in the County; service utilization barriers; ethnic and racial disparities; their agency's capacity to provide services; use of evidenced-based practice models; and, barriers to implementing new or enhanced approaches to treatment.

- **Current gaps in mental health services for youth**
  - o Prevention and early intervention services should be supported.
  - o These should be based on a continuum of care for youth, starting with community-based education services for parents and youth to help prevent and identify mental illness early and continuing through to the more often used individual therapy for youth and their parents, and, when necessary, residential treatment.
  - o Case management is needed for material support (other issues that present complications that should not be handled by the therapist such as utilities, housing, etc.)

- **Contributors to the service gaps**
  - o Poverty and stigma are the most frequently reported barriers to treatment utilization.

- o Gaps are created by short-term, rather than long-term planning. This is to some extent exacerbated by CSF funding model based on year-to-year funding.
  - o Lack of capacity of current service providers, including those not funded by CSF. This includes insufficient staff trained to provide specific therapeutic interventions.
  - o Although directors now collaborate on advocacy, there is less collaboration on providing services to youth and their families.
  - o The current approach to services is to treat individuals, not families or communities. This limits funding for services needed to connect clients with agencies.

- **Contributors to service utilization**

Positive
  - o People utilize services when they trust the referral source, childcare and family friendly hours are available, there are one-stop services, and families and youth are included in treatment planning.

Negative
  - o Location of services and agencies that only provide several services necessitating the need to go other places for services.
  - o Offering services in schools where it is up to the discretion of the teachers.

- **Capacity to provide services**
  - o Most agencies are at or above capacity for serving youth and some residential services have extreme wait lists depending on population targeted. Substance abuse treatment agencies are an exception.

- **Barriers to implementing new or enhanced approaches to treatment**
  - o Lack of funding for capacity building; off-schedule funding cycle
  - o Limited evidenced-based models supported by CSF; agencies use evidence informed practice as well.

- **General perceptions of CSF**
  - o CSF fosters an environment of professional/networking collaboration and support.
  - o CSF provides agencies with some sense of security by basically indicating that as long as you are doing what you are supposed to do, you will continue to receive funding.

- **General Comments Regarding Areas for Improvement**
  - o Funding model should support agency capacity building, longer-term planning, and services across a continuum of care from community-based prevention programs to intensive therapeutic intervention. Now there is a focus on individual treatment.
  - o CSF should use existing data to focus services on areas in the county where demographics demonstrate increasing indicators for mental health problems.
  - o There is no clear structure for collaboration among agencies. The use of shared records and integration of care could be a national model for children's mental health care.
  - o CSF should make use of the full regional capacity to provide services in collaboration with other counties.

Summary of Parent/Guardian Survey

A telephone survey of a probability sample of 602 St. Louis County parents/guardians of children nineteen or younger was conducted between September 24 and October 1, 2012.

- **Perceptions of Risky Behaviors**

Youth who abuse drugs or alcohol and youth bullying each other are the two most common challenges that youth and children in their neighborhood face. Substance abuse is an extremely or very serious concern for 26 percent of the respondents and bullying for 24 percent. The concern levels for substance abuse and bullying are significantly higher among African Americans, North County parents, and households with 2011 incomes under $60,000.

- **Perceptions of CSF Service Areas**

Majorities ranging from 60 percent to 82 percent rate the ten services supported by CSF as extremely or very important. For most of the services, African Americans, parents with less than a college degree, parents with 2011 household incomes under $60,000, and North County parents are more likely to say that it is extremely or very important.

- **Perceptions of Mental Health Stigma**

Majorities agree with three statements about other people stigmatizing mental illness:
  - o 68 percent agree that "receiving mental health services is something people look down upon"
  - o 67 percent agree that "people tend to think less of those who receive mental health services"
  - o 63 percent agree that "people will see a person in a less favorable way if they come to know that person has received mental health services"

Willingness to have some connection with someone with mental illness depends on its closeness: "have a conversation" (68 percent definitely willing), "maintain a friendship" (60 percent definitely willing), "work closely with" (53 percent definitely willing), "live next door" (39 percent definitely willing), "babysit your children" (3 percent definitely willing). Only 35 percent are definitely willing "to let people know that someone in your family has been diagnosed with a mental illness."

Twenty-nine percent report that one or more of their children has been bullied during the past twelve months. The bullying rate is higher among parents with a high school education or less (42 percent), parents of children ages 8 to 12 (39 percent), and African American parents (36 percent). Relatively few parents report that it would be "somewhat or very difficult" to find professional help if "one of your children showed symptoms of drug or alcohol abuse" (6 percent somewhat/very difficult), "if one of your children was regularly depressed" (9 percent somewhat/very difficult), or "if one of your children showed symptoms of a possible emotional disorder" (11 percent somewhat/very difficult).

- **Perceptions of Barriers to Accessing Services**

Possible barriers "to solving mental health problems if one of your children possibly had such a problem" constitute a major obstacle for relatively modest shares of the parents: "services being too expensive" (27 percent), "lack of information and training" (19 percent), "not being able to get an appointment quickly" (19 percent), "not having insurance to pay for the needed services" (18 percent), and "having to travel too far to obtain assistance" (5 percent).

There is significant interest in parent training "about identifying social, emotional, and behavioral problems in children" (38 percent extremely or very interested) and "about effective behavior management strategies for children" (42 percent extremely/very interested). Interest is considerably higher among African American parents, North County parents, and parents with 2011 household incomes under $30,000.

Parents give themselves high rating for their mental health knowledge: 72 percent excellent or good about "mental health symptoms and illnesses" and 67 percent excellent/good about "drug and alcohol abuse symptoms among children."

Summary of CSF Funded Agency Annual Reports

Analysis of the annual reports submitted by funded agencies shows a pattern of measurement fatigue, with indicators 1 and 2 in each grouping producing a reasonable sample, with the indicators lower on the list receiving much less attention. Measurement fatigue refers to the fact that participating agencies may have been overwhelmed by the number of indicators that CSF presented to them for tracking.

Overwhelmingly Indicator 1 was tracked most consistently. For outcome # 1, close to 80 percent of all programs tracked this indicator. For outcomes 2 and 3, however, the percentage drops to roughly 60 percent. This trend is mirrored with respect to higher numbered indicators. Although outcome # 1 fares better than other outcomes, all reflect decline in use of the designated indicators to measure results. With each successive indicator, per outcome, the percentage of programs not tracking it rises. For indicators 4 to 6, over 90 percent of programs are not tracking any of the measures.

CSF may have addressed this with some part of their process: i.e., maybe the program managers encouraged agencies to focus on the first outcome. But if there wasn't anything in place that gave this sort of direction, this clearly is not a random pattern, the sort that would arise if agencies were applying indicators appropriate to their services, instead of tackling the first one or two. CSF might benefit from a review of its performance measures.

CSF funded agencies tend to deliver a higher level of services in high poverty areas, but the type of service delivered does vary by location within the County.

- If School-Based Prevention is excluded, the most frequently-delivered services in all sectors fell into the Home and Community-Based Intervention category. This category represented from 45 percent to over 60 percent of all organizational activities.
- In South and West County, the other category with frequently-delivered services is counseling (for individuals, groups or families). Both sectors had approximately 25 percent of their services focused in this area.
- Counseling was also prominent in the services delivered in Mid-County and North County, but temporary or transitional housing occupied a slightly higher share of all activities.
- Services provided to teen or unwed parents were negligible as compared to other organizational efforts. While this would suggest absence of need, it may also be the result of the long-term emphasis on abstinence, which has reduced resources for programs supporting teens with infants.
- There was a statistically significant difference in housing services among County sectors, for both Temporary Shelter and Transitional Housing. In West County very few clients received these services. The bulk was concentrated in Mid-County and North County. Relatively speaking, Transitional Housing was also prominent in South County as compared to other areas. But in general, Transitional Housing is not a high-volume service: in this case due to lack of facilities, not lack of demand.

NEEDS ASSESSMENT REPORT

INTRODUCTION

The School of Social Work at Saint Louis University, the Missouri Institute of Mental Health, and the Department of Political Science, the Public Policy Research Center, and the School of Social Work at the University of Missouri-St. Louis worked together through the Applied Research Collaborative to conduct a multi-method approach to collecting both primary and secondary data to quantify needs and document perceptions of personal and community conditions that affect the mental health of children in St. Louis County. The data collection process incorporated all six of the scope of work requirements in the St. Louis County Children's Service Fund's Needs Assessment Request for Proposal.

The methodologies included:
- Needs and Perceptions of Children
   - a survey of students in St. Louis County parochial and private schools; analysis of the Missouri Student Survey; focus groups of students in parochial, private, and public schools
- Needs and Perceptions of Adults
   - a survey of staff in parochial, private and public schools, and a telephone survey of adults; interviews of agency directors
- Data from secondary sources
   - analysis of annual reports submitted by funded agencies to the St. Louis County Children's Service Fund; demographic data from both the MICA and U.S. Census

The following sections provide the data and analysis for each of these methodologies.

SECTION 1: NEEDS AND PERCEPTIONS OF CHILDREN

1.1. MISSOURI STUDENT SURVEY - St. Louis County data from the biannual Missouri Student Survey (MSS) was used to examine substance use and suicidal ideation trends from 2006 through 2012. The MSS is a joint project of the Missouri Departments of Mental Health and Elementary and Secondary Education. Originally developed to ascertain information for the national Safe and Drug Free Schools program, the MSS continues to be administered as a way to assess the overall use of substances in the public school population. It also informs policy and prevention efforts by the State of Missouri.

For the CSF Needs Assessment, questions related to substance use, depression, and suicidal ideation are reported. Over the four years (2006, 2008, 2010, 2012) in which the survey was given, questions

were reworded to reflect changes in nationally administered surveys, most notably the National Survey on Household Drug Use (NSDUH). In addition, there are methodological differences in survey administration over the years. Furthermore, the number of school districts participating in the survey varied from year to year because participation in the survey was not mandatory. As a result, direct comparisons from year to year should be viewed with caution. Nonetheless, this is one way to look at behavioral health issues in this young and vulnerable population.

A total of 14,780 public school 9th grade students comprise the sample.[1]   Student age averaged 14.7 years and ranged from 13-16 years. A little more than half (51.7 percent) of the sample across all years was female. Participant race and ethnicity varied over the years of the survey by area of the county. In 2012, approximately half of the student sample was Caucasian, one third were African American and 5 percent were Hispanic. Table 1 provides the demographic breakdown for the subregions of St. Louis County.

TABLE 1. Racial and Ethnic Characteristics				
	2006	2008	2010	2012
North				
White	31.4	23.1	30.1	13.1
Black	65.6	70.1	63.0	78.8
Other	2.7	2.3	2.6	4.3
Latino	0.3	4.4	4.3	3.8
Central				
White	61.9	49.3	55.5	48.3
Black	32.1	43.2	33.9	34.1
Other	5.0	2.9	4.0	7.8
Latino	1.1	4.6	6.6	9.7
South				
White	83.2	77.3	80.4	66.8
Black	12.4	15.6	9.8	15.7
Other	3.6	3.8	4.3	13.3
Latino	0.8	3.3	5.5	4.3
West				
White	80.9	66.3	71.3	71.4
Black	11.4	15.3	21.0	13.6
Other	7.6	12.8	3.3	10.7
Latino	0.1	5.7	4.5	4.3
TOTAL				
White	64.6	51.4	58.8	52.3
Black	30.0	40.1	32.2	33.4
Other	4.8	4.2	3.6	9.2
Latino	0.6	4.3	5.4	5.1

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[1] While the Missouri Student Survey is administered to students in 6th- 12th grade, districts were only required to survey 9th graders and one other grade. Thus for ease of interpretation of longitudinal data, only 9th graders were included in the longitudinal analyses.

Substance Use

<u>Alcohol.</u> The average age of initiation for alcohol in St. Louis County from 2006 to 2012 was 13.2 years of age, slightly higher than the age of initiation of cigarette use. Among 9th graders surveyed, on average across the County and the years surveyed, about one-quarter had consumed alcohol in the past 30 days. As shown in Table 2, while the percentage of alcohol use in the last 30-days varied over the years, it dropped in all four regions in the 2012 administration.

TABLE 2. Percentage of Students who Consumed Alcohol in Past 30 Days					
	2006	2008	2010	2012	**TOTAL**
North	29.3	26.8	25.1	18.5	**25.0**
Central	32.6	26.1	21.0	17.7	**24.5**
South	33.3	29.0	24.6	15.8	**26.1**
West	28.9	26.0	20.2	15.8	**21.4**
TOTAL	**31.0**	**27.2**	**22.6**	**16.8**	**24.3**

<u>Marijuana.</u> The average age of initiation for marijuana used was 13.1 years of age, comparable to initiation for alcohol. Table 3 shows the percentage of marijuana use in the last 30-days varied over the years but dropped, in some areas dramatically, in all four regions in the 2012 administration. Comparing marijuana and alcohol use, there was a wide disparity in 2006, but that has narrowed over the years.

TABLE 3. Percentage of Students Who Used Marijuana in Past 30 Days					
	2006	2008	2010	2012	**TOTAL**
North	11.6	11.6	17.3	9.5	**17.2**
Central	13.9	10.7	10.8	8.8	**13.9**
South	13.1	10.8	10.9	9.8	**10.5**
West	9.2	9.7	9.3	5.9	**8.8**
TOTAL	**13.1**	**11.8**	**14.0**	**12.2**	**8.9**

<u>Cigarettes.</u> The average age of initiation in St. Louis County from 2006 to 2012 was 12.16 years of age. Regardless of year, 9th grade students in the North region had their first cigarette at an earlier age than those in the West. Regardless of region, age of first use in years 2006 and 2008 was lower than in 2010 and 2012. Between 6 percent and 13 percent of youth reported smoking in the past 30 days, with average use rates in 2012. As shown in Table 4, while the percentage of cigarette use in the last 30-days varied over the years, it dropped in all four regions in the 2012 administration.

TABLE 4. Percentage of Students who had Used Cigarettes in Past 30 Days					
	2006	2008	2010	2012	**TOTAL**
North	11.8	11.6	17.3	9.8	**12.4**
Central	14.0	10.7	10.8	8.9	**11.1**
South	13.2	10.8	10.9	9.9	**11.0**
West	9.2	9.7	9.3	5.9	**8.0**
TOTAL	**12.0**	**10.9**	**12.0**	**8.0**	**13.3**

Depression

Questions about student depression were added to the survey in 2010 and asked in both 2010 and 2012. Students were asked six questions on a 5-point scale ranging from 0 (Never) to 4 (Always). Questions explored overall sadness, grouchiness and irritability, hopelessness for the future, eating and sleeping habits and difficulties with concentration. A composite depression score was created with a score of "0" indicating no depression and a score of "5" indicating significant depression. The average depression scores are presented in Table 5.   In 2012, the average student had a depression score of 1.5. Depression scores in 2012 were slightly lower in the western region. Around 4.8 percent of students indicated that they never had any depressive symptoms, while 4.8 percent of students had depression scores of 3.0 or greater, and 1 percent had a depression score of 4.0.

TABLE 5. Average Depression Scores (Range 0 – 4)			
	2010	2012	**TOTAL**
North	1.62	1.51	**1.56**
Central	1.52	1.57	**1.54**
South	1.55	1.46	**1.51**
West	1.54	1.35	**1.42**
TOTAL	**1.56**	**1.45**	**1.50**

Suicidal Ideation

Questions about suicidal ideation were asked in each of the four MSS administrations since 2006. Students were asked whether they were seriously considering suicide, had made a plan, and if they had actually attempted suicide in the past year.

Seriously Considered Suicide. Around 13-17 percent of students reported that they had seriously considered suicide in the past year. There was an overall decrease in ideation from 2006 to 2012, though from 2010 to 2012, rates for the entire county increased slightly, seen in Table 6. Almost twice as many females (18.3 percent) as males (9.1 percent) seriously considered attempting suicide in the past year.

TABLE 6. Percentage who Seriously Considered Attempting Suicide					
	2006	2008	2010	2012	**TOTAL**
North	14.6	16.6	13.7	15.1	**15.4**
Central	17.5	16.8	11.7	17.2	**15.4**
South	11.8	14.7	10.7	13.5	**13.0**
West	12.8	16.4	14.7	11.6	**13.3**
TOTAL	**14.3**	**16.1**	**12.5**	**13.8**	**14.3**

Planned a Suicide. Around 8-13 percent of the 9th grade students participating in the survey reported having planned a suicide in the past year (Table 7). Overall, rates are lower of those who planned to attempt suicide versus those who considered the act.

TABLE 7. Percentage who Planned Attempting Suicide					
	2006	2008	2010	2012	**TOTAL**
North	13.2	13.0	11.6	11.6	**12.4**
Central	12.6	11.6	8.9	12.0	**11.0**
South	8.4	11.4	8.2	11.0	**10.0**
West	9.2	11.9	10.8	8.0	**9.5**
TOTAL	**10.9**	**12.1**	**9.7**	**10.2**	**10.8**

Suicide Attempts. As might be expected, the percentage of students reporting an attempted suicide was even lower than the percentage that considered or planned it, with between 6 percent and 9 percent attempting in the past year. The reported attempts increased the most in South St. Louis County and were consistently higher in North St. Louis County (Table 8). Whereas the percentage of females who considered suicide was twice that of males (Table 9), females were only slightly more likely to have attempted suicide compared to males (8.1 percent vs. 6.2 percent).

TABLE 8. Percentage who Attempted Suicide					
	2006	2008	2010	2012	**TOTAL**
North	8.7	8.6	7.7	9.1	**8.5**
Central	6.9	6.9	5.8	7.5	**6.7**
South	4.9	5.6	5.8	6.8	**5.8**
West	5.5	5.4	6.0	6.1	**5.8**
TOTAL	**6.5**	**6.9**	**6.2**	**7.2**	**6.7**

TABLE 9. Percentage with Suicidal Ideation by Gender		
	Males	*Females*
Seriously Considered Suicide	9.1	18.3
Planned a Suicide	7.6	12.5
Attempted Suicide	6.2	8.1

1.2. <u>SURVEY OF PRIVATE AND PAROCHIAL SCHOOL STUDENTS</u> - As part of a collaborative effort between the Missouri Department of Mental Health (MO-DMH) and the Department of Elementary and Secondary Education (DESE), all public schools in the state of Missouri are asked to participate in the Missouri Student Survey (MSS) biannually to assess student behaviors, including substance use, depression, suicidal ideation, and bullying. The most administration of the MSS was in 2012.

Since a large number of students in St. Louis County attend private and parochial schools, measuring student behaviors among these students is a necessary component in understanding the needs of all students in St. Louis County. In order to measure these behaviors, students attending private and parochial schools were invited to participate in a shortened version of the MSS. Similar to the sampling methods used in the St. Louis County School Staff Survey, a representative sample of schools was selected from a list of all private and parochial schools in St. Louis County. Due to recruitment challenges, efforts included all private and parochial high schools (grades 9-12) in St. Louis County.

To obtain a sufficient sample size, letters from the Children's Service Fund were sent to the schools principals and head administrators, in addition to the Archdiocese of St. Louis to inform them about the initiative. Phones calls were then made to selected schools and every high school's principal or head administer from July to October 2012. MIMH met with Catholic Family Services to further brainstorm recruitment ideas and assistance. After comprehensive efforts, four private and parochial high schools agreed to participate in the survey. A school from each region participated. These schools were asked to send a consent form home with their students. Any parent who did not want their child to participate in the survey was asked to return the consent form. Surveys were administered online during the school day in November. A total of 1,612 students attended the participating schools, and 1,380 completed surveys for a response rate of 86 percent. The sample was 67.8 percent female[2], with an average age of 15.8 (SD = 1.3). A little over four percent (4.2 percent) of the sample was Hispanic or Latino, 23.3 percent identified as African-American, 71.7 percent as White, 4.6 percent as Asian, 2.9 percent as Alaskan Native or American Indian, 1.2 percent as Native Hawaiian and Pacific Islander, and 3.2 percent as "Other." The majority of the sample identified as heterosexual (93.4 percent); 1.4 percent identified as gay or lesbian, 2 percent as bisexual, and 3.2 percent were unsure.

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[2] For the percentages in this report, the data set was weighted to ensure all grade levels were represented equally. Weights were also applied so that the race and gender distribution of the sample matches census data for teenagers aged 15-19 in St. Louis County.

Substance Use

Students were asked several questions related to substance use, including whether they had ever used substances (cigarettes, alcohol, marijuana, inhalants, prescription drugs (not prescribed by a doctor), over-the-counter medications (OTC) when they are not sick, synthetic drugs, cocaine, heroin, hallucinogens, methamphetamines, club drug and steroids. Findings were as follows (Table 10):

- The most commonly used drug was alcohol, followed by marijuana, prescription drugs, and cigarettes.
- Males used marijuana, prescription drugs and cigarettes more than females. Females used more alcohol than males (Figure 1).
- Illegal drugs are perceived to cause the greatest harm; the least amount of harm is perceived to be related to alcohol and marijuana use (Table 11).

TABLE 10. Percentage of Students Who Used Cigarettes, Alcohol and Other Drugs		
Substance	*Ever Used*	*Used in Past 30 Days*
Alcohol	51.0	27.8
Marijuana	23.2	12.0
Prescription Drugs	12.5	7.0
Cigarettes	14.5	6.0
Over-the-Counter Medications	8.5	4.4
Inhalants	6.1	2.8
Synthetic Drugs	5.2	2.1
Cocaine	2.3	n/a
Heroin	1.5	n/a
Hallucinogens	2.9	n/a
Methamphetamine	1.3	n/a
Club Drugs	2.3	n/a
Steroids	1.5	n/a

FIGURE 1. Percentage of Students Who Used Substances in Past 30 Day by Gender
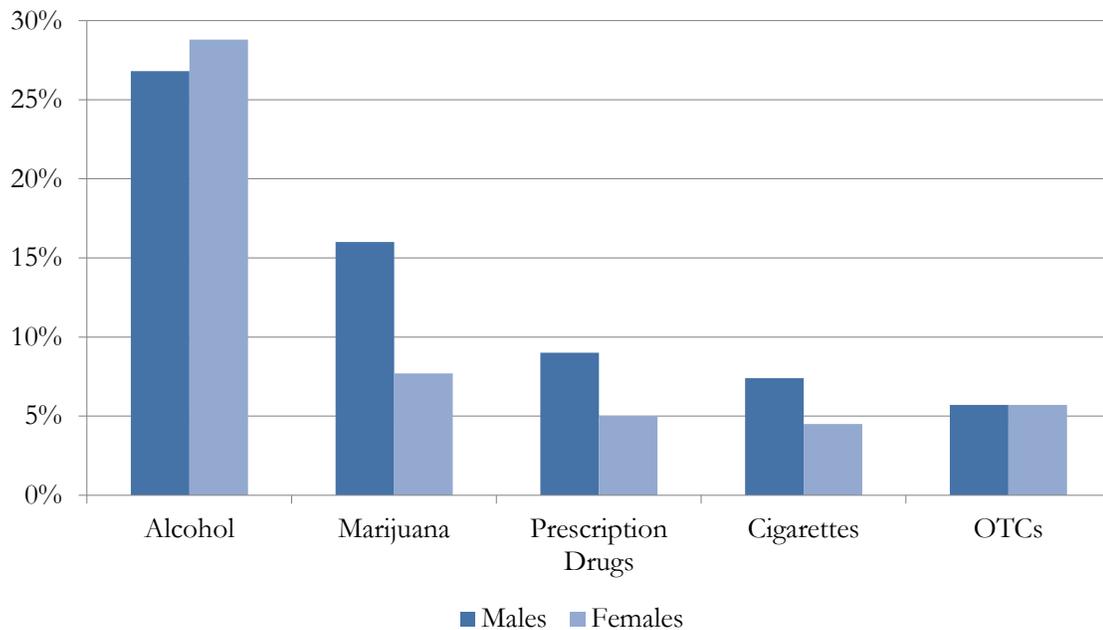
TABLE 11. Perceptions of Harm Caused by Substance Use (Percentage)				
	No Risk at All	*Slight Risk*	*Moderate Risk*	*Great Risk*
Marijuana	18.8	23.5	24.3	33.4
Over the Counter Drugs[1]	9.3	11.9	29.7	49.2
Cigarettes	9.2	10.3	25.7	54.9
Prescription Drugs[1]	8.8	8.1	23	60.2
Other Illegal Drugs[2]	8.4	3.3	7.2	81.2
Alcohol	8.1	29.0	36.4	26.5

[1] Risk of harm from using "prescription drugs that have not been prescribed to them by a doctor" and "over the counter drugs when they are not sick" added to the MSS in 2012.

[2] The question states, "Any other illegal drugs such as cocaine, LSD (acid), methamphetamine (meth.), or club drugs (ecstasy, roofies)".

Alcohol

- More than half of students (51.0 percent) have consumed alcohol at some time in their lifetime; more than one-fourth (27.8 percent) had an alcoholic beverage in the 30 days prior to the survey administration.
- In the past 30 days, 16.8 percent had five or more drinks on same occasion.
- Around half (50.6 percent) had two or more drinks on the days that they drank.
- Only 26.5 percent of youth felt that alcohol use put someone at "great risk", a lower percentage than all other drugs listed.

TABLE 12. Percentage of Specific Behaviors Related to Alcohol Use	
Among those who have ever consumed alcohol. (N=690)	
Had 5 or more drinks on same occasion	16.8
Had less than 1 drink/day	31.2
Had 1 drink/day	18.2
Had 2 to 3 drinks/day	25.6
Had 4 to 5 drinks/day	14.0
Had 6 or more drinks/day	11.0
Drove a car or other vehicle while drinking	11.9
Among all students (N = 1,380)	
Rode in car with someone who had been drinking	21.3

Marijuana Use

- Marijuana is the second most used drug, with 30-day use rates of 12 percent. Almost one fourth of the students surveyed had used marijuana at some time in their life.
- Marijuana use was seen to post "no risk" for 18.8 percent of sample, higher than all other drugs listed.
- Twice as many males as females used marijuana in the past 30 days.

Prescription Drug Use

- Use of prescription drugs without a doctor's permission was the third most commonly used drug, with 7 percent of youth stating that they had used in the past 30 days.
- Around 60 percent of students felt that prescription drug use put someone at "great risk."
- Almost twice as many males as females used prescription drugs in the past 30 days.

Over-the-Counter Drugs

- Over-the-counter drug use was less of an issue than alcohol, marijuana, or prescription drug use. Around half of students felt this drug put them at "great risk."

<u>Inhalant and Illegal Drug Use</u>

- A very small percentage of use responded that they used inhalants or illegal drugs, and a very high percentage felt that illegal drug use was "a great risk."

<u>Cigarette Use</u>

- Cigarette use is not a significant issue for most students. Only a small percentage of students (6.0 percent) currently smoke.
Almost half of students who have ever smoked have subsequently quit.

- A majority of students who smoke (61.4 percent) smoke one cigarette or less per day when they smoke.

- More than half felt that cigarette use was a "great risk."

- More males than females used cigarettes in the past 30 days.

TABLE 13. Percentage of Specific Behaviors Related Cigarette Use	
Among those who have ever smoked (N=197)	
Tried to quit, still smokes	7.8
Smokes, never tried to quit	44.4
Yes, and quit	47.9
Frequency among current smokers:	
Less than 1 cigarette/day	61.4
1 cigarette/day	8.9
2-5 cigarettes/day	16.3
6-15 cigarettes/day	3.6
16 or more cigarettes/day	9.9

Depression

Youth were asked six questions asking about symptoms of depression in the past month.[3] The findings indicate (Tables 14 and 15):

- A majority of students reported feeling irritable at least sometimes in the past month.

- More than half reported difficulty focusing on school work at least sometimes.

- Slightly less than half reported at least sometimes feeling sad or sleeping more or less than usual.

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[3] Orpinas P. Skills training and social influences for violence prevention in middle schools: a curriculum evaluation. Doctoral Dissertation. Houston, TX: University of Texas Health Science Center at Houston, School of Public Health, 1993. (Unpublished)

- The majority of students rarely felt hopeless about their future.

- For the most part, females reported experiencing more depressive symptoms than males. However, males felt "often" or "almost always" hopeless about the future as females.

TABLE 14. Percentage with Depressive Symptoms in the Past Month					
	Never	*Not very often*	*Some Times*	*Often*	*Always*
Were you sad?	19	32.7	31.9	12.9	3.5
Were you grouchy or irritable, or in a bad mood?	9.0	19.3	47.5	20.2	4.0
Did you feel hopeless about the future?	42.8	24.9	19.9	8.3	4.1
Did you feel like not eating or eating more than usual?	39.8	22.8	20.9	10.9	5.6
Did you sleep a lot more or a lot less than usual?	33.8	29.8	20.6	9.8	6.1
Did you have difficulty focusing on your school work?	15.5	28.8	31.2	15.6	9.1

TABLE 15. Depressive Symptoms in the Past Month by Gender (Often & Always)		
	Male	*Female*
Were you sad?	12.4	20.7
Were you grouchy or irritable, or in a bad mood?	18.4	30.7
Did you feel hopeless about the future?	11.0	13.9
Did you feel like not eating or eating more than usual?	12.6	20.9
Did you sleep a lot more or a lot less than usual?	13.3	18.8
Did you have difficulty focusing on your school work?	21.9	28.0

Suicidal Ideation
Students were asked several questions related to suicidal ideation and self-harm.
- Around one in ten students seriously considered suicide in the past 12 months. The percentage of females who considered suicide was slightly higher than males (11.6 percent vs. 8.6 percent).
- Around one in twenty made a plan. Slightly more female than males reported making a plan.
- Around 3 percent attempted suicide. Females were *slightly* more likely than males to attempt suicide.
- Males were more likely to report that their suicide attempts resulted in injury. Among males who attempted suicide, injuries occurred among about two-thirds. Among female attempters, only one-third report injuries.

TABLE 16. Percentage Who Expressed Suicidal Ideation	
	Total
Considered suicide in past 12 months	10.1
Planned suicide in past 12 months	5.4
Attempted suicide in past 12 months	3.0
Attempted suicide in the past 12 months, resulting in injury	1.5
Harmed Oneself on Purpose	13.3

FIGURE 2. Suicidal Ideation by Gender
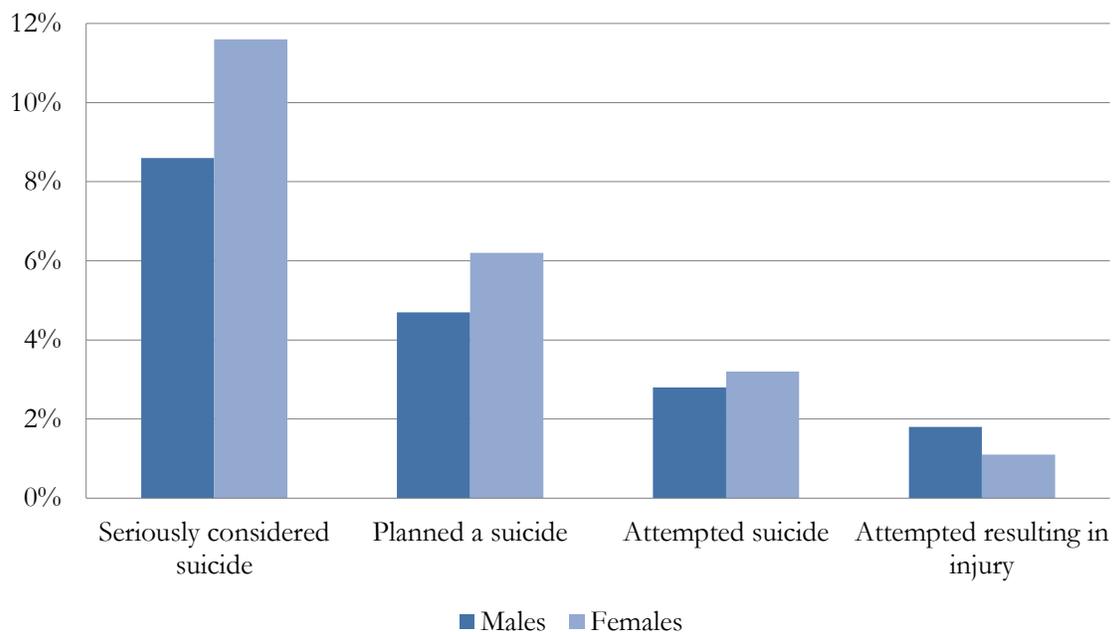
Self-Harm

Students were asked whether they had ever harmed themselves "on purpose in a way that was deliberate but not intended as a way to take their life. They were also asked what means they used to self-harm.

- 13.3 percent of student engaged in self-harming behavior at some time in their life.
- Self-harm was more common among females than males.
- Cutting, scratching, or hitting oneself was the most commonly reported type of self-harm for both sexes.

- Swallowing medicine was the second most common form of self-harm among females, and using alcohol or drugs was the second most common among males.

TABLE 17. Percent Type of Self-Harm (Harmed Themselves Intentionally, N = 180)[4]			
	Female		Total
Cut, scratched or hit myself on purpose to hurt myself	63.8	84.7	76.1
Swallowed more medicine than a doctor told me to take to hurt myself	17.4	21.6	20.0
Used drugs or alcohol to hurt myself	26.1	18.9	22.2
Swallowed something on purpose that was not food, drink or medicine in order to hurt myself	15.9	2.7	7.8
Other	40.6	21.6	28.9

Bullying

Students were asked how many times they were bullied by others, as well as how many times others were bullied by them. Findings indicate:

- Most students have never hit, shoved, or pushed another student or embarrassed a student via internet or cell phone. Likewise, most students say they have never been hit, shoved, or pushed by another student, or been embarrassed by others via cell phone or internet.
- On the contrary, a majority of students (almost 80 percent) report making fun of another student at least once, and almost two-thirds report being made fun of by others at least once.
- Almost a third of students (36.7 percent) report spreading mean rumors or lies about others at school at least once. A little less than half of students (44.4 percent) report having rumors or lies spread about them at least once.
- Males were more likely than females to physically bully another student by hitting, pushing, or shoving them. They were also more likely to be physically bullied.
- Females were somewhat more likely than males to embarrass or hurt another student via cell phone (a quarter of females have done this versus about 18 percent of males).

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[4] Students could check more than one response

		Never	1-2	3-5	6-9	10 or more[5]
By you	Hit, shoved or pushed another student and were not just fooling around	83.1	9.3	2.7	1.7	3.3
	Spread mean rumors or lies about others at school	63.3	22.4	7.2	3.3	3.7
	Made fun of other people	22.9	27.8	16.8	11.2	21.4
	Embarrassed or hurt another:					
	Through the internet	78.9	13.5	3.1	1.2	3.3
	Through cell phone	79.3	11.7	4.4	1.9	2.7
To you	Been hit, shoved or pushed by another student who was not just fooling around	84.6	9.7	2.8	1.1	1.7
	Mean rumors or lies spread about you at school	55.6	26.2	9.1	4.0	5.1
	Made fun of by others	34.9	28.7	16.2	7.6	12.6
	Embarrassed or hurt by another:					
	Through the internet	80.9	12.7	2.8	1.3	2.2
	Through cell phone	81.5	10.9	3.3	1.9	2.3

TABLE 18. Percent of Emotional & Relational Bullying Incidents in the Past 3 Months (N = 1,380)

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[5] Multiple response options were collapsed to create the column "10 or more"

FIGURE 3. Percent of Males and Females Bullying another Student in the Past 3 Months
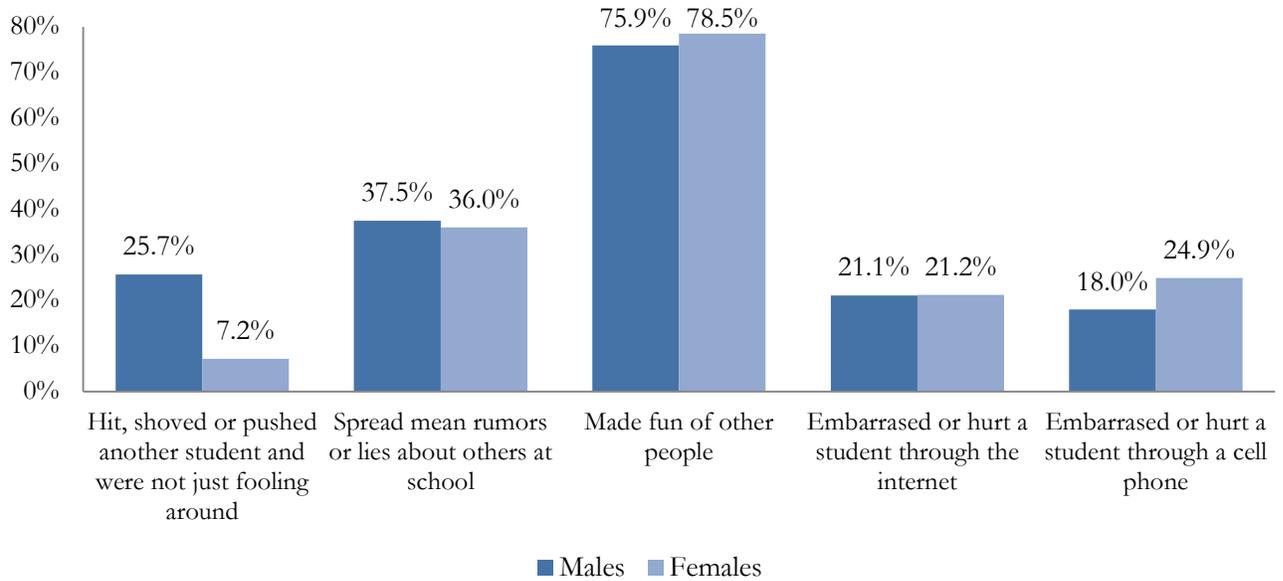
FIGURE 4. Percent of Males and Females Bullied by another Student - Past 3 Months (N = 1,380)
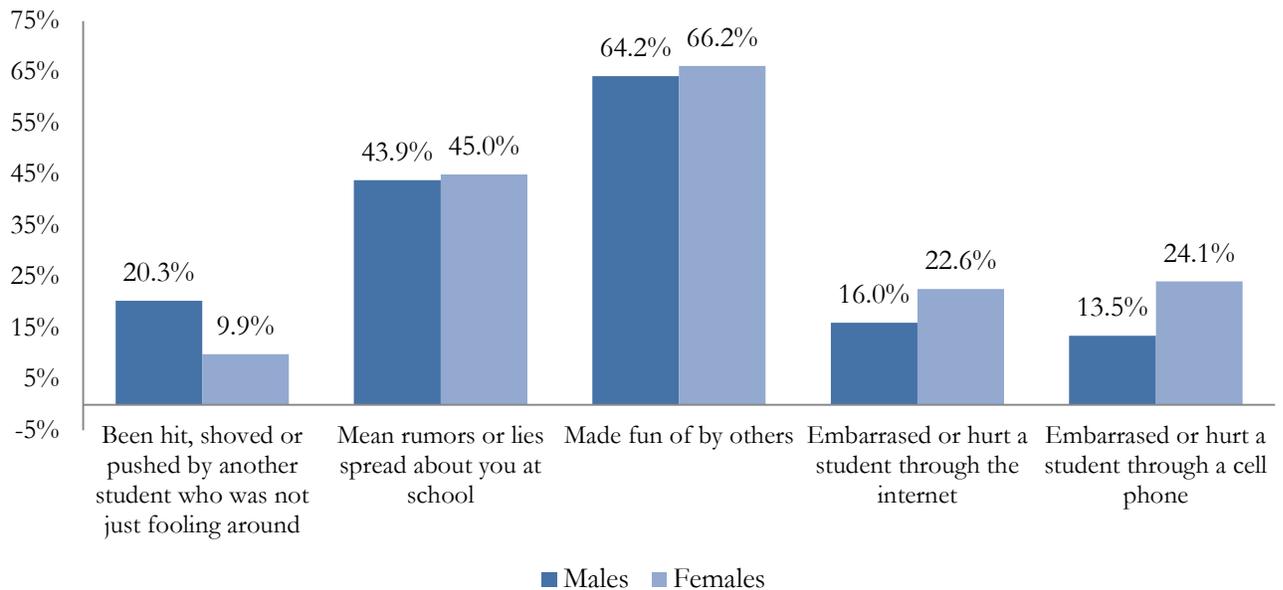
Physical Aggression & Experience with Weapons

Students were also asked about their experiences with physical fights and weapons. The findings are as follows:

- A large majority of students have never been in a physical fight, and only about 3% have been injured in a fight.
- A little more than 1 in 20 students (5.7 percent) have been threatened or injured with a weapon on school property. More than half (54.4 percent) of those threatened have been threatened multiple times.
- Only 2.8 percent of students report carrying a weapon on school property. Of those that did report carrying a weapon, almost half (46.4 percent) carried the weapon to school on more than 6 days out of the last 30.
- Four out of five students who carried a weapon on school property at least once were male.

TABLE 19. Frequency of Fighting/Being Threatened/Injured with a Weapon past 12 months				
	0 times	*1 times*	*2 or 3 times*	*4 or more times[6]*
In a physical fight	83.6	8.3	3.5	4.6
Injured in a physical fight (required medical treatment)	97.0	0.6	0.4	2.0
Threatened/Injured with a weapon on school property	94.3	2.6	0.9	2.3

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[6] Multiple response options were collapsed to create the column "4 or more times"

FIGURE 5. Percent of Males and Females who were in a Physical Fight, Injured in a Physical Fight, or Threatened with a Weapon at Least Once
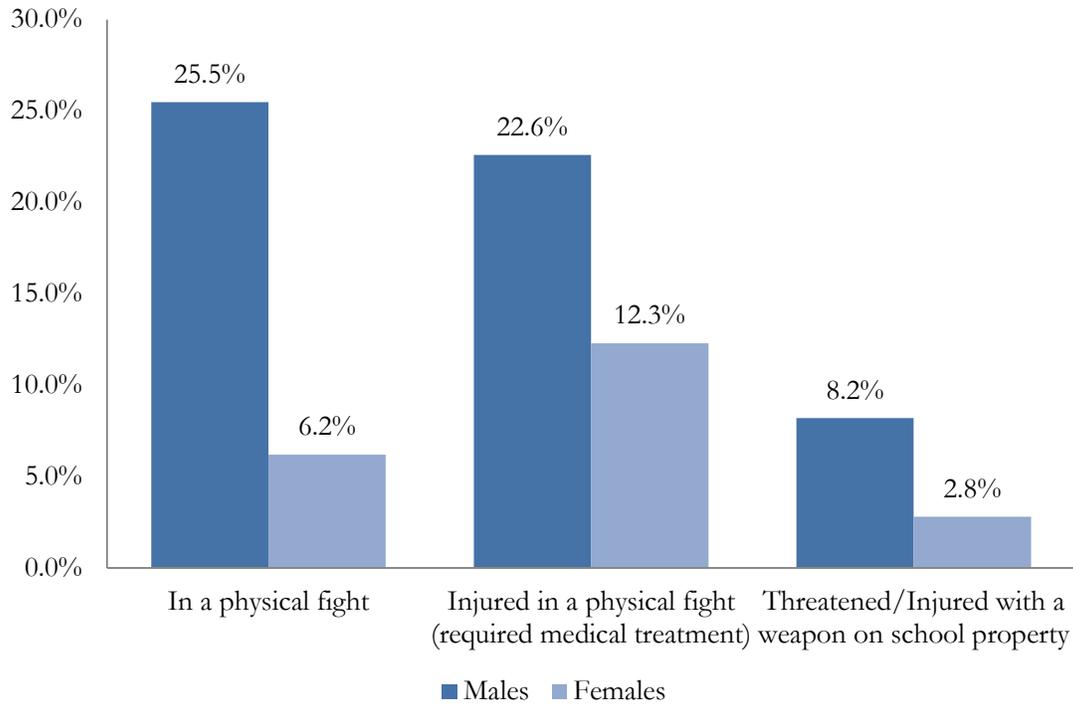
TABLE 20. Frequency of Carrying Weapons in the Past 30 days					
	0 days	*1 day*	*2 or 3 days*	*4 or 5 days*	*6 or more*
Carried a weapon (gun, knife, club) on school property	97.2	0.9	0.5	0.1	1.3

Rebellious & Defiant Attitudes

Finally, youth were asked questions designed to assess their tendencies towards rebelliousness and defiance, both of which have been shown to be highly related to substance use. The findings are as follows:

- While the majority of youth did not report rebellious and defiant attitudes, more than a third (39.1 percent) of the youth strongly agreed or agreed that fighting back is acceptable if one is provoked.

- Stealing was least accepted, with only 6.1 percent of youth agreeing or strongly agreeing that it is okay to take something without asking.

- A large majority (83.4 percent) agreed it was important to be honest with one's parents, even if they become upset or it results in punishment.

- Almost 1 in 5 students reported ignoring rules that get in their way, and almost 1 in 10 said that they do the opposite of what people say to do, just to get them mad.

- Males were much more likely than females to agree that it is all right to beat up people if they start the fight. More than half of males agreed with this statement compared to 1 in 20 females.

- Slightly more males than females agreed that they ignore rules that get in their way, that it is okay to take something without asking if you can get away with it, that they do the opposite of what people tell them to make them mad, and that sometimes it is okay to cheat at school.

- A large majority of both males and females believed that is important to be honest with one's parents, although females were slightly more likely than males to agree with this statement.

TABLE 21. Percentage of Rebellious and Defiant Attitudes				
	Strongly Disagree	*Disagree*	*Agree*	*Strongly Agree*
I ignore rules that get in my way.	29.0	51.7	16.0	3.3
It is all right to beat up people if they start the fight.	33.6	27.3	26.9	12.2
It is important to be honest with your parents, even if they become upset or you get punished.	4.1	12.5	50.7	32.7
I do the opposite of what people tell me, just to get them mad.	43.0	47.8	6.9	2.4
I think it is okay to take something without asking if you can get away with it.	58.8	35.2	3.8	2.3
I think sometimes it is okay to cheat at school.	43.2	37.3	15.0	4.4

FIGURE 6. Percent of Males and Females Who "Strongly Agree" or "Agree" with Statements Assessing Rebellious and Defiant Attitudes
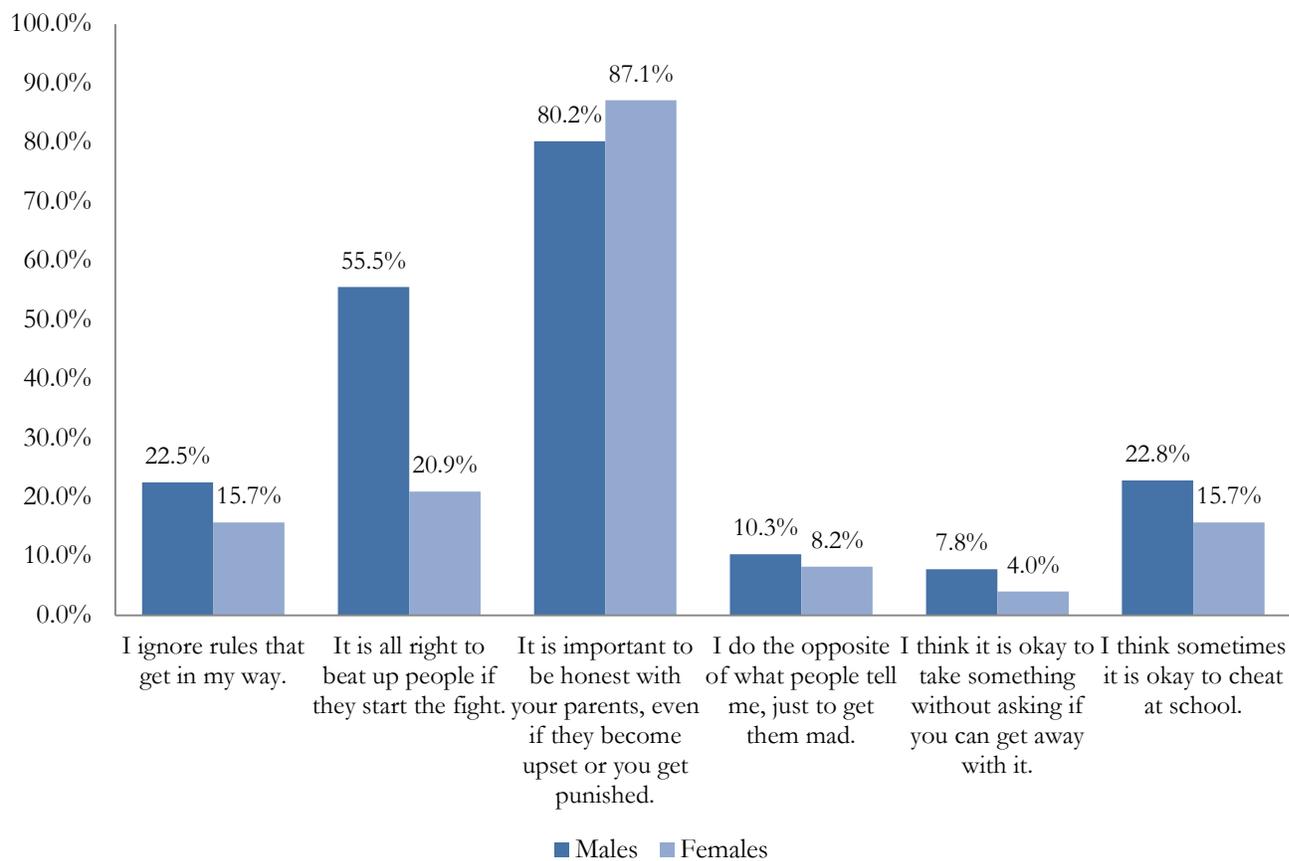
1.3. <u>STUDENT FOCUS GROUPS</u>

Design

Ten focus groups were held with youth who attend educational programs in St. Louis County to determine youth's knowledge of mental health issues and treatment options. To facilitate focus groups, a request was sent through the mail and with a follow-up phone call to 8 school districts in St. Louis County. Once contact was made, project staff met with school personnel in each district to facilitate the recruitment and implementation process. Six of the 8 contacted school districts agreed to participate for a 75 percent district participation rate; Parkway and Rockwood school districts declined to participate. In addition, youth from County Youth Programs (CYP) were also recruited. Focus groups were conducted at 3 middle schools, 5 high schools, and 2 CYP program sites. For consistency, a trained facilitator who works extensively with various youth populations conducted all groups. Each focus group was audio taped and the audio file was transcribed by a professional service.

Participants

Youth were recruited through counselors or social workers within each targeted site. The contact person ensured that only youth with parental consent were allowed to enter the group setting. Youth and their parents were required to provide assent and consent before youth were allowed to participate in a focus group. A total of 122 youth participated in the 10 focus groups conducted. Youth were given a $25 gift card and a snack for the 2-hour commitment.

TABLE 22. Youth Participation by Area and School District			
Area	*District*	*Program*	*N of Youth*
North	Hazelwood	High School	13
		County Youth Programs	27
	Normandy	High School	5
Central	Ritenour	Middle School	12
	Kirkwood	High School and Middle School	19
South	Mehlville	High School	20
	Bayless	High School and Middle School	26
West	--		--

Measures

Prior to the start of each group, youth completed a brief questionnaire that consisted of demographic items and 11-items that assessed youth perceptions of mental illness and their own willingness to engage with individuals who have a mental illness. The perception items were based

on a 4-point Likert-type scale of "Strongly Agree" to "Strongly Disagree". The willingness items were based on a 4-point Likert-type scale of "Definitely Willing" to "Definitely Unwilling". The focus group discussion guide included 13 core questions that were used to generate discussion about knowledge of mental health, help-seeking for mental health, mental health awareness in others, service utilization and barriers, and perspectives on the approach for mental health information dissemination. A final question explored by the facilitator asked youth what they would do if they had unlimited funds that could be used for mental health awareness and services.

Demographics

The 122 youth ranged in age from 11 to 23 (M=15.69; SD=2.64). Youth were predominately female (61 percent) with a smaller percentage of males (39 percent) participating. Youth were relatively equal on race and ethnicity as 39 percent reported being African American, 43 percent as Caucasian and 15 percent designated "Other". It should be noted that while at least 10 percent of the sample was Bosnian as denoted by their school counselor, only 1 youth specified this designation. According to the school counselor, these youth view themselves as Caucasian.

Youth were in grades 6th through 12th with 7 percent indicating GED participation and 10% did not provide grade level data.

Mental Health Status

Youth were asked "Have you ever been told by a doctor that you have a mental health problem?" A small percentage of the youth (17 percent) indicated that they had. Having a doctor diagnosis a mental health problem did not differ based on gender but twice as many African Americans (28 percent) compared to Caucasians (12 percent) reported that they had been told this by a doctor. Youth were also asked: "Are you currently taking medications for mental health problems?" Only 13 percent of the youth reported that they were taking medications for mental health problems. Taking medications for mental health problems did not differ by gender but again African American youth (21 percent) report higher percentages than Caucasian youth (10 percent).

Perceptions of Mental Health

The following table indicates youth's agreement with perception statements regarding mental health. The majority of youth agreed that receiving mental health services is something that people look down upon; people will see a person in a less favorable way if they come to know they received mental health services; and people tend to think less of those who receive mental health services. However, only a small percentage of youth (16 percent) agreed that receiving mental health services for emotional or interpersonal problems is a sign of personal weakness.

There were no racial or gender differences indicated; however, as age increased the agreement that people will see a person in a less favorable way if they come to know they receive mental health services decreased (r =-.21; p=.02). Thus youth appear to mature about their perceptions of the value of mental health services.

TABLE 23. Perceptions on Mental Health	
Perception	*Percent Agree or Strongly Agree*
• Receiving MH services is something people look down upon.	63
• Receiving MH services for emotional or interpersonal problems is a sign of personal weakness.	16
• People will see a person is a less favorable way if they come to know they received MH services.	56
• It is advisable to hide from people that one has received MH services.	26
• People tend to think less of those who receive MH services.	67

Willingness to Engage

A little more than half of the youth report that they are definitely willing to have a conversation with someone who has a mental illness and to maintain a friendship with someone who has a mental illness. Less than half of the youth report a willingness to work closely with someone who has a mental illness; to live next door to a person who has a mental illness; and to let people know that someone in their family has been diagnosed with a mental illness. Very few youth indicate that they are definitely willing to have someone with a mental illness babysit children.

There were no racial differences in willingness to engage but there were gender and age differences. Female youth were more willing to have a conversation with someone who has a mental illness than were male youth (t=2.71; df=120; p=.01). Female youth were also more willing to work closely with someone who has a mental illness (t=-2.03; df=119; p=.05).

As age increased, so too did the willingness to let people know that someone in the family had been diagnosed with a mental illness (r=.33; p=.00). Thus youth appear to develop more openness to discuss mental illness as they age.

TABLE 24. Willingness to Engage with those who have Mental Health Issues	
Activity	*Percent Definitely Willing*
• To have a conversation with someone who has a mental illness.	54
• To work closely with someone who has a mental illness.	42
• To maintain a friendship with someone who has a mental illness.	52

• To live next door to a person who has a mental illness.	45
• To let people know that someone in your family has been diagnosed with a mental illness.	39
• To have someone with a mental illness babysit children.	9

Focus Group Discussion Themes

1.)   What is mental illness? FOLLOW UP: What are some of the words you or your friends and family use to describe a person with a mental illness?

The majority of students all answered with similar words such as sick, disability, mental disability, retardation, slow, crazy, challenged, chemical imbalance in the brain, ignorant, dumb, weird, different, loss of sanity, OFF, psycho, stupid, strange, scary, *schizophrenic*, special, brain doesn't function normally, dysfunctional, and bipolar.

Others added words such as unorthodox, confused, lost, unusual, illiterate, hysteria, and delusional.

2.)   How would you know if a friend had a mental health problem?
Youth answered they would be able to tell because they know how they're friends normally behave. Many stated they would be able to tell early on because their friends might seem depressed and withdrawn, and would not seem like their normal selves. Others thought for some friends it may be more difficult to pick up on it because some people mask their troubles well.

3.)   Do you think substance abuse such as alcohol abuse or crack cocaine abuse is a mental health issue?
Some youth answered yes, while others thought it was not. Those who thought it was not thought it may be a copout or excuse and a way to avoid dealing with other issues in one's life. Some youth believe that substance abuse is a choice that people can simply make their minds up to change.

4.)   If someone you knew needed help with a mental health problem, where would they go to receive that help?
Students suggested hospitals, therapists, counselors, family members, and organizations that help those with mental health issues such as churches or other community based places.
There was some indication that youth believed in a spiritual resolution to mental health issues and stated that they would depend on God to take care of the problem. However, there were other youth who were adamant that they would <u>not</u> talk to anyone in the religious community because they would not understand their problems.

Where do you learn about mental health issues? Family, school, television/movies, the internet? Students learned from classes at school, such as health and psychology. Though it was noted that health classes are required but neither students nor teachers take the courses seriously.

Some students say they learned from firsthand experience with family and friends. Others learned from health care professionals, the internet, movies, and television programs that dealt with mental illness.

5.)   If you thought you had a mental illness or a mental health problem, who could you tell?

Students said parents, siblings, teachers, family members, someone at school, or other trusted adults.

Interestingly, one student noted that youth often get the message that they should talk to a trusted adult, but no one ever tells the youth what they should say to that adult to let them know that they are having a problem.

6.)   Do you feel that existing programs to help youth with mental health problems work?

Most believed the existing programs were not as helpful as they could be. Some thought they were alright, but agreed improvements to address youth concerns would enhance overall effectiveness.

Youth's views on the effectiveness of school-based assistance were mixed. Some youth who have utilized counselors or school programs thought they were helpful. Other youth indicated that when they try to utilize counselors, the counselors make it worst as they don't know the best way to handle situations. Youth thought counselors were more concerned with administrative aspects of help seeking such as hall passes rather than focusing on providing assistance. Youth also report counselors are never in their offices or counselors who make participating in programs an ultimatum for staying out of juvenile custody.

7.)   Have you witnessed or do you know of someone who was bullied because they had a mental health issue? What about online bullying of these individuals?

Some answered yes, stating they witnessed or were bullied themselves. These youth report a great deal of mocking and mistreatment of youth who have a mental illness.

Others answered no, because they have no firsthand knowledge of someone else being bullied.

8.)   What are some of the reason people probably wouldn't seek help if they had a mental illness or a mental health problem?

Most answered reasons such as shame, fear of being judged, not trusting others, feeling embarrassed, and some may not be sure where to go for help. Others thought some people with mental health issues may not be aware they have issues and may not seek services for that reason.

9.)   If a friend were depressed, not just sad, how would you know it?

Students answered mood changes, lack of interest in usual activities, facial expressions, such as sad expressions, and demeanor.

10.)   When a young person goes to see a mental health professional, who covers the cost of such care?

Students answered insurance, the government, and their parents. Some answered health care services such as free clinics or services such as Medicaid covers the cost.

11.)   How would you feel about a service that allowed you to text or receive a text from someone with a mental health issue?

Some youth liked the idea of a text message. They thought it would be easier, helpful, convenient, and there would be less judgment involved as compared to face to face encounters.

Other youth questioned the non-personal nature of texting. They called some text messages "dry texting," where one letter words comprise the message. They thought this may alter the overall impact and seriousness of the message.

Some youth expressed concerns with messages that were too long or misdirected, or sent on a daily basis.

12.)   If there were a website that provided information on mental health issues, would you use it to get that information?
Most answered yes, and thought it would be a useful tool. Some wanted it to be on main stream search engines such as Google's top charts.

14) What would you do if you had funds to provide mental health awareness or services?

A consistent theme across each school district was having a therapist available for youth to really talk to about their problems and wouldn't be there to just prescribe medication.

Many youth noted that they would institute a peer-level system. Youth felt that these peers could be trained as peer buddies or onsite peer mentors who would be available to talk to youth, especially if these youth were dealing with similar issues.

Youth also mentioned having a place that youth could go (youth center, fun place) for assistance that was away from school and that did not have any visible signs out front indicating what services were being provided.

Technology was another approach that youth would use to reach other youth. Youth mentioned social media, television advertisements, and websites that could be useful in getting the word out about mental illness.

Youth also noted that fliers, billboards and going door-to-door could be an approach to increasing awareness at school and in the community.

Several youth mentioned wanting to have more seminars and workshops at school that were done on a smaller scale (small classes) and utilized people with mental health issues who could speak about their personal experiences.

SECTION 2: NEEDS AND PERCEPTIONS OF ADULTS

2.1. SCHOOL STAFF - From July to September 2012, school staff in public and private schools in St. Louis County were surveyed regarding their perceptions of the most significant student behavioral health needs, the adequacy of services available in the schools to address these needs, staff confidence in identifying and managing behavioral health issues, barriers within the schools to assisting students with these concerns, and their own willingness to associate with persons with mental illness.

A representative sample of schools was drawn from a list of all public and private schools in St. Louis County that is reflective of the total number of schools allowing for the ability to draw inferences about subpopulations. Schools were selected for participation through a combination of area probability (north/south/east/west) and stratified random sampling techniques based on school type (public and private), size of school (number of student per grade and total enrollment) and school level (grades served). The original sampling plan was comprised of 56 schools total, 25 private schools and 31 public schools. Thirteen to 15 schools were selected per region. In the case that a selected school was unable to participate, an alternative school with similar demographic

characteristics was selected. Staff at all grade levels was asked to participate in the survey (early childhood through twelfth grade).

To recruit school staff to participate in the survey, telephone calls were made to each principal or head administrator in the random sample. To increase response rate, superintendents from each district were also sent an email asking them to have their staff complete the survey. A total of 34 schools/districts participated in the staff survey (16 private and 18 public). All staff with regular contact with students was eligible to take the survey. A total of 1,018 staff participated in the survey that was representative of the student population in each area with the exception of the West, where two large school districts declined to participate in the survey. Table 25 displays the number of surveys completed in each region. Of the surveys completed, 79.8 percent of the participants were female, 84.8 percent were White, and the majority of respondents were teachers (62.7 percent) (see Appendix A, Table 1).

TABLE 25. Number of Surveys by Region					
Region	Private	Public	Total	Actual Distribution	Targeted Distribution
Central	69	184	253	25.8%	22.2%
North	39	363	402	41.1%	26.0%
South	35	207	242	24.7%	19.9%
West	46	35	81	8.3%	31.8%
TOTAL	**189**	**789**	**978**	**100.0%**	**100.0%**
Public/Private %	19.3%	80.6%			

Survey Instruments

The school staff survey was created to examine school staff's perception of: (1) perceived student needs; (2) awareness of community services; (3) barriers to linking services; and (4) perceptions of stigma that may inhibit help-seeking. A review of the literature helped to define the final 120 items on the 120 item survey (see Appendix A, Table 2 for a list of constructs, response options and sources).

Perceived student needs To examine students' needs, three scales used in previous needs assessments were modified (Walter, H. J., Gouze, K. & Lim, K. G., 2006; Cohen, E. & Angeles, J.,

2006). To assess the severity of different problems in their schools, participants were asked to rate 25 items on a 4-point scale ranging from 4 (very big problem) to 1 (no problem). On a 4-point scale ranging from 4 (strongly agree) to 1 (strongly disagree) participants were asked 10 questions about issues that may limit their ability to do their job. Another set of 19 items was asked to determine how important a range of resources related to student behaviors would be for their school. Responses ranged from 4 (very important) to 1 (not important).

Adequacy of existing services   To determine the adequacy of existing services, staff's awareness of community resources was assessed on 10-items with a 4-point scale ranging from 4 (very adequate) to 1 (not at all adequate); these questions were also modified from surveys used in other needs assessment (Walter, H. J., Gouze, K. & Lim, K. G., 2006; Cohen, E. & Angeles, J., 2006).

Existing school-based services School staff was instructed to check the types of programs currently in place in their schools from a list of 10. Specifically, staff was asked about substance use prevention, bullying prevention, coping with divorce, violence prevention, chronic absenteeism prevention, suicide prevention, sex education, abuse/neglect prevention, social/emotional skills training, and homelessness prevention.

Barriers to linking service To examine barriers staff members encounter when addressing mental health problems in school, 12 items derived from a previous needs assessments were modified and added to the online survey (Walter, H. J., Gouze, K. & Lim, K. G., 2006).   The items assessed the barriers to solving mental health problems on a 4-point scale ranging from 4 (major barrier) to 1 (not a barrier).

Confidence in identifying and managing student issues A 21-item modified scale based on a scale developed by Walter et al. (2006) assessed staff's confidence in identifying and managing student issues on a 5-point scale ranging from 5 (extremely confident) to 1 (not at all confident).

Perceptions of stigma A modified version of the Social Distance Scale (SDS) (Gureje, O., Lasebikan, V. O. & Ephraim-Olwanguga, 2005) comprised of 5 items on a 4-point scale ranging from 4 (definitely willing) to 1 (definitely unwilling).

An open-ended question was asked to see if staff had recommendations for improving mental health services for students and families at their school.

- <u>Problem Severity</u> School staff was asked to identify the most serious problems in their school. The most frequent responses were 1) students being disrespectful to each other, 2) divorce/parental conflict, 3) disruption in the classroom, 4) students coming to school unprepared to learn, and 5) hyperactive behaviors in the classroom. Staff in private schools identified divorce/parental conflict and student stress to be the two greatest problem areas. Staff in the northern region of the county reported greater problem severity than other regions. Drug, alcohol and cigarette use, as well as gang activity, were not perceived to be as problematic.

- <u>Importance of School Services</u> Parent training programs about effective behavior management strategies and identifying students with social, emotional, or behavioral problems were seen to be very important by a majority of school staff. Mental health related services, including clinical referral for students with severe social, emotional, or behavioral problems, and ongoing opportunities for students to receive mental health counseling, were also seen as very important for a majority of school staff. School-wide positive discipline programs and bullying prevention programs were also very important.

- <u>Adequacy of Community Behavioral Health Resources</u> Around 20 percent of school staff felt that resources outside of their schools addressing student behavioral health issues were extremely or very adequate. Resources were perceived to be least adequate for addressing inconsistent attendance and violent student behaviors. Notably, around one third of all school staff did not know if services were adequate. Teachers were more likely to report there were fewer resources than principals.

- <u>Existing School-Based Programs</u> Bullying programs were the most prevalent programs, with over 62 percent of staff indicating that their school offered those services. Around half of all staff mentioned that social/emotional skills' training was available. Less available were services to address homelessness, programs to address abuse and neglect, violence prevention programs, and chronic absenteeism prevention programs. Interestingly, there was a discrepancy between the percentage of staff who indicated their school had a bullying prevention program and those who said they had violence prevention programs.

- <u>Barriers to Addressing Mental Health Needs</u> Lack of time was the biggest barrier in all regions except the north, where parental involvement was perceived to be a greater obstacle. Lack of training and information and parental involvement were also significant barriers. Principals felt that a lack of sufficient resources for student support services at school, student problem severity and a lack of mental health problems were also significant barriers. Parent involvement was perceived to be a bigger obstacle among teachers compared to

principals. Private school staff generally felt that there were fewer barriers compared to public school staff.

- Identification of Behavioral Health Issues Staff felt least confident in identifying a student with suicidal thoughts, with more than one-third indicated that they felt not very or not at all confident. Confidence in identifying students with stress reactions related to trauma and alcohol and drug problems was also low. Private school staff generally felt less confident identifying students with behavioral health issues than public school staff, and teachers felt less confident than principals.

- Management of Behavioral Health Issues Staff felt least confident about managing students with suicidal thoughts and working with students with alcohol or drug problems. Around two-thirds of all staff felt not very or not at all confident in their ability to manage those issues. A majority also felt not very or not at all confident in working with students physically dangerous to others and those with stress related to trauma.

- Stigma Mental health stigma among school staff was very low, with almost all indicating that they would be very or somewhat willing to have a conversation with, develop a friendship with, working closely with and live next door to someone with a mental illness. They were less willing to tell others that a family member had a mental illness or to allow someone with a mental illness to babysit their child. Comparing stigmatizing attitudes of school staff to parents contacted in the telephone survey, parents were more stigmatizing than school staff against living next door to someone with a mental illness or letting others know if one of their family members had a mental illness.

Survey Results

The survey assessed the extent to which school staff felt that the listed behaviors were problems facing their schools, their confidence in identifying and managing the identified problem behaviors, the adequacy of resources to address the problem, current programs available in the schools, and barriers to addressing behavioral health issues. The overall distribution and average scores by region (central/north/south/west) is presented below; average scores for the total sample and major subgroups (public/private, teacher/administrator, and early childhood education/elementary/middle/high schools) are presented in Appendix A, Table 3. Averages (mean scores) were calculated for survey items that utilized a Likert-type scale to examine similarities and differences between and within groups of interest.

<u>Problem Identification</u>

Staff was asked to indicate the seriousness of behavioral health issues ranging from disrespectful behaviors to substance use and child abuse/neglect. Response options ranged from 4 (very big problem) to 1 (no problem). Table 26 below presents the distribution of responses for each item; average scores for the total sample and major subgroups (Central/North/South/West, public/private, teacher/administrator, and early childhood education/elementary/middle/high schools are presented in Appendix A, Table 3.

- The most serious problems were students being disrespectful to each other, divorce/parental conflict, disruption in the classroom, students coming to school unprepared to learn, and hyperactive behavior in the classroom.
- The least severe problem areas were gang involvement, drug use, cigarette smoking, and student destruction of school property.
- Divorce/parental conflict is perceived to be the most serious issue in three of the four regions.
- The northern region reported greater problem severity than other regions. The greatest problem areas in the *North* were disrespect (both to other students and teachers) and lack of preparedness for school. In the *Central* region, issues also include student stress and hyperactivity. The *East* region had the greatest issues with disrespect and hyperactivity, whereas in the *West*, the most significant issue was divorce/parental conflict.
- In private schools, divorce/parental conflict and student stress were the two greatest problem areas identified. Generally, staff in these schools ranked problems to be less severe compared to public school staff.
- Generally speaking, teachers and administrators identified the same issues to be most problematic. However, overall, teachers felt that behavioral health issues were more problematic than administrators, particularly in the areas related to classroom behaviors. Areas that administrators recognized to be more problematic included behaviors related to family issues, including substance use of a family members, child abuse and neglect and domestic violence.
- For the most part, problems were seen to be more severe among high school students with the exception of bullying (higher in middle school), hyperactivity and classroom disruption (both higher in ECE centers and elementary school).

TABLE 26. Problem Severity - Percent					
Item	Very Big Problem	A Big Problem	A Small Problem	No Problem	Average
Students being disrespectful to each other	20.9	30.7	43.3	5.0	2.7
Divorce, parent conflict	15.0	39.5	42.1	3.4	2.7
Students disrupting the classroom	18.9	27.6	46.9	6.6	2.6
Students coming to school unprepared to learn	18.3	28.3	45.7	7.7	2.6
Student displaying hyperactive behavior in the classroom	13.9	34.2	47.3	4.6	2.6
Students feeling stressed a lot of the time	12.6	32.0	47.0	8.3	2.5
Students being disrespectful to teachers and other staff	20.1	21.0	48.5	10.5	2.5
Students arguing with each other	12.9	24.3	52.8	10.0	2.4
Students bullying each other	9.5	26.9	55.3	8.2	2.4
Students feeling depressed a lot of the time	7.1	25.3	54.9	12.7	2.3
Students' responses to experiencing trauma (abuse/neglect, disaster)	7.0	21.4	53.0	18.6	2.2
Chronic absenteeism	8.9	15.6	50.4	25.2	2.1
Students threatening each other	6.6	16.5	53.5	23.4	2.1
Substance abuse by family member or caretaker	6.4	17.5	53.9	22.2	2.1
Child abuse/neglect	4.8	15.1	58.7	21.4	2.0
Students engaging in risky sexual behavior	6.3	17.8	35.1	40.7	1.9
Student homelessness	4.5	12.3	52.5	30.7	1.9
Students using marijuana	8.5	15.3	29.7	46.5	1.9
Domestic violence	4.5	11.8	54.9	28.8	1.9
Students drinking beer, wine, or liquor	5.2	14.9	31.8	48.1	1.8
Students destroying school property	2.9	8.6	46.7	41.9	1.7
Students smoking cigarettes	2.5	9.5	36.2	51.7	1.6
Students bringing drugs or alcohol to school	2.7	9.6	33.3	54.4	1.6
Students using drugs (cocaine, meth, heroin)	3.3	7.9	29.1	59.6	1.5
Gangs recruiting students	1.3	4.3	23.8	70.6	1.4

TABLE 27. Problem Severity by Region					
Item	*Total*	*Central*	*North*	*South*	*West*
Students being disrespectful to each other	2.68	2.38	3.07	2.45	2.32
Divorce, parent conflict	2.66	2.55	2.77	2.68	2.45
Students disrupting the classroom	2.6	2.29	3.05	2.3	2.12
Students coming to school unprepared to learn	2.58	2.41	2.83	2.42	2.32
Student displaying hyperactive behavior in the classroom	2.58	2.24	3.03	2.36	2.01
Students feeling stressed a lot of the time	2.51	2.19	2.99	2.2	1.99
Students being disrespectful to teachers and other staff	2.48	2.5	2.53	2.41	2.36
Students arguing with each other	2.41	2.14	2.79	2.17	2.04
Students bullying each other	2.38	2.23	2.61	2.25	2.09
Students feeling depressed a lot of the time	2.27	2.21	2.38	2.24	2.00
Students' responses to experiencing trauma (abuse/neglect, disaster)	2.17	1.98	2.43	2.1	1.7
Chronic absenteeism	2.09	1.8	2.47	1.86	1.67
Students threatening each other	2.08	1.92	2.32	2.02	1.60
Substance abuse by family member or caretaker	2.07	1.8	2.47	1.84	1.58
Child abuse/neglect	2.04	1.83	2.31	1.94	1.60
Students engaging in risky sexual behavior	1.92	1.73	2.17	1.84	1.51
Student homelessness	1.91	1.67	2.27	1.74	1.36
Students using marijuana	1.89	1.76	2.15	1.76	1.45
Domestic violence	1.85	1.73	2.04	1.82	1.42
Students drinking beer, wine, or liquor	1.76	1.72	1.82	1.82	1.48
Students destroying school property	1.73	1.55	2.01	1.57	1.35
Students smoking cigarettes	1.63	1.52	1.76	1.63	1.29
Students bringing drugs or alcohol to school	1.60	1.49	1.75	1.60	1.26
Students using drugs (cocaine, meth, heroin)	1.55	1.46	1.65	1.60	1.19
Gangs recruiting students	1.36	1.14	1.68	1.16	1.09

Importance of School Services

Staff was asked to indicate how important resources would be for their school. Response options ranged from 4 (very important) to 1 (not important).

- The majority of staff rated parent training programs about effective behavior management strategies and identifying students with social, emotional, or behavioral problems as very important.
- Mental health related services, including clinical referral for students with severe social, emotional, or behavioral problems, and ongoing opportunities for students to receive mental health counseling, were also seen as very important by the majority of staff.
- School-wide positive discipline programs and bullying prevention programs were also seen as very important.
- The northern region generally identified school services as being more important than other regions, identifying behavior management and clinical referrals for students with severe social, emotional, or behavioral problems as being the most critical.
- For the most part, public school staff rated school services as more important than private school staff.
- Teachers and administrators generally rated school services similarly. Administrators rated the importance of students having the opportunity to receive mental health counseling, psychiatry services and after school therapeutic programming more important than teachers.
- Elementary and early childhood staff identified behavior management in the classroom and for parents as the most important issues. High school staff identified clinical referrals for students with severe social, emotional, or behavioral problems, and school-wide drug and alcohol us prevention programs as the most important.

TABLE 28. Importance of School Services by Region					
	Total	*Central*	*North*	*South*	*West*
School-wide positive discipline program	3.57	3.37	3.75	3.49	3.47
Clinical referral for students with severe social, emotional, or behavioral problems	3.56	3.41	3.73	3.52	3.28
Parent training about effective behavior management strategies	3.56	3.39	3.72	3.51	3.51
School-wide bullying prevention program	3.50	3.38	3.66	3.38	3.46
Ongoing opportunities for students to receive mental health counseling	3.48	3.38	3.64	3.43	3.16
Teacher and support staff in-service training about effective behavior management	3.47	3.32	3.65	3.38	3.29
Parent training about identifying students with social, emotional, or behavioral problems	3.47	3.33	3.62	3.42	3.37

School-wide social/emotional skills training for students	3.46	3.28	3.68	3.34	3.28
Parent training about effective partnering with school personnel	3.46	3.22	3.65	3.45	3.34
Teacher and support staff in-service training about identifying students with social, emotional, or behavioral problems	3.45	3.34	3.55	3.42	3.42
School-wide screening for students' social, emotional, and behavioral problems	3.42	3.30	3.57	3.33	3.27
Ongoing opportunities for students to receive services from a psychiatrist	3.36	3.23	3.59	3.25	2.95
School-based after school therapeutic programming for students with social, emotional, or behavioral problems	3.26	3.12	3.49	3.18	2.86
School-wide drug and alcohol use prevention program	3.13	2.93	3.26	3.18	2.83
Availability of resources to meet basic needs of students (e.g. clothing, jackets, shoes, school supplies, personal hygiene items)	3.07	2.77	3.52	2.99	2.19
School-wide suicide prevention program	2.96	2.79	3.24	2.78	2.51
School-wide violence prevention program	2.94	2.57	3.38	2.76	2.41
School-wide program to improve attendance	2.91	2.49	3.43	2.66	2.34
School-wide sex education program	2.82	2.64	3.04	2.73	2.47

Adequacy of Community Behavioral Health Resources

Staff was asked about the adequacy of community behavioral health services for students.

- Around 20 percent of school staff felt that community resources available to address student issues were extremely or very adequate.   Resources were perceived to be least adequate for addressing inconsistent attendance and violent student behaviors. Notably, around one-third of all school staff did not know if services were adequate.

- Resources were perceived to be least adequate for addressing issues related to inconsistent attendance and violence.   More services were available to address the needs of students with hyperactivity, depression and suicidal ideation.

- Differences in resources between regions were not highly pronounced though resources for addressing anxiety, suicidal ideation and hyperactivity were more adequate in the western region.

- Teachers were more likely to report there were fewer resources than principals. Teachers reported there were the least adequate services for students who were suicidal, violent, and students with a drug or alcohol problem. Principals were more likely to indicate that services

were lacking for students with drug or alcohol problems, with stress responses to trauma, and with inconsistent attendance.

- Public school staff reported that resources for violent students, students with a drug or alcohol problem, and those with inconsistent attendance were the least adequate. Private school staff felt that services were least adequate for students with inconsistent attendance, and students who are homeless.

TABLE 29. Adequacy of Resources						
Item	Not at all Adequate	Not Very Adequate	Somewhat Adequate	Very Adequate	Don't Know	Average
A student with inconsistent attendance	7.8	21.7	31.0	11.0	28.6	2.6
A violent student	5.4	19.6	31.6	11.7	31.8	2.7
An abused/neglected student	4.9	15.9	36.7	14.2	28.3	2.8
A homeless student	5.2	15.3	32.9	15.0	31.6	2.8
A student with an anxiety disorder	3.6	12.4	39.7	15.6	28.8	2.9
A student with a drug or alcohol problem	4.8	11.9	31.6	16.0	35.8	2.9
A student experiencing a stress response to trauma	4.2	13.5	36.9	14.2	31.2	2.9
A suicidal student	3.5	11.4	34.1	18.2	32.8	3.0
A student with depression	3.3	11.8	39.7	16.3	28.9	3.0
A hyperactive student	3.1	12.1	41.7	19.8	23.4	3.0

TABLE 30. Adequacy of Resources by Region					
	Total	Central	North	South	West
A violent student	1.85	1.82	1.85	1.94	1.73
A student with drug or alcohol problem	1.86	1.82	1.86	2.00	1.65
A student with inconsistent attendance	1.87	1.83	1.88	1.92	1.82
A homeless student	1.94	1.85	2.08	1.97	1.41
A student experiencing a stress response to trauma	1.98	1.89	2.01	2.01	1.97
A suicidal student	2.00	1.88	2.08	1.98	2.04
An abused/neglected student	2.03	2.03	2.07	2.00	1.92
A student with an anxiety disorder	2.09	2.05	2.01	2.19	2.37
A student with depression	2.11	2.08	2.06	2.21	2.15
A hyperactive student	2.31	2.30	2.17	2.41	2.68

Existing School-Based Services

Staff was instructed to check the types of programs currently in place in their schools from a list of 10 programs.

- Bullying programs were by far the most prevalent programs with over 80 percent of staff indicating that these programs were offered in their school. Around half of all staff mentioned that social/emotional skill training was available.

- Programs less prevalent including services for homeless students, programs to address abuse and neglect, violence prevention programs, and chronic absenteeism prevention. Interestingly, there was a discrepancy between the percentage of staff who indicated their school had a bullying prevention program and those who said they had violence prevention programs.

- In several areas, programs in the northern region were more prevalent than other regions.

- Generally speaking, there were more services in public compared to private schools, and more administrators indicated that there were behavioral health programs in the schools compared to teachers.

- High schools had a higher percentage of programs in several areas, including substance and suicide prevention and homeless prevention services. Elementary schools had more programs addressing social/emotional well-being.

TABLE 31. Programs Currently in Place			
Answer		*Response*	*%*
Bullying prevention		626	62%
Social/emotional skills training		394	39%
Substance use prevention		335	33%
Sex education		329	32%
Suicide prevention		326	32%
Coping with divorce		222	22%
Chronic absenteeism prevention		197	19%
Violence prevention		190	19%
Abuse/neglect prevention		187	18%
Homelessness prevention		131	13%

TABLE 32. Programs Currently in Place by Region					
	Total	*Central*	*North*	*South*	*West*
Bullying prevention	62%	57%	66%	65%	61%
Social/emotional skills training	39%	40%	39%	39%	42%
Substance use prevention	33%	32%	27%	48%	26%
Sex education	32%	38%	29%	38%	20%
Suicide prevention	32%	26%	46%	25%	11%
Coping with divorce	22%	24%	17%	28%	28%
Chronic absenteeism prevention	19%	10%	29%	19%	9%
Violence prevention	19%	17%	22%	20%	10%
Abuse/neglect prevention	18%	16%	22%	18%	15%
Homelessness prevention	13%	8%	19%	10%	7%

Barriers to Solving Mental Health Problems

Staff was asked to indicate the degree to which certain issues (time, problem severity, etc.) were barriers to solving mental health problems in their school.

- Overall, staff felt lack of time was the biggest barrier, followed by a lack of training and information and parental involvement. The least significant barriers were school/administrative support and clear and consistent school rules.
- Lack of time was identified as the biggest barrier in all regions except for the north, where lack of parent involvement was most problematic. Average scores in the north region were higher than in other regions.
- There were notable differences in perceived barriers between teachers and administrators.
  - Teachers felt the largest barrier was time, whereas the biggest barrier for principals was the lack of information and training.
  - Principals also felt that a lack of sufficient resources for student support services at school, student problem severity and a lack of mental health professionals were great barriers. Parent involvement was perceived to be a bigger barrier among teachers compared to principals.
- There were no major differences in barriers identified by public and private school staff, but private school staff generally felt that there were fewer barriers compared to public school staff. The one area where private school staff felt barriers were greater than public school staff was resources for special education services.
- Public school staff identified the largest barriers as lack of time, lack of information and training, and lack of parent involvement. Private school staff identified the largest barriers as lack of time, lack of training and information, and lack of sufficient resources for student support services at school.

- Elementary school staff perceived there to be greater barriers related to access to mental health professionals, lack of sufficient resources for special education services, and unavailability of assessments/treatment resources in the community.

TABLE 33. Barriers to Solving Mental Health Problems					
Item	*Major Barrier*	*Moderate Barrier*	*Minor Barrier*	*Not a Barrier*	*Average*
Lack of time	44.1%	34.4%	16.2%	5.3%	3.2
Lack of information/training	34.0%	43.3%	16.6%	6.1%	3.1
Lack of parent involvement	30.7%	38.6%	23.3%	7.4%	2.9
Lack of sufficient resources for student support services at school	31.4%	33.4%	24.8%	10.4%	2.9
Severity of students' problems	21.9%	38.6%	28.3%	11.3%	2.7
Lack of access to mental health professionals for consultation	23.1%	32.2%	28.8%	15.9%	2.6
Lack of sufficient resources for special education services	21.2%	27.7%	28.4%	22.7%	2.5
Too many required modifications/accommodations	16.3%	36.3%	32.2%	15.2%	2.5
Unavailability of assessments/treatment resources in the community	16.0%	29.5%	33.6%	21.0%	2.4
Other	26.9%	17.3%	8.7%	40.4%	2.3
Lack of clear, consistent, school behavior rules	13.3%	24.7%	28.0%	34.0%	2.2
Lack of support from school administration	9.2%	24.9%	28.4%	37.5%	2.1

TABLE 34. Barriers to Solving Mental Health Problems by Region					
Item	*Total*	*Central*	*North*	*South*	*West*
Lack of time	3.18	3.14	3.22	3.12	3.21
Lack of information/training	3.05	2.97	3.13	2.99	3.10
Lack of parent involvement	2.93	2.58	3.24	2.87	2.64
Lack of sufficient resources for student support services at school	2.86	2.72	2.96	2.89	2.76
Severity of students' problems	2.71	2.54	2.90	2.62	2.57
Lack of access to mental health professionals for consultation	2.63	2.48	2.76	2.54	2.65
Lack of sufficient resources for special education services	2.54	2.45	2.62	2.48	2.49
Too many required modifications/accommodations	2.47	2.42	2.56	2.36	2.48
Unavailability of assessments/treatment resources in the community	2.41	2.29	2.55	2.33	2.26
Other	2.33	1.89	2.66	2.12	3.67
Lack of clear, consistent, school behavior rules	2.18	2.13	2.27	2.07	2.13
Lack of support from school administration	2.06	1.87	2.20	2.00	2.11

Confidence in Identifying and Managing Behavioral Health Issues

Staff was asked to indicate their confidence level in identifying students with mental health issues and their confidence in managing those issues.

Identification of Behavioral Health Issues

- Staff felt least confident in identifying a student with suicidal thoughts, with more than one third indicating that they felt not very or not at all confident. Confidence in identifying students with stress reactions related to trauma and alcohol and drug problems was also low. Confidence in Identifying students with hyperactivity and depression was higher.
- Confidence was lower among private school staff compared to staff in public schools. Teachers were less confident than principals.
- Elementary school staff felt less confident about identifying suicidal students, those with trauma-induced stress and students with substance abuse problems. High school staff was less confident in the areas of identifying homeless students, victims of abuse/neglect, and identifying someone who may be physically dangerous to others.

Management of Behavioral Health Issues

- Staff felt least confident about managing students with suicidal thoughts and working with students with alcohol or drug problems. Around two-thirds of all staff felt not very or not at all confident in their ability to manage those issues. A majority also felt not very or not at all confidence in working with students who are physically dangerous to others, or those with stress related to trauma.
- Staff members in the western region were least confident in managing student problems.
- Private school staff felt less confident than public school staff.
- Teachers felt less confident than administrators.
- Differences between ECE, elementary, middle and high school staff were negligible, with confidence lowest in working with suicidal students, those with alcohol and drug problems, trauma and those physically dangerous to others.

TABLE 35. Confidence in Identifying Behavioral Health Issues						
Item	*Extremely Confident*	*Very Confident*	*Somewhat Confident*	*Not Very Confident*	*Not at all Confident*	*Average*
Identifying a student who may be suicidal	4.4%	17.1%	42.5%	27.6%	8.3%	2.8
Identifying a student who may be having a stress reaction to trauma	2.9%	17.8%	46.7%	27.2%	5.3%	2.9
Identifying a student who may be having a problem with alcohol or drugs	3.4%	20.2%	44.2%	25.0%	7.2%	2.9
Identifying a student who may abused/neglected	4.2%	22.0%	46.2%	23.3%	4.3%	3.0
Identifying a student who may be homeless	6.6%	21.2%	42.2%	24.2%	5.7%	3.0
Identifying a student who may have an anxiety disorder	4.8%	24.5%	47.0%	21.0%	2.7%	3.1
Identifying a student who may be physically dangerous to others	6.6%	27.9%	42.4%	18.8%	4.4%	3.1
Identifying a student who may have depression	5.1%	32.0%	50.5%	11.2%	1.2%	3.3
Identifying a student who may be hyperactive	15.7%	46.3%	32.3%	5.2%	0.4%	3.7

TABLE 36. Confidence in Identifying Behavioral Health Issues by Region					
Item	*Total*	*Central*	*North*	*South*	*West*
Identifying a student who may be suicidal	2.82	2.71	2.93	2.79	2.62
Identifying a student who may be having a stress reaction to trauma	2.86	2.81	2.85	2.92	2.83
Identifying a student who may be having a problem with alcohol or drugs	2.88	2.78	2.94	2.93	2.70
Identifying a student who may be abused/neglected	2.99	3.00	2.95	3.04	2.99
Identifying a student who may be homeless	2.99	2.98	3.01	2.97	2.96
Identifying a student who may have an anxiety disorder	3.08	3.12	3.02	3.15	3.01
Identifying a student who may be physically dangerous to others	3.14	3.02	3.21	3.19	3.0
Identifying a student who may have depression	3.29	3.25	3.30	3.31	3.21
Identifying a student who may be hyperactive	3.72	3.70	3.73	3.77	3.56

TABLE 37. Confidence in Managing Behavioral Health Issue without Additional Support or Resources						
Item	*Extremely Confident*	*Very Confident*	*Somewhat Confident*	*Not Very Confident*	*Not at all Confident*	*Average*
Student with suicidal thoughts	1.8%	8.4%	21.8%	40.1%	27.9%	2.2
Student with alcohol or drug problem	1.7%	7.9%	25.1%	42.9%	22.4%	2.2
Student with stress reaction to trauma	1.5%	10.1%	27.5%	42.6%	18.4%	2.3
Student who is physically dangerous to others	1.9%	10.6%	26.2%	39.1%	22.1%	2.3
Students who has been victim of abuse/neglect	2.4%	9.4%	29.6%	43.6%	15.1%	2.4
Student with anxiety disorder	2.4%	10.5%	33.8%	44.0%	9.3%	2.5
Student with depression	2.0%	11.1%	34.7%	43.6%	8.6%	2.5
Student who may be homeless	4.2%	16.9%	31.1%	32.7%	15.1%	2.6
Student with inconsistent attendance	3.8%	16.0%	37.1%	33.9%	9.2%	2.7
Student with hyperactivity	3.7%	24.5%	42.1%	26.4%	3.4%	3.0
Personal stress caused by dealing with mental health problems in school	9.6%	31.3%	42.7%	12.6%	3.8%	3.3

TABLE 38. Confidence in Managing Behavioral Health Issues without Additional Support or Resources by Region					
Item	*Total*	*Central*	*North*	*South*	*West*
Identifying a student who may be suicidal	2.82	2.71	2.93	2.79	2.62
Identifying a student who may be having a stress reaction to trauma	2.86	2.81	2.85	2.92	2.83
Identifying a student who may be having a problem with alcohol or drugs	2.88	2.78	2.94	2.93	2.70
Identifying a student who may be abused/neglected	2.99	3.00	2.95	3.04	2.99
Identifying a student who may be homeless	2.99	2.98	3.01	2.97	2.96
Identifying a student who may have an anxiety disorder	3.08	3.12	3.02	3.15	3.01
Identifying a student who may be physically dangerous to others	3.14	3.02	3.21	3.19	3.0
Identifying a student who may have depression	3.29	3.25	3.30	3.31	3.21
Identifying a student who may be hyperactive	3.72	3.70	3.73	3.77	3.56

Perceptions of Stigma

Staff responded to a series of questions related to their willingness to interact with persons with mental illness.

- Overall, staff indicated a fairly high willingness to interact with individuals with mental illness. The percentage of staff willing to interact with persons with mental illness declined as the degree of closeness increased. Staff was least willing to have someone with a mental illness babysit their children.
- Comparing levels of stigma of school staff to those among parents contacted in the telephone survey, parents were more stigmatizing than school staff against living next door to someone with a mental illness, letting others know if one of their family members had a mental illness, and letting a person with a mental illness babysit their child.
- Stigma was higher among males than females and higher among older staff (over 55) compared to younger staff.

TABLE 39. Personal Stigma Against Persons with Mental Illness				
How willing would you be to:	Definitely Willing	Probably Willing	Probably Unwilling	Definitely Unwilling
Have a conversation with someone who has a mental illness?	68.1%	28.4%	3.2%	0.3%
Maintain a friendship with someone who has a mental illness?	60.8%	35.8%	2.9%	0.5%
Work closely with someone who has a mental illness?	57.9%	36.1%	5.4%	0.6%
Live next door to a person who has a mental illness?	54.8%	38.0%	6.6%	0.7%
Let people know that someone in your family has been diagnosed with a mental illness?	50.6%	37.4%	10.5%	1.5%
Have someone with a mental illness babysit your children?	7.4%	23.5%	46.1%	23.0%

TABLE 40: Stigma Against Persons with Mental Illness: School Staff and Parent Responses								
How willing would you be to:	Definitely Willing		Probably Willing		Probably Unwilling		Definitely Unwilling	
	Staff	Parents	Staff	Parents	Staff	Parents	Staff	Parents
Have a conversation with someone who has a mental illness?	68%	68%	28%	29%	3%	1%	<.5%	<.5%
Work closely with someone who has a mental illness?	58%	53%	36%	42%	5%	2%	1%	<.5%
Maintain a friendship with someone who has a mental illness?	61%	60%	36%	38%	3%	1%	1%	<.5%
Live next door to a person who	55%	39%	38%	50%	7%	6%	1%	1%

has a mental illness?								
Let people know that someone in your family has been diagnosed with a mental illness?	51%	35%	37%	45%	11%	14%	2%	4%
Have someone with a mental illness babysit your children?	7%	3%	23.5%	24%	46.1%	35%	23.0%	12%

2.2. AGENCY DIRECTOR INTERVIEWS

The Children's Services Fund provided a listing of 23 Executive Directors to contact for interviews regarding the status of mental health service utilization in St. Louis County. Interviews were conducted with 19 of the executive directors whose agencies receive funding through the Children's Services Fund for an 83 percent participation rate. The directors were asked specific questions that assessed their perceptions of existing gaps in mental health services in St. Louis County; service utilization barriers; ethnic and racial disparities; their agency's capacity to provide services; use of evidenced-based practice models; and, barriers to implementing new or enhanced approaches to treatment. The following themes emerged from the interviews:

What are the current gaps in mental health services?
- Prevention and early intervention piece which reflects a reactive and not proactive stance to service provision
- In-home family based therapeutic services
- Transitional services such as housing and acute care
- Parental mental health care
- Parental education
- Intense residential care for children with emotional problems
- Case management for material support (other issues that present complications that should not be handled by the therapist such as utilities, housing, etc.)

What are some of the contributors to the service gaps?
- Stigma is the most frequently reported barrier to treatment utilization.
- Transportation which is not a CSF billable expense- the agency has to assume these cost if they are provided.
- Lack of capacity to provide services-fewer service providers in areas such as psychology/psychiatric services and fewer agencies that will accept Medicaid.
- Limited parent engagement

- Lack of qualified personnel who have knowledge of issues such as postpartum depression and training in TF-CBT.
- Insufficient time and funds to provide specialized training to staff
- Agency-level stigma that relates to substance abuse-lack of knowledge on issues of substance use and the importance of having treatment for substance use when it presents with other mental health issues.
- Several executive directors noted that silos of funding inhibit collaborations for patient care. Agencies don't share records so there is duplication of services rather than a continuum of care.
- Approach taken is to treat individuals and not families.
- Poverty, especially in North County

What are the contributors to service utilization?

Positive

- People utilize because there is a human connection through street outreach- youth and parent friendly
- Service provider referrals- when other agencies know of the services that they provide and have respect for it
- Have learned lessons regarding how to refer to 'treatment' among youth so they don't see it as incarceration
- Availability of childcare and family friendly hours
- Onsite therapist
- Caregiver involvement in the assessment process and the feedback loop
- One-stop shopping for families

Negative

- People don't know where to turn
- Lack of engaging environments that let them come for whatever the problem may be from their point of view
- Location of services
- Reactive versus proactive approach
- Offering services in schools where it is up to the discretion of the teachers

Are you at capacity to provide services?

- Most agencies are at or above capacity for serving youth. Several agencies have policies that do not allow for wait lists.

- Residential services have extreme wait lists depending on population targeted.
- Agencies that provide substance use services are not at capacity.

What are the barriers to implementing new or enhanced approaches to treatment?
- Organizations holding on to traditional modes of operation because of the need to get billable hours as the fund does not cover the cost of training that would be needed for new approaches.
- Costs and risks belong to the agency because of "purchase of service approach"
- Hesitancy of staff to change to new things- its costly and time consuming
- Logistics barriers and the levels of approval especially within schools
- Overwhelmed with providing existing services
- Lack of evidenced based models that would be supported by CSF
- Takes capacity away from other programs
- Utilization of the Baldrige method

Would you consider the services you provide to be evidenced-based?
- Agencies are using evidenced-based models but are also using evidenced informed practice which allows more flexibility for staff to implement aspects of different programs that are appropriate for individual clients.
- Many agencies depend on SAMSHA for information regarding effective, evidenced-based programs. They stay abreast of current trends in the field through professional associations, conferences and trainings that are brought in-house based on interest and need.

General perceptions of CSF
- Very grateful for the funding and the leadership provided by CSF. The mechanism is setting a high standard but at the same time providing support for agencies to maintain the standards.
- Allows for adjustments to provide needed care on the client level without the hassle of having to go back and request funds for that client-fluidity in care.
- Fostering an environment of professional/networking collaboration and collaborative support.
- Provide agencies with some sense of security by basically indicating that as long as you are doing what you are supposed to do, you will continue to receive funding.

General Comments Regarding Areas for Improvement
- CSF could provide a better sense of security to agencies by moving away from a year to year funding model
- There is no clear structure for collaboration that could provide a continuum of care and ensure that there is not a duplication of services. The use of shared records across agencies and integration of care could be a national model for children's mental health care.
- Opportunity to provide funding for preventative and unique programs that require seed/pilot funding without sacrificing current programs that are providing services with desired outcomes.
- Not realizing the full regional capacity to provide services. Every county within the metropolitan area has a silo and agencies providing services across counties struggle with billing given the transient nature of many of the youth.
- Agency staff feel forced to incorporate certain treatment approaches such as trauma focused therapy
- Funding model should support training of staff.
- Agencies should not be penalized for exceeding service contracts.

2.3. PARENT/GUARDIAN TELEPHONE SURVEY – OVERVIEW

This report presents the results of a telephone survey of a probability sample of 602 St. Louis County parents/guardians (hereafter "parents") of children nineteen or younger conducted between September 24 and October 1, 2012. The topics include challenges facing youth and children, importance of services supported by the Children's Services Fund, attitudes toward mental health, incidence of mental health symptoms, access to professional mental health assistance, potential barriers to solving mental health problems, interest in parent training on mental health, and self-assessment of knowledge about mental health symptoms and illnesses.

Results were analyzed by child age group (0-7, 8-12, 13-19), years of education (0-12, 13-15, 16, 17 or more), race (African American, Caucasian), 2011 household income (under $30,000, $30,000 to $59,999, $60,000 to $89,999, $90,000 or more), and geography (North County, Central County, South County, West County). The breakouts for each variable are given in Appendix B. Only statistically significant departures from the County-wide distribution are mentioned in the narrative.

Challenges
Parents assessed "challenges that youth and children in your neighborhood might face" on a five point scale: extremely serious concern (EXT), very serious concern (VER), somewhat serious concern (SOM), not very serious concern (NVS), and not a concern at all (NOT). The seven

challenges are child abuse and neglect (ABUSE), homeless youth with no place to stay (HOMELESS), youth considering committing suicide (SUICIDE), youth with severe emotional and mental illness (ILLNESS), youth who abuse drugs or alcohol (SUBSTANCE), youth bullying each other (BULLY), and youth violence and gang activity (VIOLENCE).

Here are the results ranked by the combined share finding them an extremely serious or very serious concern:

TABLE 41. CHALLENGES

Challenge	Level of Concern					
	EXT	VER	SOM	NVS	NOT	DK/NA
SUBSTANCE	18%	8%	33%	18%	19%	4%
BULLY	6%	18%	40%	18%	17%	2%
SUICIDE	5%	10%	23%	20%	32%	10%
VIOLENCE	5%	7%	11%	28%	47%	1%
ILLNESS	4%	7%	27%	28%	27%	7%
ABUSE	3%	7%	20%	26%	39%	4%
HOMELESS	2%	4%	10%	30%	49%	4%

Rating drug and alcohol abuse as an extremely or very serious concern (26 percent overall) is higher among African Americans (36 percent), North County parents (34 percent), households with 2011 incomes under $60,000 (33 percent), and Central County parents (32 percent).

Extreme or very serious concern about bullying (24 percent overall) is more prevalent among African American parents (35 percent), households with 2011 incomes below $60,000 (33 percent), and North County parents (30 percent).

Youth violence and gang activity (12 percent extremely/very serious overall) is more salient among African American parents (31 percent extremely/very serious), those with a high school education or less (29 percent extremely/very serious), households with 2011 incomes below $60,000 (25 percent), and North County parents (21 percent).

Assessing child abuse and neglect as extremely or very serious (10 percent overall) is more common among those with a high school education or less (19 percent) and those with 2011 household incomes under $60,000 (16percent).

Homeless youth with no place to stay (6 percent extremely/very serious overall) is more salient among parents with less than a baccalaureate (12 percent extremely/very serious) and those with 2011 household incomes under $60,000 (12 percent extremely/very serious).

There are no significant subgroup departures from the overall distribution for youth considering suicide and youth with severe emotional and mental illnesses.

Services
The respondents were read the following background information about the Children's Services Fund:

> *In the November 2008 election, St. Louis County voters approved a one-quarter of a cent sales tax that can only be used to provide services to protect the wellbeing and safety of children and youth and to strengthen families. The Children's Services Fund, a new County agency governed by an independent board of citizen volunteers appointed by County Government, allocates these funds to local nonprofit and public organizations.*

Parents were then asked about the importance of allocating these funds for ten different qualifying services: (1) temporary shelter services for children who are homeless (SHELTER); (2) transitional living services for children aging out of foster care and needing help to become independent adults (TRANSITION); (3) services for pregnant or teen parents (PREGNANT); (4) counseling services for children and youth experiencing mental or emotional illness (COUNSELING); (5) services for children and youth with symptoms of drug or alcohol abuse (SUBSTANCE); (6) services for children and youth who are victims of abuse or neglect or are at risk of being victims of abuse or neglect (ABUSE); (7) school-based prevention services to reduce violence, abuse, sexual assault, drug and alcohol use, and suicide in every public, private, and parochial school in St. Louis County (SCHOOL); (8) crisis intervention services for children and youth who have been traumatized by some type of stressful event (CRISIS); (9) outpatient professional psychiatric services for children and youth with mental health issues (OUTPATIENT); and (10) home-based and community-based prevention services to help strengthen families (HOME).

The answer options were extremely important (EXT), very important (VER), somewhat important (SOM), not very important (NVI), and not at all important (NOT).

All ten services are considered extremely or very important by at least sixty percent of the parents. Here are the results ranked by the combined percentage replying that they are either extremely or very important (* = less than 0.5%):

TABLE 42. CSF SERVICES

Service	Importance					
	EXT	VER	SOM	NVI	NOT	DK/NA
ABUSE	35%	47%	15%	1%	1%	1%
SHELTER	34%	44%	15%	4%	2%	1%
SCHOOL	33%	42%	19%	3%	2%	1%
COUNSELING	27%	46%	23%	3%	1%	*
SUBSTANCE	27%	46%	23%	2%	2%	*
HOME	27%	45%	24%	2%	2%	*
OUTPATIENT	26%	44%	25%	2%	2%	1%
TRANSITION	29%	40%	25%	5%	2%	*
CRISIS	24%	43%	24%	6%	2%	1%
PREGNANT	21%	39%	31%	6%	3%	1%

The high extremely/very important share for child abuse and neglect (82 percent) extends across all segments. For some or most of the remaining services, African Americans, parents with less than a college degree, those with 2011 household incomes under $60,000, and North County residents are more likely to think that a service is extremely or very important.

African Americans do so for all the other services with the share replying extremely or very important typically more than ten points above the County-wide average.

Parents with 2011 incomes under $60,000 assign higher priority (usually six to nine percentage points) to temporary shelters, transitional living services, teen parent services, services for severe emotional and mental health illness, school-based prevention services, trauma services, outpatient psychiatric services, and home-based and community-based prevention services.

Parents with less than a college degree have above average extremely/very important responses (usually six to ten percentage points) for transitional living services and trauma services.

North County parents are six or seven percentage points above the extremely/very important norm for drug and alcohol abuse services and school-based prevention services.

Mental Health Stigmas
<u>Receiving Mental Services</u> Sixty-eight percent agree and 31 percent disagree that "receiving mental health services is something people look down upon." Among those with strong opinions, 23 percent agree and 12 percent disagree. Those with 2011 household incomes between $60,000 and $89,999 are more likely to concur with this statement: 79 percent agree and 20 percent disagree.

<u>Personal Weakness</u> Nine percent agree and 90 percent disagree that "receiving mental health services for emotional or interpersonal problems is a sign of personal weakness." For those with strong views, 3 percent agree and 75 percent disagree.

<u>Personal Favorability</u> Sixty-three percent agree and 35 percent disagree with the statement that "people will see a person in a less favorable way if they come to know that person has received mental health services." Among those with strong opinions, 23 percent agree and 14 percent disagree.

<u>Mentioning Receiving Mental Health Services</u> Thirty-eight percent agree and 58% disagree that "it is advisable for a person to hide from people the fact that he or she has received mental health services." Nine percent strongly agree while 29 percent strongly disagree.

<u>People's Opinion About Service Recipients</u> Sixty-seven percent agree and 31 percent disagree that "people tend to think less of those who receive mental health services." Twenty-three percent strongly agree and 13 percent strongly disagree.

Mental Health Connections
<u>Conversation</u> Sixty-eight percent are definitely willing "to have a conversation with someone who has a mental illness," 29 percent are probably willing, 1 percent probably unwilling, less than 0.5 percent definitely unwilling, and 2 percent decline to say.

<u>Work Closely</u> Fifty-three percent are definitely willing "to work closely with someone who has a mental illness," 42 percent are probably willing, 2 percent probably unwilling, less than 0.5 percent definitely unwilling, and 2 percent decline to say.

<u>Friendship</u> Sixty percent are definitely willing "to maintain a friendship with someone who has a mental illness," 38 percent are probably willing, 1 percent probably unwilling, less than 0.5 percent definitely unwilling, and 1 percent express no opinion.

<u>Neighbor</u> Thirty-nine percent are definitely willing "to live next door to a person who has a mental illness," 50 percent are probably willing, 6 percent probably unwilling, 1 percent definitely unwilling, and 5 percent express no opinion.

<u>Openness</u> Thirty-five percent are definitely willing "to let people know that someone in your family has been diagnosed with a mental illness," 45 percent are probably willing, 14 percent probably unwilling, 4 percent definitely unwilling, and 3 percent expressing no opinion.

<u>Babysit</u> Three percent are definitely willing "to have someone with a mental illness babysit your children," 24 percent are probably willing, 35 percent probably unwilling, 26 percent definitely unwilling, and 12 percent express no opinion.

Incidence: Mental Health Symptoms
<u>Bullying</u> After defining bullying as "when one or more children tease, threaten, spread rumors about, hit, shove, or hurt another child over and over again," 29% of the parents report that one or more of their children has been bullied during the past twelve months. The bullying rate is higher among parents of children ages 8 to 12 (39 percent), parents with a high school education or less (42 percent), and African American parents (36 percent).

<u>Other Symptoms</u> For six other symptoms, parents were asked how often they had occurred during the past thirty days: always (ALW), often (OFT), sometimes (SOM), not very often (NVO), or never (NEV).   The symptoms are "very sad" (SAD), "grouchy or irritable or in a bad mood" (GROUCH), "feel hopeless about the future" (HOPELESS), "slept a lot more or slept a lot less than usual" (SLEEP), "had difficulty concentrating on school work" (CONCENTRATE), and "complained a lot about headaches, stomach aches, or back aches" (ACHES).

Here are the results:

TABLE 43. MENTAL HEALTH STIGMAS

Symptom	Frequency					
	ALW	OFT	SOM	NVO	NEV	DK/NA
SAD	1%	4%	25%	46%	23%	1%
GROUCH	3%	15%	42%	32%	6%	1%
HOPELESS	1%	1%	4%	12%	82%	1%
SLEEP	1%	4%	10%	26%	58%	1%
CONCENTRATE	3%	10%	22%	26%	37%	1%
ACHES	2%	9%	20%	28%	40%	1%

These distributions remain much the same across all demographic segments. The two modest exceptions are feeling sad. Parents with 2011 household incomes under $30,000 and parents with a high school education are more than twice as likely as parents in other education and income groupings to say this is happening always or often.

Finding Professional Help

Drug or Alcohol Abuse Sixty-two percent say it would be very easy for them to find professional help "if one of your children showed symptoms of drug or alcohol abuse," 29 percent think it would be somewhat easy, 4 percent somewhat difficult, 2 percent very difficult, and 3 percent decline to say. Twelve percent of parents with 2011 household incomes under $60,000 say it would be either somewhat or very difficult.

Depression Sixty-two percent reply it would be very easy for them to find professional help "if one of your children was regularly depressed," 28 percent say it would somewhat easy, 6 percent somewhat difficult, 3 percent very difficult, and 1 percent decline to say. Seventeen percent of parents with 2011 household incomes under $60,000 say it would be either somewhat or very difficult.

Emotional Disorder Sixty-two percent say it would be very easy for them to find professional help "if one of your children showed symptoms of a possible emotional disorder," 27 percent somewhat easy, 7 percent somewhat difficult, 4 percent very difficult, and 1 percent express no opinion.

Eighteen percent of parents with less than a college degree and 18 percent of parents with 2011 household incomes under $60,000 report that it would be very or somewhat difficult.

Barriers The parents were read a list of five possible barriers "to solving mental health problems if one of your children possibly had such a problem" and then asked whether it would be "a major barrier, a moderate barrier, a minor barrier, or not much a barrier at all."

Information and Training Nineteen percent regard "lack of information and training" as a major barrier, 24 percent a moderate barrier, 22 percent a minor barrier, 28 percent not a barrier at all, and 6 percent express no opinion. Most likely to say it is a major barrier are African Americans parents (30 percent), North County parents (25 percent), and those with 2011 household incomes under $60,000 (25 percent).

Getting an Appointment Nineteen percent say "not being able to get an appointment quickly" is a major barrier, 18 percent a moderate barrier, 20 percent a minor barrier, 38 percent not a barrier at all, and 5 percent decline to say. It is an above average major barrier for those with a high school education or less (30 percent major barrier), those with 2011 high school incomes under $60,000 (28 percent major barrier), and North County parents (28 percent major barrier).

Distance Five percent report "having to travel too far to obtain assistance" is a major barrier, 8 percent a moderate barrier, 10 percent a minor barrier, 70 percent not a barrier at all, and 7 percent decline to say.   This distribution remains essentially the same for all segments.

Expense Twenty-seven percent think "services being too expensive" is a major barrier, 19 percent a moderate barrier, 16 percent a minor barrier, 35 percent not a barrier at all, and 4 percent decline to say. Most likely to reply that it is a major barrier are North County parents (46 percent), those with a high school education or less (42 percent), and African American (34 percent).

Insurance "Not having insurance to pay for the needed services" is a major barrier for 18 percent, a moderate barrier for another 18 percent, a minor barrier for 20 percent, and not a barrier at all for 40 percent. Three percent declined to say. It is more likely to be a major barrier for those with less than a college degree (26 percent), North County parents (26 percent), and those with 2011 household incomes under $60,000 (24 percent).

Parent Training

<u>Problem Identification</u> Sixteen percent say they are extremely interested in "parent training about identifying social, emotional, and behavioral problems in children," 22 percent are very interested, 39 percent somewhat interested, 12 percent not very interested, 10 percent not at all interested, and 1 percent decline to say.

Extreme/very levels of interest (38 percent overall) are highest among African American parents (64 percent), those with 2011 household incomes under $30,000 (62 percent), and North County parents (49 percent).

<u>Behavior Management</u> Sixteen percent reply they are extremely interested in "parent training about effective behavior management strategies for children," 26 percent are very interested, 36 percent somewhat interested, 12 percent not very interested, 9 percent not at all interested, and 1 percent express no opinion.

Being extremely or very interested in such training (42 percent overall) is most prevalent among African American parents (68 percent), those with 2011 household incomes under $30,000 (65 percent), North County parents (50 percent), and parents of children seven or younger (48 percent).

Mental Health Knowledge Self Assessment

<u>Symptoms/Illnesses</u> Twenty-two percent rate their knowledge about "mental health symptoms and illnesses" as excellent, 50 percent think it is good, 24 percent only fair, 3 percent poor, and less than 0.5 percent do not answer.

<u>Substance Abuse</u> Seventeen percent rate their knowledge about "drug and alcohol abuse symptoms among children" as excellent, 50 percent say it is good, 30 percent only fair, 2 percent poor, and less than 0.5 percent express no assessment.

SECTION 3: CHILDREN'S SERVICE FUND ANNUAL REPORTS

3.1. CHILDREN'S SERVICE FUND OUTCOME STATISTICS In July 2011, the Children's Services Fund released a report that summarized its outcomes from the 2010 to 2011 funding period. The report concentrated on outputs as expressed by the number of people served in the following categories:
- Gender
- Age
- Household income

- Race/Ethnicity
- Zip Code
- Service received.

The report also covered data on outcomes. Submission of results involved supplying a count of the clients who met the criteria specified by CSF for the outcome: in essence, the number achieving the objective described in the indicators. CSF designated three outcome requirements for its partner-grantees -- a total of 44 agencies at the point when CSF prepared the July 2011 report. Each of these outcomes is supported by six indicators that describe its meaning and scope. Indicators are not tallied by agency, but (as is most appropriate) by program or service provided.[7] The same outcomes and indicators were applicable to all services.

The funded agencies focused on ten CSF-identified service areas. Since CSF agencies maintain multiple programs, one agency might address several of these areas. The number of all agency initiatives supported by funding from CSF and subject to outcome requirements totaled 89. The data elements relevant to each indicator are listed below:

1. Base number: the clients enrolled in the program, receiving the service, etc.
2. Achieved number: the clients who successfully fulfilled the indicator criteria: e.g., improved school engagement and performance
3. Percentage achieved: the percentage of the base number that were successful
4. Goal: the target set for fulfilling the indicator criteria specific to each program/service (expressed as a percentage)

Per outcome, each agency could potentially record performance on 6 indicators for each service provided. From a reporting standpoint, CSF would collect 534 data points if all agencies reported on Item 2 above ("Achieved Number") for each indicator.

 In its July 2011 report, CSF summarized the overall success that the agencies it funded had in meeting the goals established for the indicators. ARC researchers have examined the outcome data from a service perspective, looking at agency performance for each activity. Some of the statistical results appear in Table 44 below.

Six indicators were associated with each outcome, but not all agencies tracked every indicator. The data show signs of "measurement fatigue." The highest number of counts reported was always for

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[7] A list of all indicators associated with outcome can be found in Table C-1 in Appendix C.

the very first indicator in the list. For outcome # 1, close to 80 percent of all programs tracked this indicator. For outcomes 2 and 3, however, the percentage drops to roughly 60 percent. This trend is mirrored with respect to higher numbered indicators. Although outcome # 1 fares better than other outcomes, all reflect decline in use of the designated indicators to measure results. With each successive indicator, per outcome, the percentage of programs not tracking it rises. For indicators 4 to 6, over 90 percent of programs are not tracking any of the measures. Counts for some of the indicators in the second position on the list declined by as much as 50 percent. Data for indicators 4 through 6 declined into single digit numbers, often below 5. That this is true for all 3 outcomes suggests the decline in data submission is due to something other than the content of the indicators themselves.

Establishing the count in the "achieved" category enabled CSF to calculate how each agency did in meeting pre-established performance goals. This was equivalent to the percentage of clients who met indicator criteria – i.e., "achieved" – out of a base number tallying the clients who received services under each program.

The ARC research team examined these statistics more closely by subtracting the pre-established goal (stated as an estimated percent) from the percentage of clients who had a positive result on the indicator. In working with these data, ARC researchers determined that on the indicators that agencies actively tracked, goals tended to be exceeded or met more often than agencies failed to meet them.

Table 44 on the next page lists the indicators, grouped according to their respective outcomes.

Table 44. Summary of Goal Status and Goal Reporting Provided by CSF Funded Agencies

OUTCOME 1. CLIENTS WILL HAVE IMPROVED LEVEL OF FUNCTIONING	EXCEEDED GOALS		MET GOALS		GOALS NOT MET		NO SERVICES PROVIDED		TOTAL	NO TRACK-ING
INDICATOR	Num	Pct	Num	Pct	Num	Pct	Num	Pct	Num	Num
1. Clients will have improved school engagement and performance	39	57.4%	2	2.9%	23	33.8%	4	5.9%	68	21
2. Clients will enroll in job training, college, vocational training, or gain employment.	24	57.5%	3	7.5%	13	32.5%	1	2.5%	40	49
3. Clients will have improved relationships with family members/caregivers.	9	45.0%	2	10.0%	9	45.0%	0	0.0%	20	69
4. Clients will gain social intelligence skills.	1	16.7%	1	16.7%	4	66.7%	0	0.0%	6	83
5. Clients will develop positive friendships with peers.	0	0.0%	1	33.3%	2	66.7%	0	0.0%	3	86
6. Clients will have a sense of belonging in the community.	1	--	0	--	1	--	0	--	2	87
OUTCOME 2. CLIENTS WILL HAVE IMPROVED WELL-BEING										
1. Clients will be born of a healthy weight.	37	72.5%	3	5.9%	10	19.6%	1	2.0%	51	38
2. Clients will not become pregnant or have repeat pregnancies during teen years.	21	75.0%	3	10.7%	2	7.1%	2	7.1%	28	61
3. Clients will gain knowledge about positive parenting.	6	66.7%	1	11.1%	2	22.2%	0	0.0%	9	80
4. Clients will be free of substantiated incidents of child abuse or neglect.	1	33.3%	1	33.3%	1	33.3%	0	--	3	86
5. Clients will have no out-of-home placements.	0	--	0	--	1	--	1	--	2	87
6. Clients will gain knowledge of essential life skills.	NO DATA ON THIS INDICATOR IN JULY 2011 DATASET									
OUTCOME 3. CLIENTS WILL BE FREE OF THE EXPRESSION OF MENTAL, EMOTIONAL, AND BEHAVIORAL SYMPTOMS										
1. Clients will gain knowledge about substance abuse and/or mental health issues.	32	60.4%	1	1.9%	19	35.9%	1	1.9%	53	36
2. Clients will be free of expression of psychiatric DMS-IV TR or DC: 0 – 3 R Axis I diagnosis symptoms, such as Depression, Anxiety, ADHD, PTSD, Phobias, Conduct Disorder, Bipolar, Schizophrenia, Substance Abuse, etc.	12	52.2%	1	4.4%	10	43.5%	0	0.0%	23	66
3. Clients will develop self-management skills.	3	37.5%	0	0.0%	5	62.5%	0	0.0%	8	81
4. Clients will develop risk management skills to avoid in engaging in risky behaviors.	1	33.3%	0	--	2	66.7%	0	--	3	86
5. Clients will remain free of law enforcement involvement.	0	--	0	--	1	--	1	--	2	87
6. Clients will have positive self-concept.	1	--	0	--	1	--	0	--	2	87

In Section V of the 2011 report, CSF acknowledged some of the shortcomings of the process for collecting data on outcomes.

1. The period for which services were funded was not long enough to allow for repeated measures that CSF could use to assess change.
2. Some indicators were not as effective as expected, and needed to be replaced.
3. Some service agencies:
   a. Selected more measures than they had the capacity to report on
   b. Over-estimated what they could achieve with their target population
   c. Lacked appropriate data collection procedures suitable for the measures they chose

In addition, some agencies decided, after involvement in the process, to revamp their programs in an effort to improve services to their clients. This may have reduced the viability of assessing outcomes. Nonetheless, changes to program implementation that increase the effectiveness of service delivery can be considered a desirable by-product, even if difficult to quantify prior to the next round of data collection.

The following sections look at aspects of the July 2011 dataset (on which the report was based) as supplemented by Census data. Recently released statistics from the Bureau of Census shed light on service tallies in each zip code. Demographics, as well as some socioeconomic factors in those geographies, were applied to the question of how CSF services were distributed across the County.

3.2. SERVICES BY AREAS OF POVERTY

In its July 2011 report, CSF summarized income levels associated with services delivered by its partners. In the majority of cases, income was unknown. For those instances where the data were provided, the highest number gave a figure below $10,000.

Data on poverty are among the most frequently requested statistics from the Census Bureau. The Bureau tabulates and provides this information through the American Community Survey (ACS). ACS uses statistical techniques to derive estimates for more detailed socioeconomic factors that the Decennial Censuses do not cover. Although the Census Bureau has reservations about using zip code areas for population tallies -- they are not, strictly speaking, geographical areas -- it's possible to obtain demographic information on poverty aggregated in this fashion. [8]

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[8] Population in Poverty by ZCTA Dataset downloaded from the Missouri Census Data Center using the Dexter data extraction function.

The Census Bureau tables poverty for 67 zip codes areas (i.e., *ZCTA*s or "Zip Code Transformation Areas.")[9] in St. Louis County. Among these geographies, the percentage of populations living at or below the poverty level varies from less than 2 percent to over 30 percent.[10]

CHART 1.
CSF AGENCY SERVICES DISTRIBUTED BY PERCENTAGE OF POPULATION IN POVERTY FOR ZIP CODE AREAS IN ST. LOUIS COUNTY
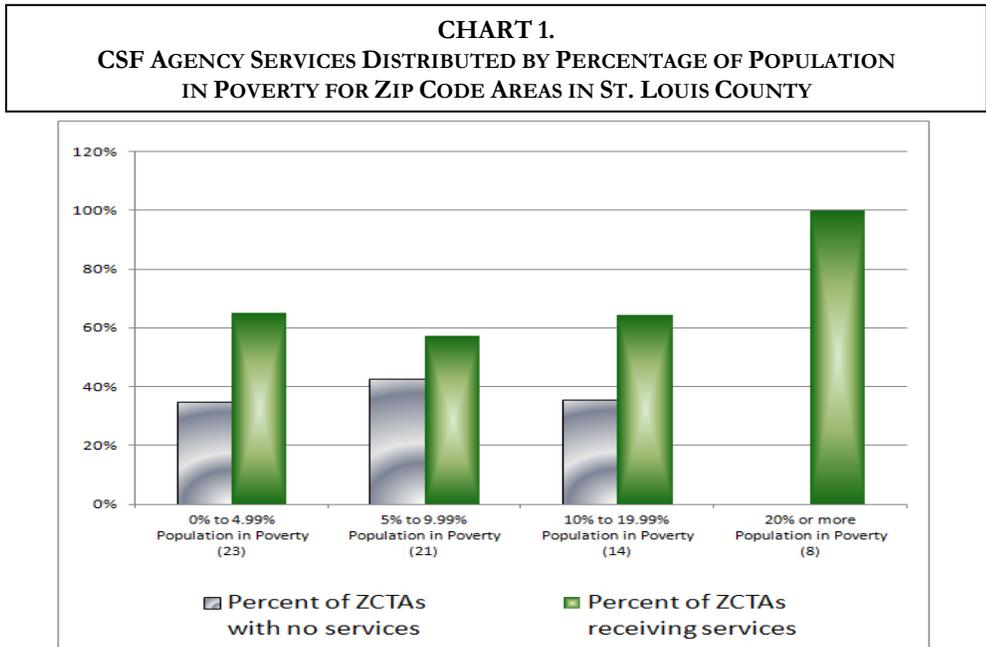
Data from the July 2011 dataset indicate that CSF agencies provided services in a majority (43, or 65 percent) of the County's ZCTAs, including some where over 30 percent of the population lives at or below the poverty level. Chart 1 above shows how services delivered by CSF agencies were distributed across all ZCTAs as grouped according to 4 poverty levels: 1) Under 5 percent; 2) 5 percent to 9.9 percent; 3) 10 to less than 19.9 percent; and 4) 20 percent or more.

As the chart illustrates, all ZCTAs in the last category ("20 percent or more Population in Poverty") received services from one or more of the CSF agencies.

ARC researchers also noted the following:

- For the over 20 percent category, the average number of individuals served per agency was approximately 390.
- Nine agencies delivered services in the ZCTAs where incomes of 10 to 20 percent of the population were at poverty. In those areas, 374 persons (on average) were served per agency

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[9] "Zip Code Transformation Areas" is the term used to denote the Census Bureau's effort to match zip codes to geographies with identified boundaries.

[10] The analysis excluded 2 ZCTAs where the population was less than 100.

The ARC researchers have not had access to process data that would suggest reasons for the exclusion of some ZCTAs, although speculation may point to agency procedures that would benefit from further investigation:

- The ZCTAs may have fallen outside the service areas of the agencies receiving grants from CSF. The adjustment to services noted in the CSF's July 2011 report could extend to inclusion of different target areas.
- Agencies delivering children's services may not have been equipped to address the most direct obstacles to resolving poverty: i.e., offering employment or job readiness programming.
- Some ZCTAs not receiving services might be included in an agency's long-range planning for future target areas.
- Agencies may be limited by a lack of necessary resources, such as volunteers. For example, Court Appointed Special Advocates of St. Louis County (now "Voices for Children") maintains a waiting list of cases. A case may remain on the waiting list for some time until a suitable volunteer chooses to work on it.

CHART 2
CSF SERVICES ACROSS CATEGORIES OF ZCTAS BASED ON POVERTY RATES
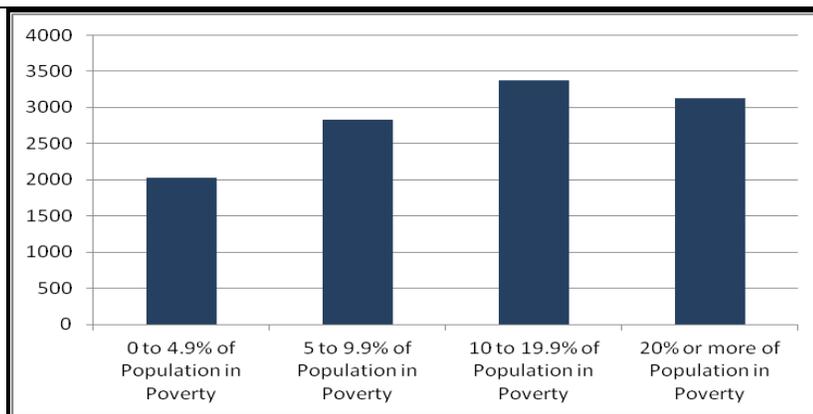
Among the 43 ZCTAs where CSF agencies were involved, areas with higher poverty (i.e., 10 percent or more of the population living at or below the poverty level) received the greatest concentration of services overall, as Chart 2 above illustrates.

3.3. SERVICES BY AGENCY

Over the period CSF awarded support to 44 partner agencies. The majority of the partners (close to 60 percent) delivered services through single programs. Among the others, generally 2 programs was the norm, although some of the larger organizations – specifically, faith-based entities – were active in as many as 5. While these programs are all within the 10 CSF service domains, the variation in outputs increases the difficulty of comparing agency accomplishments.

Having a varied program base did not seem to influence the number of services delivered. For example, Epworth Children & Family Services had a tally of 429 for 4 programs, while Saint Louis Crisis Nursery, with only 1 program, reported 457 served. An arithmetic average of clients per agency (excluding school-based participants) calculates to 414. An examination of the range tells a different story. It runs from a minimum of 11 to amounts that exceed 1,100, with the maximum count beyond 2,400. This may be related to the varying capacity of the agencies involved, or to the needs of the population within the agencies' target areas.

In examining non-school programming, ARC researchers calculated the number of services delivered by each agency within the areas defined by the ZCTA categories: essentially a breakdown of the data shown in Chart 2 above. On the next 2 pages there are 2 charts that illustrate the percentage of total services delivered by each agency in the respective geographies. Chart 3 shows the high poverty ZCTAs (i.e., areas where 10 percent or more of the population lived at or below the poverty level); Chart 4 provides data on the areas with a lower density. The percentages are based on total services in each category.

Table 45 highlights data depicted in the charts by listing statistics for the top 3 service providers in each ZCTA category. As the data make plain, there are agencies, such as Youth In Need, that were consistently active with high percentages in 2 or more categories. Youth In Need's figures indicate that its services were directed at locations where poverty was more prevalent. Jewish Family and Children's Services also registered among the most active, although it apparently lacked, or didn't report, services in the area where poverty levels were above 20 percent.

TABLE 45. CSF Agencies with Highest Level Service Delivery Based on Activities in ZCTA Locations				
	ZCTAs with Specified Percentage of the Total Population At or Below the Poverty Level			
AGENCY	Less than 5%	5% to 9.99%	10% to 19.99%	20% or more
Youth in Need	10.3%	17.8%	26.1%	21.2%
Lutheran Children & Family Services				20.3%
Jewish Family and Children's Service	17.3%	10.2%	12.3%	
Kids in the Middle	14.6%			
Catholic Family Services		9.0%		
St. Louis Crisis Nursery				7.3%
Epworth Children and Family Services			7.3%	

The charts that follow identify agencies by number. A list of all organizations, with corresponding code, is available in Appendix C. There is also a second table with total clients served, with the school-based figures included. It shows additionally the agencies that were active in more than 1 service area.

ZCTAs with 20 % or more of the Population living at or below the poverty level

ZCTAs with 10% to 19% of the Population living at or below the poverty level

CHART 4
PERCENT OF SERVICES CONTRIBUTED BY EACH AGENCY IN ZCTA AREAS WITH LOWER POVERTY

ZCTAs with less than 5% of the Population living at or below the poverty level

ZCTAs with 5% to 9% of the Population living at or below the poverty level
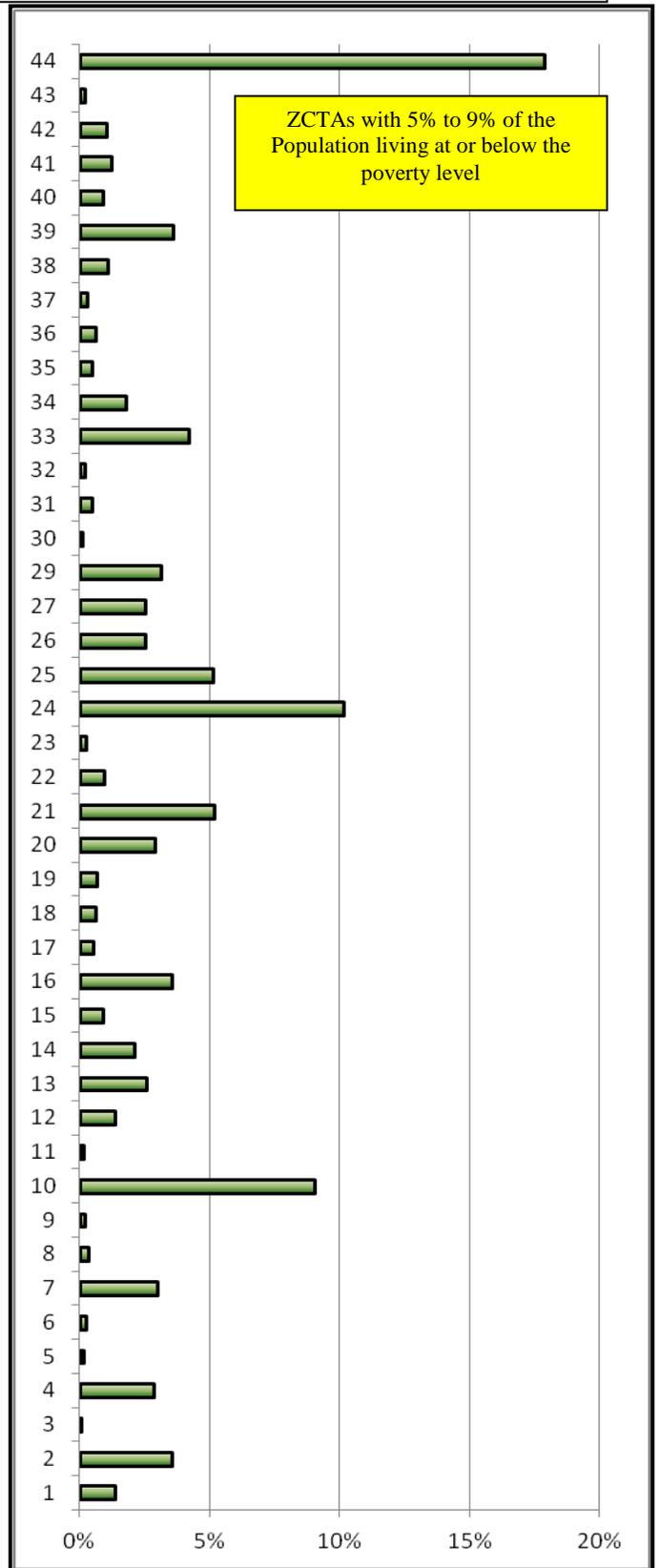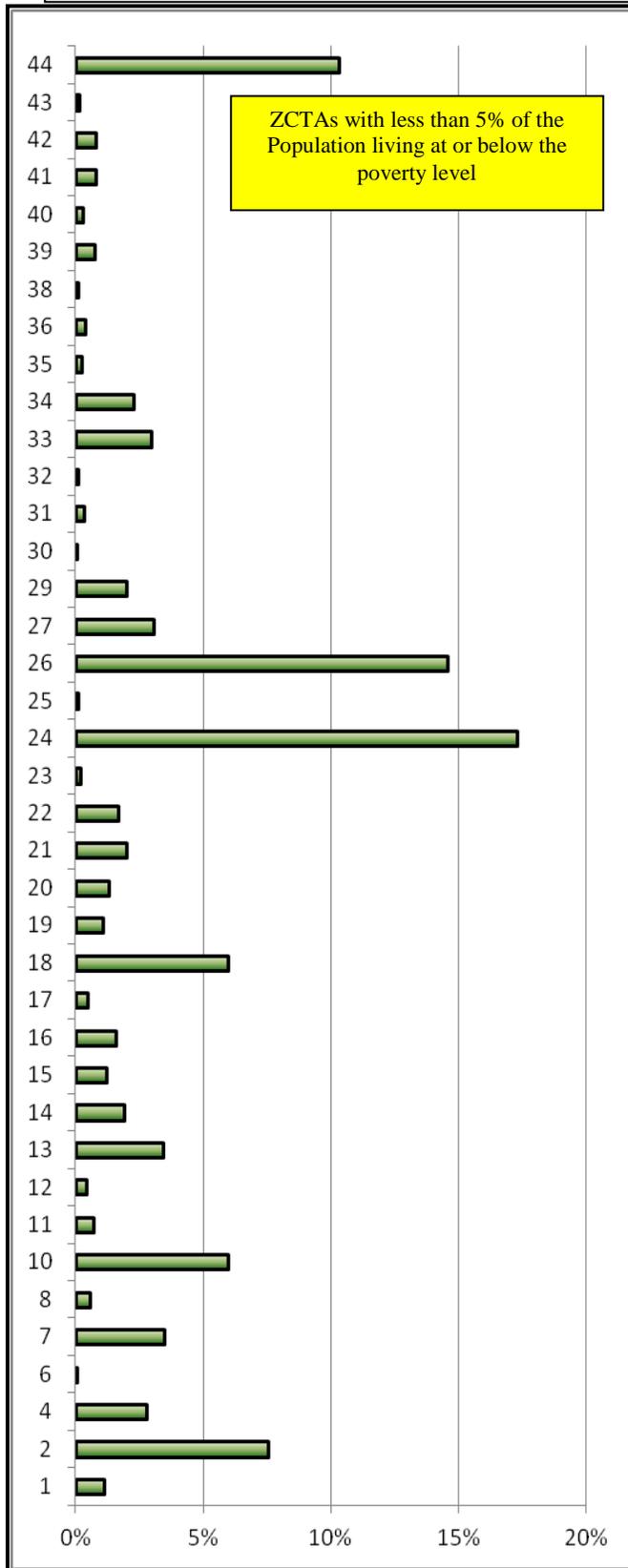
3.4. TYPE OF SERVICES DELIVERED

By examining the services provided by CSF agencies in each ZCTA geography, we were able to determine if the type of services varied in relation to the level of poverty. The charts below show the percentage of total services represented by each service type, using the same categories applied in the previous section to group ZCTAs.

CHART 5: CSF Agency Services in ZCTAs with Over 20 Percent of the Population at or below Poverty Level
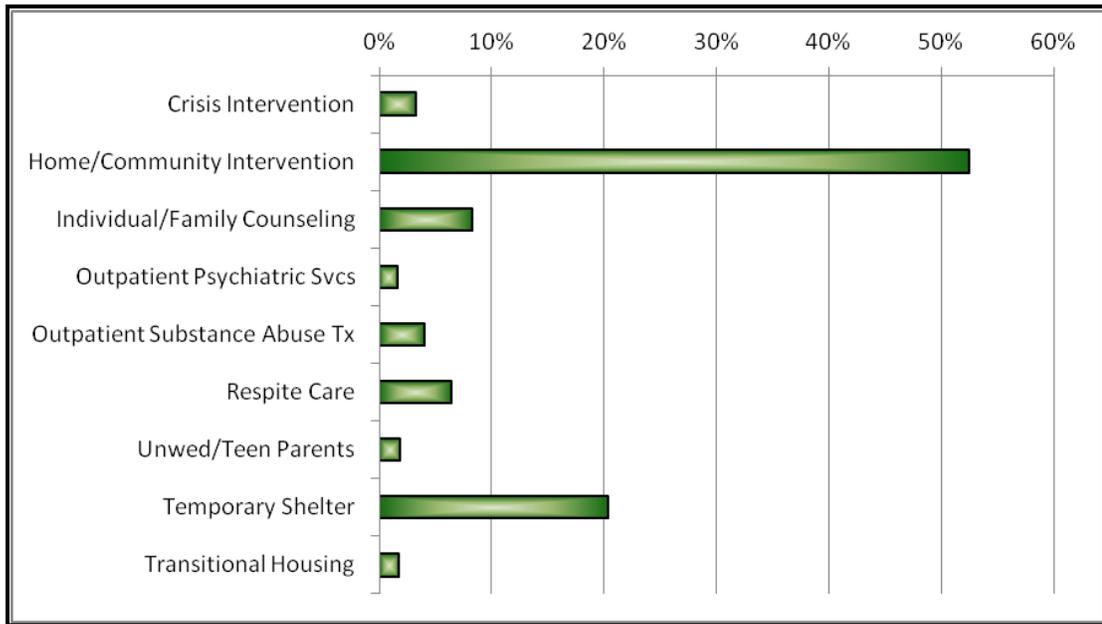
CHART 6: CSF Agency Services in ZCTAs with 10 to 19.9 Percent of the Population at or below Poverty Level
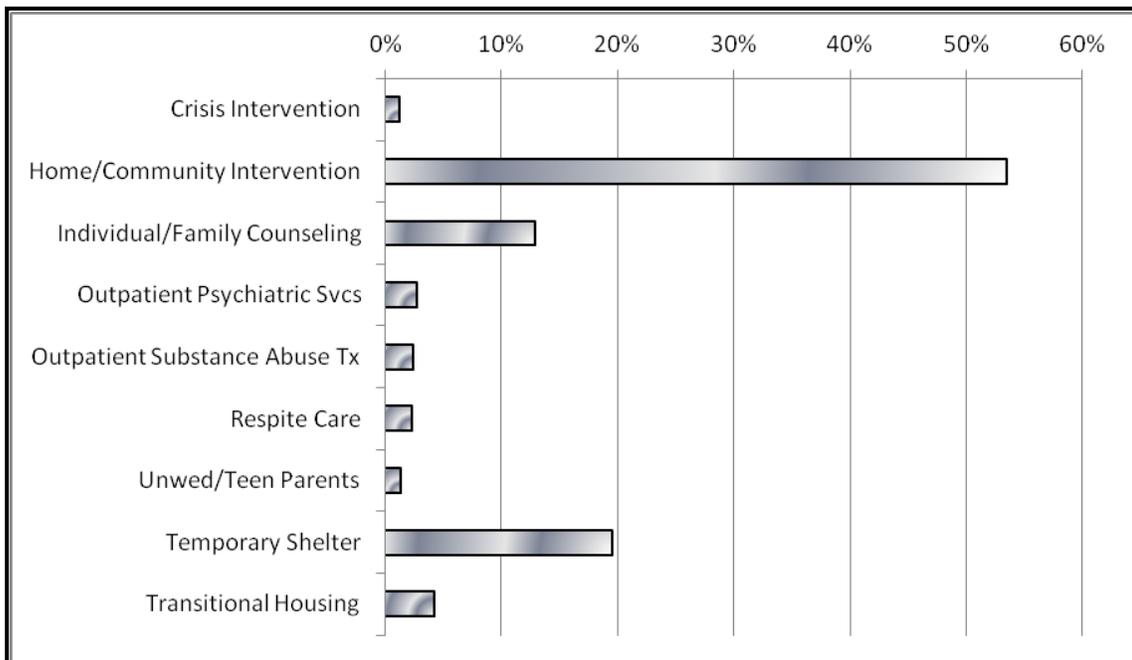
CHART 7: CSF Agency Services in ZCTAs with 5 to 9.9 Percent of the Population at or below Poverty Level
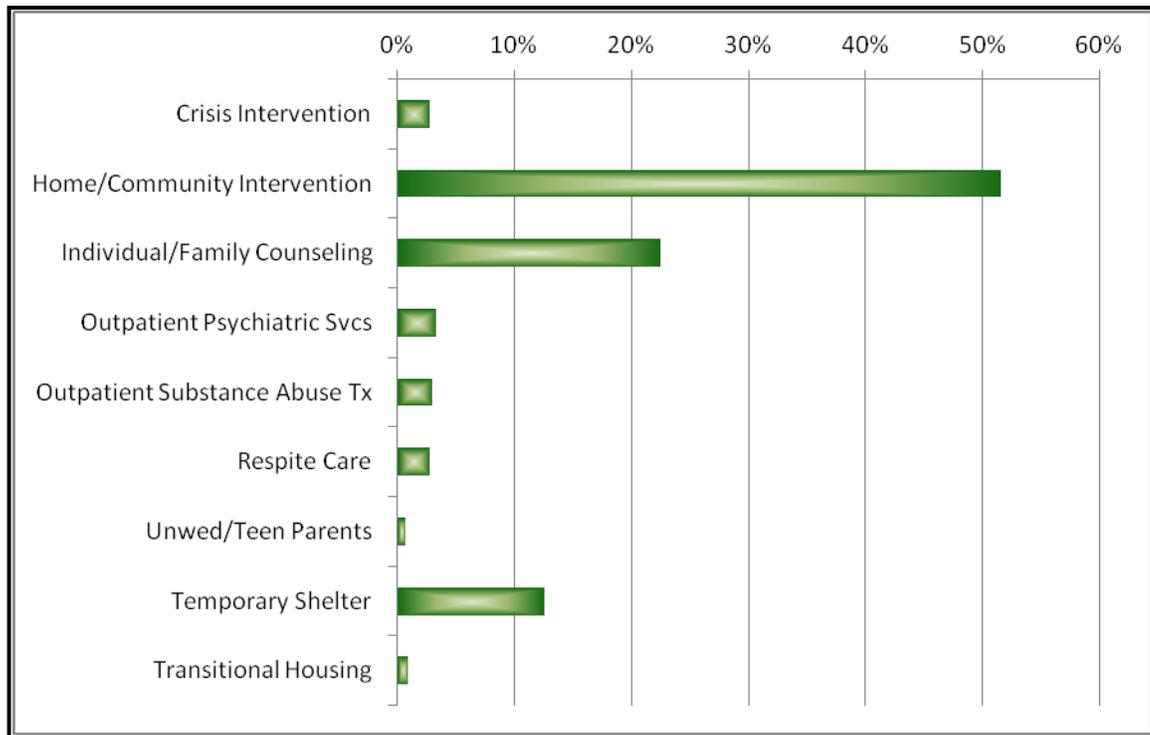
CHART 8: CSF Agency Services in ZCTAs with 0 to 4.9 Percent of the Population at or below Poverty Level
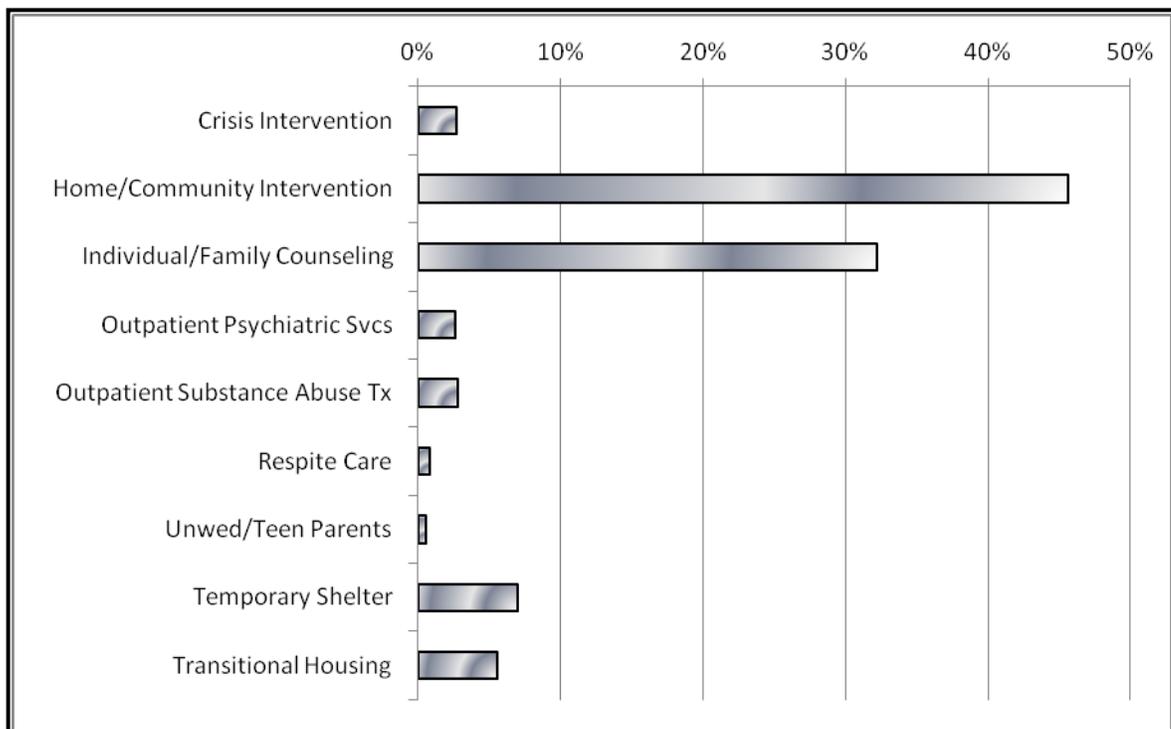
Comparison of these charts indicates that there may be an association between the income status of a population and the type of services that CSF agencies tend to emphasize.

- In areas where poverty is less prevalent, the percentages for counseling (individual and family) are higher. The increase in these types of services ranges from 5 to 10 percent as a higher income level applies.
- At the same time, the demand for temporary shelter declines by 13 percent between the highest poverty areas and the lowest.

TABLE 46. Change in Selected Services as Related to Prevalence of Poverty

Categories for ZCTA Populations with Income at or above the Poverty Level	Percent of CSF Agency Clients Receiving Designated Services	
	Counseling	Temporary Shelter
• Over 20%	8.3%	20.3%
• 10% to 19.99%	12.9%	19.5%
• 5% to 9.99%	22.5%	12.6%
• Under 5%	32.2%	7.0%

A comparable analysis is not possible for the largest group of program participants. As mentioned earlier, school-based prevention services involved large numbers of school-age students. Only a few agencies handled these programs; in most instances, tallying participants by grade level. The CSF report omits other detail. Due to HIPAA regulations, gathering data from attendees would have been prohibited without parental consent. This restricted data collection even beyond what CSF was able to do with non-school programming. Based on the data in the July 2011 dataset, zip code location for the school where service delivery occurred was not reported.

Plotting the total number of attendees allows us to see which organizations provided these services and in what volume. Chart 9 below illustrates the percentage distribution across agencies, based on total participants.
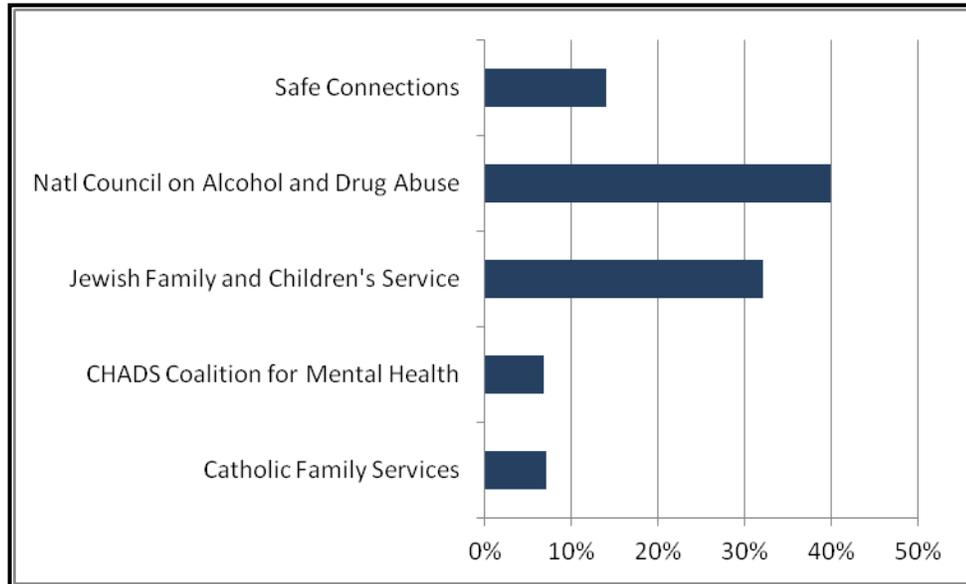
Table 47 below summarizes program descriptions.

TABLE 47. CSF Agency School-Based Intervention Programming			
AGENCY	**PROGRAM**	**PROGRAM DESCRIPTION**	**NUMBER SERVED**
National Council on Alcohol and Drug Abuse	Prevention First	Offers a range of over 30 substance abuse prevention activities for school-age students (K-12). The program emphasizes the freedom for schools to select curricula that will be appropriate for the challenges facing individual schools or the district as a whole. Community service, peer-to-peer support and goal-setting are part of the strategies applied. http://www.keepingkidsfirst.org/FundedAgencies/KeyPartners/NationalCouncilonAlcoholismandDrugAbuse.aspx	31,165
Jewish Family and Children's Service	The Child Abuse Prevention Program (CAPP)	Via abbreviated trainings (under half-an-hour) and more lengthy multimedia presentations, children up to age 12 are given information regarding child abuse, including how to recognize it, how to respond and when to report it. Another component focuses on teens and safe use of the internet. http://www.jfcs-stl.org/ChildAbusePreventionProgram.php	25,044
Safe Connections	Project H.A.R.T. Relationship Skills & Violence Prevention	Project H.A.R.T. (Healthy Alternatives for Relationships among Teens) is designed to assist high school age youth in developing healthy relationships. Delivered through workshops that are presented in various locations where teens are likely to congregate, each session covers a different topic related to positive, violence-free interactions with the opposite sex. http://www.safeconnections.org/TeenServices/ProjectHARTTeenEducation.aspx	10,962
Catholic Family Services	School-Based Prevention Program	Catholic Family Services has a School Partnership Program that provides a number of services in schools, including ones related to prevention. The website describes the prevention component as education on specific topics such as bullying, self-esteem, anger management and relationship issues. The program can accommodate different audiences – adults as well as children. http://www.cfsstl.org/services-programs/school-partnership-program/	5,596
CHADS Coalition for Mental Health	Signs of Suicide (SOS) Education Program	Presents information about suicide and depression among teens. Students view a video on the topic and have an opportunity for discussion. During the same session they complete a screening instrument. There is a parallel component for parents (video and screening). This is an evidence-based program that has been used successfully in other states. http://www.chadscoalition.org/pdf/sos_presentation_conferences_final.pdf	5,305

While these are all worthwhile initiatives, the challenges of measuring outcomes tied to data other than outputs would be daunting. For example, a list of indicators elaborates on "Outcome 1: Clients will have improved level of functioning." If children are participating in a series of sessions, it might be possible to obtain a measure for "improved school engagement and performance." A single-session workshop or presentation would present a number of obstacles, however.

3.5. SERVICES FOR COUNTY SECTORS

St. Louis County is well-known for the distinct character of the areas that lie within its boundaries. The needs of the respective sectors vary in relation to a number of socioeconomic factors. While the West and South parts of the county are generally considered higher income with less prevalent social problems, CSF partner agencies have been called upon to deliver services there – with much less frequency. As Table 48 shows, Mid-County and North County received the greatest number of services.

TABLE 48: County Service Concentrations	
St. Louis County Sectors	*Total Service Units*
Mid-County	4,007
North County	3,920
South County	2,142
West County	1,431

The following points highlight what is illustrated in this table and the 7 charts presented on the following pages.

- If School-Based Prevention is excluded, the most frequently-delivered services in all sectors fell into the Home and Community-Based Intervention category. This category represented from 45 percent to over 60 percent of all organizational activities.

- In South and West County, the other category with frequently-delivered services is counseling (for individuals, groups or families). Both sectors had approximately 25 percent of their services focused in this area.

- Counseling was also prominent in the services delivered in Mid-County and North County, but temporary or transitional housing occupied a slightly higher share of all activities.

- Services provided to teen or unwed parents were negligible as compared to other organizational efforts. While this would suggest absence of need, it may also be the result of the long-term emphasis on abstinence, which has reduced resources for programs supporting teens with infants.

- There was a statistically significant difference in housing services among County sectors, for both Temporary Shelter and Transitional Housing. In West County very few clients received these services. The bulk was concentrated in Mid-County and North County. Relatively speaking, Transitional Housing was also prominent in South County as compared to other areas. But in general, Transitional Housing is not a high-volume service: in this case due to lack of facilities, not lack of demand.

CHART 10. Mid-County

SERVICE CATEGORY	Num	Pct
Home/Community Intervention	2,037	50.8%
Temporary Shelter	971	24.2%
Individual/Family Counseling	513	12.8%
Transitional Housing	159	4.0%
Outpatient Substance Abuse Tx	92	2.3%
Outpatient Psychiatric Services	67	1.7%
Respite Care	67	1.7%
Crisis Intervention	53	1.3%
Teen Parents	48	1.2%
	4,004	

CHART 11: North County

SERVICE CATEGORY	Num	Pct
Home/Community Intervention	1,773	45.2%
Temporary Shelter	715	18.2%
Individual/Family Counseling	598	15.3%
Respite Care	281	7.2%
Crisis Intervention	158	4.0%
Outpatient Substance Abuse Tx	147	3.8%
Outpatient Psychiatric Services	132	3.4%
Teen Parents	77	2.0%
Transitional Housing	39	1.0%
	3,920	

CHART 12: West County

SERVICE CATEGORY	Num	Pct
Home/Community Intervention	890	62.2%
Individual/Family Counseling	389	27.2%
Crisis Intervention	38	2.7%
Temporary Shelter	36	2.5%
Outpatient Psychiatric Services	30	2.1%
Outpatient Substance Abuse Tx	25	1.7%
Respite Care	16	1.1%
Transitional Housing	4	0.3%
Teen Parents	3	0.2%
	1,431	
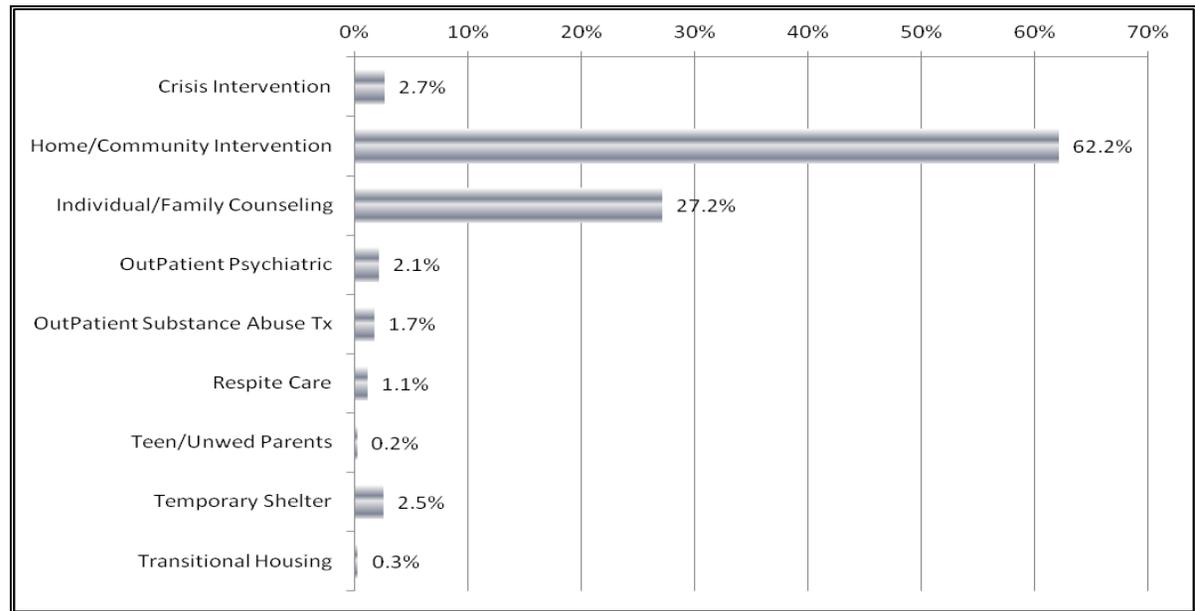
CHART 13: South County

SERVICE CATEGORY	Num	Pct
Home/Community Intervention	1,203	56.2%
Individual/Family Counseling	535	25.0%
Transitional Housing	104	4.9%
Outpatient Substance Abuse Tx	90	4.2%
Temporary Shelter	88	4.1%
Outpatient Psychiatric Services	68	3.2%
Crisis Intervention	33	1.5%
Respite Care	12	0.6%
Teen Parents	9	0.4%
	2,142	
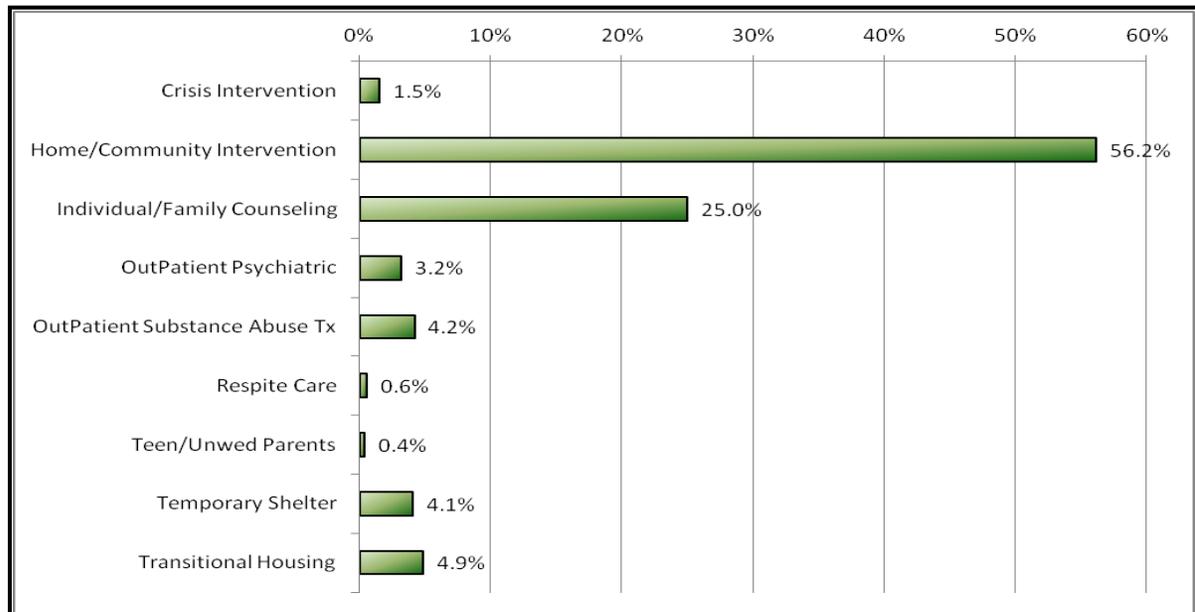
CHART 14. Intervention Activities

As the chart shows, Crisis Intervention was called on far more often in North County than in any other area in St. Louis County. Organizations delivered roughly 3 to 4 times more Crisis Intervention services in this sector than in the others.
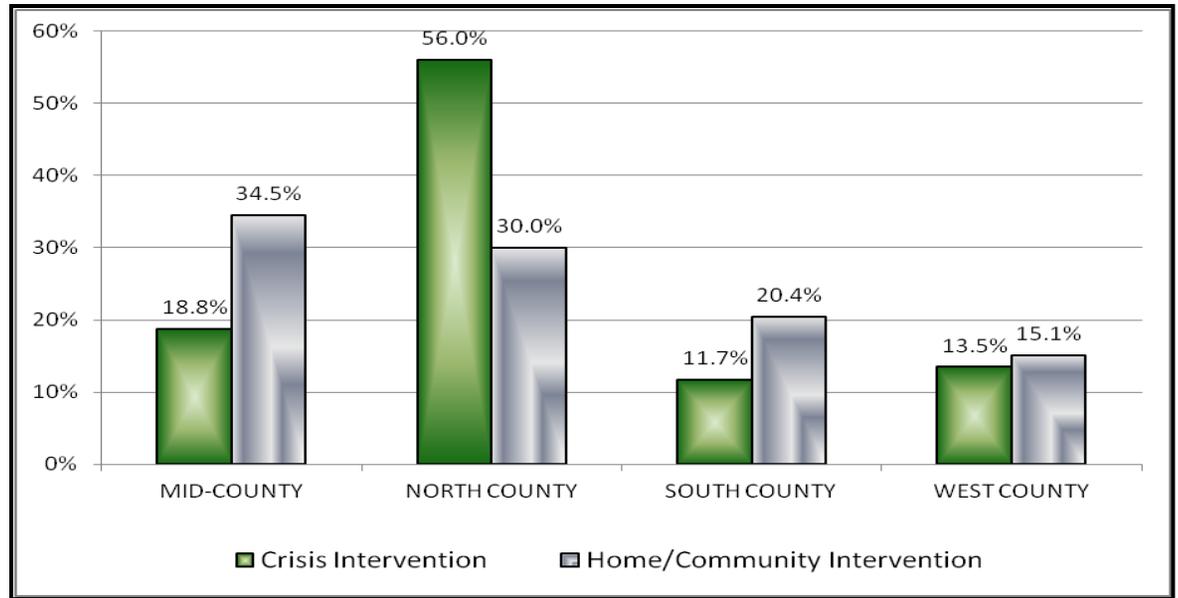
CHART 15. Mental Health Services

The Mid-County and South County sectors are roughly equivalent in their receipt of all types of mental health services.

North County's levels of Psychiatric and Substance Abuse Treatment for outpatient clients were appreciably higher than those of the other sectors: in particular West County where the percentages were 3 to 4 times greater. It also had the highest percentage of counseling services, although the amount was more consistent with figures for other parts of the County.
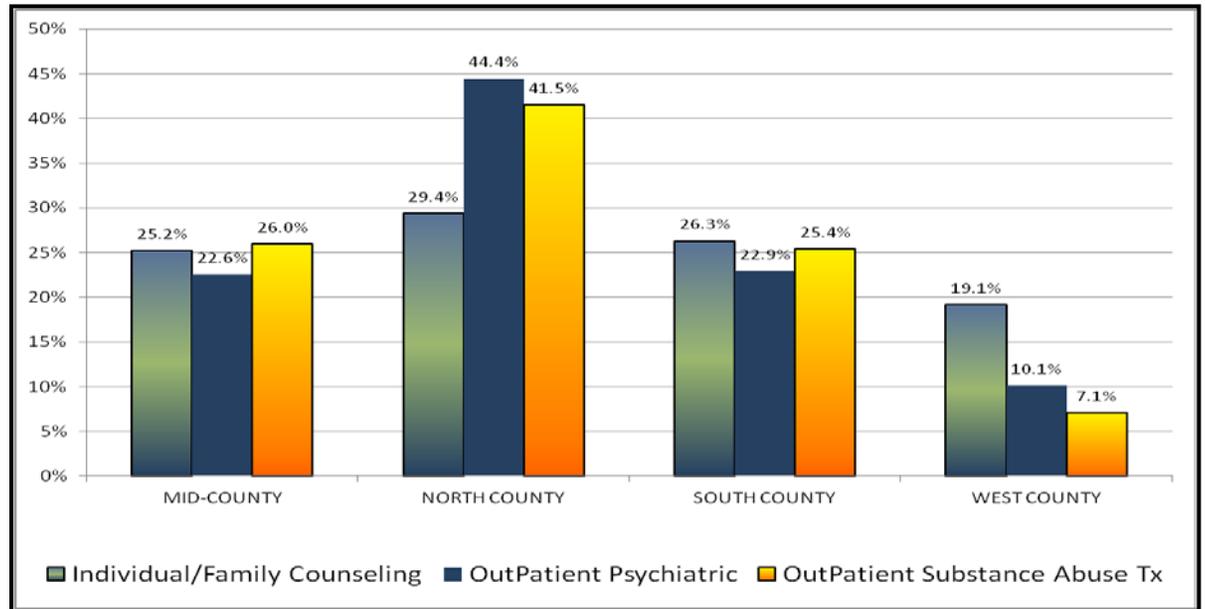
CHART 16. Housing Services

Mid-County had the highest incidence of housing services in the areas of both Temporary Shelter and Transitional Housing. In North County, there was more provision of Temporary Shelter, while in South County Transitional Housing predominated.

While the high percentages for Mid-County and North County are to be expected given the substantial representation of low income residents, the data for South County is somewhat surprising. In one part of the sector, there is a substance abuse treatment facility. Transitional housing in close proximity serves those who need further support following in-patient treatment. This could contribute to this result.
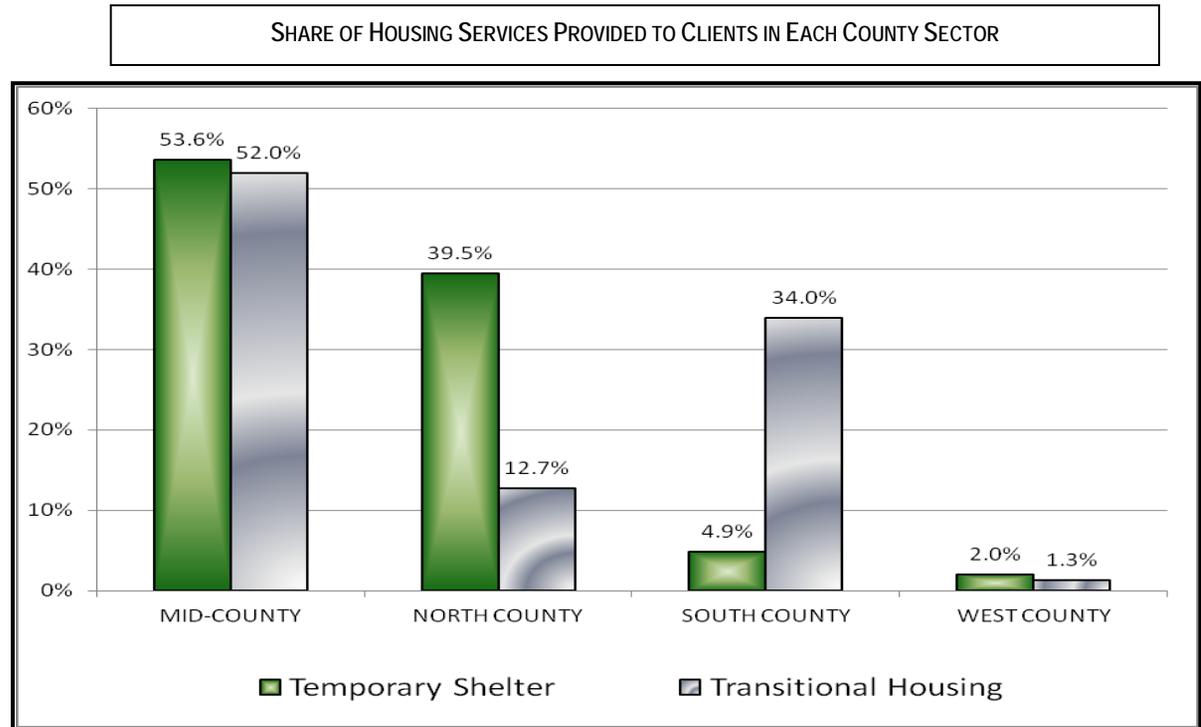
Kruskal Wallis statistical test for Independent Samples indicated a significant difference at the .05 level in the distribution for both types of housing services across County sectors:

- Temporary Shelter (.009)
- Transitional Housing (.030)

While perhaps not as revealing as the comparison of poverty levels in the ZCTAs served, the data for the county sectors tell their own story. They seem consistent with the statistics that one would expect given the generally-accepted view of the sub-counties within St. Louis County. For an organization like CSF, data such as these can guide future program planning with its agency partners.

3.6. CHILDREN'S SERVICE FUND DATA FOR DESIGNATED AGE GROUPS

ARC researchers also examined the data in light of who is receiving services. The July 2011 dataset is limited in what it can tell us, with the limited demographic data that it contains. Records for gender indicate that the sexes are equally represented, with males at 49.4 percent and females at 50.6 percent.

With regard to age, the Children's Service Fund is intended to serve children. Its partner agencies have fulfilled this requirement, with services predominantly directed at school-age clients, although some adults have also been included in their reporting of outputs.

Chart 17 below shows the distribution of services across 4 main age groups. The bulk of agencies reported clients in the 6 to 19 age group. In contrast, roughly 11 percent fell in the category of pre-K and younger. Compared to children served, the adult share was negligible.

CHART 17. Age Groups Served by CSF Partners
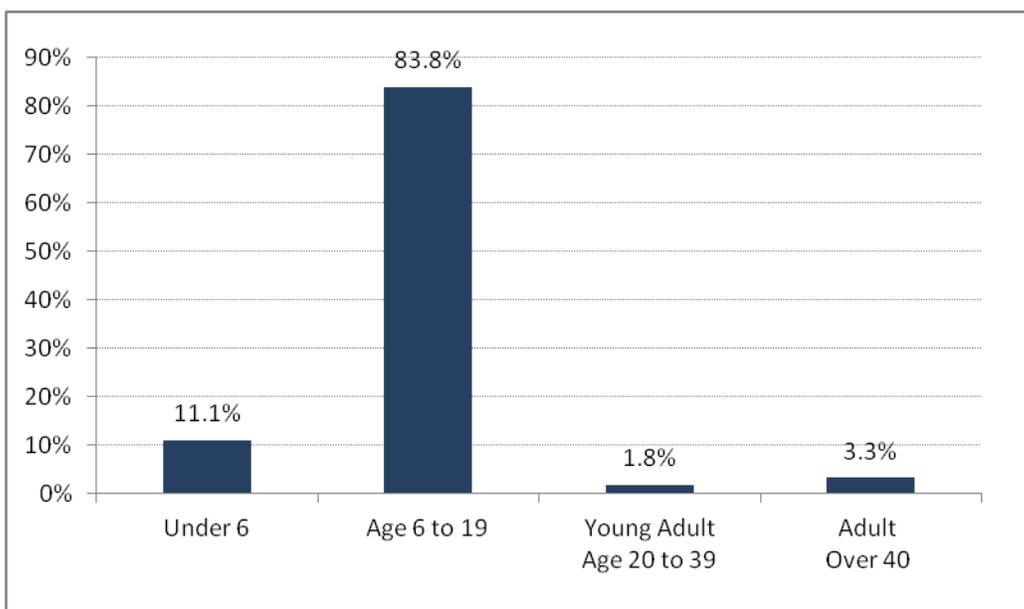
A second chart (see below) displays most of the services available, by type and by age group. Services most frequently attributed to adults were related to counseling, along with home or community intervention and, to a lesser extent, crisis intervention.

Children under 6 received the highest percentage of respite care services, but the most frequently provided service for this age group occurred in relation to Home and Community-Based Interventions, with over 1,050 service units provided. For older children, school-based intervention services were most frequent.

Chart 18. Percent of Each CSF-funded Service Allocated by Age Group**
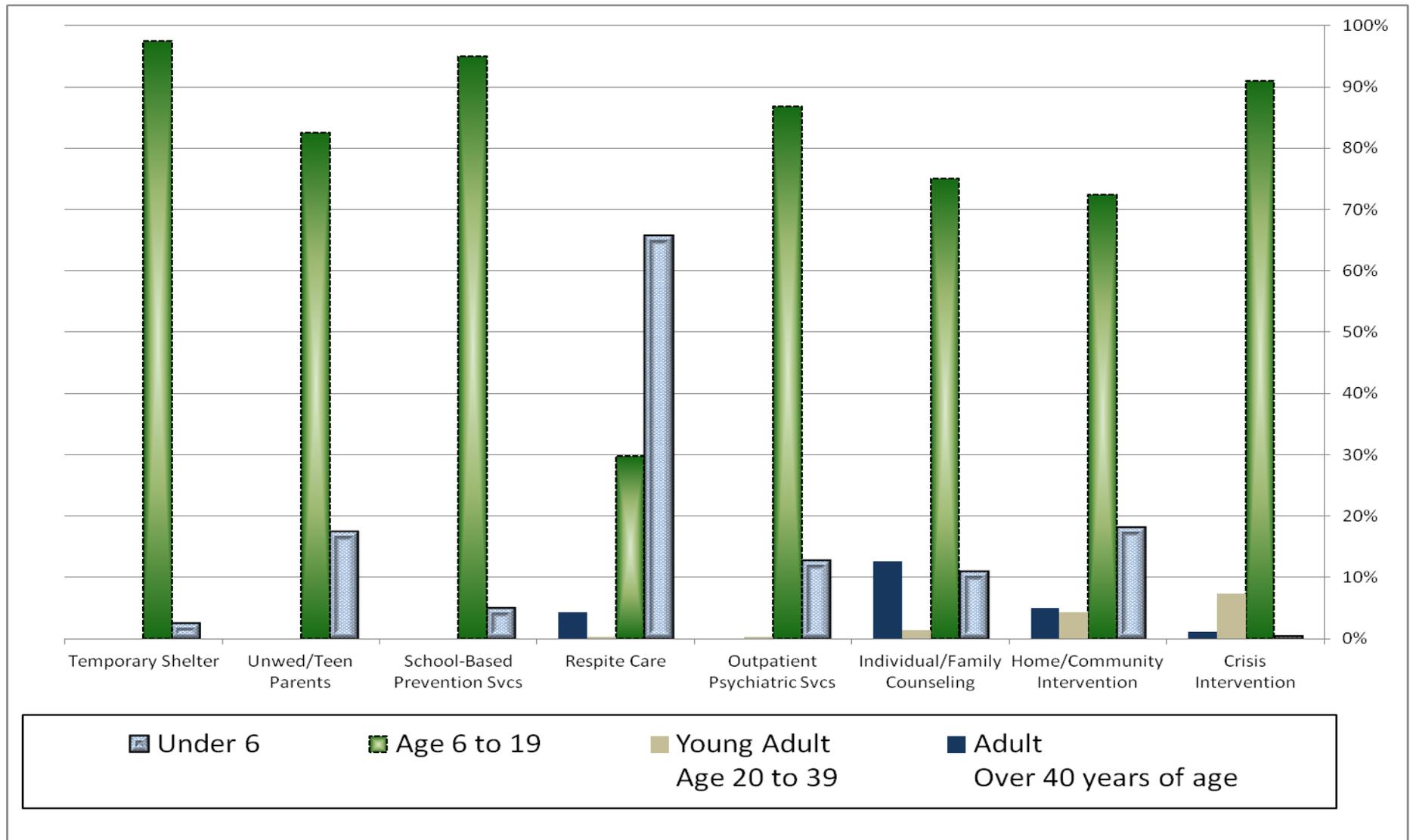
**Outpatient Substance Abuse and Transitional Housing service categories are not shown.   Services in both categories were delivered exclusively to children aged 6 to 19. Calculations do not include cases where age was UNKNOWN.

SECTION 4: DEMOGRAPHIC DATA

In 2010 there were 239,588 residents in St. Louis County in the population eligible for Children's Service Fund services. Data from the 2010 census record that for the two largest demographic groups in St. Louis County, whites and African Americans (93.6 percent of the population), for both males and females, the population of children is declining. Each successive 5-year cohort from the oldest at 15-19 years old is smaller than the group before it. The numbers of children in the same age cohorts St. Louis County not in the white or African American racial groups is, however, increasing, but they are 6.4 percent of the overall population.

White

Male			Female	
Under 5 years	17,494	5.2	16,712	4.6
5 to 9 years	19,566	5.8	18,723	5.1
10 to 14 years	21,950	6.5	20,779	5.7
15 to 19 years	22,446	6.7	21,163	5.8
	81,456	24	77,377	21

African American

Male			Female	
Under 5 years	8,949	8.6	8,508	6.6
5 to 9 years	9,280	8.9	8,934	7
10 to 14 years	9,989	9.6	9,587	7.5
15 to 19 years	11,262	6.8	10,935	5.3
	39,480	34	37,964	26

Other race

Male			Female	
Under 5 years	500	10.9	519	13.2
5 to 9 years	448	9.8	441	11.2
10 to 14 years	361	7.9	354	9
15 to 19 years	384	4.8	304	4.8
	1,693	33	1,618	38

Demographic trend data were available from the Missouri Department of Health and Human Services' Missouri Information for Community Assessment (MICA). While the MICA data reflect the trend toward an increasing African American population in St. Louis County, looking at the age cohort distribution would indicate in the future there would be declining numbers of children for the Children's Service Fund to serve.

MICA Data - Estimated Population by Race (1997-2009)
- The number of under 15 year olds, both the total population as well as Whites, declined. The number of African-Americans and "Other" races grew.
- The number of 15-24 year olds generally increased, as well as the African-American and "Other" population. The number of Whites decreased.

The data trend for St. Louis County was similar to or better than the state of Missouri for the following variables:
- Healthy Live Births (2005-2009) for 10-14, 15-17, and 18-19 year olds.
- Live Births Fertility Number and Rate (2005-2009) for 10-14 and 15-19 year olds.
- Pregnancy Rates (2005-2009) for 10-14 and 15-17 year olds.
- Births with No Prenatal Care (2005-2009) for 10-14, 15-17, and 18-19 year olds.
- Childhood Blood Lead Crude Rates (2001-2009) Age 6 and under
- Cause of Death: Suicide (2005-2009)

The following data trends for St. Louis County were worse than the state of Missouri:
- Injuries (Abuse, Neglect/Rape) (2005-2009)
    - Under 15 year olds – African-Americans had a higher rate than African-Americans statewide, and the total rate was higher than the state.
    - 15-24 year olds - African-Americans had a higher rate than African-Americans statewide, and the total rate was higher than the state.

APPENDIX A – School Staff Survey Detail

Table A-1. Study Sample		
	# of Staff Completing Survey	Percent
Sex		
Male	195	20.2
Female	771	79.8
Age		
15 to 24 years	25	2.6
25 to 34 years	217	22.5
35 to 44 years	265	27.4
45 to 54 years	242	25.1
55 to 64 years	193	20.0
65 years and over	24	2.5
Race		
African American	88	8.6
American Indian/Alaskan Native	4	.4
Asian	5	.5
Native Hawaiian/Pacific Islander	2	.2
White	864	84.8
Other	9	.9
Role		
Teacher	639	62.7
Principal	60	5.9
Teaching Assistant/Aide	23	2.3
Administrative Assistant	27	2.6
Nurse	29	2.8
Guidance Counselor	67	6.6
Social Worker	19	1.9
Psychologist	5	.5
Speech Pathologist	14	1.4
Director of Early Childhood Education Center	3	.3
Other	101	9.9
Grade Level		
Early Childhood	75	7.4
Elementary	352	34.5
Middle	303	29.7
High	375	36.8

Table A-2. Survey Measures and Categories			
Category	*Subcategories*	*Response Options*	*Items Derived From*
Perceived Student Needs	Factors that may limit staff's ability to do their job	4 (strongly agree) to 1 (strongly disagree)	Walter, H. J., Gouze, K. & Lim, K. G., 2006
	Importance of resources	4 (very important) to 1 (not important)	Cohen, E. & Angeles, J., 2006
	Problem areas	4 (very big problem) to 1 (no problem)	
	Confidence in managing and identifying student issues	5 (extremely confident) to 1 (not at all confident)	
Awareness of Community Services	Adequacy of existing services	4 (very adequate) to 1 (not at all adequate)	Walter, H. J., Gouze, K. & Lim, K. G., 2006
	Programs currently in place	Check all that apply	Cohen, E. & Angeles, J., 2006
	List organizations that provide substance abuse or mental health services for youth	None	None
Barriers to Linking Services	Barriers to solving mental health problems	4 (major barrier) to 1 (not a barrier)	Walter, H. J., Gouze, K. & Lim, K. G., 2006
Perceptions of Stigma	Social Distance Scale (SDS)	4 (definitely willing) to 1 (definitely unwilling)	Gureje, O., Lasebikan, V. O. & Ephraim-Olwanguga, 2005
	Stigma Scale for Receiving Psychological Help (SSRPH)	4 (strongly agree) to 1 (strongly disagree)	Komiya, N., Good, G.E., & Sherrod, N.B., 2000

TABLE A-3. Problem Severity (n=899)
(Rank Order Biggest to Smallest Problem)

	Total	Central	North	South	West	Public	Priv.	Teacher	Admin	High	Middle	Elem	ECE
Students being disrespectful to each other	**2.68**	2.38	**3.07**	**2.45**	2.32	**2.79**	2.26	**2.72**	**2.54**	**2.68**	**2.80**	**2.60**	2.27
Divorce, parent conflict	**2.66**	**2.55**	2.77	**2.68**	**2.45**	**2.73**	**2.40**	2.66	2.55	**2.77**	2.59	**2.61**	**2.54**
Students disrupting the classroom	**2.60**	2.29	**3.05**	2.30	2.12	**2.72**	2.08	**2.62**	**2.32**	2.46	2.58	**2.64**	**2.70**
Student displaying hyperactive behavior in the classroom	**2.58**	**2.41**	2.83	**2.42**	2.32	**2.68**	2.17	**2.61**	**2.35**	2.39	2.54	**2.70**	**2.78**
Students coming to school unprepared to learn	**2.58**	2.24	**3.03**	2.36	2.01	**2.70**	2.09	**2.59**	**2.38**	**2.70**	**2.61**	2.41	2.26
Students being disrespectful to teachers and other staff	2.51	2.19	2.99	2.20	1.99	2.64	2.01	2.54	2.26	2.55	2.54	2.43	2.20
Students feeling stressed a lot of the time	2.48	**2.50**	2.53	2.41	2.36	2.52	**2.39**	2.46	2.32	**2.77**	2.45	2.31	2.15
Students arguing with each other	2.41	2.14	2.79	2.17	2.04	2.51	1.98	2.43	2.30	2.35	2.45	2.45	2.19
Students bullying each other	2.38	2.23	2.61	2.25	2.09	2.47	2.04	2.38	2.25	2.37	2.51	2.31	2.15
Students feeling depressed a lot of the time	2.27	2.21	2.38	2.24	2.00	2.33	2.03	2.22	2.19	2.50	2.23	2.12	1.85
Students' responses to experiencing trauma (abuse/neglect, disaster)	2.17	1.98	2.43	2.10	1.70	2.31	1.61	2.11	2.13	2.29	2.03	2.12	2.09
Chronic absenteeism	2.09	1.80	2.47	1.86	1.67	2.23	1.53	2.07	2.05	2.31	1.96	1.90	1.88
Substance abuse by family member or caretaker	2.08	1.92	2.32	2.02	1.60	2.21	1.58	2.06	2.12	2.25	1.99	1.98	1.95
Students threatening each other	2.07	1.80	2.47	1.84	1.58	2.19	1.58	2.05	2.05	2.09	2.08	2.02	1.84
Child abuse/neglect	2.04	1.83	2.31	1.94	1.60	2.18	1.47	1.99	2.07	2.08	1.93	2.05	1.97

	Total	Central	North	South	West	Public	Priv.	Teacher	Admin	High	Middle	Elem	ECE
Domestic violence	1.92	1.73	2.17	1.84	1.51	2.04	1.47	1.88	1.95	2.04	1.79	1.86	1.82
Student homelessness	1.91	1.67	2.27	1.74	1.36	2.11	1.13	1.88	1.79	1.98	1.84	1.86	1.69
Students engaging in risky sexual behavior	1.89	1.76	2.15	1.76	1.45	1.96	1.65	1.86	1.89	2.53	1.83	1.29	1.36
Students using marijuana	1.85	1.73	2.04	1.82	1.42	1.93	1.57	1.85	1.75	2.66	1.72	1.18	1.25
Students drinking beer, wine, or liquor	1.76	1.72	1.82	1.82	1.48	1.79	1.69	1.75	1.66	2.50	1.62	1.18	1.21
Students destroying school property	1.73	1.55	2.01	**1.57**	1.35	1.80	1.44	1.75	1.59	1.82	1.69	1.64	1.59
Students smoking cigarettes	1.63	1.52	1.76	1.63	1.29	1.69	1.41	1.62	1.57	2.16	1.55	1.16	1.19
Students bringing drugs or alcohol to school	1.60	1.49	1.75	1.60	1.26	1.69	1.26	1.58	1.58	2.11	1.52	1.18	1.21
Students using drugs (cocaine, meth, heroin)	1.55	1.46	1.65	1.60	1.19	1.62	1.27	1.55	1.40	2.10	1.40	1.13	1.13
Gangs recruiting students	1.36	1.14	1.68	1.16	1.09	1.43	1.09	1.35	1.32	1.55	1.31	1.20	1.23

TABLE A-4. Adequacy of Community Behavioral Health Resources to Address Student Needs (n=899)
(Rank Ordered Least Adequate to Most Adequate)

	Total	Central	North	South	West	Public	Private	Teacher	Admin	High	Middle	Elementary	ECE
A violent student	1.85	1.82	1.85	1.94	1.73	1.93	1.60	1.71	2.06	2.04	2.14	1.66	1.76
A student with a drug or alcohol problem	1.86	1.82	1.86	2.00	1.65	1.88	1.82	1.72	1.93	2.37	2.38	2.32	2.44
A student with inconsistent attendance	1.87	1.83	1.88	1.92	1.82	1.90	1.80	1.78	1.91	1.98	2.06	1.95	2.21
A homeless student	1.94	1.85	2.08	1.97	1.41	2.11	1.31	1.77	2.15	2.01	1.91	1.67	1.92
A student experiencing a stress response to trauma	1.98	1.89	2.01	2.01	1.97	2.01	1.89	1.79	1.89	2.23	2.20	1.94	2.07
A suicidal student	2.00	1.88	2.08	1.98	2.04	2.05	1.86	1.76	2.44	2.36	2.06	1.75	2.00
An abused/neglected student	2.03	2.03	2.07	2.00	1.92	2.11	1.75	1.84	2.19	2.14	1.89	1.83	1.89
A student with an anxiety disorder	2.09	2.05	2.01	2.19	2.37	2.10	2.09	1.91	2.13	2.26	2.17	1.99	2.11
A student with depression	2.11	2.08	2.06	2.21	2.15	2.13	2.05	1.91	2.25	2.32	2.05	1.29	1.48
A hyperactive student	2.31	2.30	2.17	2.41	2.68	2.27	2.47	2.14	2.56	2.38	1.98	1.87	1.93

TABLE A-5: Existing School-Based Programs (n=899)

Item	Total	Central	North	South	West	Public	Private	Teacher	Admin	High	Middle	Elementary	ECE
Bullying prevention	81%	57%	66%	65%	61%	65%	52%	63%	65%	61%	70%	66%	56%
Social/emotional skills training	51%	40%	39%	39%	42%	42%	28%	39%	55%	38%	39%	46%	51%
Sex education	43%	38%	29%	38%	**20**%	32%	37%	35%	38%	38%	39%	30%	27%
Substance use prevention	43%	32%	27%	**48**%	26%	32%	38%	35%	40%	45%	33%	27%	15%
Suicide prevention	42%	26%	**46**%	25%	11%	36%	21%	31%	40%	48%	41%	13%	16%
Coping with divorce	29%	24%	**17**%	28%	28%	24%	13%	21%	27%	17%	18%	32%	27%
Chronic absenteeism prevention	25%	10%	**29**%	19%	9%	22%	9%	18%	17%	23%	19%	16%	19%
Violence prevention	25%	17%	22%	20%	10%	21%	10%	18%	28%	24%	18%	17%	17%
Services to address abuse/neglect	24%	16%	22%	18%	15%	20%	12%	16%	28%	24%	15%	17%	21%
Services to address homelessness	17%	8%	**19**%	10%	7%	16%	1%	12%	22%	17%	9%	13%	11%

TABLE A-6: Barriers to Solving Mental Health Problems (n=899)
(Rank Ordered Largest Barrier to Smallest Barrier)

	Total	Central	North	South	West	Public	Private Paroch.	Teacher	Admin	High	Middle	Elementary	ECE
Lack of time	3.18	3.14	3.22	3.12	3.21	3.22	3.01	3.19	3.05	3.19	3.13	3.22	2.93
Lack of information/training	3.05	2.97	3.13	2.99	3.10	3.08	2.94	3.05	3.18	3.03	3.02	3.08	2.80
Lack of parent involvement	2.93	2.58	3.24	2.87	2.64	3.07	2.42	2.90	2.76	2.92	2.88	2.95	2.89
Lack of sufficient resources for student support services at school	2.86	2.72	2.96	2.89	2.76	2.86	2.83	2.86	3.07	2.81	2.84	2.93	2.94
Severity of students' problems	2.71	2.54	2.90	2.62	2.57	2.81	2.34	2.69	2.85	2.73	2.57	2.77	2.63
Lack of access to mental health professionals for consultation	2.63	2.48	2.76	2.54	2.65	2.68	2.43	2.64	2.82	2.51	2.59	2.78	2.53
Too many required modifications/accommodations	2.54	2.45	2.62	2.48	2.49	2.56	2.45	2.62	2.32	2.57	2.42	2.57	2.28
Lack of sufficient resources for special education services	2.47	2.42	2.56	2.36	2.48	2.44	2.60	2.54	2.64	2.33	2.48	2.71	2.25
Unavailability of assessments/treatment resources in the community	2.41	2.29	2.55	2.33	2.26	2.46	2.19	2.40	2.57	2.29	2.37	2.56	2.35
Other (please specify)	2.33	1.89	2.66	2.12	3.67	2.54	1.47	2.21	2.50	2.28	2.03	2.57	2.78
Lack of clear, consistent, school behavior rules	2.18	2.13	2.27	2.07	2.13	2.22	2.01	2.27	1.77	2.28	2.16	2.08	1.96
Lack of support from school administration	2.06	1.87	2.20	2.00	2.11	2.13	1.80	2.11	1.61	2.12	1.97	2.03	1.88

TABLE A-7. Confidence in Identifying Behavioral Health Issue   (n=899)
(Rank Order Least Confident to Most Confident)

	Total	Central	North	South	West	Public	Private	Teacher	Admin	High	Middle	Elementary	ECE
Identifying a student who may be suicidal	2.82	2.71	2.93	2.79	2.62	2.90	2.52	2.66	3.05	2.97	2.92	2.60	2.73
Identifying a student who may be having a stress reaction to trauma	2.86	2.81	2.85	2.92	2.83	2.91	2.67	2.78	2.84	2.91	3.15	2.83	2.83
Identifying a student who may be having a problem with alcohol or drugs	2.88	2.78	2.94	2.93	2.70	2.94	2.62	2.81	3.09	3.06	3.32	2.65	2.71
Identifying a student who may be homeless	2.99	3.00	2.95	3.04	2.99	3.04	2.80	2.80	3.34	2.87	3.72	3.07	3.23
Identifying a student who may abused/neglected	2.99	2.98	3.01	2.97	2.96	3.05	2.74	2.83	3.27	2.88	2.92	3.09	3.28
Identifying a student who may have an anxiety disorder	3.08	3.12	3.02	3.15	3.01	3.12	2.93	2.99	2.98	3.13	3.15	3.03	3.08
Identifying a student who may be physically dangerous to others	3.14	3.02	3.21	3.19	3.00	3.23	2.80	3.04	3.45	3.04	3.22	3.17	3.24
Identifying a student who may have depression	3.29	3.25	3.30	3.31	3.21	3.34	3.11	3.20	3.36	3.41	3.32	3.17	3.22
Identifying a student who may be hyperactive	3.72	3.70	3.73	3.77	3.56	3.77	3.53	3.69	3.87	3.67	3.72	3.80	3.64

TABLE A-8. Confidence in Managing Behavioral Health Issue without Additional Support or Resources (n=899)
(Rank Order Least Confident to Most Confident)

	Total	Central	North	South	West	Public	Private	Teacher	Admin	High	Middle	Elementary	ECE
Managing student with suicidal thoughts	2.08	2.09	2.25	2.12	2.01	2.22	1.95	2.08	2.16	2.26	2.26	1.94	2.19
Managing student with alcohol or drug problem	2.22	2.18	2.27	2.23	2.16	2.27	2.10	2.20	2.43	2.36	2.24	2.05	2.20
Managing student who is physically dangerous to others	2.28	2.31	2.32	2.33	2.17	2.36	2.14	2.25	2.64	2.31	2.38	2.23	2.44
Managing student with stress reaction to trauma	2.29	2.30	2.32	2.40	2.30	2.37	2.20	2.29	2.27	2.38	2.33	2.25	2.39
Managing student who has been victim of abuse/neglect	2.34	2.36	2.43	2.40	2.43	2.44	2.28	2.32	2.56	2.40	2.40	2.39	2.67
Managing student with depression	2.49	2.49	2.57	2.60	2.36	2.59	2.38	2.49	2.46	2.66	2.60	2.40	2.60
Managing student with anxiety disorder	2.49	2.53	2.52	2.54	2.45	2.56	2.40	2.49	2.41	2.56	2.59	2.46	2.63
Managing homeless student	2.52	2.48	2.73	2.62	2.60	2.74	2.18	2.49	2.73	2.54	2.63	2.65	2.79
Managing student with inconsistent attendance	2.66	2.65	2.71	2.78	2.78	2.74	2.63	2.64	2.89	2.69	2.77	2.71	2.92
Managing student with hyperactivity	3.02	2.98	2.98	3.05	2.88	3.05	2.76	3.00	3.20	2.91	3.04	2.98	3.14
Managing personal stress caused by dealing with mental health problems in school	3.25	3.33	3.29	3.34	3.21	3.34	3.16	3.23	3.50	3.38	3.37	3.21	3.35

TableA-9: Confidence in Managing Behavioral Health Issue without Additional Support or Resources (n=899)
(Rank Order Least Confident to Most Confident)

	Total	Central	North	South	West	Public	Private	Teacher	Admin	High	Middle	Elementary	ECE
Managing student with suicidal thoughts	2.08	2.09	2.25	2.12	2.01	2.22	1.95	2.08	2.16	2.26	2.26	1.94	2.19
Managing student with alcohol or drug problem	2.22	2.18	2.27	2.23	2.16	2.27	2.10	2.20	2.43	2.36	2.24	2.05	2.20
Managing student who is physically dangerous to others	2.28	2.31	2.32	2.33	2.17	2.36	2.14	2.25	2.64	2.31	2.38	2.23	2.44
Managing student with stress reaction to trauma	2.29	2.30	2.32	2.40	2.30	2.37	2.20	2.29	2.27	2.38	2.33	2.25	2.39
Managing student who has been victim of abuse/neglect	2.34	2.36	2.43	2.40	2.43	2.44	2.28	2.32	2.56	2.40	2.40	2.39	2.67
Managing student with depression	2.49	2.49	2.57	2.60	2.36	2.59	2.38	2.49	2.46	2.66	2.60	2.40	2.60
Managing student with anxiety disorder	2.49	2.53	2.52	2.54	2.45	2.56	2.40	2.49	2.41	2.56	2.59	2.46	2.63
Managing homeless student	2.52	2.48	2.73	2.62	2.60	2.74	2.18	2.49	2.73	2.54	2.63	2.65	2.79
Managing student with inconsistent attendance	2.66	2.65	2.71	2.78	2.78	2.74	2.63	2.64	2.89	2.69	2.77	2.71	2.92
Managing student with hyperactivity	3.02	2.98	2.98	3.05	2.88	3.05	2.76	3.00	3.20	2.91	3.04	2.98	3.14
Managing personal stress caused by dealing with mental health problems in school	3.25	3.33	3.29	3.34	3.21	3.34	3.16	3.23	3.50	3.38	3.37	3.21	3.35

APPENDIX B-Parent Survey Response Detail

Methodology

The probability sample was selected from an updated list of all St. Louis County registered voters with land line telephones. Interviewing was conducted between September 24, 2012 and October 1, 2012.

The age and gender of the respondents is provided in Appendix B. For the entire sample, the sampling error at the 95 percent confidence level is plus-or-minus 3.9 percent. The sampling error is larger, up to plus-or-minus nine points, for estimates based on a portion of the sample. Because of rounding, percentages do not always total precise one hundred percent.

The demographic breakdowns for each substantive question are provided in Appendix A.

I am going to read you a list of possible challenges that youth and children in your neighborhood might face. For each one, tell me whether for your neighborhood it is an extremely serious concern (EXT), a very serious concern (VERY), a somewhat serious concern (SOME), a not very serious concern (NVS), or not a concern at all (NOT). Child abuse and neglect.

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	3%	7%	20%	26%	39%	5%
Children Ages:						
0-7 Years	3%	7%	21%	25%	41%	3%
8-12 Years	4%	4%	22%	26%	38%	6%
13-19 Years	3%	7%	18%	28%	40%	4%
Years of Education:						
0-12	7%	12%	5%	15%	59%	2%
13-15	2%	10%	17%	26%	41%	4%
16	4%	4%	24%	23%	40%	4%
17-	1%	7%	22%	33%	31%	6%
Race:						
African-American	7%	4%	19%	22%	44%	4%
Caucasian	2%	7%	21%	27%	38%	4%
2011 Household Income:						
Under $30,000	8%	5%	10%	15%	58%	5%
$30,000-$59,999	5%	12%	25%	18%	38%	2%
$60,000-$89,999	3%	5%	23%	29%	36%	4%
$90,000-	1%	6%	19%	28%	40%	6%

Area (Townships):

North County	5%	7%	26%	23%	34%	5%
Central County	5%	7%	23%	32%	30%	3%
South County	0%	9%	19%	22%	43%	8%
West County	2%	5%	14%	26%	51%	4%

Area (Zip Codes):

North County	5%	8%	25%	22%	34%	5%
Central County	5%	8%	21%	40%	22%	4%
South County	2%	8%	22%	24%	39%	6%
West County	2%	4%	15%	26%	50%	3%

I am going to read you a list of possible challenges that youth and children in your neighborhood might face. For each one, tell me whether for your neighborhood it is an extremely serious concern (EXT), a very serious concern (VERY), a somewhat serious concern (SOME), a not very serious concern (NVS), or not a concern at all (NOT). Homeless youth with no place to stay.

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	2%	4%	10%	30%	49%	4%
Children Ages:						
0-7 Years	4%	3%	9%	28%	52%	4%
8-12 Years	3%	4%	7%	29%	52%	5%
13-19 Years	1%	5%	11%	31%	48%	4%
Years of Education:						
0-12	10%	5%	8%	27%	48%	2%
13-15	1%	9%	11%	20%	54%	6%
16	2%	2%	10%	31%	52%	3%
17-	1%	4%	12%	33%	45%	5%
Race:						
African-American	7%	4%	14%	25%	45%	6%
Caucasian	2%	4%	10%	31%	50%	4%
2011 Household Income:						
Under $30,000	10%	10%	2%	18%	57%	2%
$30,000-$59,999	5%	3%	18%	24%	43%	6%
$60,000-$89,999	2%	4%	10%	32%	47%	4%
$90,000-	1%	3%	9%	32%	51%	4%
Area (Townships):						
North County	4%	2%	17%	31%	38%	8%
Central County	2%	7%	10%	34%	42%	5%

South County	1%	6%	7%	26%	56%	4%
West County	2%	2%	7%	26%	61%	1%

Area (Zip Codes):

North County	5%	2%	16%	32%	37%	8%
Central County	1%	10%	11%	29%	42%	7%
South County	2%	6%	8%	31%	50%	2%
West County	2%	2%	8%	27%	59%	2%

I am going to read you a list of possible challenges that youth and children in your neighborhood might face. For each one, tell me whether for your neighborhood it is an extremely serious concern (EXT), a very serious concern (VERY), a somewhat serious concern (SOME), a not very serious concern (NVS), or not a concern at all (NOT). Youth considering committing suicide.

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	5%	10%	23%	20%	32%	10%
Children Ages:						
0-7 Years	5%	11%	20%	19%	36%	10%
8-12 Years	6%	9%	24%	18%	31%	11%
13-19 Years	5%	10%	22%	22%	31%	10%
Years of Education:						
0-12	5%	10%	20%	10%	46%	8%
13-15	4%	12%	16%	21%	40%	7%
16	6%	8%	24%	21%	32%	9%
17-	5%	10%	28%	21%	23%	12%
Race:						
African-American	6%	11%	14%	16%	44%	10%
Caucasian	5%	10%	26%	21%	30%	9%
2011 Household Income:						
Under $30,000	2%	15%	15%	10%	48%	10%
$30,000-$59,999	7%	8%	21%	19%	34%	10%
$60,000-$89,999	6%	7%	21%	30%	27%	9%
$90,000-	5%	11%	26%	19%	31%	9%
Area (Townships):						
North County	10%	10%	16%	21%	30%	13%
Central County	4%	14%	23%	24%	26%	8%
South County	3%	9%	30%	15%	36%	8%
West County	3%	6%	25%	18%	36%	11%

Area (Zip Codes):

North County	10%	10%	16%	20%	31%	13%
Central County	1%	17%	20%	27%	23%	12%
South County	4%	11%	30%	18%	31%	5%
West County	3%	6%	24%	19%	37%	12%

*I am going to read you a list of possible challenges that youth and
children in your neighborhood might face. For each one, tell me
whether for your neighborhood it is an extremely serious concern
(EXT), a very serious concern (VERY), a somewhat serious concern
(SOME), a not very serious concern (NVS), or not a concern at all
(NOT). Youth with severe emotional and mental illnesses.*

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	4%	7%	27%	28%	27%	7%
Children Ages:						
0-7 Years	3%	9%	24%	26%	32%	6%
8-12 Years	4%	7%	29%	25%	26%	9%
13-19 Years	4%	8%	27%	28%	26%	7%
Years of Education:						
0-12	3%	3%	20%	25%	39%	8%
13-15	5%	6%	25%	23%	35%	7%
16	6%	8%	25%	29%	25%	7%
17-	2%	8%	32%	29%	22%	7%
Race:						
African-American	8%	7%	22%	18%	36%	10%
Caucasian	3%	7%	29%	30%	25%	6%
2011 Household Income:						
Under $30,000	10%	2%	15%	25%	35%	12%
$30,000-$59,999	5%	8%	25%	25%	33%	3%
$60,000-$89,999	4%	7%	20%	32%	29%	8%
$90,000-	3%	7%	33%	26%	24%	6%
Area (Townships):						
North County	7%	7%	24%	24%	29%	9%
Central County	5%	12%	30%	26%	21%	5%
South County	2%	3%	24%	36%	28%	7%
West County	2%	6%	28%	26%	30%	7%
Area (Zip Codes):						
North County	6%	6%	26%	22%	30%	9%
Central County	5%	13%	24%	33%	16%	8%
South County	3%	6%	28%	32%	25%	5%
West County	3%	6%	28%	25%	31%	7%

I am going to read you a list of possible challenges that youth and children in your neighborhood might face. For each one, tell me whether for your neighborhood it is an extremely serious concern (EXT), a very serious concern (VERY), a somewhat serious concern (SOME), a not very serious concern (NVS), or not a concern at all (NOT). Youth who abuse drugs or alcohol.

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	8%	18%	33%	18%	19%	4%
Children Ages:						
0-7 Years	6%	16%	29%	22%	24%	3%
8-12 Years	8%	17%	31%	20%	21%	2%
13-19 Years	8%	20%	36%	15%	18%	4%
Years of Education:						
0-12	7%	22%	12%	25%	30%	3%
13-15	14%	12%	28%	14%	27%	6%
16	9%	22%	35%	14%	18%	2%
17-	5%	16%	40%	21%	13%	4%
Race:						
African-American	12%	23%	19%	12%	27%	6%
Caucasian	7%	18%	36%	19%	17%	3%
2011 Household Income:						
Under $30,000	12%	25%	8%	15%	28%	12%
$30,000-$59,999	15%	17%	28%	15%	24%	1%
$60,000-$89,999	7%	15%	34%	25%	16%	4%
$90,000-	7%	19%	38%	17%	18%	2%
Area (Townships):						
North County	11%	24%	24%	17%	20%	5%
Central County	8%	24%	35%	14%	14%	5%
South County	11%	10%	35%	22%	20%	3%
West County	5%	12%	39%	19%	22%	2%
Area (Zip Codes):						
North County	11%	23%	24%	16%	21%	5%
Central County	7%	29%	33%	13%	10%	7%
South County	11%	14%	38%	18%	16%	2%
West County	6%	12%	35%	20%	24%	3%

I am going to read you a list of possible challenges that youth and children in your neighborhood might face. For each one, tell me whether for your neighborhood it is an extremely serious concern (EXT), a very serious concern(VERY), a somewhat serious concern (SOME), a not very serious concern (NVS), or not a concern at all (NOT). Youth bullying each other.

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	6%	18%	40%	18%	17%	2%
Children Ages:						
0-7 Years	6%	18%	39%	18%	20%	0%
8-12 Years	6%	18%	39%	19%	15%	2%
13-19 Years	6%	18%	40%	18%	16%	2%
Years of Education:						
0-12 Years	8%	24%	32%	15%	20%	0%
13-15	7%	16%	30%	15%	31%	1%
16	7%	16%	44%	18%	14%	2%
17-	3%	17%	44%	20%	13%	2%
Race:						
African-American	16%	19%	25%	18%	19%	3%
Caucasian	4%	18%	44%	18%	15%	1%
2011 Household Income:						
Under $30,000	15%	28%	15%	20%	22%	0%
$30,000-$59,999	10%	18%	37%	10%	23%	1%
$60,000-$89,999	4%	15%	40%	22%	17%	3%
$90,000-	4%	18%	44%	19%	14%	2%
Area (Townships):						
North County	9%	23%	38%	14%	15%	1%
Central County	6%	20%	40%	17%	16%	1%
South County	3%	12%	44%	17%	24%	1%
West County	5%	15%	39%	22%	16%	4%
Area (Zip Codes):						
North County	10%	22%	37%	14%	16%	1%
Central County	6%	22%	42%	18%	10%	2%
South County	4%	16%	42%	17%	21%	1%
West County	4%	14%	40%	20%	18%	3%

I am going to read you a list of possible challenges that youth and children in your neighborhood might face. For each one, tell me whether for your neighborhood it is an extremely serious concern (EXT), a very serious concern (VERY), a somewhat serious concern

*(SOME), a not very serious concern (NVS), or not a concern at all
(NOT). Youth violence and gang activity.*

	EXT	VERY	SOME	NVS	NOT	DK-NA
Overall	5%	7%	11%	28%	47%	1%
Children Ages:						
0-7 Years	6%	8%	9%	24%	52%	1%
8-12 Years	6%	6%	8%	28%	52%	1%
13-19 Years	4%	7%	13%	30%	46%	1%
Years of Education:						
0-12	17%	12%	10%	17%	44%	0%
13-15	7%	8%	14%	22%	48%	1%
16	4%	6%	11%	26%	52%	1%
17-	1%	6%	11%	38%	43%	1%
Race:						
African-American	16%	15%	14%	20%	34%	0%
Caucasian	3%	6%	12%	30%	48%	1%
2011 Household Income:						
Under $30,000	22%	20%	5%	8%	45%	0%
$30,000-$59,999	8%	10%	16%	24%	42%	0%
$60,000-$89,999	3%	4%	15%	37%	40%	1%
$90,000-	2%	6%	9%	26%	55%	2%
Area (Townships):						
North County	10%	11%	23%	22%	33%	1%
Central County	6%	9%	11%	36%	37%	1%
South County	2%	3%	8%	30%	56%	1%
West County	2%	3%	4%	25%	64%	1%
Area (Zip Codes):						
North County	10%	12%	23%	22%	32%	1%
Central County	8%	13%	13%	34%	29%	1%
South County	3%	4%	9%	35%	49%	1%
West County	2%	3%	4%	25%	64%	2%

*I'm going to read some of the services these tax dollars (from the
Children's Services Fund) could support. Temporary shelter services
for children who are homeless. Is it extremely important (EXT), very
important (VERY), somewhat important (SOME), not very important (NVI),
or not at all important (NOT) that the Children's Services Fund
support temporary shelter services?*

	EXT	VERY	SOME	NVI	NOT	DK-NA

Overall	34%	44%	15%	4%	2%	1%
Children Ages:						
0-7 Years	32%	44%	16%	6%	1%	1%
8-12 Years	34%	46%	15%	4%	1%	0%
13-19 Years	34%	44%	16%	4%	2%	1%
Years of Education:						
0-12	34%	51%	10%	3%	2%	0%
13-15	34%	47%	14%	3%	3%	0%
16	36%	44%	13%	4%	2%	1%
17-	32%	42%	20%	6%	1%	1%
Race:						
African-American	45%	40%	7%	3%	6%	0%
Caucasian	32%	45%	17%	5%	1%	1%
2011 Household Income:						
Under $30,000	40%	48%	5%	0%	8%	0%
$30,000-$59,999	38%	46%	10%	2%	2%	1%
$60,000-$89,999	29%	48%	17%	5%	0%	1%
$90,000-	33%	41%	18%	6%	2%	1%
Area (Townships):						
North County	40%	41%	12%	3%	3%	1%
Central County	34%	43%	18%	2%	1%	1%
South County	30%	46%	16%	6%	2%	0%
West County	31%	48%	14%	6%	2%	0%
Area (Zip Codes):						
North County	40%	42%	12%	3%	3%	1%
Central County	37%	38%	22%	2%	0%	1%
South County	31%	45%	17%	4%	2%	1%
West County	31%	49%	13%	6%	2%	0%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Transitional living services for children aging out of foster care and need help to become independent results. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important that the Children's Services Fund support transitional living services?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	29%	39%	25%	5%	2%	<0.5%

Children Ages:

	EXT	VERY	SOME	NVI	NOT	DK-NA
0-7 Years	30%	37%	28%	4%	0%	0%
8-12 Years	32%	39%	24%	4%	1%	0%
13-19 Years	28%	39%	25%	6%	2%	1%

Years of Education:

	EXT	VERY	SOME	NVI	NOT	DK-NA
0-12	25%	52%	20%	0%	2%	0%
13-15	27%	48%	15%	6%	3%	1%
16	30%	37%	28%	4%	1%	0%
17-	31%	34%	28%	6%	1%	1%

Race:

	EXT	VERY	SOME	NVI	NOT	DK-NA
African-American	40%	42%	12%	4%	1%	0%
Caucasian	28%	39%	27%	5%	1%	<0.5%

2011 Household Income:

	EXT	VERY	SOME	NVI	NOT	DK-NA
Under $30,000	38%	50%	10%	0%	2%	0%
$30,000-$59,999	35%	36%	21%	5%	3%	0%
$60,000-$89,999	29%	46%	18%	7%	0%	0%
$90,000-	27%	36%	30%	5%	2%	1%

Area (Townships):

	EXT	VERY	SOME	NVI	NOT	DK-NA
North County	30%	42%	22%	5%	1%	0%
Central County	29%	44%	22%	4%	1%	1%
South County	27%	43%	25%	4%	2%	0%
West County	29%	31%	31%	6%	2%	1%

Area (Zip Codes):

	EXT	VERY	SOME	NVI	NOT	DK-NA
North County	30%	42%	22%	5%	1%	0%
Central County	33%	40%	22%	5%	0%	0%
South County	28%	42%	26%	3%	2%	0%
West County	27%	36%	28%	6%	2%	1%

I'm going to read you some of the services these tax dollars (from the Children's Services Fund) could support. Services for pregnant or teen parents. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support services for unwed and teenage parents?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	21%	39%	31%	6%	3%	1%

Children Ages:

	EXT	VERY	SOME	NVI	NOT	DK-NA
0-7 Years	21%	40%	28%	8%	3%	1%
8-12 Years	23%	37%	30%	7%	3%	<0.5%
13-19 Years	20%	40%	30%	6%	4%	1%

Years of Education:

0-12	25%	44%	27%	2%	2%	0%
13-15	21%	41%	27%	5%	4%	2%
16	18%	40%	32%	6%	4%	0%
17-	23%	35%	32%	6%	2%	1%

Race:
African-American	29%	51%	15%	3%	3%	0%
Caucasian	20%	37%	34%	6%	3%	<0.5%

2011 Household Income:
Under $30,000	35%	48%	10%	0%	8%	0%
$30,000-$59,999	23%	39%	32%	3%	3%	0%
$60,000-$89,999	20%	50%	22%	6%	1%	1%
$90,000-	18%	35%	36%	7%	4%	0%

Area (Townships):
North County	26%	38%	29%	5%	3%	0%
Central County	21%	43%	24%	8%	4%	1%
South County	22%	36%	37%	2%	1%	2%
West County	16%	37%	35%	8%	5%	0%

Area (Zip Codes):
North County	26%	38%	29%	4%	3%	0%
Central County	23%	43%	21%	12%	1%	0%
South County	24%	36%	35%	2%	3%	1%
West County	14%	41%	33%	8%	4%	1%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Counseling services for children and youth experiencing mental or emotional illness. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support counseling services for children and youth experiencing mental or emotional illness?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	27%	46%	23%	3%	1%	<0.5%

Children Ages:
	EXT	VERY	SOME	NVI	NOT	DK-NA
0-7 Years	23%	48%	25%	2%	1%	1%
8-12 Years	27%	44%	26%	2%	1%	0%
13-19 Years	29%	45%	21%	4%	1%	0%

Years of Education:
	EXT	VERY	SOME	NVI	NOT	DK-NA
0-12	32%	49%	15%	3%	0%	0%
13-15	28%	47%	19%	3%	3%	0%
16	25%	46%	25%	2%	1%	<0.5%

17-	28%	43%	25%	3%	1%	0%

Race:
African-American	40%	49%	6%	4%	1%	0%
Caucasian	25%	45%	26%	3%	1%	<0.5%

2011 Household Income:
Under $30,000	48%	48%	2%	0%	2%	0%
$30,000-$59,999	28%	47%	21%	1%	1%	1%
$60,000-$89,999	25%	51%	19%	4%	1%	0%
$90,000-	24%	44%	28%	3%	1%	0%

Area (Townships):
North County	32%	46%	18%	3%	1%	0%
Central County	29%	42%	26%	2%	1%	0%
South County	29%	42%	26%	4%	0%	0%
West County	21%	51%	23%	4%	2%	1%

Area (Zip Codes):
North County	32%	45%	19%	3%	1%	0%
Central County	28%	40%	27%	4%	1%	0%
South County	31%	40%	26%	3%	1%	0%
West County	20%	53%	22%	3%	2%	1%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Services for children and youth with symptoms of drug or alcohol abuse. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support services for children and youth with symptoms of drug or alcohol abuse?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	27%	46%	21%	1%	2%	<0.5%

Children Ages:
0-7 Years	21%	47%	26%	3%	2%	1%
8-12 Years	29%	45%	22%	2%	2%	0%
13-19 Years	29%	46%	21%	2%	2%	<0.5%

Years of Education:
0-12	29%	54%	14%	3%	0%	0%
13-15	26%	48%	22%	1%	3%	0%
16	28%	44%	23%	1%	3%	<0.5%
17-	27%	44%	25%	2%	1%	0%

Race:
African-American	37%	51%	7%	3%	3%	0%
Caucasian	26%	46%	26%	2%	2%	<0.5%

2011 Household Income:
Under $30,000	40%	48%	5%	2%	5%	0%
$30,000-$59,999	30%	45%	20%	2%	2%	1%
$60,000-$89,999	23%	53%	23%	1%	1%	0%
$90,000-	23%	46%	26%	2%	2%	0%

Area (Townships):
North County	30%	50%	16%	2%	2%	0%
Central County	26%	46%	24%	2%	1%	1%
South County	33%	40%	26%	1%	0%	0%
West County	23%	46%	25%	2%	4%	1%

Area (Zip Codes):
North County	31%	50%	15%	2%	2%	0%
Central County	23%	50%	21%	4%	1%	1%
South County	32%	39%	27%	1%	1%	0%
West County	22%	48%	25%	2%	3%	1%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Services for children and youth who are victims of abuse or neglect or are at risk of being victims of abuse or neglect. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support services for children and youth who are victims of abuse or are at risk of being victims of abuse or neglect?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	36%	47%	15%	1%	1%	1%

Children Ages:
0-7 Years	30%	50%	16%	2%	1%	1%
8-12 Years	37%	46%	15%	1%	1%	0%
13-19 Years	36%	46%	15%	1%	2%	<0.5%

Years of Education:
0-12	36%	54%	7%	3%	0%	0%
13-15	33%	48%	14%	1%	4%	0%
16	38%	45%	14%	1%	1%	1%
17-	34%	46%	18%	1%	1%	1%

Race:
African-American	42%	47%	7%	1%	3%	0%
Caucasian	34%	48%	16%	1%	1%	1%

2011 Household Income:
Under $30,000	48%	45%	2%	2%	2%	0%
$30,000-$59,999	36%	47%	12%	2%	2%	1%

$60,000-$89,999	35%	50%	10%	4%	1%	1%
$90,000-	34%	46%	18%	<0.5%	1%	<0.5%

Area (Townships):

North County	44%	40%	12%	2%	2%	0%
Central County	31%	51%	16%	1%	1%	1%
South County	34%	45%	17%	3%	0%	1%
West County	34%	51%	14%	0%	1%	1%

Area (Zip Codes):

North County	44%	41%	11%	1%	2%	0%
Central County	30%	45%	21%	1%	1%	1%
South County	34%	46%	17%	2%	1%	1%
West County	33%	52%	13%	1%	1%	1%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. School-based prevention services to reduce violence, abuse, sexual assault, drug and alcohol use, and suicide in every public, parochial, and private school in St. Louis County. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support such school-based prevention services?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	33%	42%	19%	3%	2%	1%

Children Ages:

0-7 Years	32%	41%	21%	3%	1%	1%
8-12 Years	35%	39%	22%	2%	1%	1%
13-19 Years	32%	43%	19%	3%	2%	1%

Years of Education:

0-12	42%	42%	12%	2%	0%	2%
13-15	33%	45%	16%	2%	4%	0%
16	34%	41%	20%	4%	4%	1%
17-	31%	41%	22%	2%	2%	1%

Race:

African-American	42%	45%	10%	0%	1%	1%
Caucasian	33%	41%	21%	3%	1%	1%

2011 Household Income:

Under $30,000	35%	50%	5%	2%	5%	2%
$30,000-$59,999	37%	45%	15%	0%	2%	1%
$60,000-$89,999	38%	40%	18%	4%	2%	0%
$90,000-	31%	42%	22%	3%	1%	1%

Area (Townships):

North County	41%	41%	14%	1%	2%	1%

Central County	31%	40%	21%	4%	2%	1%
South County	30%	44%	24%	1%	0%	2%
West County	31%	44%	19%	4%	2%	1%

Area (Zip Codes):

North County	41%	41%	14%	1%	2%	1%
Central County	32%	38%	20%	6%	2%	2%
South County	31%	42%	25%	1%	1%	1%
West County	31%	45%	18%	4%	2%	1%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Crisis intervention services for children and youth who been traumatized by some type of stressful event. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support services for children and youth who have been traumatized?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	24%	43%	24%	6%	2%	1%

Children Ages:

0-7 Years	23%	43%	26%	6%	1%	1%
8-12 Years	26%	42%	24%	6%	1%	0%
13-19 Years	23%	44%	23%	7%	2%	1%

Years of Education:

0-12	27%	54%	14%	5%	0%	0%
13-15	22%	53%	18%	4%	3%	0%
16	23%	37%	27%	9%	2%	1%
17-	24%	41%	27%	6%	2%	1%

Race:

African-American	37%	51%	7%	3%	3%	0%
Caucasian	22%	42%	26%	7%	2%	1%

2011 Household Income:

Under $30,000	32%	55%	8%	0%	5%	0%
$30,000-$59,999	28%	45%	19%	5%	2%	0%
$60,000-$89,999	29%	41%	18%	8%	2%	2%
$90,000-	19%	43%	28%	7%	2%	1%

Area (Townships):

North County	28%	47%	18%	5%	2%	0%
Central County	25%	42%	25%	4%	3%	1%
South County	23%	42%	27%	7%	1%	1%
West County	20%	42%	26%	9%	2%	1%

Area (Zip Codes):

```
North County       28%   46%   19%    5%    2%    0%
Central County     24%   38%   28%    6%    1%    2%
South County       24%   43%   25%    5%    2%    1%
West County        21%   43%   25%    9%    2%    1%
```

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Outpatient professional psychiatric services for children and youth with mental health issues. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support outpatient psychiatric services?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	26%	44%	25%	2%	2%	1%
Children Ages:						
0-7 Years	24%	44%	26%	3%	2%	1%
8-12 Years	28%	43%	25%	2%	1%	1%
13-19 Years	26%	44%	25%	2%	2%	1%
Years of Education:						
0-12	27%	47%	22%	2%	1%	1%
13-15	26%	45%	24%	2%	2%	1%
16	25%	42%	27%	2%	2%	2%
17-	25%	43%	26%	3%	2%	<0.5%
Race:						
African-American	37%	40%	17%	2%	2%	1%
Caucasian	22%	46%	27%	2%	2%	1%
2011 Household Income:						
Under $30,000	33%	47%	15%	3%	1%	1%
$30,000-$59,999	30%	45%	20%	1%	2%	1%
$60,000-$89,999	21%	43%	30%	2%	2%	2%
$90,000-	24%	42%	28%	2%	3%	1%
Area (Townships):						
North County	32%	41%	22%	2%	2%	1%
Central County	26%	43%	28%	1%	1%	1%
South County	22%	46%	27%	2%	2%	1%
West County	23%	47%	24%	2%	2%	2%
Area (Zip Codes):						
North County	32%	41%	22%	2%	2%	1%
Central County	25%	44%	28%	1%	1%	1%
South County	23%	45%	27%	2%	2%	1%
West County	23%	47%	24%	2%	2%	1%

I'm going to read some of the services these tax dollars (from the Children's Services Fund) could support. Home-based and community-based prevention services to help strengthen families. Is it extremely important (EXT), very important (VERY), somewhat important (SOME), not very important (NVI), or not at all important (NOT) that the Children's Services Fund support home and community-based services to strengthen families?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	27%	45%	24%	2%	2%	<0.5%
Children Ages:						
0-7 Years	26%	44%	26%	2%	2%	0%
8-12 Years	29%	42%	26%	2%	1%	0%
13-19 Years	27%	47%	22%	2%	1%	1%
Years of Education:						
0-12	35%	45%	17%	1%	1%	1%
13-15	27%	47%	21%	2%	3%	0%
16	26%	44%	27%	2%	2%	0%
17-	25%	44%	26%	3%	1%	1%
Race:						
African-American	36%	48%	15%	1%	1%	0%
Caucasian	26%	44%	26%	2%	@%	<0.5%
2011 Household Income:						
Under $30,000	29%	53%	11%	3%	2%	1%
$30,000-$59,999	31%	48%	20%	1%	1%	0%
$60,000-$89,999	26%	43%	27%	2%	2%	0%
$90,000-	24%	43%	27%	2%	2%	1%
Area (Townships):						
North County	35%	44%	19%	2%	1%	0%
Central County	25%	43%	26%	2%	3%	1%
South County	23%	47%	28%	1%	1%	0%
West County	25%	47%	22%	2%	2%	1%
Area (Zip Codes):						
North County	35%	44%	19%	2%	1%	0%
Central County	24%	44%	26%	2%	3%	1%
South County	23%	47%	28%	1%	1%	0%
West County	26%	46%	22%	2%	2%	1%

*Do you agree or disagree with the following statement: receiving
mental health services is something people look down upon. (IF
AGREE/DISAGEE) Do you (AGREE/DISAGREE) strongly +) or somewhat?*

	AGREE+	AGREE	DISAGREE	DISAGREE+	DK-NA
Overall	23%	45%	19%	12%	1%
Children Ages:					
0-7 Years	22%	43%	24%	9%	2%
8-12 Years	23%	42%	20%	13%	2%
13-19 Years	24%	45%	17%	13%	1%
Years of Education:					
0-12	27%	34%	20%	17%	2%
13-15	30%	39%	14%	14%	2%
16	22%	49%	17%	11%	1%
17-	18%	46%	23%	12%	1%
Race:					
African-American	30%	38%	12%	19%	0%
Caucasian	22%	47%	20%	10%	1%
2011 Household Income:					
Under $30,000	20%	28%	22%	30%	0%
$30,000-$59,999	26%	45%	18%	10%	1%
$60,000-$89,999	32%	46%	13%	7%	1%
$90,000-	19%	48%	20%	12%	<0.5%
Area (Townships):					
North County	26%	40%	22%	13%	0%
Central County	21%	48%	18%	12%	0%
South County	24%	46%	16%	10%	4%
West County	20%	45%	19%	15%	1%
Area (Zip Codes):					
North County	25%	41%	21%	13%	0%
Central County	24%	44%	15%	17%	0%
South County	22%	48%	20%	8%	2%
West County	21%	45%	19%	14%	1%

*Do you agree or disagree with the following statement: receiving
mental health services for emotional or interpersonal problems is a
sign of personal weakness. (IF AGREE/DISAGREE) Do you
(AGREE/DISAGREE) strongly (+) or somewhat?*

	AGREE+	AGREE	DISAGREE	DISAGREE+	DK-NA
Overall	3%	6%	15%	75%	<0.5%
Children Ages:					
0-7 Years	3%	8%	17%	73%	0%
8-12 Years	2%	5%	18%	74%	<0.5%
13-19 Years	3%	6%	13%	77%	1%
Years of Education:					
0-12	8%	7%	17%	68%	0%
13-15	7%	10%	16%	66%	1%
16	1%	5%	14%	79%	<0.5%
17-	1%	6%	16%	77%	0%
Race:					
African-American	10%	8%	8%	74%	0%
Caucasian	1%	6%	16%	76%	<0.5%
2011 Household Income:					
Under $30,000	18%	10%	15%	58%	0%
$30,000-$59,999	3%	4%	18%	75%	0%
$60,000-$89,999	1%	9%	12%	78%	0%
$90,000-	2%	5%	14%	79%	1%
Area (Townships):					
North County	5%	7%	11%	77%	0%
Central County	3%	3%	16%	79%	0%
South County	2%	11%	19%	68%	0%
West County	2%	6%	16%	75%	1%
Area (Zip Codes):					
North County	5%	6%	12%	78%	0%
Central County	2%	5%	16%	77%	0%
South County	1%	9%	17%	73%	0%
West County	3%	5%	16%	75%	1%

*Do you agree or disagree with the following statement: people will
see a person in a less favorable way if they come to know that person
has received mental health services. (IF AGREE/DISAGREE) Do you
(AGREE/DISAGREE) strongly (+) or somewhat/*

	AGREE+	AGREE	DISAGREE	DISAGREE+	DK-NA

Overall	23%	40%	21%	14%	2%
Children Ages:					
0-7 Years	22%	36%	24%	16%	2%
8-12 Years	20%	39%	24%	13%	3%
13-19 Years	23%	41%	19%	14%	2%
Years of Education:					
0-12	30%	34%	15%	19%	2%
13-15	32%	34%	22%	11%	2%
16	22%	41%	19%	14%	2%
17-	17%	44%	23%	13%	3%
Race:					
African-American	34%	26%	20%	19%	0%
Caucasian	22%	42%	21%	13%	2%
2011 Household Income:					
Under $30,000	38%	22%	18%	22%	0%
$30,000-$59,999	26%	38%	25%	7%	3%
$60,000-$89,999	23%	49%	16%	11%	1%
$90,000-	19%	43%	21%	15%	2%
Area (Townships):					
North County	30%	35%	22%	12%	1%
Central County	23%	38%	20%	16%	3%
South County	23%	45%	16%	15%	2%
West County	18%	43%	24%	12%	3%
Area (Zip Codes):					
North County	30%	34%	22%	12%	2%
Central County	22%	37%	22%	15%	5%
South County	21%	46%	17%	15%	1%
West County	21%	41%	23%	14%	2%

Do you agree or disagree with the following statement: it is advisable for a person to hide from people that he or she has received mental health services. (IF AGREE/DISAGREE) Do you (AGREE/DISAGREE) strongly (+) or somewhat?

	AGREE+	AGREE	DISAGREE	DISAGREE+	DK-NA
Overall	9%	29%	29%	29%	4%
Children Ages:					
0-7 Years	10%	23%	37%	26%	3%
8-12 Years	7%	28%	30%	30%	5%
13-19 Years	7%	32%	27%	30%	4%

```
Years of Education:
 0-12                    12%     24%     25%     34%     5%
 13-15                   14%     27%     31%     26%     3%
 16                       8%     30%     28%     30%     4%
 17-                      6%     31%     30%     28%     6%


Race:
 African-American        11%     22%     20%     41%     6%
 Caucasian                8%     30%     31%     28%     4%

2011 Household
 Income:
  Under $30,000          15%     28%     20%     38%     0%
  $30,000-$59,999         7%     35%     27%     25%     5%
  $60,000-$89,999        12%     32%     25%     25%     6%
  $90,000-                6%     28%     31%     31%     3%

Area (Townships):
 North County            10%     28%     27%     28%     7%
 Central County           8%     30%     32%     28%     2%
 South County             5%     26%     29%     35%     5%
 West County             10%     32%     27%     27%     4%

Area (Zip Codes):
 North County            10%     28%     28%     29%     6%
 Central County          10%     28%     27%     30%     5%
 South County             5%     28%     31%     32%     4%
 West County             11%     33%     28%     26%     3%
```

*Do you agree or disagree with the following statement: people tend to
think less of those who receive mental health services.   (IF
AGREE/DISAGREE) Do you (AGREE/DISAGREE) strongly (+) or somewhat?*

	AGREE+	AGREE	DISAGREE	DISAGREE+	DK-NA
Overall	23%	44%	19%	13%	2%
Children Ages:					
0-7 Years	22%	43%	18%	15%	2%
8-12 Years	19%	46%	20%	13%	2%
13-19 Years	23%	44%	18%	13%	2%
Years of Education:					
0-12	34%	32%	12%	20%	2%
13-15	32%	35%	17%	14%	3%
16	22%	48%	18%	11%	1%
17-	16%	47%	22%	12%	2%

Race:					
African-American	27%	38%	12%	20%	1%
Caucasian	22%	46%	20%	11%	1%
2011 Household Income:					
Under $30,000	32%	30%	8%	30%	0%
$30,000-$59,999	25%	39%	24%	7%	4%
$60,000-$89,999	30%	45%	13%	11%	1%
$90,000-	19%	48%	20%	12%	1%
Area (Townships):					
North County	27%	39%	19%	13%	2%
Central County	23%	48%	17%	10%	1%
South County	21%	45%	16%	15%	4%
West County	21%	43%	22%	13%	1%
Area (Zip Codes):					
North County	26%	40%	19%	13%	2%
Central County	27%	44%	16%	11%	2%
South County	18%	49%	18%	12%	2%
West County	23%	42%	21%	14%	1%

How willing or unwilling would you be to have a conversation with someone who has a mental illness: definitely willing (DEF+), probably willing (PROB+), probably unwilling (PROB-), or definitely unwilling (DEF-)?

	DEF+	PROB+	PROB-	DEF-	DK-NA
Overall	68%	29%	1%	1%	2%
Children Ages:					
0-7 Years	67%	29%	1%	1%	2%
8-12 Years	70%	27%	1%	0%	2%
13-19 Years	68%	29%	1%	1%	2%
Years of Education:					
0-12	66%	29%	0%	2%	3%
13-15	59%	35%	3%	1%	3%
16	72%	26%	<0.5%	0%	2%
17-	70%	29%	1%	0%	1%
Race:					
African-American	71%	26%	3%	0%	0%
Caucasian	69%	29%	1%	<0.5%	2%

2011 Household Income:

Under $30,000	65%	32%	2%	0%	0%
$30,000-$59,999	67%	28%	0%	1%	3%
$60,000-$89,999	75%	23%	3%	0%	0%
$90,000-	70%	28%	<0.5%	<0.5%	1%

Area (Townships):

North County	67%	32%	1%	0%	0%
Central County	71%	27%	0%	1%	2%
South County	69%	30%	1%	0%	1%
West County	67%	27%	2%	1%	4%

Area (Zip Codes):

North County	68%	30%	1%	0%	1%
Central County	67%	32%	0%	0%	1%
South County	73%	29%	1%	0%	1%
West County	65%	29%	2%	1%	4%

How willing or unwilling would you be to work closely with someone who has a mental illness: definitely willing (DEF+), probably willing (PROB+), probably unwilling (PROB-), or definitely unwilling (DEF-)?

	DEF+	PROB+	PROB-	DEF-	DK-NA
Overall	53%	42%	2%	<0.5%	2%

Children Ages:

0-7 Years	58%	37%	2%	1%	2%
8-12 Years	52%	43%	2%	0%	3%
13-19 Years	52%	44%	2%	1%	2%

Years of Education:

0-12	51%	46%	2%	2%	0%
13-15	45%	48%	3%	1%	3%
16	54%	40%	2%	0%	4%
17-	56%	41%	3%	0%	1%

Race:

African-American	62%	37%	1%	0%	0%
Caucasian	52%	43%	3%	<0.5%	2%

2011 Household Income:

Under $30,000	62%	35%	2%	0%	0%
$30,000-$59,999	54%	42%	2%	1%	1%
$60,000-$89,999	54%	42%	3%	1%	0%

```
$90,000-                        53%    42%    2%     0%     3%

Area (Townships):
 North County                   56%    40%    3%     0%     1%
 Central County                 50%    46%    2%     0%     1%
 South County                   50%    45%    2%     0%     2%
 West County                    54%    39%    2%     1%     4%

Area (Zip Codes):
 North County                   55%    41%    3%     0%     1%
 Central County                 45%    49%    5%     0%     1%
 South County                   54%    43%    1%     1%     1%
 West County                    53%    41%    2%     1%     4%
```

*How willing or unwilling would you be to maintain a friendship with
someone who has a mental illness: definitely willing (DEF+), probably
willing (PROB+), probably unwilling (PROB-), or definitely unwilling
(DEF+)?*

	DEF+	PROB+	PROB-	DEF-	DK-NA
Overall	60%	38%	1%	<0.5%	1%
Children Ages:					
0-7 Years	66%	32%	1%	1%	1%
8-12 Years	60%	37%	2%	0%	1%
13-19 Years	56%	41%	2%	<0.5%	1%
Years of Education:					
0-12	59%	36%	2%	3%	0%
13-15	49%	47%	2%	0%	2%
16	63%	35%	1%	0%	1%
17-	62%	37%	1%	0%	0%
Race:					
African-American	60%	38%	1%	0%	0%
Caucasian	60%	38%	1%	<0.5%	1%
2011 Household Income:					
Under $30,000	58%	40%	0%	2%	0%
$30,000-$59,999	61%	35%	1%	1%	2%
$60,000-$89,999	58%	41%	1%	0%	0%
$90,000-	62%	37%	1%	0%	0%
Area (Townships):					
North County	61%	34%	3%	0%	1%

```
Central County                    59%     40%      1%      0%      1%
South County                      59%     39%      1%      1%      0%
West County                       59%     38%      1%      1%      1%

Area (Zip Codes):
 North County                     61%     35%      3%      0%      1%
 Central County                   56%     43%      1%      0%      0%
 South County                     63%     36%      1%      1%      1%
 West County                      58%     40%      1%      1%      1%
```

*How willing or unwilling would you be to live next door to a person
who has a mental illness: definitely willing (DEF+), probably willing
(PROB+), probably unwilling (PROB-), or definitely unwilling (DEF-)?*

	DEF+	PROB+	PROB-	DEF-	DK-NA
Overall	39%	50%	6%	<0.5%	5%
Children Ages:					
0-7 Years	40%	49%	4%	1%	5%
8-12 Years	39%	50%	6%	<0.5%	5%
13-19 Years	35%	54%	4%	1%	7%
Years of Education:					
0-12	44%	48%	5%	2%	2%
13-15	39%	47%	5%	1%	8%
16	35%	52%	7%	<0.5%	6%
17-	41%	50%	5%	0%	3%
Race:					
African-American	42%	47%	3%	1%	7%
Caucasian	39%	50%	6%	<0.5%	4%
2011 Household Income:					
Under $30,000	50%	45%	2%	0%	2%
$30,000-$59,999	41%	45%	6%	2%	5%
$60,000-$89,999	40%	54%	3%	0%	4%
$90,000-	39%	50%	7%	<0.5%	4%
Area (Townships):					
North County	38%	50%	7%	1%	5%
Central County	44%	46%	6%	0%	4%
South County	36%	51%	7%	0%	5%
West County	38%	52%	3%	1%	5%

Area (Zip Codes):

North County	37%	50%	7%	1%	5%
Central County	43%	45%	7%	0%	5%
South County	41%	49%	7%	0%	3%
West County	39%	50%	6%	1%	5%

How willing or unwilling would you be to let people know that someone in your family has been diagnosed with a mental illness: definitely willing (DEF+), probably willing (PROB+), probably unwilling (PROB-), or definitely unwilling (DEF-)?

	DEF+	PROB+	PROB-	DEF-	DK-NA
Overall	35%	45%	14%	4%	3%
Children Ages:					
0-7 Years	37%	44%	12%	4%	3%
8-12 Years	33%	45%	14%	4%	3%
13-19 Years	34%	45%	15%	4%	2%
Years of Education:					
0-12	56%	32%	7%	2%	3%
13-15	38%	50%	7%	3%	2%
16	28%	48%	16%	4%	4%
17-	34%	44%	16%	4%	3%
Race:					
African-American	49%	44%	3%	3%	1%
Caucasian	32%	46%	15%	4%	3%
2011 Household Income:					
Under $30,000	48%	42%	5%	2%	2%
$30,000-$59,999	40%	44%	10%	3%	3%
$60,000-$89,999	37%	41%	17%	4%	2%
$90,000-	32%	48%	14%	4%	2%
Area (Townships):					
North County	38%	43%	14%	3%	2%
Central County	30%	45%	18%	5%	2%
South County	44%	42%	10%	1%	4%
West County	30%	49%	11%	5%	4%
Area (Zip Codes):					
North County	39%	42%	14%	1%	3%
Central County	24%	51%	17%	5%	2%
South County	42%	41%	12%	2%	3%

```
West County              28%    48%    13%     6%     4%
```

How willing or unwilling would you be to have someone with a mental
illness babysit your children: definitely willing (DEF+), probably
willing (PROB+), probably unwilling (PROB-), or definitely unwilling
(DEF-)?

	DEF+	PROB+	PROB-	DEF-	DK-NA
Overall	2%	24%	35%	26%	12%
Children Ages:					
0-7 Years	2%	21%	36%	28%	12%
8-12 Years	2%	24%	37%	29%	9%
13-19 Years	3%	24%	35%	26%	13%
Years of Education:					
0-12	2%	25%	34%	30%	8%
13-15	5%	25%	29%	29%	12%
16	1%	21%	34%	30%	14%
17-	3%	25%	40%	21%	12%
Race:					
African-American	0%	25%	25%	38%	12%
Caucasian	3%	24%	37%	24%	13%
2011 Household Income:					
Under $30,000	2%	28%	28%	38%	5%
$30,000-$59,999	3%	22%	36%	23%	16%
$60,000-$89,999	1%	29%	40%	22%	8%
$90,000-	2%	24%	35%	26%	13%
Area (Townships):					
North County	4%	24%	36%	28%	9%
Central County	3%	27%	33%	24%	13%
South County	2%	24%	34%	26%	14%
West County	1%	19%	38%	28%	14%
Area (Zip Codes):					
North County	4%	23%	35%	28%	10%
Central County	2%	27%	33%	24%	13%
South County	2%	28%	35%	22%	13%
West County	2%	19%	36%	30%	14%

The following questions apply to any children in your household 19 or younger. The first deals with bullying. That is when one or more other children tease, threaten, spread rumors about, hit, shove, or hurt another child over and over again. During the past twelve months, have any of your children been bullied?

	YES	NO	DK-NA
Overall	29%	70%	1%
Children Ages:			
0-7 Years	30%	69%	1%
8-12 Years	39%	60%	1%
13-19 Years	27%	72%	1%
Years of Education:			
0-12	42%	58%	0%
13-15	22%	77%	1%
16	29%	70%	2%
17-	30%	70%	0%
Race:			
African-American	36%	64%	0%
Caucasian	28%	70%	1%
2011 Household Income:			
Under $30,000	32%	68%	0%
$30,000-$59,999	30%	70%	0%
$60,000-$89,999	25%	70%	4%
$90,000-	30%	70%	0%
Area (Townships):			
North County	28%	71%	1%
Central County	33%	66%	1%
South County	27%	72%	1%
West County	28%	71%	1%
Area (Zip Codes):			
North County	28%	70%	2%
Central County	35%	63%	1%
South County	29%	70%	1%
West County	28%	72%	1%

During the past thirty days, how often has one or more of your
children been very sad? Always (ALW), often (OFT), sometimes (SOM),
not very often (NVO), or never (NEV)?

	ALW	OFT	SOM	NVO	NEV	DK-NA
Overall	1%	4%	25%	46%	23%	1%
Children Ages:						
0-7 Years	2%	3%	23%	48%	24%	0%
8-12 Years	1%	2%	27%	45%	25%	<0.5%
13-19 Years	1%	5%	28%	44%	21%	1%
Years of Education:						
0-12	2%	14%	34%	32%	19%	0%
13-15	2%	4%	26%	43%	25%	0%
16	2%	4%	23%	47%	22%	1%
17-	0%	3%	23%	50%	23%	1%
Race:						
African-American	3%	6%	27%	45%	19%	0%
Caucasian	1%	5%	25%	47%	22%	<0.5%
2011 Household Income:						
Under $30,000	5%	12%	35%	22%	25%	0%
$30,000-$59,999	1%	3%	25%	57%	13%	1%
$60,000-$89,999	1%	5%	27%	44%	23%	0%
$90,000-	<0.5%	4%	22%	49%	25%	0%
Area (Townships):						
North County	2%	6%	26%	46%	20%	1%
Central County	1%	4%	30%	42%	20%	2%
South County	1%	5%	22%	48%	24%	0%
West County	1%	3%	21%	48%	27%	0%
Area (Zip Codes):						
North County	1%	6%	27%	46%	19%	1%
Central County	2%	5%	32%	43%	17%	1%
South County	1%	5%	25%	46%	23%	0%
West County	1%	3%	21%	47%	28%	1%

During the past thirty days, how often has one or more of your
children been grouchy or irritable or in a bad mood? Always (ALW),
often (OFT), sometimes (SOM), not very often (NVO), or never (NEV)?

	ALW	OFT	SOM	NVO	NEV	DK-NA
Overall	3%	15%	42%	32%	6%	1%
Children Ages:						
0-7 Years	5%	14%	42%	33%	5%	0%
8-12 Years	4%	13%	45%	29%	8%	1%
13-19 Years	3%	16%	43%	31%	5%	1%
Years of Education:						
0-12	3%	15%	46%	30%	5%	0%
13-15	3%	15%	36%	36%	7%	2%
16	4%	18%	47%	25%	5%	<0.5%
17-	2%	12%	40%	39%	7%	1%
Race:						
African-American	1%	14%	49%	25%	11%	0%
Caucasian	4%	16%	41%	34%	4%	<0.5%
2011 Household Income:						
Under $30,000	8%	12%	55%	15%	10%	0%
$30,000-$59,999	1%	16%	44%	33%	6%	0%
$60,000-$89,999	3%	13%	39%	38%	7%	1%
$90,000-	3%	16%	42%	34%	5%	0%
Area (Townships):						
North County	1%	11%	51%	30%	7%	0%
Central County	4%	19%	42%	29%	5%	2%
South County	7%	13%	40%	33%	7%	0%
West County	2%	16%	37%	38%	6%	1%
Area (Zip Codes):						
North County	1%	11%	52%	29%	6%	0%
Central County	5%	21%	46%	21%	6%	1%
South County	4%	14%	40%	34%	6%	1%
West County	3%	17%	36%	38%	6%	1%

During the past thirty days, how often has one or more of your children said they feel hopeless about the future? Always (ALW), often (OFT), sometimes (SOM), not very often (NVO), or never (NEV)?

	ALW	OFT	SOM	NVO	NEV	DK-NA
Overall	1%	1%	4%	12%	82%	1%

Children Ages:

0-7 Years	1%	1%	2%	10%	86%	1%
8-12 Years	<0.5%	<0.5%	3%	10%	86%	<0.5%
13-19 Years	1%	1%	6%	13%	78%	1%

Years of Education:

0-12	2%	0%	3%	10%	85%	0%
13-15	0%	3%	8%	11%	80%	1%
16	<0.5%	1%	4%	10%	83%	1%
17-	1%	1%	3%	14%	81%	1%

Race:

African-American	1%	1%	7%	6%	84%	1%
Caucasian	<0.5%	1%	4%	12%	82%	<0.5%

2011 Household Income:

Under $30,000	2%	2%	10%	2%	80%	2%
$30,000-$59,999	0%	0%	4%	16%	79%	1%
$60,000-$89,999	1%	1%	6%	11%	81%	0%
$90,000-	<0.5%	2%	4%	12%	83%	0%

Area (Townships):

North County	1%	0%	6%	6%	86%	1%
Central County	1%	2%	6%	16%	75%	1%
South County	1%	2%	3%	12%	83%	0%
West County	0%	2%	2%	12%	84%	0%

Area (Zip Codes):

North County	1%	0%	6%	6%	87%	1%
Central County	1%	2%	5%	17%	73%	1%
South County	1%	2%	4%	11%	83%	0%
West County	0%	2%	3%	14%	80%	1%

During the past thirty days, how often has one or more of your children slept a lot more or slept a lot less than usual? Always (ALW), often (OFT), sometimes (SOM), not very often (NVO), or never (NEV)?

	ALW	OFT	SOM	NVO	NEV	DK-NA
Overall	1%	4%	10%	26%	58%	1%

Children Ages:

0-7 Years	2%	5%	9%	21%	63%	1%
8-12 Years	1%	2%	7%	21%	68%	1%
13-19 Years	2%	4%	11%	28%	54%	2%

```
Years of Education:
 0-12                        2%     7%    10%    27%    52%     2%
 13-15                       3%     5%    10%    34%    49%     0%
 16                          1%     3%     8%    25%    62%     1%
 17-                         1%     4%    11%    22%    61%     1%

Race:
 African-American            0%     4%    15%    22%    59%     0%
 Caucasian                   1%     4%     9%    26%    58%     1%

2011 Household Income:
 Under $30,000               5%     2%    15%    20%    58%     0%
 $30,000-$59,999             0%     5%    10%    28%    57%     0%
 $60,000-$89,999             1%     6%    12%    25%    54%     1%
 $90,000-                    1%     3%     8%    26%    62%   <0.5%

Area (Townships):
 North County                1%     3%     9%    28%    58%     1%
 Central County              1%     5%    16%    20%    58%     1%
 South County               4%     4%     6%    31%    55%     0%
 West County                 0%     4%     7%    25%    62%     2%

Area (Zip Codes):
 North County                1%     4%     9%    28%    57%     1%
 Central County              1%     2%    15%    23%    57%     1%
 South County               3%     4%     7%    27%    59%     0%
 West County                 0%     4%    10%    24%    59%     2%
```

During the past thirty days, how often has one or more of your
children had difficulty concentrating on school work? Always (ALW),
often (OFT), sometimes (SOM), not very often (NVO), or never (NEV)?

	ALW	OFT	SOM	NVO	NEV	DK-NA
Overall	3%	10%	22%	26%	37%	1%
Children Ages:						
0-7 Years	3%	9%	18%	22%	47%	1%
8-12 Years	2%	9%	27%	28%	33%	1%
13-19 Years	4%	9%	26%	28%	32%	1%
Years of Education:						
0-12	3%	10%	19%	19%	49%	0%
13-15	6%	11%	19%	29%	34%	2%
16	2%	8%	24%	27%	37%	1%
17-	3%	10%	23%	26%	36%	1%

Race:

African-American	0%	11%	25%	20%	42%	1%
Caucasian	4%	10%	21%	28%	36%	1%

2011 Household Income:

Under $30,000	5%	12%	32%	20%	30%	0%
$30,000-$59,999	3%	7%	19%	30%	39%	1%
$60,000-$89,999	4%	7%	18%	34%	36%	0%
$90,000-	3%	11%	23%	24%	38%	1%

Area (Townships):

North County	2%	6%	26%	25%	39%	2%
Central County	5%	11%	17%	24%	40%	2%
South County	4%	10%	20%	28%	36%	1%
West County	2%	10%	25%	29%	34%	1%

Area (Zip Codes):

North County	2%	6%	26%	24%	40%	2%
Central County	4%	13%	23%	23%	35%	1%
South County	4%	11%	16%	28%	41%	1%
West County	2%	10%	25%	28%	33%	2%

During the past thirty days, how often has one or more of your children had difficulty concentrating on school work? Always (ALW), often (OFT), sometimes (SOM), not very often (NVO), or never (NEV)?

	ALW	OFT	SOM	NVO	NEV	DK-NA
Overall	2%	9%	20%	28%	40%	1%

Children Ages:

0-7 Years	1%	8%	21%	29%	40%	1%
8-12 Years	3%	10%	18%	28%	40%	1%
13-19 Years	2%	9%	20%	27%	40%	1%

Years of Education:

0-12	3%	9%	19%	29%	39%	1%
13-15	2%	10%	21%	27%	39%	1%
16	2%	8%	20%	28%	41%	1%
17-	1%	9%	19%	28%	40%	2%

Race:

African-American	1%	10%	21%	29%	38%	1%
Caucasian	2%	9%	20%	28%	40%	1%

2011 Household Income:

Under $30,000	3%	10%	20%	27%	39%	1%
$30,000-$59,999	2%	10%	19%	28%	40%	1%
$60,000-$89,999	2%	8%	21%	28%	40%	1%
$90,000-	1%	9%	20%	29%	40%	1%

Area (Township):

North County	1%	11%	19%	28%	39%	2%
Central County	2%	9%	20%	28%	40%	1%
South County	2%	8%	21%	29%	39%	1%
West County	2%	9%	19%	28%	41%	1%

Area (Zip Codes):

North County	1%	11%	20%	27%	39%	2%
Central County	2%	9%	20%	28%	40%	1%
South County	2%	8%	21%	29%	39%	1%
West County	2%	9%	19%	28%	41%	1%

If one of your children showed symptoms of drug or alcohol abuse, how easy or difficult would it is for you to find professional help: very easy (EASY+), somewhat easy (EASY-), somewhat difficult (DIFF-), or very difficult (DIFF+)?

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
Overall	62%	29%	4%	2%	3%

Children Ages:

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
0-7 Years	60%	29%	5%	3%	2%
8-12 Years	61%	29%	5%	1%	3%
13-19 Years	62%	30%	4%	2%	2%

Years of Education:

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
0-12	56%	30%	10%	3%	0%
13-15	57%	32%	2%	6%	4%
16	62%	28%	4%	2%	3%
17-	65%	28%	4%	1%	2%

Race:

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
African-American	68%	29%	1%	1%	0%
Caucasian	61%	29%	5%	2%	3%

2011 Household Income:

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
Under $30,000	52%	35%	2%	10%	0%
$30,000-$59,999	60%	24%	8%	3%	4%
$60,000-$89,999	60%	30%	7%	1%	3%

$90,000-	64%	29%	3%	1%	2%

Area (Townships):
North County	56%	34%	4%	3%	3%
Central County	58%	32%	4%	3%	3%
South County	68%	20%	5%	3%	4%
West County	66%	27%	5%	1%	2%

Area (Zip Codes):
North County	56%	34%	4%	4%	2%
Central County	55%	33%	6%	2%	4%
South County	65%	24%	5%	3%	3%
West County	65%	28%	4%	1%	2%

If one of your children was regularly depressed, how easy or difficult would it be for you to find professional help: very easy (EASY+), somewhat easy (EASY-), somewhat difficult (DIFF-), or very difficult (DIFF+)?

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
Overall	62%	28%	6%	3%	1%

Children Ages:
0-7 Years	60%	29%	6%	4%	1%
8-12 Years	61%	29%	6%	2%	2%
13-19 Years	61%	29%	6%	3%	1%

Years of Education:
0-12	59%	25%	15%	0%	0%
13-15	49%	33%	7%	10%	2%
16	64%	28%	5%	2%	1%
17-	66%	27%	3%	3%	1%

Race:
African-American	63%	27%	6%	3%	1%
Caucasian	62%	28%	6%	3%	1%

2011 Household Income:
Under $30,000	50%	30%	12%	8%	0%
$30,000-$59,999	55%	28%	13%	3%	1%
$60,000-$89,999	58%	32%	4%	2%	3%
$90,000-	66%	28%	3%	3%	0%

Area (Townships):
North County	53%	33%	11%	3%	1%

Central County	61%	30%	4%	4%	1%
South County	68%	23%	3%	4%	2%
West County	66%	26%	4%	3%	1%

Area (Zip Codes):

North County	53%	34%	10%	3%	1%
Central County	60%	30%	6%	2%	1%
South County	65%	26%	3%	4%	2%
West County	66%	26%	4%	3%	1%

If one of your children showed symptoms of a possible emotional disorder, how easy or difficult would it be for you find professional help: very easy (EASY+), somewhat easy (EASY-), somewhat difficult (DIFF-), or very difficult (DIFF+)?

	EASY+	EASY-	DIFF-	DIFF+	DK-NA
Overall	62%	27%	7%	4%	1%

Children Ages:

0-7 Years	60%	28%	8%	3%	1%
8-12 Years	63%	27%	6%	1%	2%
13-19 Years	60%	28%	7%	4%	1%

Years of Education:

0-12	58%	27%	12%	3%	0%
13-15	49%	29%	12%	9%	2%
16	62%	28%	5%	3%	1%
17-	68%	24%	5%	2%	1%

Race:

African-American	63%	30%	4%	3%	0%
Caucasian	62%	26%	7%	3%	2%

2011 Household Income:

Under $30,000	48%	35%	10%	8%	0%
$30,000-$59,999	56%	23%	14%	5%	2%
$60,000-$89,999	58%	32%	7%	2%	2%
$90,000-	66%	26%	5%	2%	1%

Area (Townships):

North County	53%	32%	10%	3%	1%
Central County	60%	29%	5%	5%	1%
South County	67%	18%	8%	4%	3%

West County	66%	26%	5%	2%	0%

Area (Zip Codes):

North County	53%	34%	8%	4%	1%
Central County	60%	27%	10%	4%	0%
South County	65%	22%	6%	4%	3%
West County	65%	26%	5%	3%	1%

I'm going to read a list of possible barriers to solving mental health problems if one of your children possibly had such a problem. For each one, tell me whether you consider it a major barrier (MAJ), a moderate barrier (MOD), a minor barrier (MIN), or not a barrier at all (NOT)? Lack of information and training.

	MAJ	MOD	MIN	NOT	DK-NA
Overall	19%	24%	22%	28%	6%

Children Ages:

0-7 Years	16%	28%	22%	29%	6%
8-12 Years	16%	24%	25%	31%	4%
13-19 Years	21%	24%	21%	28%	6%

Years of Education:

0-12	24%	22%	27%	22%	5%
13-15	21%	31%	14%	26%	8%
16	16%	25%	22%	31%	7%
17-	20%	22%	26%	28%	4%

Race:

African-American	30%	20%	20%	26%	3%
Caucasian	17%	26%	24%	27%	6%

2011 Household Income:

Under $30,000	25%	30%	20%	18%	8%
$30,000-$59,999	25%	25%	10%	33%	6%
$60,000-$89,999	15%	26%	32%	19%	8%
$90,000-	16%	24%	25%	32%	3%

Area (Townships):

North County	25%	24%	23%	19%	9%
Central County	18%	26%	21%	30%	5%
South County	16%	27%	22%	30%	5%
West County	16%	22%	24%	34%	4%

Area (Zip Codes):

North County	25%	22%	24%	20%	9%
Central County	20%	32%	17%	26%	6%
South County	16%	25%	24%	31%	5%
West County	17%	23%	23%	34%	4%

I'm going to read a list of possible barriers to solving mental health problems if one of your children possibly had such a problem. For each one, tell me whether you consider it a major barrier (MAJ), a moderate barrier (MOD), a minor barrier (MIN), or not a barrier at all (NOT)? Not being able to get an appointment.

	MAJ	MOD	MIN	NOT	DK-NA
Overall	19%	20%	20%	38%	5%
Children Ages:					
0-7 Years	16%	21%	17%	44%	3%
8-12 Years	15%	18%	22%	42%	3%
13-19 Years	20%	18%	21%	37%	5%
Years of Education:					
0-12	30%	19%	19%	30%	2%
13-15	20%	22%	17%	35%	6%
16	18%	15%	19%	43%	5%
17-	15%	19%	23%	37%	5%
Race:					
African-American	25%	19%	19%	37%	0%
Caucasian	18%	18%	21%	37%	5%
2011 Household Income:					
Under $30,000	30%	18%	15%	30%	8%
$30,000-$59,999	25%	15%	14%	42%	3%
$60,000-$89,999	10%	23%	26%	34%	6%
$90,000-	16%	18%	22%	40%	4%
Area (Townships):					
North County	26%	20%	22%	27%	5%
Central County	14%	20%	19%	41%	6%
South County	18%	20%	16%	41%	4%
West County	17%	14%	22%	44%	4%
Area (Zip Codes):					
North County	25%	18%	22%	29%	6%
Central County	17%	20%	26%	32%	6%

South County	16%	20%	15%	44%	5%
West County	18%	16%	21%	43%	4%

I'm going to read a list of possible barriers to solving mental health problems if one of your children possibly had such a problem. For each one, tell me whether you consider it a major barrier (MAJ), a moderate barrier (MOD), a minor barrier (MIN), or not a barrier at all (NOT)? Having to travel too far to obtain assistance.

	MAJ	MOD	MIN	NOT	DK-NA
Overall	5%	8%	10%	70%	7%
Children Ages:					
0-7 Years	6%	7%	9%	71%	7%
8-12 Years	4%	9%	11%	70%	6%
13-19 Years	5%	8%	10%	70%	7%
Years of Education:					
0-12	7%	8%	10%	68%	7%
13-15	5%	9%	9%	70%	7%
16	6%	8%	11%	69%	6%
17-	4%	7%	10%	72%	7%
Race:					
African-American	6%	9%	10%	68%	7%
Caucasian	5%	8%	10%	70%	7%
2011 Household Income:					
Under $30,000	6%	10%	11%	66%	7%
$30,000-$59,999	5%	9%	10%	70%	6%
$60,000-$89,999	5%	7%	10%	71%	7%
$90,000-	4%	7%	9%	72%	7%
Area (Townships):					
North County	6%	8%	11%	68%	7%
Central County	4%	8%	10%	71%	7%
South County	5%	8%	10%	70%	7%
West County	5%	7%	10%	70%	8%
Area (Zip Codes):					
North County	6%	8%	11%	68%	7%
Central County	4%	8%	10%	71%	7%
South County	5%	8%	10%	70%	7%
West County	5%	7%	10%	70%	8%

I'm going to read a list of possible barriers to solving mental health problems if one of your children possibly had such a problem. For each one, tell me whether you consider it a major barrier (MAJ), a moderate barrier (MOD), a minor barrier (MIN), or not a barrier at all (NOT)? The services being too expensive.

	MAJ	MOD	MIN	NOT	DK-NA
Overall	27%	19%	16%	35%	4%
Children Ages:					
0-7 Years	29%	18%	17%	33%	3%
8-12 Years	24%	18%	18%	37%	3%
13-19 Years	26%	20%	15%	35%	4%
Years of Education:					
0-12	42%	12%	22%	24%	0%
13-15	22%	20%	14%	38%	7%
16	26%	20%	18%	34%	3%
17-	26%	19%	15%	36%	4%
Race:					
African-American	34%	11%	18%	37%	0%
Caucasian	26%	20%	17%	33%	3%
2011 Household Income:					
Under $30,000	35%	12%	15%	32%	5%
$30,000-$59,999	32%	20%	7%	36%	5%
$60,000-$89,999	31%	18%	21%	27%	3%
$90,000-	22%	22%	18%	36%	2%
Area (Townships):					
North County	46%	17%	11%	22%	4%
Central County	18%	18%	20%	40%	4%
South County	27%	23%	12%	34%	4%
West County	19%	18%	21%	40%	2%
Area (Zip Codes):					
North County	44%	17%	13%	22%	4%
Central County	18%	21%	17%	38%	6%
South County	26%	20%	15%	36%	3%
West County	19%	18%	20%	41%	2%

I'm going to read a list of possible barriers to solving mental health problems if one of your children possibly had such a problem. For each one, tell me whether you consider it a major barrier (MAJ), a moderate barrier (MOD), a minor barrier (MIN), or not a barrier at all (NOT)? Not having insurance to pay for the needed services.

	MAJ	MOD	MIN	NOT	DK-NA
Overall	18%	18%	20%	40%	3%

Children Ages:

	MAJ	MOD	MIN	NOT	DK-NA
0-7 Years	16%	16%	18%	49%	4%
8-12 Years	13%	17%	24%	44%	2%
13-19 Years	20%	19%	20%	39%	3%

Years of Education:

	MAJ	MOD	MIN	NOT	DK-NA
0-12	29%	15%	22%	32%	2%
13-15	25%	17%	15%	38%	4%
16	15%	18%	21%	43%	3%
17-	14%	20%	22%	41%	3%

Race:

	MAJ	MOD	MIN	NOT	DK-NA
African-American	23%	18%	18%	40%	1%
Caucasian	18%	18%	21%	39%	3%

2011 Household Income:

	MAJ	MOD	MIN	NOT	DK-NA
Under $30,000	28%	12%	20%	35%	5%
$30,000-$59,999	22%	16%	17%	40%	5%
$60,000-$89,999	20%	20%	19%	38%	3%
$90,000-	13%	20%	24%	41%	2%

Area (Townships):

	MAJ	MOD	MIN	NOT	DK-NA
North County	26%	18%	20%	30%	5%
Central County	16%	15%	22%	45%	2%
South County	16%	21%	16%	44%	3%
West County	14%	21%	22%	42%	2%

Area (Zip Codes):

	MAJ	MOD	MIN	NOT	DK-NA
North County	26%	18%	19%	31%	6%
Central County	20%	18%	18%	40%	4%
South County	16%	18%	19%	45%	2%
West County	14%	19%	24%	42%	2%

How interested are you in parent training about identifying social, emotional, and behavioral problems in children? Are you extremely interested (EXT), very interested (VERY), somewhat interested (SOME), not very interested (NVI), or not at all interested (NOT)?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	16%	22%	39%	12%	10%	1%

Children Ages:

0-7 Years	17%	24%	40%	9%	10%	1%
8-12 Years	18%	19%	41%	12%	10%	1%
13-19 Years	16%	22%	38%	13%	10%	1%

Years of Education:

0-12	22%	24%	32%	8%	14%	0%
13-15	15%	26%	38%	12%	6%	2%
16	16%	19%	43%	12%	10%	<0.5%
17-	15%	22%	38%	12%	10%	1%

Race:

African-American	34%	30%	25%	6%	4%	1%
Caucasian	14%	21%	42%	12%	11%	1%

2011 Household Income:

Under $30,000	38%	25%	22%	8%	5%	2%
$30,000-$59,999	15%	26%	45%	7%	5%	1%
$60,000-$89,999	14%	21%	43%	13%	7%	2%
$90,000-	14%	20%	39%	14%	13%	0%

Area (Townships):

North County	24%	25%	34%	10%	6%	1%
Central County	13%	20%	41%	12%	12%	1%
South County	10%	25%	44%	12%	9%	1%
West County	17%	18%	39%	14%	12%	0%

Area (Zip Codes):

North County	22%	26%	34%	10%	6%	1%
Central County	20%	21%	29%	13%	16%	1%
South County	11%	21%	47%	11%	9%	1%
West County	16%	20%	40%	14%	11%	1%

How interested are you in parent training about effective behavior management strategies for children? Are you extremely interested (EXT), very interested (VERY), somewhat interested (SOME), not very interested (NVI), or not at all interested (NOT)?

	EXT	VERY	SOME	NVI	NOT	DK-NA
Overall	16%	26%	36%	12%	9%	1%

Children Ages:

0-7 Years	20%	28%	32%	10%	9%	1%
8-12 Years	18%	24%	39%	9%	9%	<0.5%
13-19 Years	14%	25%	38%	13%	9%	1%

```
Years of Education:
 0-12                    20%     20%     36%     14%     10%      0%
 13-15                   14%     33%     34%     12%      6%      2%
 16                      15%     27%     38%     11%      8%    <0.5%
 17-                     17%     22%     37%     13%     10%      1%


Race:
 African-American        30%     38%     20%      8%      1%      1%
 Caucasian               14%     25%     38%     13%     10%      1%

2011 Household Income:
 Under $30,000           22%     42%     25%      8%      0%      2%
 $30,000-$59,999         19%     25%     42%      8%      4%      1%
 $60,000-$89,999         15%     25%     42%     10%      7%      2%
 $90,000-                15%     24%     34%     15%     11%      0%

Area (Townships):
 North County            19%     31%     30%     13%      6%      1%
 Central County          15%     23%     40%     13%      8%      1%
 South County            14%     25%     43%     10%      7%      1%
 West County             16%     24%     35%     12%     13%      0%

Area (Zip Codes):
 North County            19%     32%     30%     13%      6%      1%
 Central County          20%     16%     43%     12%      8%      1%
 South County            14%     24%     42%     12%      8%      1%
 West County             15%     28%     34%     12%     12%      1%
```

How would you rate your own knowledge about mental health symptoms and illnesses? Is it excellent (EXC), good (GOOD), only fair (FAIR), or poor (POOR)?

```
                         EXC     GOOD    FAIR    POOR    DK-NA

Overall                  22%     50%     24%      3%    <0.5%

Children Ages:
 0-7 Years               18%     49%     29%      2%      1%
 8-12 Years              20%     50%     25%      4%      0%
 13-19 Years             24%     50%     23%      4%      0%

Years of Education:
 0-12                    19%     49%     25%      7%      0%
 13-15                   21%     49%     28%      2%      0%
 16                      14%     55%     26%      4%    <0.5%
 17-                     31%     47%     20%      2%      0%
```

Race:

African-American	25%	49%	25%	1%	0%
Caucasian	21%	52%	24%	3%	<0.5%

2011 Household Income:

Under $30,000	22%	48%	22%	8%	0%
$30,000-$59,999	26%	47%	23%	3%	0%
$60,000-$89,999	16%	56%	25%	3%	1%
$90,000-	22%	50%	25%	3%	0%

Area (Townships):

North County	22%	47%	26%	5%	1%
Central County	26%	54%	20%	0%	0%
South County	23%	47%	27%	4%	0%
West County	18%	52%	25%	5%	0%

Area (Zip Codes):

North County	20%	49%	25%	5%	1%
Central County	30%	51%	17%	1%	0%
South County	24%	49%	26%	2%	0%
West County	18%	53%	25%	4%	0%

How would you rate your own knowledge about drug and alcohol abuse symptoms among children? Is it excellent (EXC), good (GOOD), only fair (FAIR), or poor (POOR)?

	EXC	GOOD	FAIR	POOR	DK-NA
Overall	17%	50%	30%	2%	<0.5%

Children Ages:

0-7 Years	18%	42%	36%	3%	0%
8-12 Years	15%	47%	36%	2%	0%
13-19 Years	18%	53%	28%	2%	<0.5%

Years of Education:

0-12	24%	46%	27%	3%	0%
13-15	18%	52%	25%	4%	1%
16	14%	52%	32%	2%	0%
17-	19%	47%	32%	1%	0%

Race:

African-American	23%	47%	25%	6%	0%
Caucasian	16%	51%	31%	2%	<0.5%

```
2011 Household Income:
 Under $30,000          30%      40%      25%       5%       0%
 $30,000-$59,999        22%      43%      35%       0%       0%
 $60,000-$89,999        13%      60%      26%       1%       0%
 $90,000-               15%      50%      33%       2%       0%

Area (Townships):
 North County           18%      49%      28%       5%       0%
 Central County         16%      51%      32%       1%       0%
 South County           18%      50%      30%       2%       0%
 West County            17%      49%      31%       2%       1%

Area (Zip Codes):
 North County           18%      48%      30%       5%       0%
 Central County         16%      54%      30%       0%       0%
 South County           17%      49%      32%       1%       0%
 West County            18%      50%      29%       3%       1%
```

APPENDIX C – CSF Report Detail and Key

TABLE C-1. Tally for Percentage of Outcomes Achieved

OUTCOME 1. CLIENTS WILL HAVE IMPROVED LEVEL OF FUNCTIONING	Out of total service areas for all CSF agencies (89)	
INDICATOR	**BASE NUMBER REPORTED**	**NO DATA AVAILABLE**
1. Clients will have improved school engagement and performance	68	21
2. Clients will enroll in job training, college, vocational training, or gain employment.	41	48
3. Clients will have improved relationships with family members/caregivers.	20	69
4. Clients will gain social intelligence skills.	6	83
5. Clients will develop positive friendships with peers.	3	86
6. Clients will have a sense of belonging in the community.	2	87

OUTCOME 2. CLIENTS WILL HAVE IMPROVED WELL-BEING.		
1. Clients will be born of a healthy weight.	51	38
2. Clients will not become pregnant or have repeat pregnancies during teen years.	27	62
3. Clients will gain knowledge about positive parenting.	8	81
4. Clients will be free of substantiated incidents of child abuse or neglect.	3	86
5. Clients will have no out-of-home placements.	2	87
6. Clients will gain knowledge of essential life skills.	NO DATA ON THIS INDICATOR IN JULY 2011 DATASET	

OUTCOME 3. CLIENTS WILL BE FREE OF THE EXPRESSION OF MENTAL, EMOTIONAL, AND BEHAVIORAL SYMPTOMS.		
1. Clients will gain knowledge about substance abuse and/or mental health issues.	53	36
2. Clients will be free of expression of psychiatric DMS-IV TR or DC: 0 – 3 R Axis I diagnosis symptoms, such as Depression, Anxiety, ADHD, PTSD, Phobias, Conduct Disorder, Bipolar, Schizophrenia, Substance Abuse, etc.	23	66
3. Clients will develop self-management skills.	8	81
4. Clients will develop risk management skills to avoid in engaging in risky behaviors.	3	86
5. Clients will remain free of law enforcement involvement.	2	87
6. Clients will have positive self-concept.	2	87

TABLE C-2. List of Children's Service Fund Partner Agencies, with Agency Code

Agency Code	Agency Name
1	ALIVE, Inc.
2	Alliance on Mental Illness-NAMI St. Louis
3	Almost Home
4	Behavioral Health Response (BHR)
5	Bethany Christian Services of Missouri
6	Better Family Life
7	BJC Behavioral Health
8	Bridgeway Behavioral Health
9	Catholic Charities of St. Louis
10	Catholic Family Services
11	CHADS Coalition for Mental Health
12	Child Center Marygrove
13	Children's Advocacy Services of Greater St. Louis
14	Children's Foundation of Mid-America
15	Children's Home Society of Missouri
16	Court Appointed Special Advocates (CASA) of St. Louis County
17	Covenant House Missouri
18	Epworth Children & Family Services
19	Every Child's Hope (ECH)
20	Family Resource Center
21	Family Support Network
22	Foster & Adoptive Care Coalition
23	Good Shepherd Children and Family Services
24	Jewish Family and Children's Service
25	Kathy J. Weinman Shelter
26	Kids In The Middle
27	Lutheran Family and Children's Services
28	National Council on Alcohol and Drug Abuse
29	Nurses For Newborns
30	Our Lady's Inn
31	Our Little Haven
32	Places for People
33	Preferred Family Healthcare
34	Provident Inc.
35	Queen of Peace Center
36	Redevelopment Opportunities for Women
37	Room at the Inn
38	Safe Connections

Agency Code	Agency Name
39	Saint Louis Crisis Nursery
40	St. Louis County Department of Human Services: Family & Community Services
41	St. Vincent Home for Children
42	The Great Circle
43	Washington University St. Louis
44	Youth In Need

TABLE C-3. List of CSF Agencies with Totals Served (excludes School-Based Prevention Services)

Agency Name	Agency Code	Number of Agency Programs	Non-School-Based	School-Based	Total Served
			NUMBER SERVED		
National Council of Alcohol and Drug Abuse	28	1	0	31.165	31.165
Jewish Family and Children's Service	24	4	1,081	25,044	26,125
Safe Connections	38	2	67	10,962	11,029
Catholic Family Services	10	5	535	5,596	6,131
CHADS Coalition for Mental Health	11	2	19	5,305	5,324

Agency Name	Agency Code	Number of Agency Programs	Non-School-Based	Community Intervention	Total Served
Lutheran Family and Children's Services	27	5	1,159	363	1,522
BJC Behavioral Health	7	4	248	1,014	1,262
Youth In Need	44	3	2,415		2,415
Behavioral Health Response (BHR)	4	1	810		810
Kids In The Middle	26	1	526		526
Saint Louis Crisis Nursery	39	2	457		457
Epworth Children & Family Services	18	4	429		429
Court Appointed Special Advocates (CASA) of St. Louis County	16	1	425		425
Alliance on Mental Illness-NAMI St. Louis	2	1	350		350
Family Support Network	21	1	336		336
Children's Advocacy Services of Greater St. Louis	13	1	333		333
Nurses For Newborns	29	1	325		325
Preferred Family Healthcare	33	2	303		303
Children's Foundation of Mid-America	14	1	287		287
Family Resource Center	20	3	280		280
St. Vincent Home for Children	41	3	197		197

Agency Name	Agency Code	Number of Agency Programs	NUMBER SERVED Non-School-Based	School-Based	Total Served
Provident Inc.	34	1	170		170
Queen of Peace Center	35	1	132		132
Every Child's Hope (ECH)	19	2	121		121
Foster & Adoptive Care Coalition	22	1	114		114
The Great Circle	42	2	107		107
ALIVE, Inc.	1	1	95		95
St. Louis County Department of Human Services: Family & Community Services	40	1	95		95
Child Center Marygrove	12	2	82		82
Children's Home Society of Missouri	15	4	76		76
Covenant House Missouri	17	1	75		75
Redevelopment Opportunities for Women	36	1	72		72
Room at the Inn	37	1	70		70
Better Family Life	6	1	66		66
Places for People	32	1	59		59
Good Shepherd Children and Family Services	23	2	56		56
Kathy J. Weinman Shelter	25	1	47		47
Our Little Haven	31	2	44		44
Bridgeway Behavioral Health	8	1	42		42
Washington University St. Louis	43	1	32		32
Bethany Christian Services of Missouri	5	1	28		28
Our Lady's Inn	30	1	28		28
Catholic Charities of St. Louis	9	2	20		20
Almost Home	3	1	11		11

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