INSTITUTE *of* PUBLIC POLICY

Harry S Truman School of Public Affairs

BOONE COUNTY ISSUES ANALYSIS: *CHILDREN, YOUTH AND FAMILIES*

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EXECUTIVE SUMMARY

The Children, Youth, and Families Issues Analysis is a study of community-level data to identify needs facing children, youth, and families in Boone County. Needs are broken into seven sub-issue areas: Teen Pregnancy, Academic Achievement, Mental Health, Child Welfare and Safety, Child and Youth Homelessness, Positive Youth Development and School Readiness. Each sub-issue area is analyzed using data over a five year period when possible, and additional data on trends for specific children, youth, and family populations.

The City of Columbia, County of Boone and Heart of Missouri United Way (HMUW) provide nearly $3.2 million in local social services funding. In fiscal year 2010, just over 40% of those dollars went to services targeting children, youth, and families. All three agencies are continually evaluating ways to provide a more targeted approach to address the needs of children, youth, and families in Boone County. This issues analysis is designed to support the development of a targeted funding strategy that will address these needs.

The Children, Youth, and Families Issues Analysis examines available data to:

- Highlight trends in Boone County;
- Inventory current services available to address the issues; and
- Prioritize issues related to the needs of children, youth, and families in the community.

In addition, national registries of evidence-based programs were searched to provide recommendations for:

- Evidence-based programs/best practices to meet the needs of children, youth, and families;
- Collaborative strategies for government and non-profit organizations; and
- Services that could be purchased to meet priority needs.

This analysis provides information that can be used to focus funding on the county's higher priority needs. In addition, the analysis is designed to be updated periodically to provide community leaders and decision makers with the information necessary to establish new priorities based on changing circumstances.

The following is a summary of the findings of the Children, Youth, and Families Issues Analysis. The findings emerged from the collected data and the analysis provided by the evaluators. The findings provide a strong base for decision makers to discuss priority issues and strategies for addressing those issues.

Trends in Boone County

The community-level data highlights several trends in Boone County for seven sub-issue areas. The data show that Boone County tends to have more favorable trends than Missouri, but some unfavorable trends exist for specific populations.

- Child abuse and out-of-home placements decreased in Boone County between 2004 and 2008 and the rate for both of these measures remains lower than the rates for Missouri.
- Public schools report a 50% increase of enrolled homeless youth between academic years 2005-2006 and 2008-2009.
- Boone County students are more likely than Missouri students to engage in risky attitudes and behaviors regarding alcohol and drugs.
- The number of children in Boone County qualifying for subsidized childcare and special-education services has increased while agency resources continue to decrease.
- There is currently no standard kindergarten readiness assessment for Missouri Pre-K programs.
- When compared to Missouri, Boone County African-American teens, age 15-19, have higher rates of teen pregnancy.
- When compared to other race groups in Boone County, African Americans are more likely to drop out of high school and have low birth weight infants.
- African Americans have disproportionately lower graduation rates when compared to Caucasian students in Boone County.
- When compared to other race groups in Boone County, African Americans have higher rates of child poverty.

Data presented in this report show that Boone County children, youth, and families are in a better situation when compared to Missouri as a whole. However, the data also show areas of disparity and point to needs facing children, youth, and families in Boone County.

Inventory of Current Services

Addressing the needs of children, youth, and families in Boone County is a shared priority for social service agencies. The United Way 211 database is an established and publically available resource that maintains a list of services and agencies in local communities, including Boone County. The purpose of the database is to connect citizens with these valuable community resources. The evaluators used the list of services and agencies in the 211 database to inventory services for this analysis. All sub-issue areas are being addressed by local services. However, there is only one agency in the 211 database addressing teen homelessness in Boone County. The challenges of addressing teen homelessness without an existing infrastructure are more substantial than other issues that have an existing infrastructure. However, instances of child and youth homelessness will likely continue to increase if more services are not made available.

Prioritization of Sub-Issue Areas

Prioritizing each sub-issue allows the evaluators to analyze where services should be targeted, based on the prioritization matrix. To prioritize the sub-issues, one community-level indicator was selected for each area based on the following five criteria:

1. Representative of the issue area;
2. Comparable at the state and county level;
3. Publically available;

4. Systematically collected; and
5. Routinely updated.

Some sub-issues did not have a community-level indicator qualified for inclusion in analysis and therefore were not given a prioritization score. Community-level indicators were identified for the sub-issue areas of *teen pregnancy, academic achievement, mental health, child welfare* and *safety*, and *child and youth homelessness*.

The prioritization matrix was designed around five factors, answering five questions for each sub-issue area to determine a prioritization score:

Factor one: Immediacy of attention required
Question: Will the situation get worse if nothing is done?
Results: Teen homelessness trends are shown to be getting worse, while mental health trends remain steady. Trends are favorable in the other sub-issue areas.

Factor two: Immediacy of attention required relative to state trends
Question: Is the county trend better or worse than the state trend?
Results: In the area of mental health, Boone County is performing worse than Missouri. In all other sub-issue areas, Boone County is performing better than the state.

Factor three: Beneficial impact on other identified needs of resolving this need
Question: Will meeting this need also solve other sub-issues?
Results: All sub-issue areas impact other sub-issue areas. This demonstrates the interconnectedness of all these issues and sub-issues and offers decision makers an opportunity to maximize dollars by supporting services that can address multiple issues.

Factor four: Number of people directly affected by need
Question: How many people in Boone County are directly affected by this need?
Results:

Sub-Issue Area	Community-Level Indicator	Number of People Directly Impacted
Teen Pregnancy	Teen Pregnancy Rate	172
Academic Achievement	Dropout Rate	214
Mental Health	Emergency Room Visits with Mental Health Diagnosis	416
Child Welfare and Safety	Out-of-Home Placement	75
Child and Youth Homelessness	Percent of Students who are Homeless	203

Factor five: Extent to which services are available
Question: *Are there services available to meet this need?*
Results: Services are available in all issue areas. There is only one program serving homeless youth.

The Children, Youth, and Families Issues Analysis finds that mental health is the sub-issue area identified as the highest priority. Youth homelessness and teen pregnancy earn the second highest priority, academic achievement the third highest priority and child welfare and safety is the lowest priority.

Sub-Issue Area	Community-Level Indicator	Prioritization Score
Teen Pregnancy	Teen Pregnancy Rate	2.4
Academic Achievement	Dropout Rate	2.2
Mental Health	Emergency Room Visits with Mental Health Diagnosis	2.6
Child Welfare and Safety	Out-of-Home Placement	1.8
Child and Youth Homelessness	Percent of Students who are Homeless	2.4
1 = low priority, 2 = moderate priority, 3 = high priority		

Though this prioritization matrix identifies mental health as the highest priority, decision makers can look at the individual factors of the matrix and discuss which factors are most important when considering purchasing services.

Identifying Programs, Collaborations, and Services

The evaluators conducted a review of evidence-based programs and best practices in order to identify effective programs and services to address the issues facing children, youth, and families. The inventory of evidence-based programs and best practices shows that there are many interventions that have proven to effectively address each of these sub-issues. The settings for these interventions include schools, residential treatment facilities, health and mental health centers, community-based organizations, churches and individual homes. When considering collaborative opportunities, these types of settings have proven to work best for facilitating effective programs. The research also identifies an array of services that are provided through the evidence-based programs and offer guidance to decision makers for considering effective services.

Conclusion

Using existing data sources, the Children, Youth, and Families Issues Analysis highlights disparities in trends facing children, youth, and families in Boone County; inventories the services in the community for all sub-issue areas; prioritizes sub-issues based on community-level indicators; and identifies an array of services that could effectively address the issues. This systematic approach allows for the analysis to be enhanced over time, using local data. This report provides decision makers with in-depth information to make informed decisions about programs and allocation of resources.

INTRODUCTION

The City of Columbia, County of Boone, and the Heart of Missouri United Way invested over $3.2 million in social services during 2010. Out of the $3.2 million, $1,363,743 or 42%, was invested in programs directed at children, youth, and families[1] (Table 1). Children, youth and families (CYF) represented the largest funding category for all social services by issue area (Figure 1).

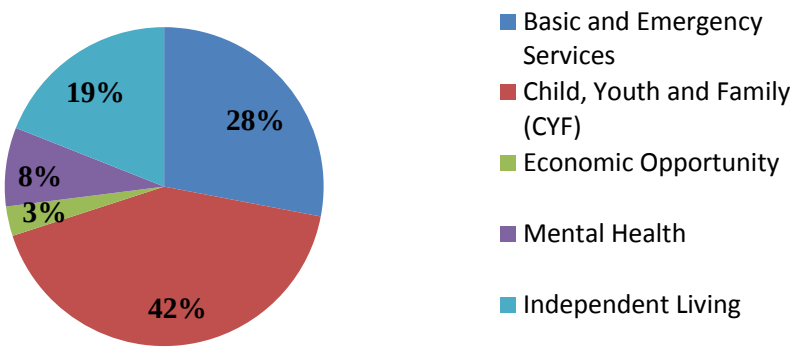
This CYF investment has impacted the lives of over 10,400 individuals[2] in Boone County, supporting a variety of programs ranging from tutoring programs to dental services, and leadership development programs to emergency shelters. In an effort to better understand the needs of the community, the City of Columbia and County of Boone contracted with the Institute of Public Policy to conduct an assessment of the CYF issue area.

TABLE 1: 2010 CHILDREN, YOUTH, AND FAMILIES (CYF) FUNDING

	United Way	City of Columbia	County of Boone
Total Social Services Funding	$2,219,396	$883,556	$104,073
Total CYF Services Funding	$1,074,946	$257,267	$31,530
Percent of Funder's Social Service Funding Directed Towards CYF	48%	29%	30%

Source: City of Columbia Social Services Spending Report (2010) & Heart of Missouri United Way Funding FY2010

FIGURE 1: 2010 SOCIAL SERVICES SPENDING BY ISSUE AREA



[1] United Way, the City of Columbia, and Boone County programs report on a calendar year (January 1 to December 31).

[2] The number of individuals served by the social service area CYF was self-reported by the agencies receiving funding.

DATA ASSESSMENT

A CYF secondary data assessment was conducted, and a series of data measures were identified for each of the sub-topic areas (Table 2). Data were used if they fit at least the first three of the following criteria:

1. Publically available;
2. Systematically collected;
3. Routinely updated; and
4. Comparable at the state and local level.

Whenever possible, five years of data starting with the most current year of data available were collected and presented for each data measure at the U.S., Missouri, and Boone County levels. In addition, some data measures were available and presented by social characteristics. It is important to note that since this was a secondary data assessment, not all data measures had the same type of information available.

The analysis of each sub-issue area was designed to be descriptive, each measure pointing to the larger picture. The collective data describes the current situation facing children, youth, and families and should be used to identify the unaddressed needs related to the specific issue in Boone County.

TABLE 2: CHILDREN, YOUTH, AND FAMILIES SERVICES ISSUE AREA–DATA MEASURES USED TO DESCRIBE THE SUB-TOPICS

	Data Measure
Teen Pregnancy	-Percent of pregnancies among 15-19 year olds -Rate (per 1,000) of live births among 15-19 year olds
Academic Achievement	-Dropout rate -Graduation rate -Graduate Analysis -MAP Test
Mental Health	-Feelings of sadness or hopelessness -Prevalence of emotional, behavioral, and developmental conditions -Mental health services for serious emotional disorders -Emergency room rates for mental health disorders -Hospital discharge rates for mental health disorders -Past 30-day use (alcohol, tobacco, marijuana) -Age of first use (alcohol, tobacco, marijuana) -Perception of harm from use (alcohol, tobacco, marijuana) -Perception of wrongfulness (alcohol, tobacco, marijuana)
Child Welfare and Safety	-Number of child abuse and neglect victims -Out-of-home placement -Bullying on school property
Child and Youth Homelessness	-Total enrolled homeless youth -Families below poverty

	-Missing youth
Positive Youth Development	-Discipline incidents -Juvenile arrests -Juvenile Justice office referrals
Positive Family Development	No data measures are available for this sub-topic area
School Readiness	-Children under age six living in poverty -Births to mothers with less than 12 years of education -Rate of low birth weight infants -Children screened for lead -Health insurance coverage -Low income families participating in Parents as Teachers -Children receiving subsidized childcare -Licensed family childcare -Accredited child-care facilities -Participation and proficiency achievement for children with disabilities -Participation and Proficiency Achievement in Head Start -Proficiency achievement for third graders

Teen Pregnancy

The sub-issue area of teen pregnancy was assessed using the following data measures: live births among 15-19 year olds and pregnancies among 15-19 year olds.

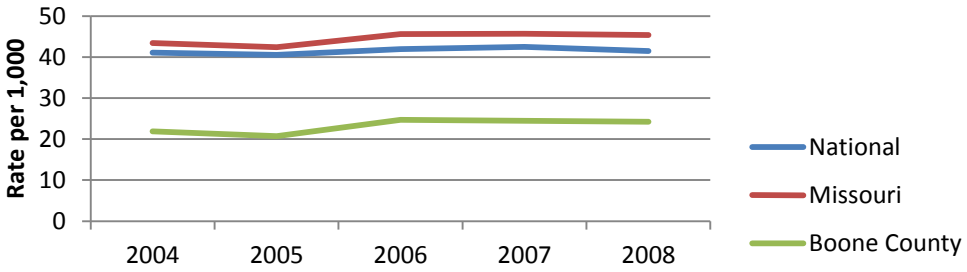
Live Births[3,4,5] Both Missouri and Boone County's live birth rates among 15-19 year olds follow the national trend. When the rate of live births among 15-19 year olds increased in the U.S., both Missouri and Boone County's rates increased, and the same occurred when the U.S. rate decreased. Missouri's rate of live births per 1,000 is higher than the U.S. rate, but Boone County's rate is lower than both the U.S. and Missouri's rates. It was 1.7 times lower than the National rate and almost two times lower (1.87) than Missouri's rate (Figure 2).

[3] Guttmacher Institute. (2010). U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity. Retrieved from the Guttmacher Institute Website: http://www.guttmacher.org/pubs/USTPtrends.pdf.

[4] Centers for Disease Control and Prevention. (2010). National Vital Statistics Reports Births: Final Data for 2008. Retrieved from the CDC website: http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf.

[5] Boone County Indicators. (2009). Children and Families Number of Births to Teens, ages 15-19 (per1000). Retrieved from Boone County Indicators website: http://www.booneindicators.org/families_teenbirth.shtml.

FIGURE 2: RATE OF LIVE BIRTHS PER 1,000 AMONG 15-19 YEAR OLDS BY LOCATION 2004-2008

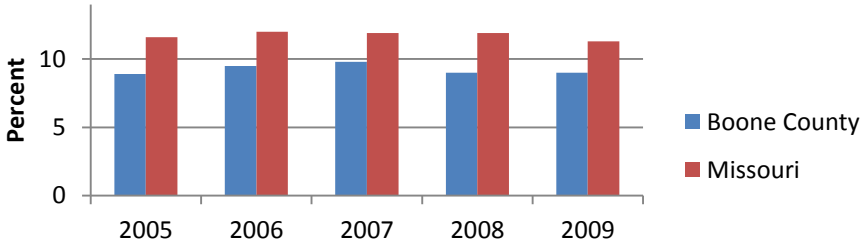


Source for 2004-2006 U.S. rates: Guttmacher Institute
Source for 2007-2008 U.S. rates: Centers for Disease Control
Source for MO and Boone County: Boone County Indicators

Pregnancies[6]: From 2005-2009, the percent of pregnancies to individuals aged 15-19 years old decreased in both Missouri and Boone County. In addition, the percent of pregnancies among 15-19 year olds is less in Boone County than Missouri over the same five year timeframe (Figure 3).

When broken out by race, the percent of Caucasian teen pregnancies in Boone County continues to be lower than the state percent of Caucasian teen pregnancies (Figure 4). However, when looking at the percent of pregnancies among African American 15-19 year olds per year in Boone County, the percent of teen pregnancies is consistently higher in Boone County compared to the percent of teen pregnancies among African American for Missouri per year over a five-year period (Figure 5).

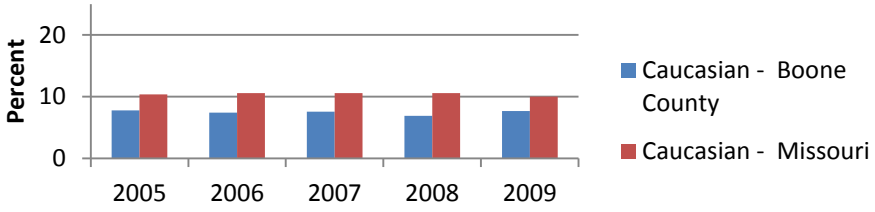
FIGURE 3: PERCENT OF PREGNANCIES AMONG 15-19 YEAR OLDS BY LOCATION 2005-2009



Source: Missouri Information for Community Assessment (MICA)

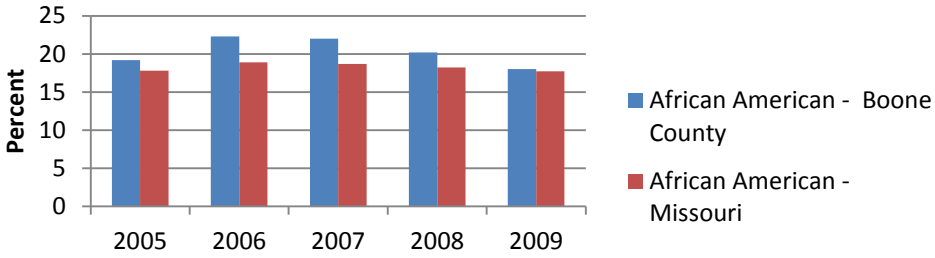
[6] Missouri Department of Health & Senior Services. (2010). Missouri Information for Community Assessment (MICA). Retrieved from the MDHSS website: http://www.dhss.mo.gov/data/mica/mica/pregnancy.php.

FIGURE 4: PERCENT OF PREGNANCIES AMONG CAUCASIANS 15-19 YEAR OLDS BY LOCATION 2005-2009



Source: Missouri Information for Community Assessment (MICA)

FIGURE 5: PERCENT OF PREGNANCIES AMONG AFRICAN AMERICAN 15-19-YEAR-OLDS BY LOCATION 2005-2009



Source: Missouri Information for Community Assessment (MICA)

Academic Achievement

The sub-issue area of academic achievement was assessed using the data measures of dropout rate, graduation rate, graduate analysis, and Missouri Assessment Program (MAP) proficiency rates.

Dropout Rate[7,8]**:** The Missouri high school dropout rate has remained consistent over the five years represented in table 3, ranging from 3.5% to 3.9%. All of the school districts in Boone County except for Columbia 93 have a dropout rate lower than the Missouri's, and Columbia Public School district's dropout rate mirrors the state rate with the range from 3.4% to 4.2% (Table 3).

The Columbia Public School District's and Missouri's rates for high school dropouts have both remained very consistent. With the exception of 2008 and 2009, Columbia Public School District's dropout rates were identical to the State of Missouri.

[7] Missouri Department of Elementary and Secondary Education. (2010). School Statistics. Retrieved from MO DESE website: http://dese.mo.gov/schooldata/school_data.html

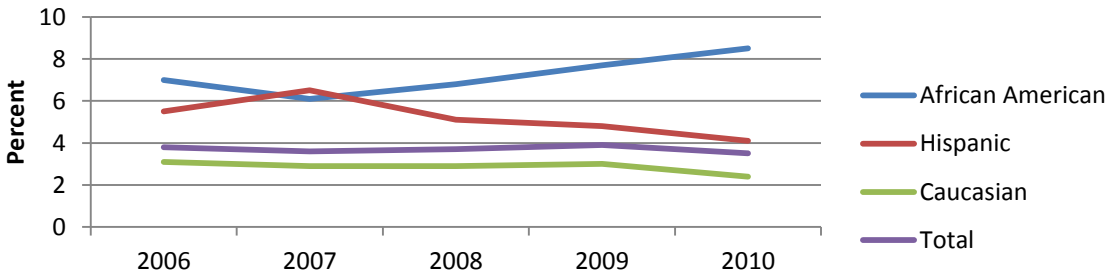
[8] Dropout rate is defined for grades 9-12 as the number of dropouts divided by the total of September enrollment, plus transfers in, minus transfers out, minus dropouts, added to September enrollment, then divided by two.

TABLE 3: PERCENT OF HIGH SCHOOL DROPOUTS BY LOCATION, 2006-2010

	Missouri % (N)	Hallsville R-IV % (N)	Centralia R-VI % (N)	Columbia 93 % (N)	Harrisburg R-VIII % (N)	Southern Boone County % (N)	Sturgeon R-V % (N)
2006	3.8% (10,773)	3.6% (13)	4.9% (19)	3.8% (198)	2.5% (5)	0.9% (4)	2.0% (3)
2007	3.6% (10,115)	1.8% (7)	3.5% (14)	3.6% (192)	2.4% (5)	2.2% (10)	0.7% (1)
2008	3.7% (10,376)	1.5% (6)	2.3% (9)	3.4% (189)	2.0% (4)	1.4% (6)	4.0% (5)
2009	3.9% (11,028)	4.4% (17)	3.8% (15)	4.2% (220)	3.6% (7)	2.5% (11)	2.3% (3)
2010	**3.5% (9,953)**	**2.8% (12)**	**2.2% (9)**	**3.5% (181)**	**0.0% (0)**	**1.8% (8)**	**3.3% (4)**

Source: Missouri Department of Elementary and Secondary Education

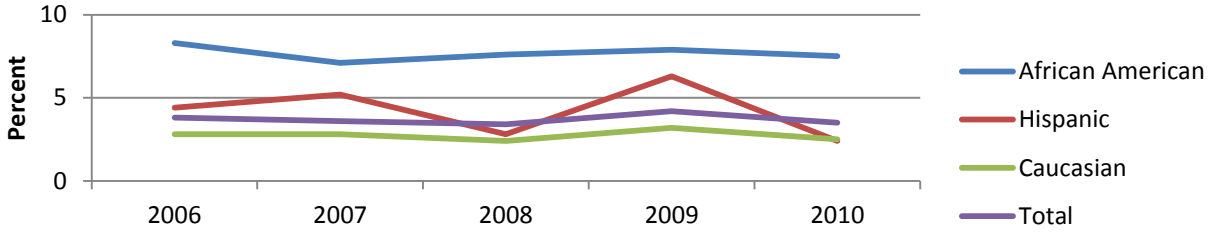
FIGURE 6: MISSOURI DROPOUT RATE BY RACE, 2006-2010



Source: Missouri Department of Elementary and Secondary Education

The dropout rate within Missouri varies when broken out by race and ethnicity. The dropout rate is higher for African Americans and Hispanics than for the total dropout rate, and the dropout rate of Caucasians is lower than the total dropout rate for Missouri. Moreover, the dropout rate for African Americans is the highest of the three groups (Figure 6). Unlike the dropout rate among Hispanics, which has slowly been declining since 2007, the dropout rate among African Americans has been increasing since 2007 (Figure 6).

FIGURE 7: COLUMBIA 93 DROPOUT RATE BY RACE, 2006-2010



Source: Missouri Department of Elementary and Secondary Education

Dropout rates were categorized by race for the Columbia Public School District only, because the student population in other Boone County school districts is too small. As with the dropout rate among African Americans for Missouri, African Americans have the highest dropout rate of all the races within Columbia Public School District. However, the dropout rate among Hispanics varies more within the Columbia Public School District than at the state level (Figure 7).

Graduation Rate[9, 10]**:** Table 4 shows that between 2006 and 2010 Southern Boone County had higher graduation rate than the state, and between 2006 and 2009 Harrisburg R-VIII and Sturgeon R-V had higher graduation rates than the state.

When broken out by race, the graduation rate differs. Caucasian students in Missouri have the highest graduation rates followed by Hispanic students and then African American students. The graduation rate among African American students in Missouri has been declining. In 2006, 76% of Missouri's African American students were graduating compared to 74.4% in 2010. The graduation rate among Hispanic students has been increasing since 2008, when the rate was 78.1%, to 81.2% in 2010. The graduation rate among Caucasian Missouri students has been consistent with a range of 87.9% to 88.5% (Figure 8).

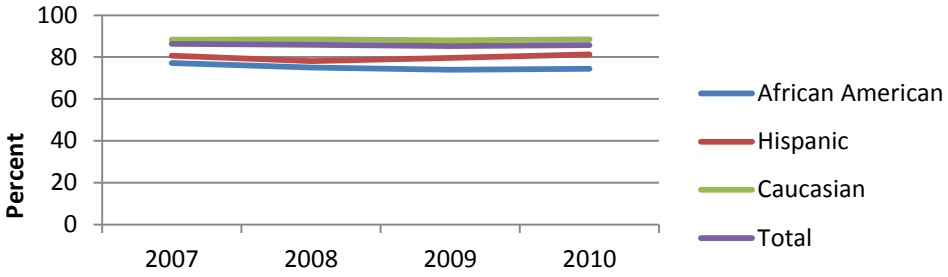
TABLE 4: PERCENT AND NUMBER OF HIGH SCHOOL GRADUATES BY SCHOOL DISTRICT, 2006-2010

	Missouri % (N)	Hallsville R-IV % (N)	Centralia R-VI % (N)	Columbia 93 % (N)	Harrisburg R-VIII % (N)	Southern Boone County % (N)	Sturgeon R-V % (N)
2006	85.9% (58,474)	100% (72)	86.9% (106)	84.7% (1,115)	91.7% (44)	94.1% (950	87.9% (29)
2007	86.3% (60,201)	84.7% (72)	85.9% (85)	86.5% (1,230)	90.4% (47)	94.9% (112)	100% (31)
2008	85.8% (61,789)	93.5% (86)	85.7% (102)	85.2% (1,215)	90.9% (50)	88.9% (112)	92.9% (26)
2009	85.2% (62,787)	94% (79)	85.3% (81)	85.6% (1,208)	93.3% (56)	93.4% (99)	90% (27)
2010	85.7% (64,009)	81.4% (96)	85.6% (95)	86.4% (1,213)	85.7% (48)	93.1% (108)	81.6% (31)
Data Source: Missouri Department of Elementary and Secondary Education							

[9] Missouri Department of Elementary and Secondary Education. (2010). School Statistics. Retrieved from MO DESE website: http://dese.mo.gov/schooldata/school_data.html.

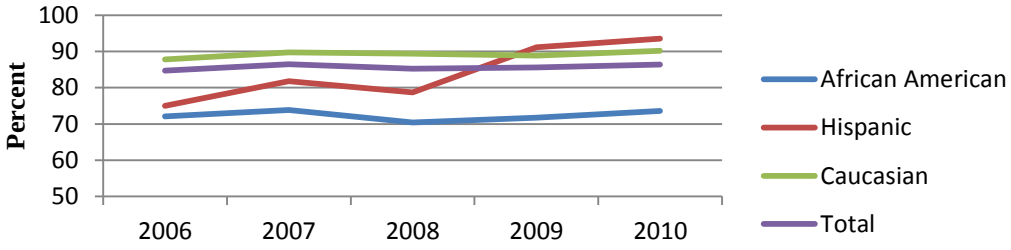
[10] Graduation rate is defined as the quotient of the number of graduates in the current year, as of June 30, divided by: the sum of the number of graduates in the current year as of June 30, plus the number of twelfth-graders who dropped out in the current year plus the number of eleventh-graders who dropped out in the preceding year, plus the number of tenth-graders who dropped out in the second preceding year, plus the number of ninth-graders who dropped out in the third preceding year.

FIGURE 8: GRADUATION RATE BY RACE IN MISSOURI 2006-2010



Source: Missouri Department of Elementary and Secondary Education

FIGURE 9: GRADUATION RATE BY RACE IN COLUMBIA PUBLIC SCHOOL DISTRICT 2006-2010



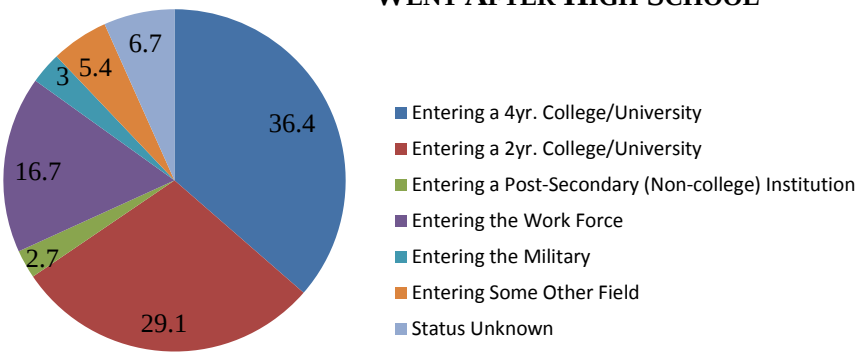
Source: Missouri Department of Elementary and Secondary Education

As with dropout rates, graduation rates by race for each school district located within Boone County will be limited to Columbia Public School District due to the homogeneity of the population within the other school districts. As with Missouri, African-American students within Columbia 93 have the lowest graduation rate when stratifying by race. Furthermore, the rate of African American students graduating in Columbia Public School District is lower than the state's rate. As with Missouri's rate, Caucasian students consistently had higher graduation rates than the total graduation rate within Columbia Public School District. For Hispanic students, it is important to note that no single data point contained more than 45 individual students of Hispanic ethnicity graduating compared to 190 for African Americans and 830 for Caucasians. With this in mind, Columbia Public School District Hispanic students had the highest graduation rate in 2010 (Figure 9).

***Graduate Analysis*[11]:** Over two thirds of Missouri's 2010 graduates went to a two or four year college or university. The other third of the 2010 graduates went to a post-secondary institution (non-college), entered the workforce, entered the military, entered some other field, or their status was unknown (Figure 10). When looking at school districts located within Boone County, over 50% of each of the school districts 2010 graduates went on to either a four or two year college or university after graduating from high school (Table 5).

[11] Missouri Department of Elementary and Secondary Education. (2010). School Statistics. Retrieved from MO DESE website: http://dese.mo.gov/schooldata/school_data.html

FIGURE 10: WHERE MISSOURI'S 2010 GRADUATES WENT AFTER HIGH SCHOOL



Source: Missouri Department of Elementary and Secondary Education

TABLE 5: PERCENT OF HIGH SCHOOL GRADUATES BY SCHOOL DISTRICTS, 2006-2010

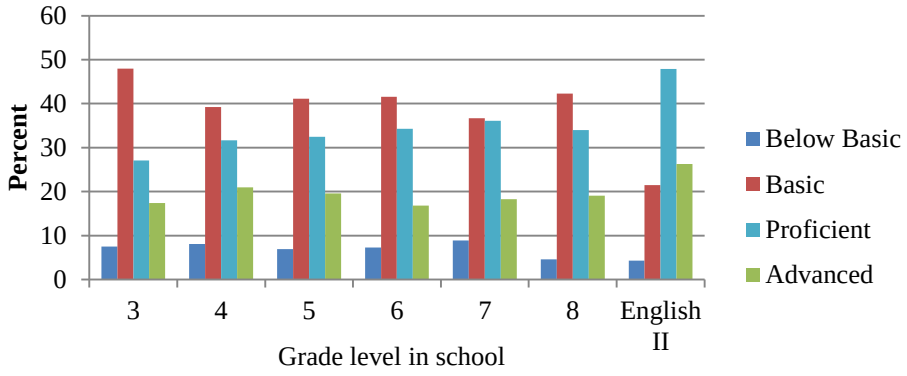
	Hallsville R-IV	Centralia R-VI	Columbia 93	Harrisburg R-VIII	Southern Boone County	Sturgeon R-V
Entering 4 year College/University	38%	25.9%	50.8%	26.8%	39.4%	14.8%
Entering 2 year College/University	31.6%	38.3%	22.1%	32.1%	30.3%	40.7%
Entering a post-secondary institution (non-college)	3.8%	0%	1.3%	5.4%	0%	7.4%
Entering the workforce	13.9%	17.3%	16.2%	32.1%	14.1%	25.9%
Entering the military	2.5%	7.4%	1.2%	0%	4.0%	0%
Entering some other field	6.3%	11.1%	5.4%	3.6%	12.1%	11.1%
Status unknown	3.8%	0%	3.1%	0%	0%	0%

Data Source: Missouri Department of Elementary and Secondary Education

***MAP Test*[12]:** Within the assessment area of communication arts on the Missouri Assessment Program (MAP) results, all grade levels excluding third grade have over 50% of the students meeting proficient or advanced status (Figure 11). Within the assessment area of mathematics on the Missouri Assessment Program (MAP) results, all grade levels had over 47% of the students tested receiving proficient or advanced results (Figure 12). Within the assessment area of science on the MAP results, all grade levels had over 48% of all students tested receiving proficient or advanced results (Figure 13).

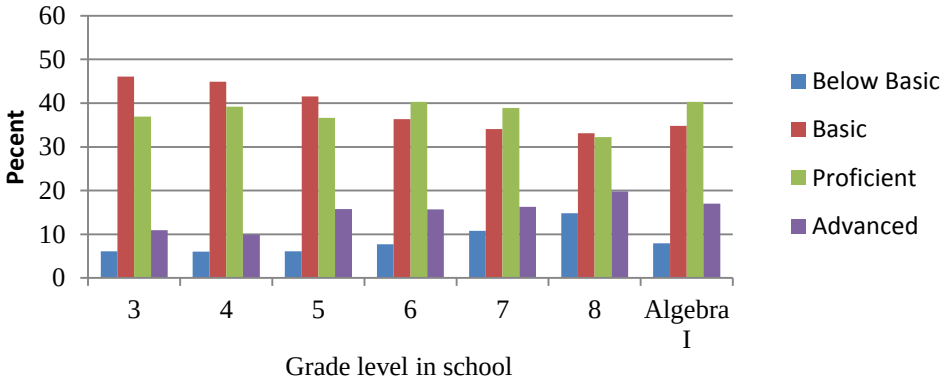
[12] Missouri Department of Elementary and Secondary Education. (2010). School Statistics. Retrieved from MO DESE website: http://dese.mo.gov/schooldata/school_data.html

FIGURE 11: MISSOURI ASSESSMENT PROGRAM RESULTS IN "COMMUNICATION ARTS BY GRADE LEVEL" FOR THE STATE OF MISSOURI, 2010



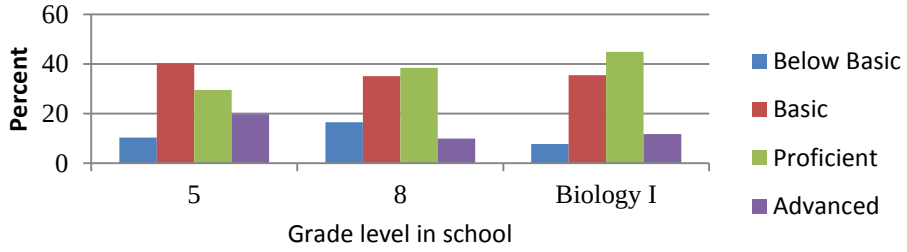
Source: Missouri Department of Elementary and Secondary Education

FIGURE 12: MISSOURI ASSESSMENT PROGRAM RESULTS BY GRADE LEVEL IN "MATHEMATICS" 2010



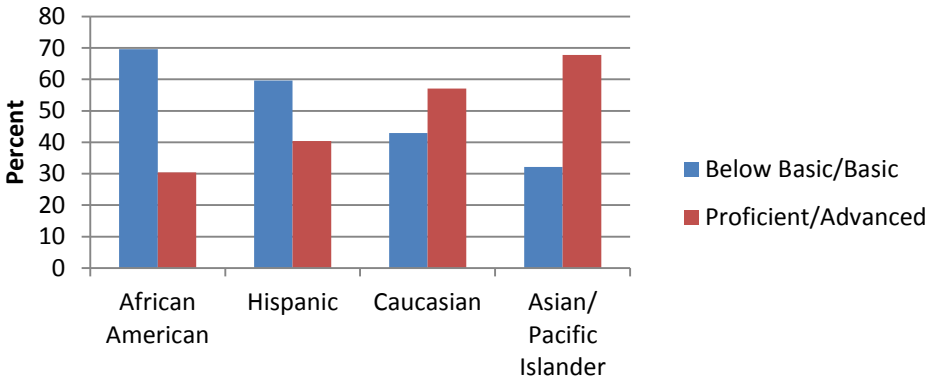
Source: Missouri Department of Elementary and Secondary Education

FIGURE 13: MISSOURI ASSESSMENT PROGRAM RESULTS BY GRADE LEVEL IN "SCIENCE" 2010



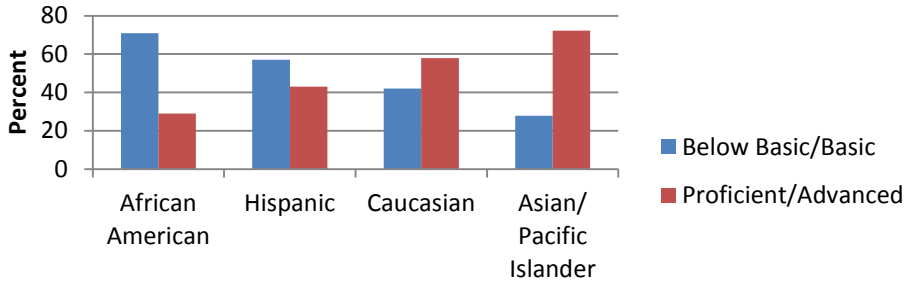
Source: Missouri Department of Elementary and Secondary Education

FIGURE 14: MISSOURI ASSESSMENT PROGRAM RESULTS AMONG 5TH GRADERS BY RACE/ETHNICITY IN "COMMUNICATION ARTS" 2010



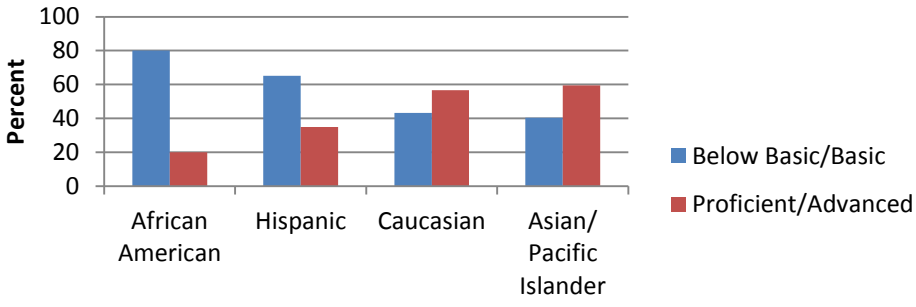
Source: Missouri Department of Elementary and Secondary Education

FIGURE 15: MISSOURI ASSESSMENT PROGRAM RESULTS AMONG 5TH GRADERS BY RACE/ETHNICITY IN "MATHEMATICS" 2010



Source: Missouri Department of Elementary and Secondary Education

FIGURE 16: 2010 MISSOURI ASSESSMENT PROGRAM RESULTS AMONG 5TH GRADERS BY RACE/ETHNICITY IN "SCIENCE" 2010



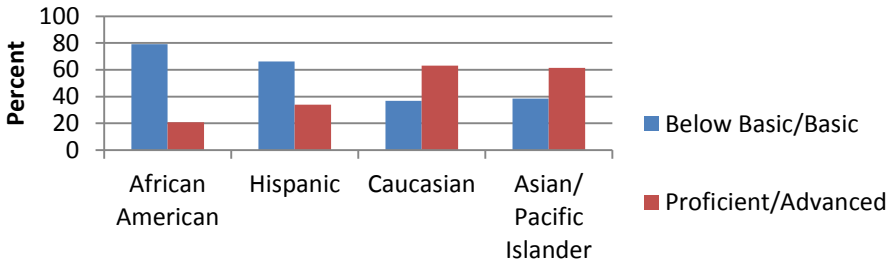
Source: Missouri Department of Elementary and Secondary Education

When categorized by race within Missouri for all three subject areas, clear disparities exists. African American (Non-Hispanic) fifth graders have the highest rate of students being at basic or below basic proficiency across all three subject areas (communication arts, mathematics, and science). In addition, a greater percentage of African American (Non-Hispanic) and Hispanic fifth graders received a result of below basic or basic proficiency on all three subject areas than those who received a result of proficient or advanced. In contract, a greater percent of Caucasian (Non-Hispanic) and Asian/Pacific Islander fifth graders received a result of proficient or advanced than below basic or basic (Figure 14, 15, and 16). MAP results were only categorized by race at the local level for the Columbia 93 school district within Boone County. DESE only reports disaggregate data for groups with a number above 30. Therefore, MAP results that are stratified by race are only available for Columbia 93, as all other Boone County school districts went unreported.

Columbia 93 MAP results mirrored those of the state. Again, African American Non-Hispanic fifth graders had the highest rates of below basic or basic results across all three testing areas (communication arts, mathematics, and science). Also, a greater percentage of African American Non-Hispanic and Hispanic fifth graders received a result of below basic or basic proficiency on all three subject areas than those who received a result of proficient or advanced compared to Caucasian Non-Hispanic and Asian/Pacific Islander fifth graders, who were more likely to receive a result of proficient or advanced than below basic or basic (Figure 14-19).

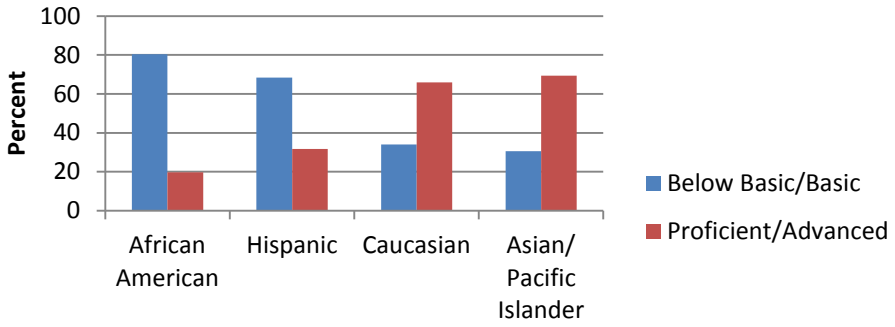
Although Columbia 93 and Missouri had similar findings overall, it is important to note that there are differences between the two. Columbia 93 African American Non-Hispanic, Hispanic, and Asian/Pacific Islander fifth graders are reporting a higher percentage of below basic or basic results compared to the state rates. Despite reporting a greater percentage of fifth graders being at below basic or basic compared to the state, Columbia 93 Asian/Pacific Islander fifth graders are still reporting over 54% receiving a result of proficient or advanced across the three subject areas. However, Columbia 93 Caucasian Non-Hispanic fifth graders have a higher percentage of students receiving results that are proficient or advanced across all three subject areas compared to Missouri (Figures 17-19).

FIGURE 17: MISSOURI ASSESSMENT PROGRAM RESULTS AMONG 5TH GRADERS IN COLUMBIA 93 SCHOOL DISTRICY BY RACE/ETHNICITY IN "COMMUNICATION ARTS" 2010



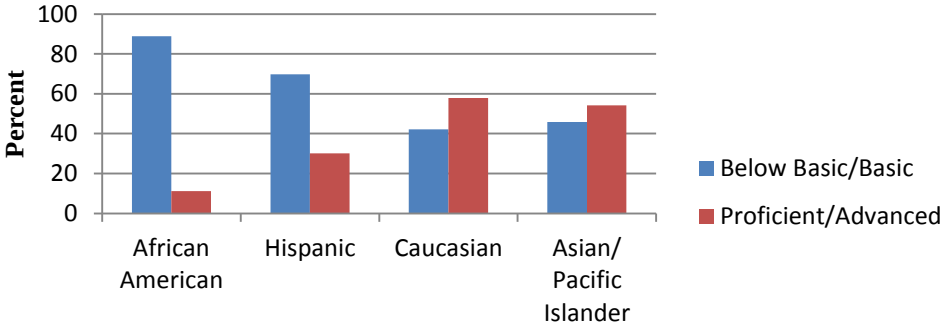
Source: Missouri Department of Elementary and Secondary Education

FIGURE 18: MISSOURI ASSESSMENT PROGRAM RESULTS AMONG 5TH GRADERS IN COLUMBIA 93 BY RACE/ETHNICITY IN "MATHEMATICS" 2010



Source: Missouri Department of Elementary and Secondary Education

FIGURE 19: MISSOURI ASSESSMENT PROGRAM RESULTS AMONG 5TH GRADERS IN COLUMBIA 93 SCHOOL DISTRICTY BY RACE/ETHNICITY IN "SCIENCE" 2010



Source: Missouri Department of Elementary and Secondary Education

Mental Health

The sub-issue area of mental health was assessed using the data measures of percentage of students who felt sad or hopeless, prevalence of emotional, behavioral, and developmental conditions, public mental health services for serious emotional disorders, emergency room use, hospital discharges, past 30 day use, age of initiation, perception of harm, and disapproval of use.

Felt Sad or Hopeless*[13,14,15]*: Unlike other data measures within this report, the data for feeling sad or hopeless were provided with p-values. The p-value[15] allows there to be a determination of whether or not the difference between two data points was statistically significant. In order to be

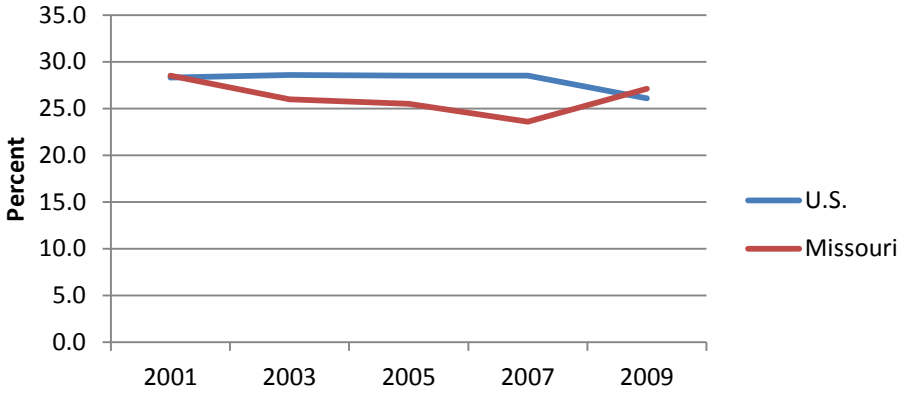
[13] Centers for Disease Control and Prevention. (2009). 1991-2009 High School Youth Risk Behavior Survey Data. Retrieved from http://apps.nccd.cdc.gov/youthonline.

[14] Felt sad or hopeless was defined as "almost every day for two or more weeks in a row so that they stopped doing some usual activities during the 12 months before this survey."

[15] P-value is the degree of certainty that the result is not due to chance.

considered statistically significant the p-value must be less than .05. Both nationally and in Missouri the percentage of high school students that reported feeling sad or hopeless from 2001 to 2009 remained fairly consistent. In the U.S., students were statistically more likely to report feeling sad or hopeless in 2001 than in 2009 (28.3% compared to 26.1%); however, for Missouri there was no statistically significant difference in the percent of students reporting feeling sad or hopeless in 2001 than in 2009 (Figure 20). Both nationally and in Missouri, females were statistically more likely than males to report feeling sad or hopeless in 2009. Moreover, nationally African Americans were statistically more likely than Caucasians to report feeling sad or hopeless in 2009. However, in Missouri, there was no statistical significant difference when stratified by race. In addition when stratified by grade level, there was no statistical difference between ninth and twelfth graders in the U.S. and Missouri (Table 6).

FIGURE 20: PERCENT OF HIGH SCHOOL STUDENTS WHO FELT SAD OR HOPELESS



Source: Centers for Disease Control and Prevention

TABLE 6: 2009 HIGH SCHOOL RISK BEHAVIOR SURVEY RESULTS; PERCENT OF HIGH SCHOOL STUDENTS WHO REPORTED THEY FELT SAD OR HOPELESS IN THE U.S. AND MISSOURI

	U.S. % (n[16])	Missouri % (n)
Total	26.1 % (16,232) (24.8-27.5)	27.1% (1,621) (23.9-30.5)
Sex[17]		
Females	33.9% (8,199)	33.2% (836)
Males	19.1% (7,969)	21.3% (780)
Total	26.1 % (16,232)	27.1% (1,621)
Race[18]		
African American	27.7% (2,811)	29.5% (246)
Caucasian	23.7% (6,801)	25.6% (1,157)
Total	26.1 % (16,232) (24.8-27.5)	27.1% (1,621) (23.9-30.5)
Grade		
9th	26.6% (4,098)	27.6% (401)
10th	26.1% (3,909)	28.8% (431)
11th	27.3% (4,055)	27.6% (446)
12th	24.3% (4,070)	23.7% (337)
Total	26.1 % (16,232)	27.1% (1,621)
Data Source: Centers for Disease Control and Prevention		

[16] "n" represents the sample size
[17] P-value <.01
[18] U.S. p-value <.05, Missouri p-value >.05

Prevalence of Emotional, Behavioral, and Developmental Conditions[19,20]: In 2007, Missouri youth aged 2-17 were more likely to report having one or more emotional, behavioral, or developmental conditions compared to the U.S. rate, and this difference was greater when stratified by age (12-17 year olds: 18% Missouri and 14.9% U.S.). When stratified by other social characteristics, the prevalence is higher among males than females, decreases as the percent of poverty increases, and is higher among families with public insurance compared to private insurance (Table 7).

TABLE 7: PERCENT OF CHILDREN AGED 2-17 YEARS WHO HAVE ONE OR MORE EMOTIONAL, BEHAVIORAL, OR DEVELOPMENTAL CONDITIONS, U.S. AND MISSOURI, 2007, NATIONAL SURVEY OF CHILDREN'S HEALTH

	2007 Missouri %	2007 U.S. %
Prevalence by Age[21]		
Age 2-17 years	12.4	11.3
Age 6-11 years	11.8	12.1
Age 12-17 years	18.0	14.9
Prevalence by Sex		
Male	16.2	14.5
Female	8.3	7.9
Prevalence by Poverty Level		
0-99% Federal Poverty Level (FPL)	19.3	15.5
100%-199% FPL	13.4	12.7
200%-399% FPL	10.8	9.9
≥400% FPL	8.9	9.2
Prevalence by Insurance Type		
Public	20.0	17.5
Private	8.8	9.0
Percent of Children Age 2-17 Years Who Have Two or More Emotional, Behavioral, or Developmental Conditions	28.2	40.3

Source: National Survey of Children's Health, 2007

Mental Health Services for Serious Emotional Disorders (SED)[22]: The number of children who have received public serious emotional disorder (SED) mental health services in Boone County has fluctuated over the past five years. In 2008, 301 children received public SED mental health

[19] Child and Adolescent Health Measurement Initiative. (2007). National Survey of Children's Health, Data Resource Center for Child and Adolescent Health. Retrieved from www.nschdata.org.

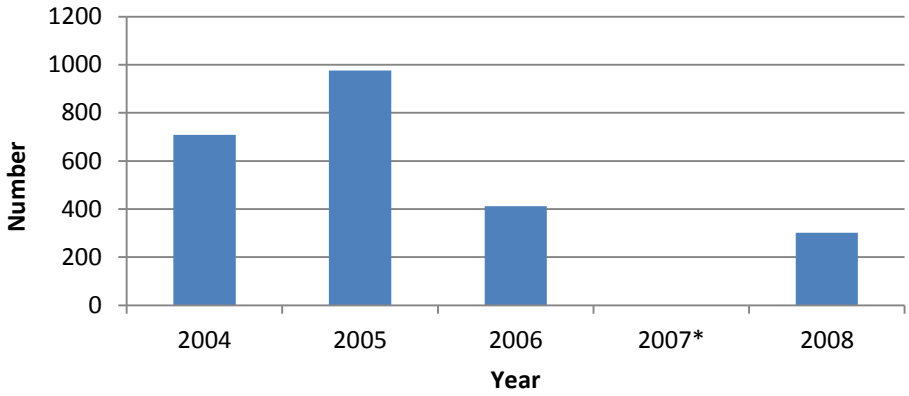
[20] The seven conditions addressed in the National Survey of Children's Health were ADD/ADHD, anxiety, depression, ODD/conduct disorder, autism spectrum disorders, developmental delay, and Tourette Syndrome.

[22] State level results for children aged 2-5 years do not meet standards for reliability or precision and are not reported

[22] Kids Count Data Center. (2009). Children receiving public SED mental health services. Retrieved from http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MO&ind=2009

services within Boone County, and 18,116 children received public SED mental health services within Missouri (Figure 21).[23]

FIGURE 21: NUMBER OF CHILDREN RECEIVING PUBLIC SERIOUS EMOTIONAL DISORDER MENTAL HEALTH SERVICES IN BOONE COUNTY



Source: Kids Count Data Center
*Data was not provided for 2007

Emergency Room Use[24,25]: The rate of emergency room visits is increasing among 15-17 year olds and 18-19 year olds in Missouri. However, the rate of emergency room visits in Boone County for 15-17 year olds and 18-19 year olds had much more variation than the state rates. The rate of emergency room visits is fairly consistent over the five years for youth under 15 years of age in both Missouri and Boone County.

The rate of emergency room visits is higher for Missouri than Boone County except among youth aged 15-17 years old. Depending on the year, the rate is higher in Boone County than Missouri or higher in Missouri than Boone County.

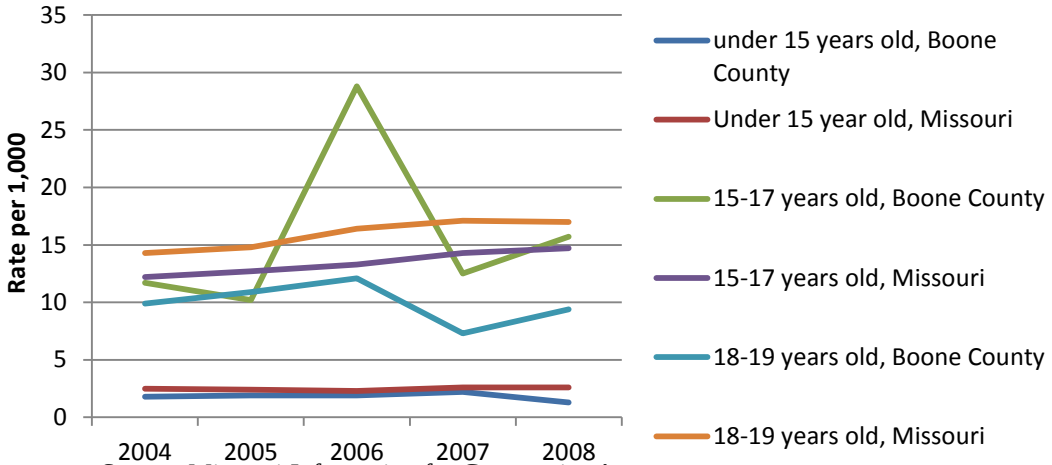
In addition, the rate of emergency room visits increased by each age category for Missouri. However, this is not seen within Boone County. The age category of under 15 years of age consistently had lower rates of emergency room visits compared to the other age categories for Boone County (Figure 22).

[23] An unduplicated count of children receiving treatment through a division of the Missouri Department of Mental Health (DMH) for serious emotional disorders as of January 1st of the year reported for whom DMH provided a service in that calendar year

[24] Missouri Department of Health & Senior Services. (2010). Missouri Information for Community Assessment (MICA). Retrieved from the MDHSS website: http://health.mo.gov/data/mica/EmergencyRoomMICA/

[25] Emergency Room visits from a mental disorder included the following mental disorder: mental retardation, alcohol and substance-related mental disorders, affective disorders, schizophrenia and related disorders, other psychoses, anxiety-somatogorm-dissociative- and personality disorders, adjustment-undersocialized and other pre-adult disorders, other mental conditions, and personal history of mental disorder – mental and behavioral problems – observation and screening for mental condition.

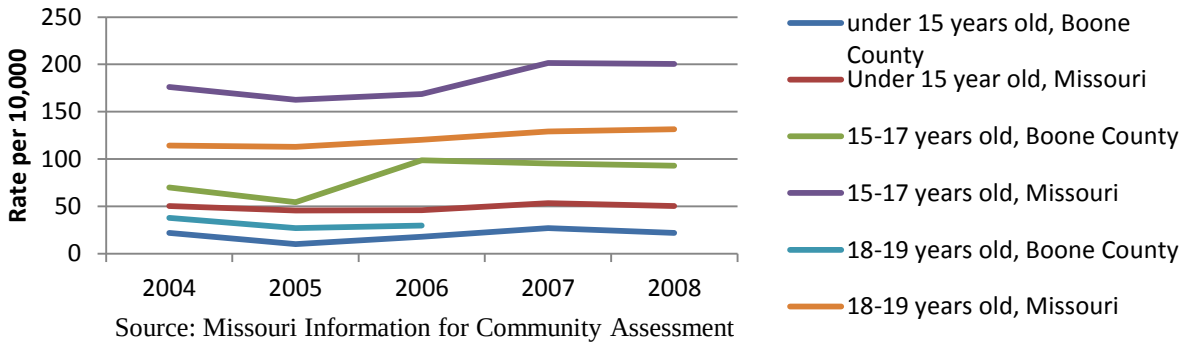
FIGURE 22: RATE OF EMERGENCY ROOM VISITS WITH A DIAGNOSIS OF MENTAL DISORDER BY AGE IN MISSOURI AND BOONE COUNTY



Source: Missouri Information for Community Assessment

Hospital Discharge[26,27]*:* It is important to note that the hospital discharge data for 18-19 year olds within Boone County for years 2007 and 2008 are not reported because they are considered unreliable, because there were less than 20 hospital discharges for this age category per year.

FIGURE 23: RATE OF HOSPITAL DISCHARGES WITH A DIAGNOSIS OF MENTAL DISORDER BY AGE, MISSOURI AND BOONE COUNTY



Source: Missouri Information for Community Assessment

[26] Missouri Department of Health & Senior Services. (2010). Missouri Information for Community Assessment (MICA). Retrieved from the MDHSS website: http://health.mo.gov/data/mica/D_C_DofCMICA/.

[27] Hospital discharge for a mental disorder included: mental retardation, alcohol and substance-related mental disorders, senility and organic mental disorders, affective disorders, schizophrenia and related disorders, other psychoses, anxiety-somatoform-dissociative-and personality disorders, adjustment-undersocialized, and other pre-adult disorders, other mental conditions, and personal history of mental disorder-mental and behavioral problems-observation and screening for mental condition.

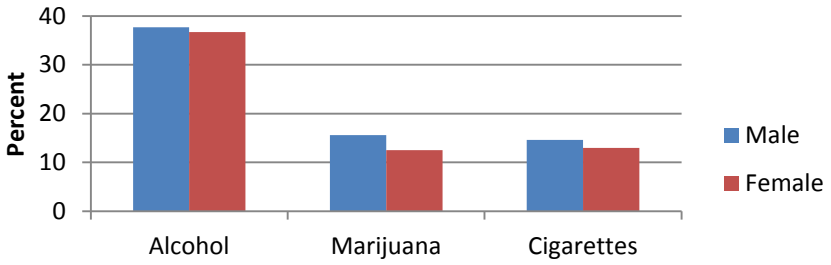
The rate of hospital discharges with a mental disorder for those under 15 and 15-17 year olds followed a similar pattern. The rate for those under 15 goes down and up and down over the five data years, and the rate for those 15-17 years of age have the highest rate of hospital discharge for both Missouri and Boone County. Missouri and Boone County are experiencing opposite trends for rate of hospital discharge among 18-19 year olds. Missouri's rate was increasing and Boone County's was decreasing. Despite following similar increasing/decreasing patterns, Missouri's rate for each age category is always higher than its comparison group for Boone County. Figure 23

TABLE 8: 2007-2008 PERCENT OF PAST 30-DAY USE FOR ALCOHOL, MARIJUANA, AND CIGARETTES

Substance	2007 U.S. Sample	2008 Missouri Sample	2008 Boone County
Alcohol	15.9%	26.6%	37.1%
Marijuana	6.7%	7.8%	14.1%
Cigarette	9.8%	12.6%	13.8%
Data Source for U.S. and Missouri: Missouri Department of Mental Health Data Source for Boone County: Missouri Student Survey			

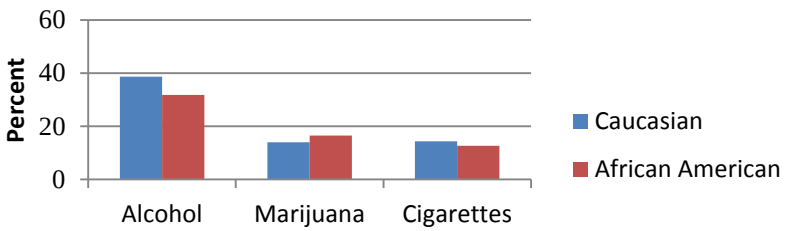
According to the 2008 Missouri Student Survey (MSS) and the 2007 National Survey on Drug Use and Health (NSDUH), Boone County's rate of past 30 day use of alcohol, marijuana, or cigarettes is higher than the national and state use rates. Boone County is approximately two times higher than the national rate for both alcohol and marijuana and one and a half times higher than the national rate for past 30 day cigarette use.

FIGURE 24: PERCENT OF PAST 30-DAY USE BY GENDER IN BOONE COUNTY



Source: Missouri Student Survey

FIGURE 25: PAST 30-DAY USE BY RACE IN BOONE COUNTY 2008



Source: Missouri Student Survey

When further explored, past 30 day use of alcohol, marijuana, and cigarettes varied by social demographics as well. Males were slightly higher in their past 30 day use for all substances (alcohol, marijuana, or cigarettes). When stratified by race, past 30 day use varied by substance. Caucasians have a higher past 30 day use for alcohol and cigarettes, while African Americans have a higher past 30 day use for marijuana (Figure 24 and 25).

Age of Initiation*[28,29]*: The average age of first use for alcohol, marijuana, and cigarettes is younger in Missouri compared to the national data (Table 9). Average age of initiation is not available at the county level.

TABLE 9: 2006 & 2008 AVERAGE AGE OF INITIATION FOR ALCOHOL, MARIJUANA, AND CIGARETTES

Substance	U.S. (NSDUH 2006)	Missouri (MSS 2008)	Boone County
Alcohol	13.14	12.39	N/A
Marijuana	13.69	13.27	N/A
Cigarettes	12.59	11.88	N/A

Source for U.S. and Missouri: Missouri Department of Mental Health
Source for Boone County: Missouri Student Survey

Perception of Harm*[30]*: When looking at the perceived harm associated with use, Boone County reported a lower great risk of harm associated with trying marijuana, regular use of marijuana, and drinking alcohol compared to Missouri (Table 9). Boone County did report a higher rate of "Great Risk" of harm associated with cigarettes. In addition, females reported a higher percent of "Great Risk" of harm associated with all four categories compared to males. When stratified by race, Caucasians reported a higher percent of "Great Risk" of harm associated with smoking, trying marijuana, and regular use of marijuana than African Americans. However, African Americans reported a higher percent of "Great Harm" associated with drinking alcohol (Table 10).

[28] Missouri Department of Mental Health. (2008). Missouri Student Survey 2008. Retrieved from the MDH website: http://dmh.mo.gov/docs/ada/rpts/MSS2008FinalReport.pdf.
[29] Missouri Institute of Mental Health. (2008). Missouri Student Survey. Retrieved from the MIMH website: http://mostudentsurvey.mimh.edu/
[30] Missouri Institute of Mental Health. (2008). Missouri Student Survey. Retrieved from the MIMH website: http://mostudentsurvey.mimh.edu/.

TABLE 10: 2008 PERCENT OF PERCEPTION OF HARM ASSOCIATED WITH SMOKING CIGARETTES, TRYING MARIJUANA, REGULARLY USING MARIJUANA, AND DRINKING ALCOHOL

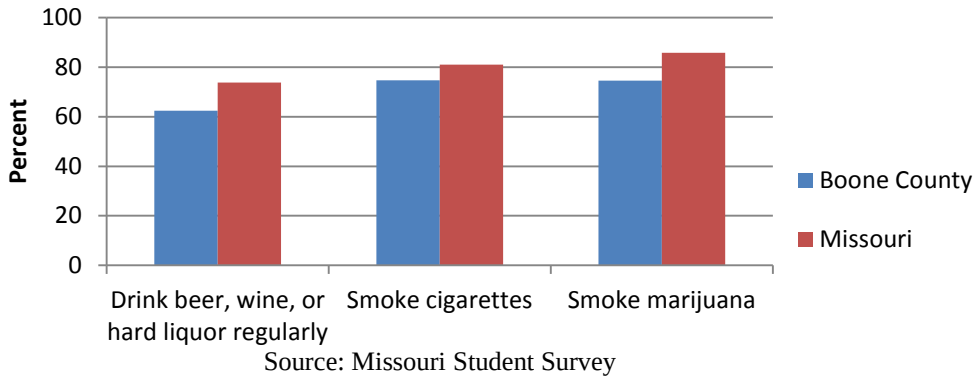
	Smoking Cigarettes		Trying Marijuana		Regular Marijuana Use		Drinking Alcohol	
	MO	Boone	MO	Boone	MO	Boone	MO	Boone
No Risk	4.9%	3.4%	15.4%	25.9%	7.4%	7.5%	10.6%	10.3%
Slight Risk	7.3%	6.4%	23.4%	31.1%	8.9%	17.1%	22.1%	21.8%
Moderate Risk	20.9%	22.1%	24.7%	22.1%	15.2%	21.6%	29.2%	32.2%
Great Risk	66.9%	68.2%	36.5%	20.9%	68.5%	53.8%	38.2%	35.7%

Source: Missouri Student Survey

Disapproval of Use*[31]*: Boone County students were less likely to perceive substance use as very wrong or wrong compared to Missouri. Specifically, the data show Boone County students were 15% less likely to report drinking beer, wine, or hard liquor regularly as very wrong or wrong compared to Missouri, 8% less likely to report smoking cigarettes as very wrong or wrong compared to Missouri, and 13% less likely to report smoking marijuana as very wrong or wrong compared to Missouri (Figure 26).

When broken out by race, the wrongfulness of substance use differs by race within Boone County. African American students were more likely to perceive drinking beer, wine, or hard liquor regularly and smoking cigarettes as very wrong or wrong compared to Caucasian students. In contrast, Caucasian students were more likely to perceive smoking marijuana as very wrong or wrong compared to African American students (Figure 27).

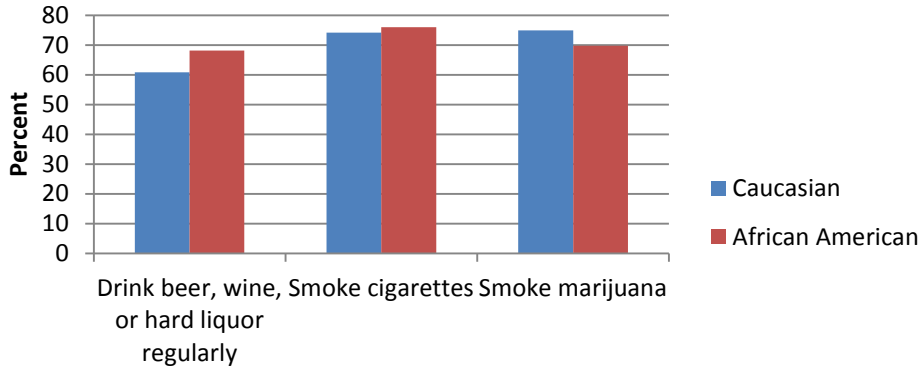
FIGURE 26: PERCENT OF STUDENTS WHO THINK IT IS VERY WRONG/WRONG TO USE SUBSTANCES IN MISSOURI AND BOONE COUNTY



Source: Missouri Student Survey

[31] Missouri Institute of Mental Health. (2008). Missouri Student Survey. Retrieved from the MIMH website: http://mostudentsurvey.mimh.edu/

FIGURE 27: PERCENT OF STUDENTS WHO THINK IT IS VERY WRONG/WRONG TO USE SUBSTANCES BY RACE



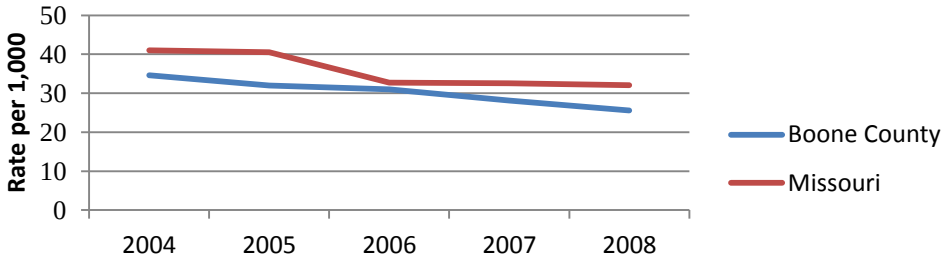
Source: Missouri Student Survey

Child Welfare and Safety

The sub-issue area of child welfare and safety was assessed using the data measures of child abuse and neglect victims, out-of-home placement, and bullied on school property.

Child Abuse and Neglect Victims[32,33]***:*** The rate of probable cause of child abuse and family assessments has been declining for both Missouri and Boone County over the past five years. In addition, the rate of probable cause child abuse and family assessments was lower in Boone County compared to Missouri (Figure 28).

FIGURE 28: 2004-2008 RATE OF PROBABLE CAUSE CHILD ABUSE AND FAMILY ASSESSMENTS FOR MISSOURI AND BOONE COUNTY



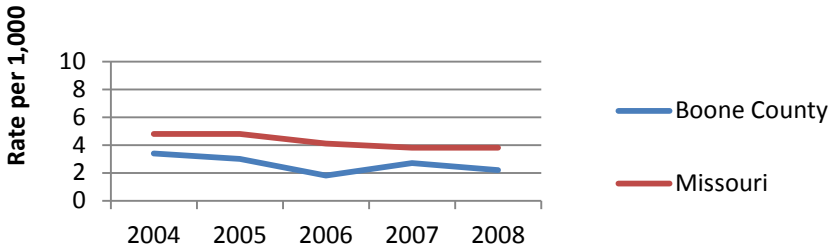
Source: Boone County Indicators

[32] Boone County Indicators. (2009). Children and Families: Number of Child Abuse and Neglect Victims. Retrieved from the Boone County indicator website: http://mostudentsurvey.mimh.edu/http://www.booneindicators.org/families_abuse.shtml

[33] The number of child abuse victims from reports classified as "probable cause". Probable cause can mean the child is receiving a family assessment because of suspicion of abuse or that child abuse or neglect has occurred.

Out-of-Home Placement[34,35]*:* The rate of children being placed in out-of-home care has been declining for both Missouri and Boone County from 2004 to 2008. Again, Boone County's rates are consistently lower than Missouri's over the five year timeframe (Figure 29).

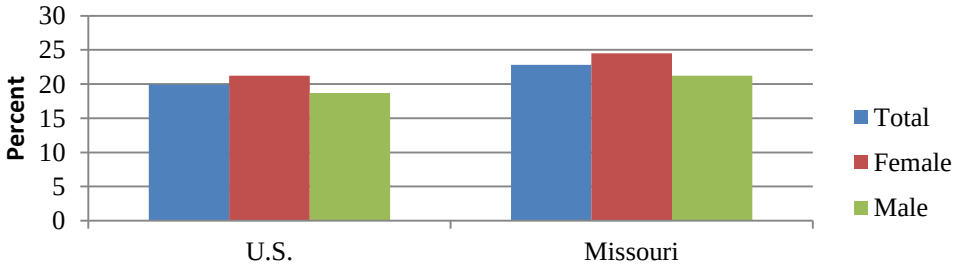
FIGURE 29: OUT-OF-HOME PLACEMENT ENTRIES FOR MISSOURI AND BOONE COUNTY, 2004-2008



Source: Kids Count

Bullied on School Property[36]***:*** As shown in Figure 30, Missouri's rate of students who reported being bullied on school property was slightly higher than the U.S. rate. In addition, females were more likely to report being bullied than males. This difference was statistically significant at the national level but not statistically significant at the state level.[37] Caucasian high school students were statistically more likely to report being bullied on school property than African American students (Figure 31).[38]

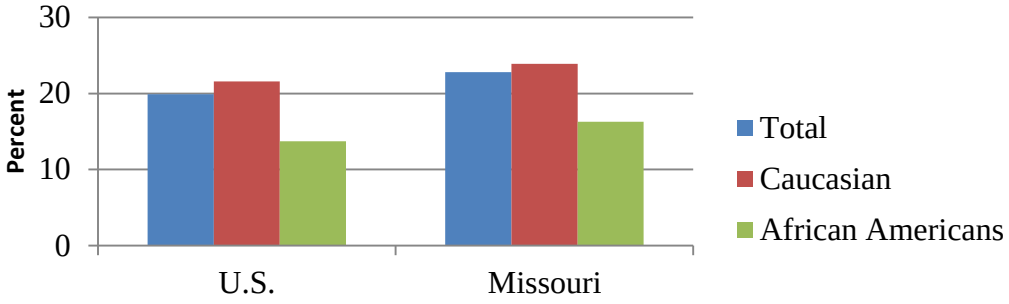
FIGURE 30: 2009 PERCENT OF HIGH SCHOOL STUDENTS REPORTING BEING BULLIED ON SCHOOL PROPERTY DURING THE 12 MONTHS BEFORE THE SURVEY BY SEX



Source: Centers for Disease Control and Prevention

[34] Kids Count Data Center. (2009). Out-of-home placement entries. Retrieved from http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MO&ind=1977.
[35] Rate of entries into Division of Family Services alternative care, including foster care, group homes, relative care, and residential settings.
[36] Centers for Disease Control and Prevention. (2009). 1991-2009 High School Youth Risk Behavior Survey Data. Retrieved from http://apps.nccd.cdc.gov/youthonline
[37] p-value <.01 for the U.S. percent
[38] U.S. p-value <.01 and Missouri p-value <.05.

FIGURE 31: PERCENT OF HIGH SCHOOL STUDENTS WHO REPORTED BEING BULLIED ON SCHOOL PROPERTY DURING THE 12 MONTHS BEFORE THE SURVEY, BY RACE



Source: Centers for Disease Control and Prevention

Child and Youth Homelessness

The sub-issue area of child and youth homelessness was assessed using these data measures: total enrolled homeless youth, families below poverty, and missing youth.

Total Enrolled Homeless Youth[39,40,41]***:*** To generate the data points in figure 32, the total number of homeless youth reported in the Homeless Census was divided by the total enrollment reported in the district profiles for each school district. In 2008, the state saw a slight decrease in homeless students; however, Boone County saw an increase. The trend showed an increase in the number of Boone County students experiencing homelessness. Overall, Boone County had a lower percentage of students experiencing homelessness when compared to the state (Figure 32).

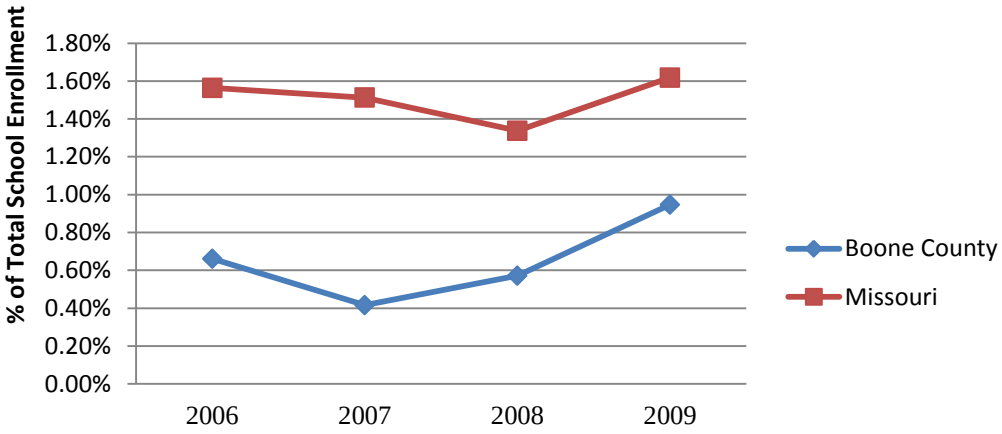
School records showed Columbia Public School Distract had the highest number of teens without a fixed and consistent place to stay at night (Table 11). Throughout all the school districts, kids were most often staying with someone else otherwise known as "doubled up," (Figure 33). School aged teens were not found to be living on the streets in great numbers; however, unstable living arrangements increases teens and their families risk of spending the night in a park or under a bridge.

[39] Department of Elementary and Secondary Education defined homeless children and youth as individuals who lack fixed, regular, and adequate nighttime residence. For a more complete definition and origin of the definition go to: http://www.dese.mo.gov/divimprove/fedprog/discretionarygrants/homeless/HomelessDefinition.html.

[40] Missouri Department of Elementary and Secondary Education. (2011). Homeless Children and Youth Program: Homeless Census. Retrieved from http://www.dese.mo.gov/divimprove/fedprog/discretionarygrants/homeless/.

[41] Missouri Department of Elementary and Secondary Education. (2010). School Statistics: individual School data. Retrieved from: http://dese.mo.gov/schooldata/school_data.html.

FIGURE 32: PERCENT OF STUDENTS WHO ARE HOMELESS, 2006-2009



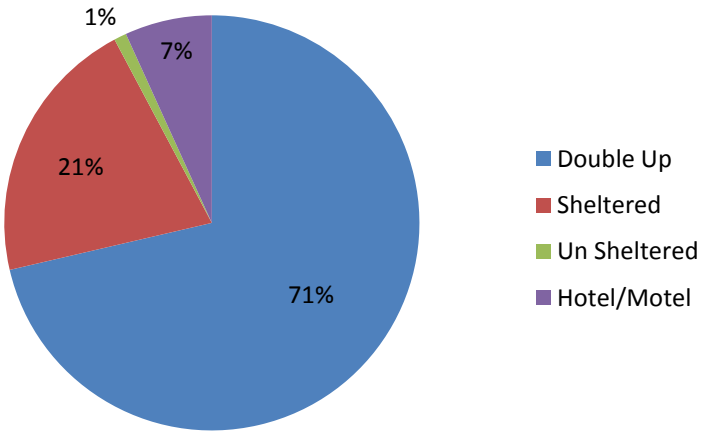
Source: Department of Elementary and Secondary Education; Homeless Census & Individual School Data

TABLE 11: 2006-2009 TOTAL NUMBER OF ENROLLED HOMELESS YOUTH BY SCHOOL DISTRICT

	2006	2007	2008	2009
Columbia 93	120	81	120	198
Centralia R-VI	7	5	4	5
Hallsville R-IV	3	0	0	3
Harrisburg R-VIII	6	2	0	0
Southern Boone County	0	0	0	0
Sturgeon R-V	1	2	0	0

Source: Department of Elementary and Secondary Education – Homeless Census

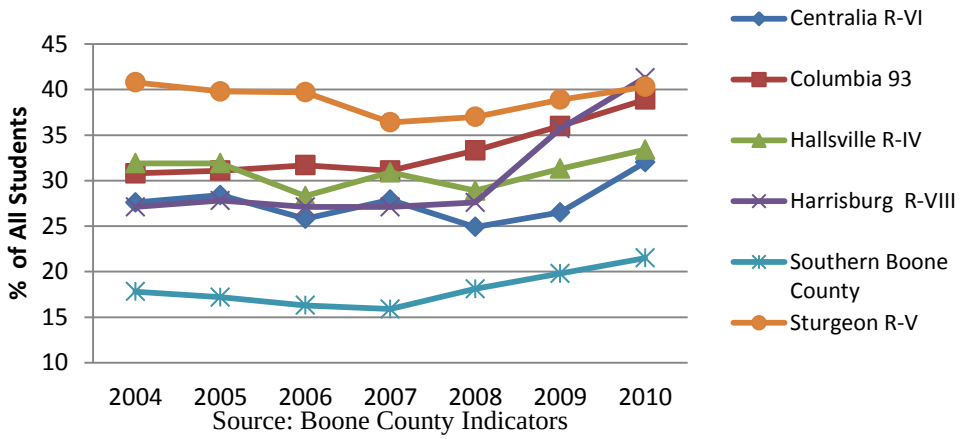
FIGURE 33: 2009 PERCENT OF ENROLLED HOMELESS YOUTH BY LIVING ARRANGEMENT IN BOONE COUNTY



Source: Department of Elementary and Secondary Education – Homeless Census

Families Below Poverty[42,43]*:* Poverty was the leading risk factor for homelessness, which makes demographic groups more at risk for poverty more at risk for experiencing homelessness. According to the National Coalition for the Homeless, families with children were the largest growing segment of the homeless population.[44] When looking at poverty measures by school district from 2004 to 2010, Harrisburg R-VIII school district had seen just over a 50% increase in the number of students receiving free and reduced lunch in recent years (Figure 34). Columbia 93 students on free and reduced lunch made up 80% of the total for Boone County (Table 12).

FIGURE 34: STUDENTS RECEIVING FREE AND REDUCED LUNCH BY SCHOOL DISTRICT WITHIN BOONE COUNTY



Source: Boone County Indicators

TABLE 12: 2010 PERCENT OF THE TOTAL NUMBER OF STUDENTS ON FREE AND REDUCED LUNCH FOR BOONE COUNTY BY SCHOOL DISTRICT

	Number	% of total
Centralia R-VI	428	5%
Columbia 93	6,398	80%
Hallsville R-IV	449	6%
Harrisburg R-VIII	231	3%
Southern Boone County	304	4%
Sturgeon R-V	166	2%
Total for Boone County	7,976	100%

Source: Department of Elementary and Secondary Education

[42]Boone County Indicators. (2009). School (by district) Free and reduced lunch rate. Retrieved from http://www.booneindicators.org/school_lunch.shtml.

[43] Missouri Department of Elementary and Secondary Education. (2010). School Statistics. Retrieved from MO DESE website: http://dese.mo.gov/schooldata/school_data.html.

[44] National Coalition for the homeless. (2009). Who is Homeless? Retrieved from http://www.nationalhomeless.org/factsheets/who.html.

Missing Youth[45]*:* "Unaccompanied" homeless youth had no parental, foster, or institutional care. Because of guardianship requirements, unaccompanied youth faced greater challenges in finding shelter and enrolling in school on top of the challenges in finding food, clothing, and healthy companionship. The Missouri State Highway Patrol reported 213 youth missing at a point in time during 2010. Missing person's reports included youth who were classified as runaways. Because runaways may fear being placed back in their original living situation or being put into foster care, they may evade detection by any means necessary. This puts them at greater risk and makes it more difficult to identify the scope of the issue and the need of this sub-issue area.

TABLE 13: 2007-2010 REPORTED NUMBER OF MISSING YOUTH IN BOONE COUNTY

	2010	2009	2008	2007
Number missing	213	200	221	211

Data Source: Missouri State Highway Patrol, Missing Persons Statistics

Positive Youth Development[46]

Unlike the other sub-issue areas in the secondary data assessment, positive youth development did not have any comprehensive local or state level data available. This was in part due to the interconnectedness of positive youth development to all the sub-issue areas presented in this report and the diversity of the targeted youth development programs. Therefore, a different approach had to be developed to define and establish the scope of positive youth development outside of using a series of data measures followed by the supportive data. The sub-issue area was defined using information regarding the definition of positive youth development, what national studies have found, and a few local data measures.

According to the U.S. Department of Health & Human Services (HHS) Administration for Children & Families positive youth development is defined as an approach, "…that suggests that helping young people to achieve their full potential is the best way to prevent them from engaging in risky behaviors." HHS states that, "Organizations and communities that promote Positive Youth Development give youth the chance to exercise leadership, build skills, and get involved." What then constitutes building positive youth development? Many activities can take on the shape of building positive youth development. Examples of these activities include but are not limited to:

- Recruiting young people to volunteer for local grassroots organizations;
- Showing youth how to start their own newspapers or web sites;
- Asking high school students to co-teach classes with their teachers;
- Teaching young people to conduct surveys on community and school resources;
- Encouraging local businesses to sponsor job fairs and job shadowing days;

[45] Missouri State Highway Patrol. (2011). Boone County. Retrieved from http://www.mshp.dps.mo.gov/CJ51/county.jsp?county=Boone.

[46] U.S. Department of Health and Human Services Administration for Children & Families. (2011). Fact Sheet: Positive Youth Development. Retrieved from http://www.acf.hhs.gov/programs/fysb/content/positiveyouth/factsheet.htm.

- Inviting youth to serve on the board of a local nonprofit organization; and
- Creating a youth board that advises State or local government on issues young people care about such as violence prevention, transportation, and after school activities."

In addition, HHS states that many national organizations support the development of positive youth development. Those organizations include Boys and Girls Clubs of America and the 4-H Council. In addition, other types of organizations that could offer positive youth development activities are mentoring programs, job training sites, local runaway shelters, etc.

There has been limited scientific evaluation studies published on the effectiveness of positive youth development compared to the number of studies examining individual programs targeting an area that encompasses positive youth development. The comprehensive study referenced by HHS was a two year evaluation study that explored how effective community-level programs were at helping youth. The study was conducted by the National Academy of Sciences. They found that, "… adolescents who spend time in communities that are rich in development opportunities…experience less risk and show evidence of higher rates of positive development."

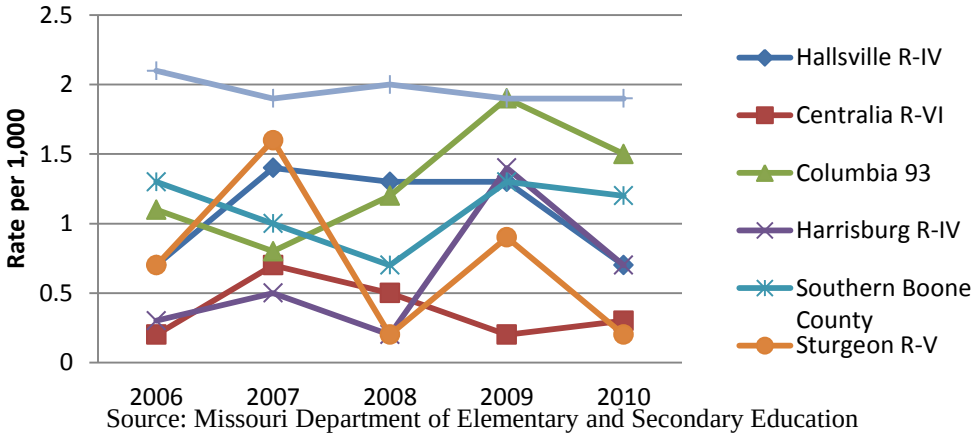
Building upon HHS's definition of positive youth development and their comprehensive evaluation study, it was found that the sub-issue area of positive youth development was complex and interconnected with other sub-issue areas featured in this assessment report. Studies showed that when youth were living in nurturing environments, they were less likely to engage in risky behaviors. When youth were not in an environment that promoted healthy behaviors, they were more likely to engage in sexual activity, drop out of school, use drugs/alcohol and engage in delinquent behaviors.[47]

Discipline Incidents Rate: The school districts located within Boone County continued to have lower rates of school discipline incidents from 2006 to 2010. Most school districts saw a spike in discipline incidents between 2008 and 2009 when the state saw a slight decrease. Between 2009 and 2010 the same school districts that saw a spike in 2008 and 2009, saw a decreasing rate of discipline incidents (Figure 35).

Discipline incident categories included: (1) alcohol, (2) drug, (3) tobacco, (4) violent act, (5) weapons, and (6) other. The majority of discipline issues fell within the "other" category for all school districts and the state and a whole.

[47] Catalano, R.F., Hawkins, J.D., Berglund, L.M., Pollard, J.A., Arthur, M.W., (2002). Prevention science and positive youth development: competitive or cooperative framework. *Journal of Adolescent Health* (31): 230-239.

FIGURE 35: RATE OF DISCIPLINE INCIDENTS BY SCHOOL DISTRICT LOCATED WITHIN BOONE COUNTY AND MISSOURI



Source: Missouri Department of Elementary and Secondary Education

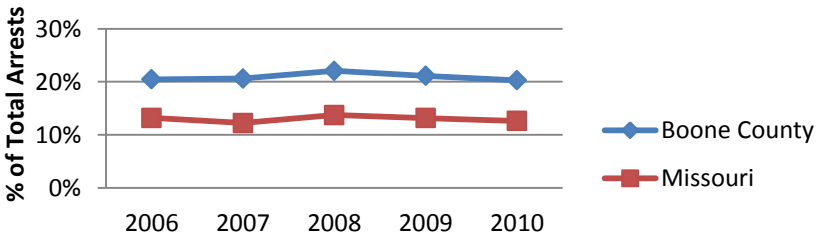
TABLE 14: 2010 NUMBER OF SCHOOL DISCIPLINE INCIDENTS BY SCHOOL DISTRICTS WITHIN BOONE COUNTY

School District	Number of discipline incidents
Hallsville R-IV	9
Centralia R-VI	4
Columbia 93	259
Harrisburg R-IV	4
Southern Boone County	17
Sturgeon R-V	1

Data Source: Department of Elementary and Secondary Education

Juvenile Arrests: The most recent data from the Missouri State Highway Patrol Uniform Crime Reporting Program showed juvenile arrests for violent crimes, property and Part II crimes in Boone County were a larger percentage of total arrests compared to trends in Missouri (Figure 36). Both Missouri and Boone County trends have remained relatively consistent over the last five years with most arrests for "Part II Crimes" such as drug and alcohol offenses or disorderly conduct (Table 15). The data also showed little to no variation in prevalence of arrests between races (Table 16) though older youth had higher percentages of arrests (Table 17). Table 18 showed the percentage of juvenile arrests for reach reporting office. Columbia had the highest percentage of juvenile arrests.

FIGURE 36: JUVENILE ARRESTS AS PERCENT OF TOTAL ARRESTS



Source: Missouri State Highway Patrol

TABLE 15: 2006-2010 TOTAL ARRESTS FOR 17 YEAR OLDS AND YOUNGER IN BOONE COUNTY

	2006	2007	2008	2009	2010
Violent Crime	67	71	74	81	72
Property Crime	423	458	576	594	435
Part II Crime	2091	1774	1789	1635	1630
Total Juvenile Arrests	2581	2303	2439	2310	2137
Total Arrests (Juvenile and Adult)	12620	11177	11053	10934	10530

Source: Missouri State Highway Patrol: Statistical Analysis Center

TABLE 16: 2010 RACE OF JUVENILES ARRESTED IN BOONE COUNTY

	Caucasian	African American	Other
Property and Violent Crime	50%	49%	1%
Other Reportable Offenses	49%	51%	<1%
Total Juvenile Arrests	45%	46%	<1%

Source: Missouri State Highway Patrol: Statistical Analysis Center

TABLE 17: 2010 AGE OF JUVENILES ARRESTED IN BOONE COUNTY

	Under 10	10 to 14	14 to 17
Property and Violent Crime	5%	32%	64%
Part II Crime	5%	37%	58%
Total Juvenile Arrests	5%	33%	54%

Source: Missouri State Highway Patrol: Statistical Analysis Center

TABLE 18: 2010 TOTAL JUVENILE ARRESTS AS A PERCENT OF TOTAL ARRESTS IN EACH REPORTING DISTRICT

	Juvenile	Adult
Ashland	9.46% (28)	90.1% (268)
Boone County Rural	14.21% (268)	85.80% (1,618)
Centralia	22.41% (52)	77.59% (180)
Columbia	25.67% (1,752)	74.33% (5,072)
Hallsville	6.56% (4)	93.44% (57)
Sturgeon	25.00% (2)	75.00% (6)

Source: Missouri State Highway Patrol: Statistical Analysis Center

Juvenile Justice Referrals: Data from the Missouri Kids Count showed a higher rate of juvenile status offenses in Boone County compared to Missouri (Table 19). According to data in Table 20 from Missouri 13th Judicial Circuit, total number of referrals to the Juvenile Division had decreased each year since 2006. Forty-five percent of referrals were for behaviors resulting in injury (Figure 37).

TABLE 19: 2003-2008 REFERRALS ON MINORS FOR JUVENILE STATUS OFFENSES (RATE PER 1,000), MISSOURI AND BOONE COUNTY

	2003	2004	2005	2006	2007	2008
Boone County	93.3/1,000	87.6/1,000	96.5/1,000	93.7/1,000	85.7/1,000	88.9/1,000
MO	59.8/1,000	61.4/1,000	59/1,000	58.6/1,000	55.6/1,000	55.2/1,000

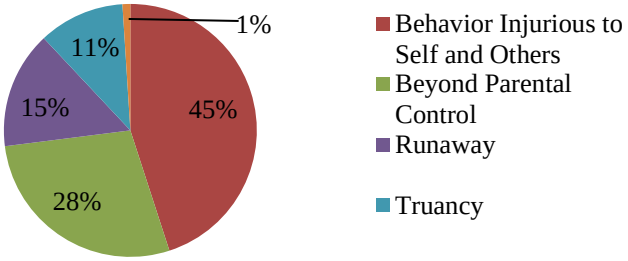
Data Source: Missouri Kids Count Data Center

TABLE 20: 2006-2010 TOTAL REFERRALS ON MINORS FOR JUVENILE STATUS OFFENSES WITHIN BOONE COUNTY

	2006	2007	2008	2009	2010
Boone County	3,052	2,983	2,754	2,560	2,336

Source: State of Missouri 13th Judicial Circuit

FIGURE 37: REFERRALS FOR STATUS OFFENSES IN BOONE COUNTY, 2010



Data Source: State of Missouri 13th Judicial Circuit

Positive Family Development

For the context of this issues analysis, the sub-issue area of positive family development focused on family strengthening as an important approach to positive youth development. It was found that Boone County had many agencies that used family strengthening as part of an approach to positive youth development; however, this sub-issue area did not have any comprehensive local or state level data available.

According to the Harvard Family Research Project, "Family strengthening to promote youth development is an approach to positive youth development where the involvement of families is purposefully woven into a program's mission and practice."[48] A very similar definition was provided by the Youth Development Institute, "Family strengthening/youth development is an approach to providing activities, programs, and services that strengthen relationships within families in ways that bolster adolescent development." [49] Despite being worded slightly

[48] Harvard Family Research Project: The evaluation exchange. (2003). Understanding Family Strengthening to Promote Youth Development. Retrieved from http://www.hfrp.org/evaluation/the-evaluation-exchange/issue-archive/evaluating-out-of-school-time/understanding-family-strengthening-to-promote-youth-development.

[49] The Youth Development Institute/Fund for the City of New York. (2002). Family Strengthening/Youth

differently, both definitions stated that strengthening families was an important part of positive youth development.

Six common principles for positive family development strategies have been identified: 1) they promote emotional connectedness, 2) they share goals and promote high expectations between adults and young people, 3) they help mediate between youth and families, 4) they provide valuable adult role models outside of the family, 5) they bridge generations, and 6) they promote parental efficacy. Programs addressing family development in regards to positive youth development can work in a variety of areas. According to the Harvard Family Research Project, these programs can integrate family development by, "improving the ability of families and family members to meet their own needs, increase the capacity of families to meet the needs of young people as they navigate adulthood transition, or help family member reinforce and facilitate the development of positive youth development skills and competencies." Many service agencies in Boone County employ these principles and were working to strengthen families.

Due to the nature of this sub-issue, primary data measures were not able to be identified.

School Readiness

Missouri recently established a definition of school readiness and a list of community readiness indicators. These have informed the development of this sub-issue analysis and will continue to guide further analysis as data are available. The Department of Elementary and Secondary Education defines school readiness as: "a combination of readiness among children, families, schools and communities:

- For children, school readiness means being prepared in key dimensions of early learning and development (social and emotional, language and literacy, cognitive, motor, health and physical well-being, and positive attitudes and behaviors toward learning.)
- For families, it means an understanding of their children's current level of development and how to encourage them, as well as a supportive partnership with the school and an understanding of the school system their children will enter.
- For schools, it means providing a welcoming and accepting environment for all children and having professional educators who consistently advance student growth and achievement while working in partnership with families.
- For communities, it means supporting schools, families and valuing the critical role of early learning.[50]"

The sub-issue area of school readiness was assessed using the following data measures: children under six in poverty, births to mothers with less than 12 years of education, low birth rates, children tested for lead, children with health insurance, low income families participating in parents as teachers, children receiving subsidized childcare, licensed childcare facilities, accredited childcare facilities, participation and proficiency achievement in First Steps program,

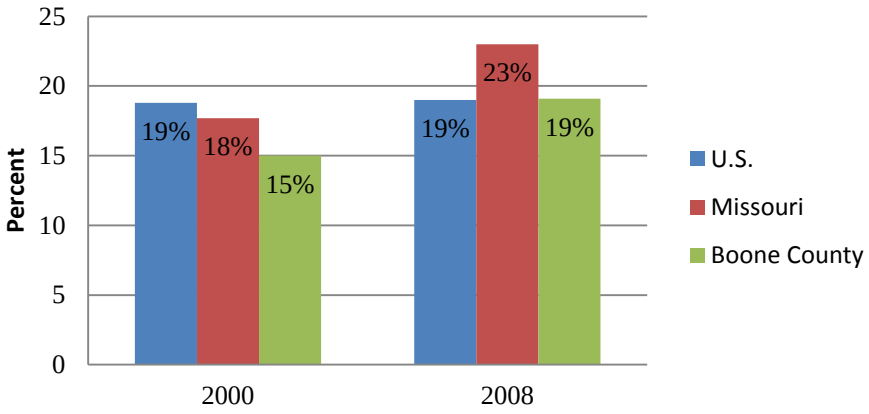
Development Introduction to an Emerging Field. Retrieved from http://www.ydinstitute.org/resources/publications/IntroToEmergingField.pdf

[50] Retrieved from http://dese.mo.gov/eel/el/documents/eel-school-readiness-definition.pdf

participation and proficiency achievement in Head Start program, and 3rd grade Missouri Assessment Program proficiency rates.

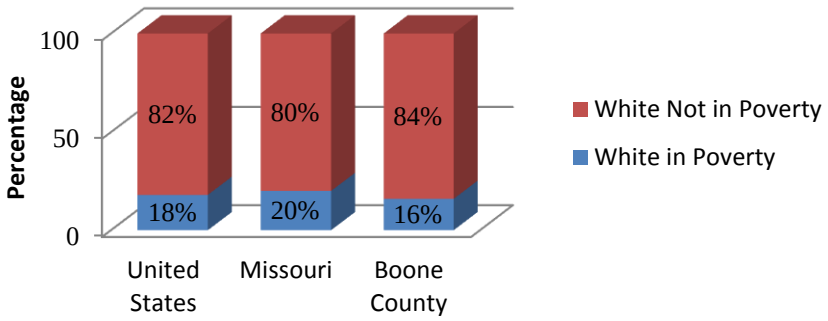
***Children Under Age Six Living in Poverty*[51]:** The percentage of children under the age of six living in poverty increased for both Boone County and Missouri from 2000 to 2008. However, Missouri's rate was higher than Boone County's for both data points (Figure 38). Though Boone County has lower poverty rates than Missouri or the United States, Figures 39 and 40 show a larger proportion of Black children live in poverty than White children across all geographic areas.

FIGURE 38: PERCENT OF CHILDREN AGE FIVE AND UNDER LIVING IN POVERTY, 2000-2008



Source: Missouri Kids Count Data Book Online

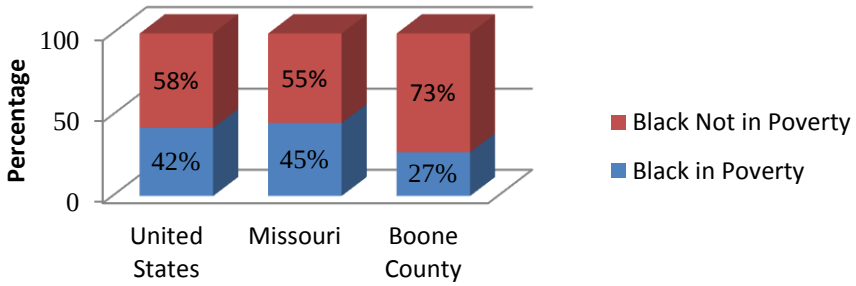
FIGURE 39: PROPORTION OF WHITE CHILDREN AGE FIVE AND UNDER IN POVERTY



Source: 2008-2010 American Community Survey 3-Year Estimates

[51]Missouri Kids Count. (2010). Missouri Kids Count Data Book Online. Retrieved from the Office of Social and Economic Data Analysis Website: http://www.oseda.missouri.edu/kidscount/

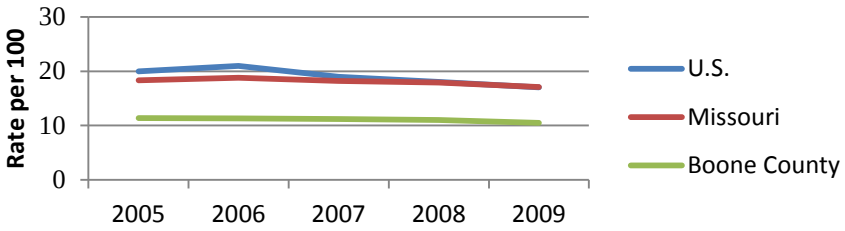
FIGURE 40: PROPORTION OF BLACK CHILDREN AGE FIVE AND UNDER IN POVERTY, 2008-2010



Source: 2008-2010 American Community Survey 3-Year Estimates

Births to Mothers with Less than 12 years of Education[52]*:* From 2005 to 2009 the rate of births to mothers with less than 12 years of education has decreased slightly for both Missouri and Boone County. In addition, Boone County's rate was lower than Missouri's rate (Figure 41).

FIGURE 41: RATE OF BIRTHS TO MOTHERS WITH LESS THAN 12 YEARS OF EDUCATION



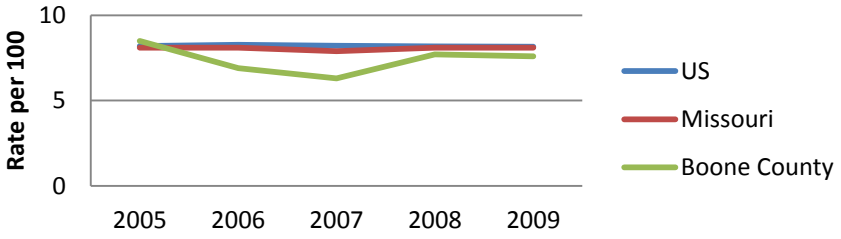
Source: Missouri Information for Community Assessment (MICA)

Rate of Low Birth Weight Infants[53]*:* Boone County had a lower rate of low birth weight infants for four out of the five years compared to the United State and to Missouri (Figure 42). African Americans had the highest rate of infants with low birth weights compared to Caucasians in Boone County from 2005 to 2009 (Figure 43). Furthermore, the rate of low birth weights among African Americans in Boone County is exponentially higher than the rate in the United Stated.

[52] Missouri Department of Health & Senior Services. (2010). Missouri Information for Community Assessment (MICA). Retrieved from the MDHSS website: http://health.mo.gov/data/mica/BirthMICA/index.html

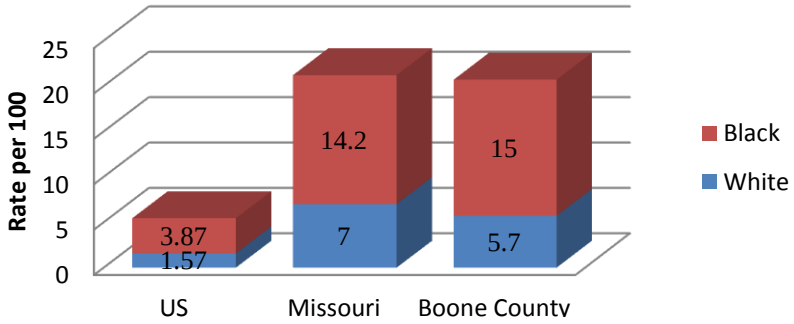
[53] Missouri Department of Health and Senior Services. (2010). Missouri Information Community Assessment (MICA). Retrieved from DHSS website: http://health.mo.gov/data/mica/mica/birth.php

FIGURE 42: RATE OF LOW BIRTH WEIGHT INFANTS BY LOCATION



Source: Missouri Information for Community Assessment (MICA) & National Vital Statistics Reports 2011

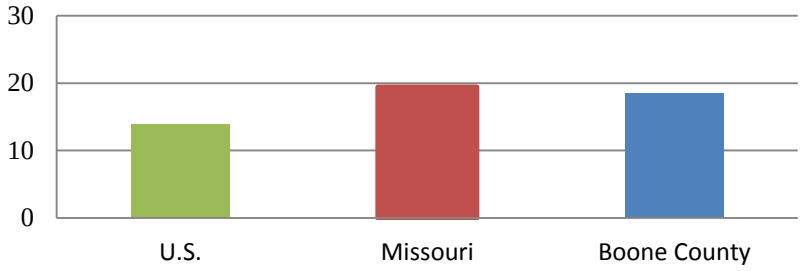
FIGURE 43: RATE OF LOW BIRTH WEIGHT INFANTS BY RACE AND LOCATION



Source: Missouri Information for Community Assessment (MICA) & National Vital Statistics Reports 2011

Children Screened for Lead[54]*:* In 2008, the percentage of children tested for lead in Boone County was significantly lower than the state percentage (Figure 44).

FIGURE 44: PERCENT OF CHILDREN UNDER AGE SIX TESTED FOR LEAD, 2008

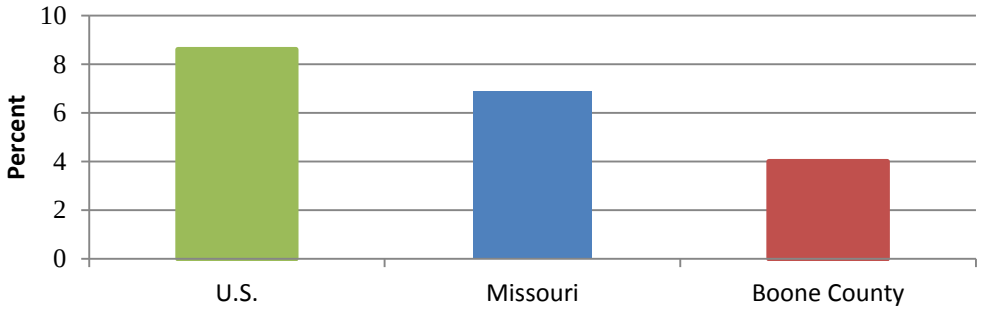


Source: Community Data Profiles

[54] Missouri Department of Health & Senior Services. (2010). Child Health Profile. Retrieved from the MDHSS website: http://health.mo.gov/data/CommunityDataProfiles/index.html

Health Insurance Coverage[55]*:* In 2009, Boone County had the lowest rate of uninsured civilian non-institutionalized population under 18 compared to both Missouri and the U.S. (Figure 45).

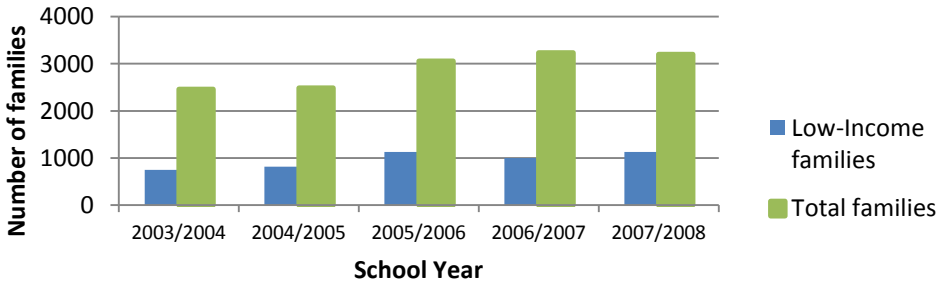
FIGURE 45: PERCENT OF THE CIVILIAN NON-INSTITUTIONALIZED POPULATION UNDER 18 WITH NO HEALTH INSURANCE, 2009



Source: U.S. Census Bureau Selected Economic Characteristics

Low-Income Families Participating in Parents As Teachers[56]*:* The total number of families participating in Columbia Public School District's Parents as Teachers program has increased from the 2003/2004 school year to the 2007/2008 school year (2,462/3,196). In addition the percent of the families that were participating that were low-income increased when comparing the same data points (2003/2004 to 2007/2008) (Figure 46).

FIGURE 46: NUMBER OF FAMILIES WITH CHILDREN 0-5 ENROLLED IN COLUMBIA PUBLIC SCHOOL DISTRICT'S PARENTS AS TEACHERS



Source: Boone County Indicators

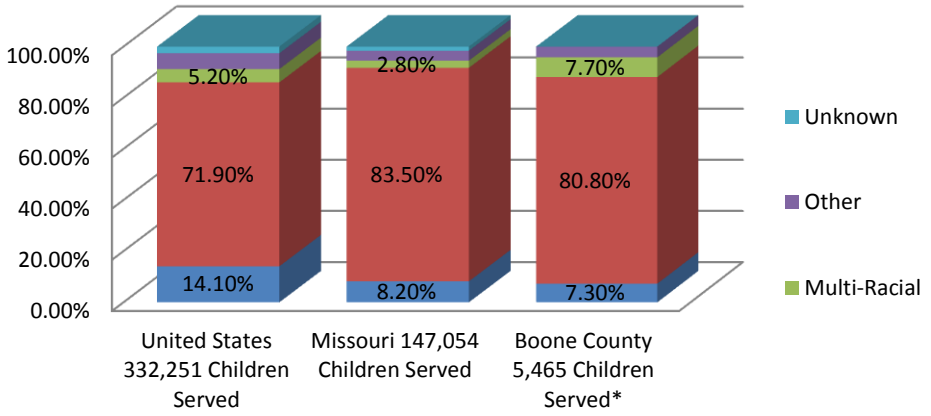
Eligible Families Participating in Parents As Teachers: In school year 2009-2010, four Parents As Teachers (PAT) agencies in Boone County reported statistics to the national office. These four agencies served 5,465 children (Figure 47). The majority, 80.8%, were White which is a larger percentage than students in the same racial category across the U.S. Boone County also reported serving a larger percentage of multi-racial students than Missouri or the U.S. and a

[55] U.S. Census Bureau American Fact Finder. (2009). Selected Economic Characteristics: 2009. Retrieved from the U.S. Census Bureau website: http://factfinder.census.gov/servlet/ADPGeoSearchByListServlet?_lang=en

[56] Boone County Indicators. (2009). Children and Families: Parents as Teachers Participation. Retrieved from the Boone County Indicators website: http://www.booneindicators.org/families_parents.shtm

smaller percentage of Black or African American children than the state or the U.S. These children came from 3,874 families (Table 21) but there were a reported 100 families waiting for a space in a program to open up. The rate of families waiting for PAT services is highest at the national level and lowest at the state level. Of those in PAT, 3,668 Boone County children were screened during the reporting period and 6% of those screened were identified as needing further assessments. When compared to Missouri and the U.S., Boone County PAT has a lower percentage of children needing additional assessments.

FIGURE 47: CHILDREN ENROLLED IN PARENTS AS TEACHERS BY RACE, 2009-2010



Source: Parents As Teachers Annual Program Reports 2010
*only four agencies reported

TABLE 21: FAMILIES WAITING FOR SERVICES, PARENTS AS TEACHERS ANNUAL PROGRAM REPORT, UNITED STATES, MISSOURI AND BOONE COUNTY, 2010

	Number of Families Served	Number of Families Waiting for Services	Rate of Families Waiting (Per 100)
United States	259,536	29,141	11
Missouri	108,576	1,319	1
Boone County*	3,874	100	3

Source: Parents As Teachers Annual Program Report 2010
*only four agencies reported

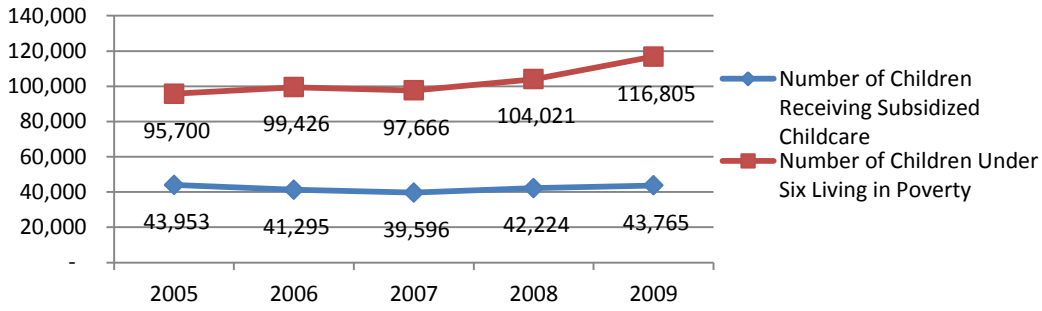
TABLE 22: CHILDREN IDENTIFIED AND REFERRED FOR FURTHER ASSESSMENT

	Total Number Screened	Number Referred for Further Assessment	Percent
United States	233,707	34,228	15%
Missouri	89,846	12,390	14%
Boone County*	3,668	228	6%

Source: Parents As Teachers Annual Program Report 2010
*only four agencies reported

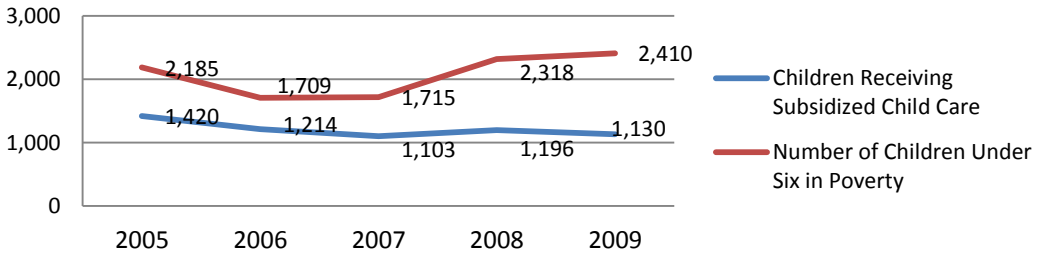
Children Receiving Subsidized Childcare[57]*:* The number of children receiving subsidized childcare has decreased from 2005 to 2009 for both Missouri and Boone County (Figures 48 and 49). Though the number of children receiving subsidized care has decreased, the number of children who qualify for subsided care has increased in recent years (figures 48 and 49). Living in poverty was selected as a proxy for determining number of children eligible for subsidized childcare since the income cutoff is very similar and poverty can be calculated for children under age six.

FIGURE 48: ELIGIBILITY* VS. RECEIVING SUBSIDIZED CHILDCARE IN MISSOURI



Source: Missouri Kids Count, 2005-2009 American Community Survey, one-year Estimates

FIGURE 49: ELIGIBILITY* VS. RECEIVING SUBSIDIZED CHILDCARE IN BOONE COUNTY

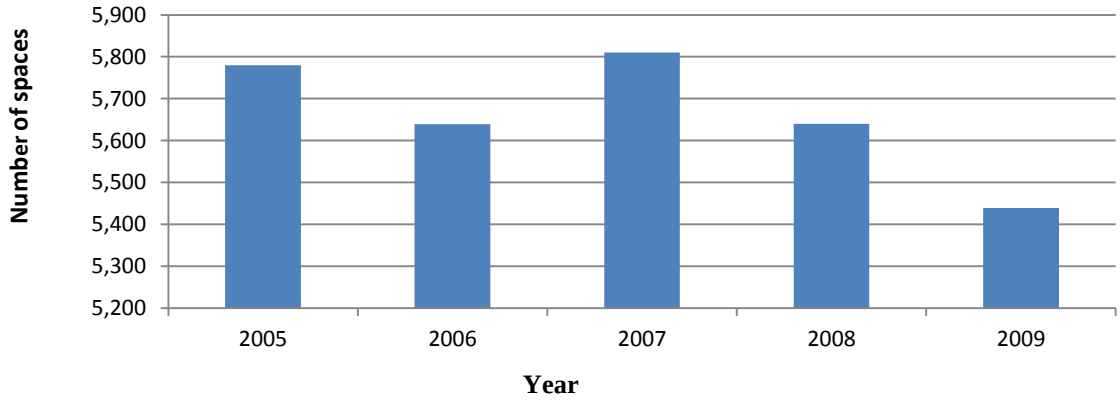


Source: Missouri Kids Count, 2005-2009 American Community Survey, one-year estimates

[57] Boone County Indicators. (2009). Children and Families: Number of children receiving subsidized child care. Retrieved from the Boone County Indicators website: http://www.booneindicators.org/families_childcare.shtml

Licensed Family Childcare Facilities[58]*:* The number of spaces in licensed family child care homes, group child care homes, and child care centers has varied between 2005 and 2009 with the highest number being in 2007 at 5,810 (Figure 50).

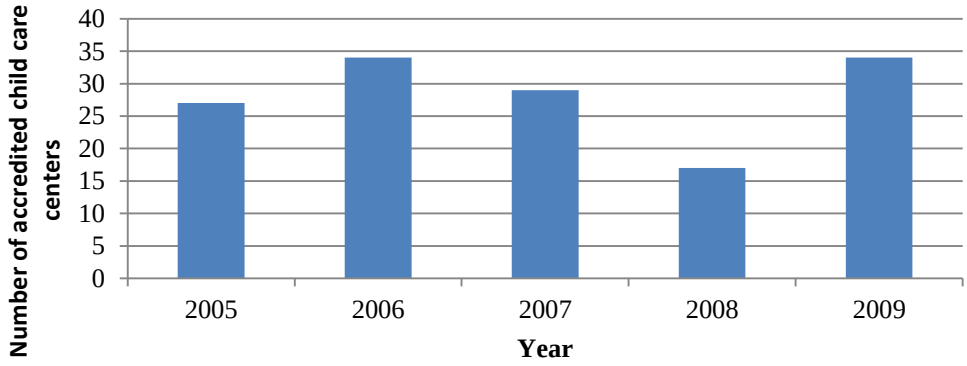
FIGURE 50: THE NUMBER OF SPACES IN LICENSED FAMILY CHILD-CARE HOMES, GROUP CHILD-CARE HOMES, AND CHILD-CARE CENTERS IN BOONE COUNTY



Source: Kids Count Data Center

Accredited Child-Care Facilities[62]*:* The number of child care centers accredited by either Missouri Voluntary Accreditation or by the National Association for the Education of Young Children varied across the years from 2005-2009. The highest number was in 2006 and 2009 with 34 (Figure 51).

FIGURE 51: NUMBER OF ACCREDITED CHILD CARE CENTERS IN BOONE COUNTY



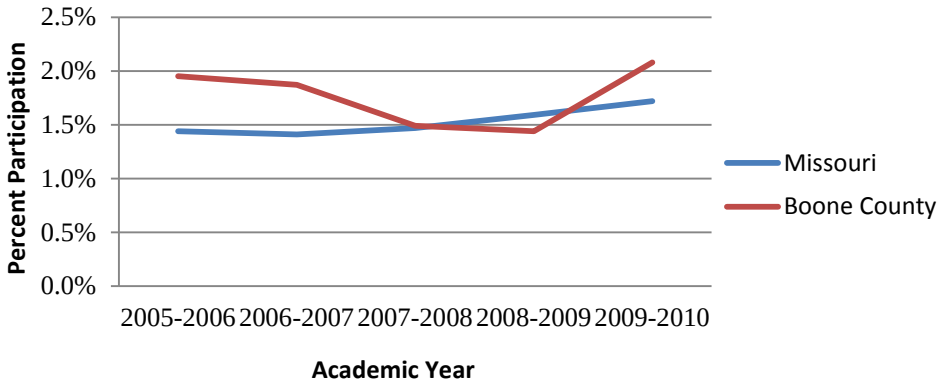
Source: Kids Count Data Center

[58] Kids Count Data Center. (2011). 2010 Missouri Kids Count Data Book Online. Retrieved from website: http://mcdc2.missouri.edu/pub/webrepts/kidscnt/outcomes_facts/29019.html

Participation and Proficiency Achievement for Children with Disabilities: First Steps is Missouri's Early Intervention system for infants and toddlers, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities. First Steps focuses on individualized early intervention and family support in the home. The rate of participation in First Steps tends to be higher in Columbia Public Schools than in the state as a whole, and there has been an increase in recent years in Boone County (Figure 52). Participation in First Steps by race was not available for Boone County, but the state data show the majority of children participating in First Step are Caucasian and the second largest group is African American.

When a toddler in the First Steps program turns three, he or she may qualify to receive early childhood special education services (ECSE) also referred to as Part B Special Education Services. ECSE focuses on individualized education plans (IEPs) for kids age 3 to 5. Figure 53 shows Missouri, Centralia, and Southern Boone school districts have steady ECSE participation rates while Columbia and Hallsville districts have seen a recent increase. Figure 54 shows a high percentage of children in ECSE demonstrate growth in the domains of social emotional skills, knowledge and appropriate actions between entering and leaving the program. A noticeably lower percentage of children are functioning within age expectations when they exit the program, (Figure 55).

FIGURE 52: FIRST STEPS PARTICIPATION RATES (BIRTH TO AGE 3), 2005-2010



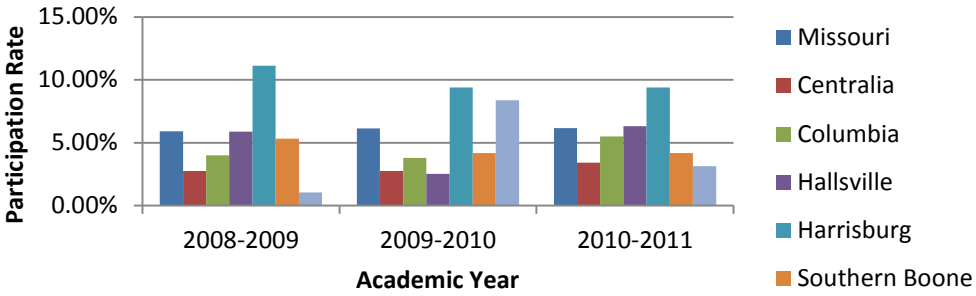
Source: Missouri Department of Elementary and Secondary Education: First Steps Participation Rates

TABLE 23: DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: REPORT OF CHILDREN RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C, 2010

	Missouri	
	Number	**Percent**
Total	5,024	100.00%
American Indian or Alaska Native	11	0.22%
Asian or Other Pacific Islander	74	1.47%
Black (non-Hispanic)	818	16.28%
Native Hawaiian/Other Pacific Islander	8	0.16%
Two or More Races	259	5.16%
Hispanic	195	3.88%
White (non-Hispanic)	3,659	72.83%

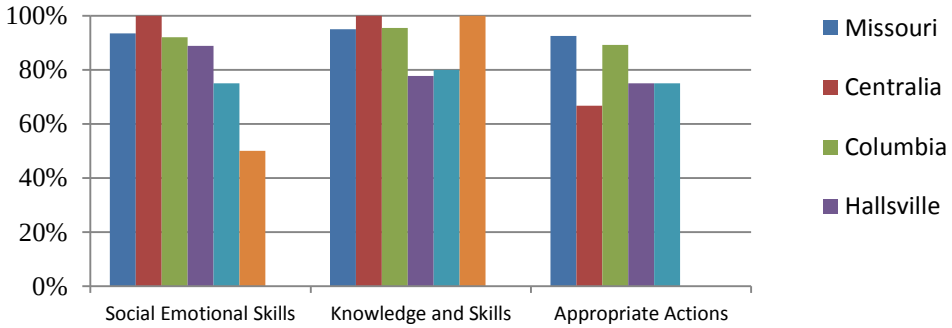
Source: Missouri Department of Elementary and Secondary Education: Report of Children Receiving Early Intervention Services

FIGURE 53: EARLY CHILDHOOD SPECIAL EDUCATION PARTICPATION RATE (AGE 3-5K) BY SCHOOL DISTRICT, 2005-2010



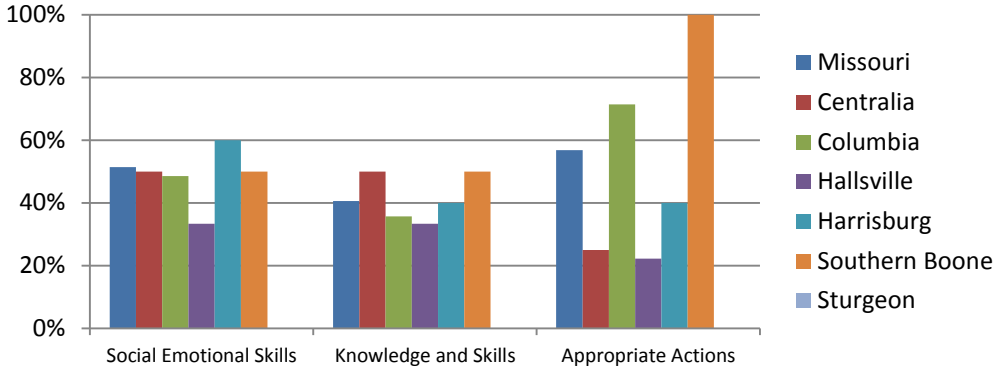
Source: Missouri Department of Elementary and Secondary Education: Special Education District Profiles

FIGURE 54: RATE OF GROWTH FOR CHILDREN IN ECSE (AGE 3-5K) BY SCHOOL DISTRICT 2010-2012



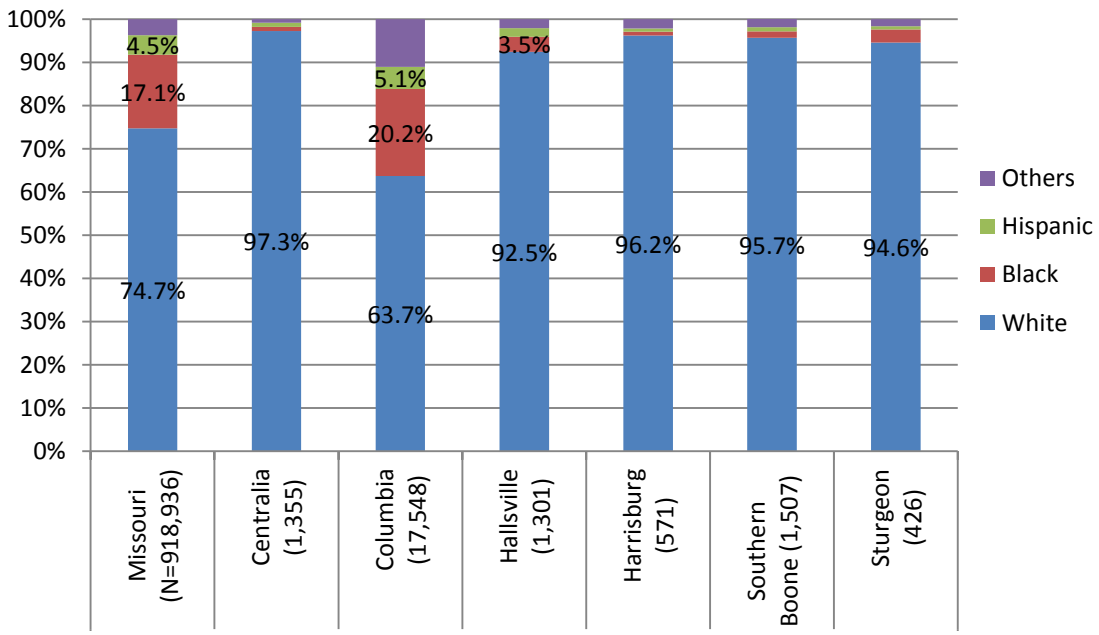
Source: Missouri Department of Elementary and Secondary Education: Special Education District Profiles

FIGURE 55: RATE OF CHILDREN IN ECSE WHO WERE FUNCTIONING WITHIN AGE EXPECTATIONS (AGE 3-5K) BY SCHOOL DISTRICT, 2010-2011



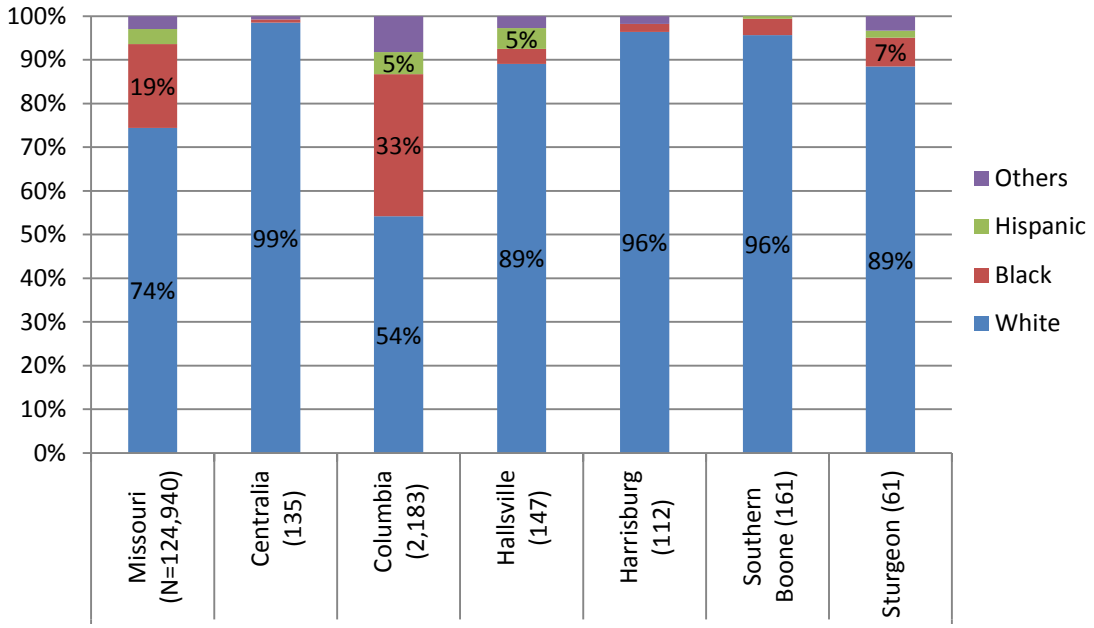
Source: Missouri Department of Elementary and Secondary Education: Special Education District Profiles

FIGURE 56: PERCENT OF TOTAL DISTRICT ENROLLMENT (PRE K-12) BY RACE AND DISTRICT, 2010-2011 SCHOOL YEAR



Source: Missouri Department of Elementary and Secondary Education: Special Education District Profiles

FIGURE 57: PERCENT OF TOTAL SPECIAL EDUCATION CHILD ENROLLMENT (3-21) BY RACE AND DISTRICT FOR THE 2010-2011 SCHOOL YEAR



Data Source: Missouri Department of Elementary and Secondary Education: Special Education District Profiles

Figure 56 shows the proportion of students in each racial category. There is a homogenous student population in Missouri and in the Boone County School districts. The state and Columbia school district have the most diverse student population with Caucasian students making up three quarters of the population while in the other districts they make up over 90%. Figure 57 shows the racial distribution of students enrolled in special education. When comparing the two figures, the data show that in Missouri, Columbia, Southern Boone and Sturgeon, African American children make up a disproportionate number of children enrolled in special education. In Hallsville school district, Hispanic children are shown to be disproportionately represented in the special education programs. The small number of students should be noted when making conclusions about proportions in the rural districts and these rates have not been tested for statistical significance.

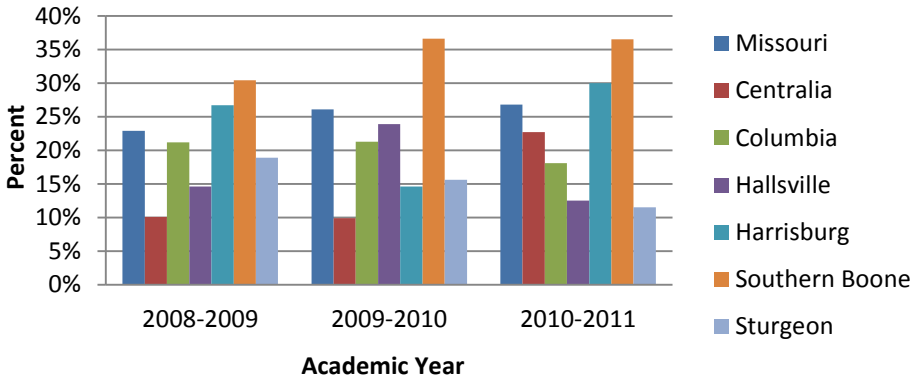
In a briefing before the United States Commission on Civil Rights in 2007,[59] Assistant Secretary in the Office for Civil Rights (OCR), Ms. Stephanie Monroe, cited studies that have indicated that certain minorities are underrepresented and others are overrepresented in special education programs nationally. Another panelist at the briefing, Dr. Martin Gould, went on to explain that the groups overrepresented are blacks, Hispanics and American Indians/Native Alaskans. Dr. Gould and several panelists pointed out that Asian Americans are often underrepresented in special education classes. In addition, Dr. Mathew Ladner found through his own research that minority students were placed in special education classes at higher rates in majority white

[59] U.S. Commission on Civil Rights. Minorities in Special Education Briefing Report (2009). Retrieved from: http://www.usccr.gov/pubs/MinoritiesinSpecialEducation.pdf in May 2012

school districts, compared to districts with larger minority populations. Dr. Daniel Reschly cautions against generalizing national statistics to compare to state or local statistics as the representation data vary between states and between districts within states.

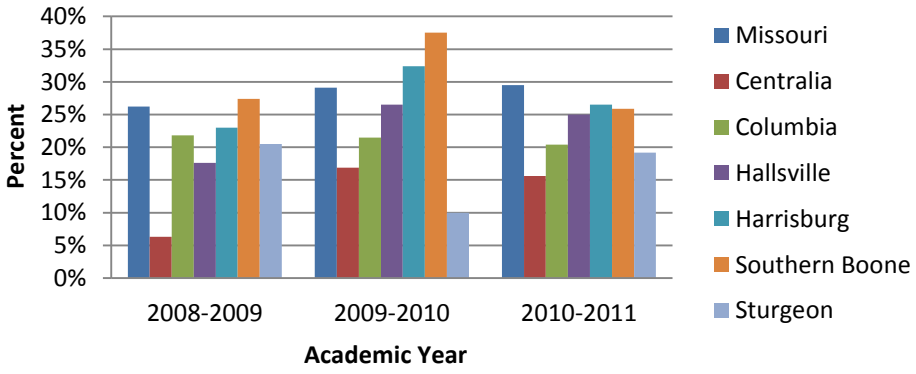
Figure 58: Missouri Assessment Program Results for School-Age Children with Individual Education Plans for Communication, Missouri and Boone County School Districts, 2008-2011.

FIGURE 58: MISSOURI ASSESSMENT PROGRAM RESULTS FOR CHILDREN WITH INDIVIDUAL EDUCATION PLANS FOR "COMMUNICATION" BY SCHOOL DISTRICT, 2008-2011



Source: Missouri Department of Elementary and Secondary Education: District Information- Special Education

FIGURE 59: MISSOURI ASSESSMENT PROGRAM RESULTS FOR CHILDREN WITH INDIVIDUAL EDUCATION PLANS FOR "MATH" BY SCHOOL DISTRICT 20085-2011



Source: Missouri Department of Elementary and Secondary Education: District Information - Special Education

TABLE 24: AVERAGE MISSOURI ASSESSMENT PROGRAM RESULTS FOR SCHOOL-AGE CHILDREN WITH INDIVIDUAL EDUCATION PLANS FOR COMMUNICATION AND MATH, MISSOURI AND BOONE COUNTY SCHOOL DISTRICTS, 2008-2011

	Communication	Math
Missouri	25.27%	28.27%
Centralia	14.23%	12.93%
Columbia	20.20%	21.23%
Hallsville	17.00%	23.03%
Harrisburg	23.77%	27.30%
Southern Boone	34.50%	30.27%
Sturgeon	15.33%	16.57%

Source: Missouri Department of Elementary and Secondary Education: District Information - Special Education

Each school district records the MAP scores for students with IEPs. Figures 58 and 59 show a large range in proficiency rates among the school districts but there has been an overall increase in the rate of students with IEPs scoring proficient or advanced on the MAP test. On average, Southern Boone has higher proficiency outcomes compared to other school districts in Boone County and the state as a whole (Table 24). It should be noted that in some districts, the number of students in First Steps is small; therefore a poor outcome for even one student will greatly impact the overall outcome rate.

TABLE 25: GRADUATION RATE FOR STUDENTS WITH DISABILITIES, MISSOURI AND BOONE COUNTY SCHOOL DISTRICTS, 2008-2011

	2008-2009	2009-2010	2010-2011
Missouri	97.75%	96.76%	97.75%
Centralia	81.82%	100.00%	76.92%
Columbia	77.16%	81.16%	82.26%
Hallsville	60.00%	100.00%	94.12%
Harrisburg	88.89%	100.00%	100.00%
Southern Boone	92.86%	88.24%	94.12%
Sturgeon	100.00%	100.00%	100.00%

Source: Missouri Department of Elementary and Secondary Education: District Information

Boone County school districts tend to have high graduation rates for students with disabilities, though Columbia school districts and Southern Boone consistently have lower rates than Missouri. This trend is directly opposite of the graduation rate trends for the general population shown in Table 4.

Participation and Proficiency Achievement in Head Start and Title I: Head Start is a Federal program for preschool children from low-income families. The Head Start program is operated by local non-profit organizations in almost every county in the country. Children who attend Head Start participate in a variety of educational activities. They also receive free medical and dental care, have healthy meals and snacks, and enjoy playing indoors and outdoors in a safe setting. Most children in Head Start are between the ages of 3 and 5 years old. Services are also available to infants and toddlers in selected sites. African American children make up the largest

percentage of children enrolled in Columbia's Head Start programs and English is the primary language (Table 25). Columbia's Head Start is funded to serve 153 children and was able to serve 194 in 2012. Currently, 264 children qualify for Head Start and are on a waiting list for a vacancy (Table 26).

TABLE 26: HEAD START ENROLLMENT BY RACE, COLUMBIA, 2012

Head Start Participation by Race	**Number**	**Percent**
Black or African American	88	45%
Multi-Racial	35	18%
White	43	22%
Other	28	14%
Primary Language Spoken at Home	**Number**	**Percent**
English	168	87%
Spanish	14	7%
Other	12	6%

Source: Central Missouri Community Action, Head Start

TABLE 27: HEAD START WAITING LIST, COLUMBIA, 2012

	Head Start Funding	**Number Served**	**Number on Waiting List in Columbia**
Preschool	129	153	229
Infant/Toddler	24	41	35

Source: Central Missouri Community Action, Head Start

TABLE 28: TITLE I ENROLLMENT BY RACE, COLUMBIA AND STURGEON SCHOOL DISTRICTS, SPRING, 2012

Race	**Number Enrolled in Title I**
Caucasian	42% (292)
African American	31% (219)
Hispanic	8% (57)
Not Specified	6% (46)
Two or More Races	10% (40)
Asian	5% (37)
American Indian, Alaskan Native	>1% (3)

Source: Columbia Public School District and Sturgeon R-V School District

TABLE 29: TITLE I WAITING LIST, COLUMBIA AND STURGEON SCHOOL DISTRICTS, SPRING 2012

District	Number On Waiting List for Title I Program
Columbia Public Schools	100
Sturgeon	8

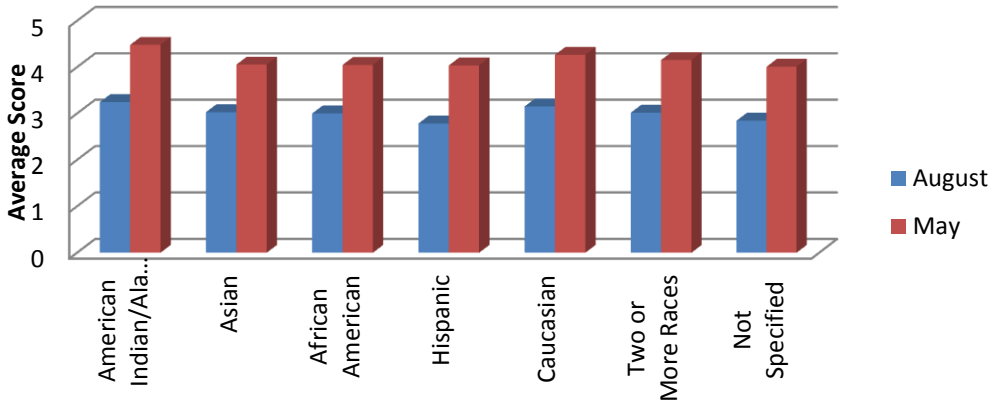
Source: Columbia Public School District and Sturgeon R-V School District

Title I preschool programs provide young children with the early learning experiences that will enable them to meet academic standards throughout elementary and secondary school. Columbia, Sturgeon and Harrisburg school districts had Title I funding at the time of this report. At the time of this report, Columbia and Sturgeon were able to report enrollment and waiting list numbers for the Spring 2012. The numbers in table 27 show Caucasian students make up the largest percentage (43%) and African American student make up 32% in the two reporting school districts combined. According to the school districts, there are 108 children waiting for a spot to open up in a Title I program (Table 28).

At the time of this report, there was no state required student assessment for Head Start or Title I programs. In regards to Title I programs, school districts determine curriculum and student assessments at the district level. Columbia Public Schools reported using the Child Observation Record (COR) and the Phonological Awareness Literacy Screening (PALS-Pre-K) for students in Pre-K Title I to measure student progress.

COR is part of an assessment system CPS uses to guide instruction and record student progress across learning domains such as language and literacy, math and science, and social relations. Teachers make regular observations related to specific developmental experiences and rank the experiences according to the COR scale: 1 representing "simple" through 5 representing "more complex." Figure 60 shows students' average scores across all dimensions were around 3 at the beginning of the school year and around 4 at the end. CPS students in Pre-K Title I programs consistently demonstrate progress across all COR domains.

FIGURE 60: AVERAGE COR SCORES FOR PRE-K TITLE I STUDENTS IN COLUMBIA, MO 2011/2012

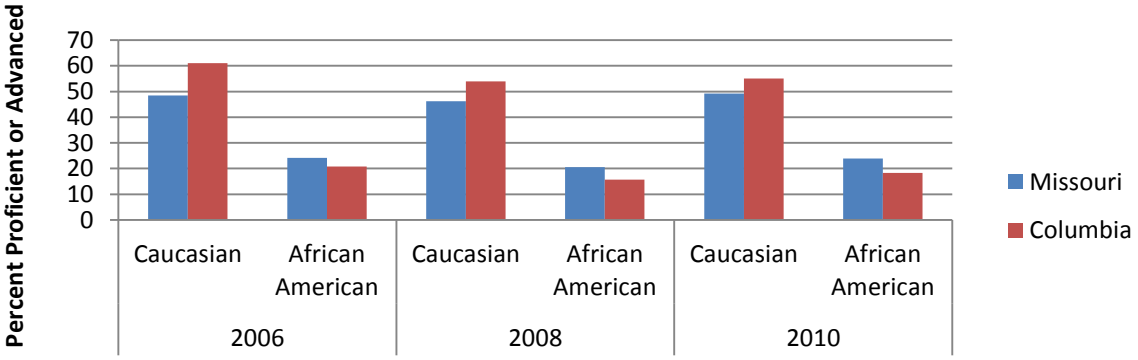


Source: Columbia Public Schools Outcomes Report School Year 2011

Proficiency Achievement for Third Graders: Statewide assessment exams are used to measure student proficiency and show a students' aptitude to achieve academically. Third graders take statewide assessment exams in communication and math. This type of assessment is one of the earliest, systematic, and widely available measures for looking at student proficiency and achievement.

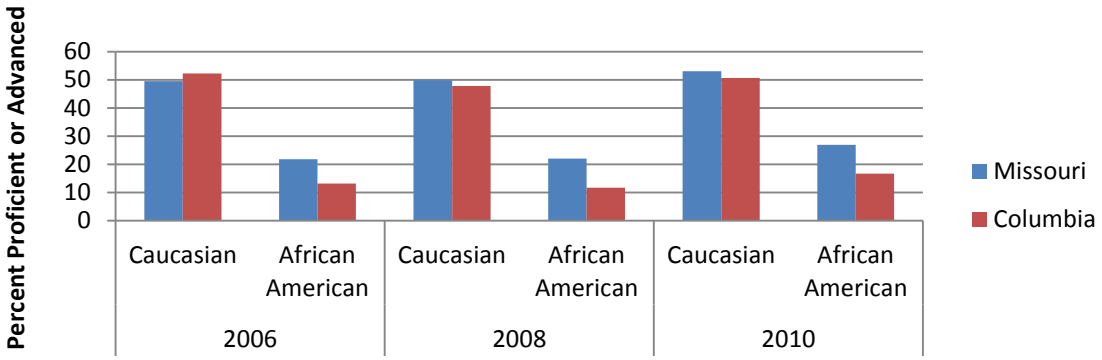
Caucasian third grade students in Columbia Public Schools (CPS) test higher in communication than African American third grade students in Columbia Public Schools. At the state level, more African American third grade students test proficient or advanced than their counterparts in CPS (Figure 61). For the math test, CPS third graders overall do not score as high as third graders throughout the state (Figure 62). These data show that African American third graders are demonstrating a lower aptitude for excelling in communication than Caucasian students in Columbia and overall, students in CPS are showing less aptitude for academic achievement in math than students in Missouri.

FIGURE 61: MISSOURI ASSESSMENT PROGRAM SCORES FOR THIRD GRADERS - PERCENT PROFICIENT OR ADVANCED IN COMMUNICATION, BY SCHOOL DISTRICT, 2006-2012



Source: Missouri Department of Elementary and Secondary Education Missouri Comprehensive Data System

FIGURE 62: MISSOURI ASSESSMENT PROGRAM SCORES FOR THIRD GRADERS - PERCENT PROFICIENT OR ADVANCED IN MATH, 2006-2012



Source: Missouri Department of Elementary and Secondary Education- Missouri Comprehensive Data System

DATA SUMMARY

The data summary provides a summary of key findings from the data assessment for each sub-issue area. The purpose of this section was to highlight where Boone County was doing well and where Boone County needs improvement. Not all data measures were discussed in this section, only data measures which had Boone County specific information were included.

Teen Pregnancy

For the sub-issue area of teen pregnancy, Boone County was doing better than both Missouri and the national rate. However, in Boone County, African American females aged 15-19 years old were experiencing a higher percentage of pregnancies compared to African American females aged 15-19 years old in Missouri.

Academic Achievement

Several school districts within Boone County had lower dropout rates in 2010 compared to 2006. For Columbia 93, African Americans had the highest dropout rate followed by Hispanics (although the Hispanic percentage had a lot of variation), while Caucasians had the lowest dropout rate. In addition Caucasian students had the highest graduation rates in Columbia with African Americans having the lowest. Both the dropout and graduation rates mirror state trends by race.

For MAP testing results, over 40% of Missouri students were testing at a proficient or advanced level across all subject areas and grade levels. However when stratified by race for the fifth grade, the results varied. African American fifth graders had the highest percent of students testing at below basic or basic proficiency across all subject areas for both Missouri and Columbia 93 school district.

Mental Health

The data were mixed for mental health. In regards to emergency room visits, Boone County had similar rates to the state for those less than 15 years of age, lower rates than the state for those 18-19 years old, and mixed results for those 15-17 years old. For hospital discharge data, Boone County had lower rates than Missouri for all age groups except those 18-19 years old.

For the three national outcome measures available at the county level for substance use, Boone County was doing worse on all three than the state. Boone County students were more likely to have used alcohol, marijuana, or cigarettes in the past 30 days than the Missouri average. They were less likely to report great risk of harm associated with trying or regularly using marijuana and drinking alcohol than in Missouri. In addition, they were less likely to view drinking beer, wine or hard liquor regularly, smoking cigarettes, or smoking marijuana as very wrong or wrong than the Missouri average. Moreover, there were disparities within Boone County. Males were more likely to have used than females in the past 30 days. Caucasian students had a higher percent of past 30 day use for alcohol and cigarettes, but African American students had a higher percent of marijuana use in the past 30 days.

Child Welfare and Safety

The trend for rates of probable cause child abuse and family assessments and rate of out-of-home placements were decreasing in both Missouri and Boone County. Furthermore, Boone County had a lower rate on both these data measures over the five year timeframe when compared to Missouri. Although local data did not exist for bullying on school property, it was important to note that there were disparities at the state and national level. Females were more likely to report being bullied than males, and Caucasian students were more likely to report being bullied on school property than African American students.

Child and Youth Homelessness

Homelessness among children, youth, and families with children had noticeable increases in recent years. The consistent increase of reported homeless youth and children receiving free and reduced lunch signals a growing problem. Even more alarming, there is only one agency providing services to homeless teens. Sol House opened in 2007 and provides homeless youth ages 16-21 with a variety of services including a place to live for up to 18 months. The opening of this shelter was a great step, but the gap in available services remains a concern.

Positive Youth Development

Positive youth development was found to be a highly interconnected sub-issue area. The information from the other sub-issue areas combined with the discipline data measures were used to understand the scope of positive youth development. African American youth in Boone County have higher rates of teen pregnancy and dropping out of school than Caucasian students. In addition, Boone County students were found to be more likely to use substances relative to the state student population. Discipline incidents data showed lower rates in Boone County than at the state level; however, trends staggered. There were a higher percentage of juvenile arrests and referrals in Boone County relative to Missouri, and the majority of arrests were for Part II crimes such as drug or alcohol offenses, disorderly conduct, and simple assault.

Positive Family Development

Due to the lack of data available for positive family development, there was no data summary available.

School Readiness

The percent of children living in poverty increased from 2000 to 2008 for both Missouri and Boone County; however, Boone County's percent was lower than the state rate. Regarding other measures of poverty, children and families in Boone County tend to fair better than children and families throughout Missouri. However, African Americans face proportionally greater disparity. Though there has been an increase in the number of children needing subsidized care and special education services, agencies continue to face budget cuts. Furthermore, direct assessment of children in subsidized child care and special education is not standardized, making it impossible to determine the effectiveness of the existing programs. Overall, children with disabilities in Boone County score lower on MAP tests and have lower graduation rates than their counterparts in Missouri. MPA scores for all 3rd graders in Columbia Public Schools (CPS) show African American third graders are not excelling in communication when compared to Caucasian students in Columbia and overall, students in CPS are performing lower in math than students in Missouri.

RESOURCE INVENTORY

An inventory of current resources directed at the CYF issue area was conducted. These resources were located using United Way's 211. These resources were then placed into service issue categories based on the sub-issue areas presented in this report and the major issue areas in reports forthcoming. One additional category was added to create a clear representation of services. The category, "support services" was also added to capture referral, program transportation and case management services. While the resource inventory was a great start to creating a resource list for services available to Boone County residents regarding the issue area of children, youth, and families, it was not and should not be considered a comprehensive list of all the services available within Boone County. See below for the resource inventory:

TABLE 30: NUMBER OF SERVICES FOR EACH ISSUE AREA IDENTIFIED IN 211

Sub-Issue Area	Number of Services in 211
Academic Achievement	15
Mental Health	20
Positive Youth Development	29
Teen Pregnancy	12
Child Welfare and Safety	25
Child and Youth Homelessness	1
School Readiness	16

The 211 resource inventory displays all the services registered with 211 and identifies each of the issue areas the service addresses. Most issue areas are being addressed with local services (Table 30). There is only one agency in 211 addressing teen homelessness. Addressing teen

homelessness without existing infrastructure will be a greater challenge than addressing other issues that have existing services. However, neglecting to provide additional resources and infrastructure to address the issue could lead to an even greater problem. This inventory provides an opportunity for decision makers to have difficult discussions about where resources should be allocated based on the need for services in the community.

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS												
Agency	**Program**	**Service**	**Eligibility**	Academic Achievement (K-12)-AA	Mental Health-MH	Positive Youth Development-PYD	Teen Pregnancy-TP	Child Welfare & Safety-CWS	Child and Youth Homelessness -CYH	School Readiness-SR	Medical/Health-H	Basic Needs & Emergency Services-	Economic Opportunity-EO	Positive Family Development-PFD	Support Services-SS
Adventure Club	Adventure Club 2	Before and after school enrichment program offers a variety of activities which include recreation and games, arts and crafts, music, dramatic play	Children K-5th grade in Columbia Public Schools	X		X									
Alpaca and Nature Camp		A day camp where campers get hands-on experience with alpacas, learn to spin on a spinning wheel, and do a fiber project.	Children From 9 To 16 Years			X									
American Homecare	Respite Care	In home respite care is provided.	Families on Medicaid (both children and adults) and those with VA benefits. Do not need to be homebound.		X										
American Home Care	Skilled Care	Provides medication set up, as well as catheter and ostomy care.	Families on Medicaid (both children and adults) and those with VA benefits. Do not need to be homebound.								X				
American Home Care	Personal/ Housekeeping	Provides bathing, grooming, housekeeping, laundry and errand services.	Families on Medicaid (both children and adults) and those with VA benefits. Do not need to be homebound.									X			
American Home Care	Referral and Advocacy	Offers information and referrals for people who need personal emergency response systems, meals, social activities, transportation, housing, behavioral, mental, disabled resources, caregiver support groups, grief support groups, utility assistance and home health-skilled care and advocacy for those who need assistance in navigating application processes, etc.	Families on Medicaid (both children and adults) and those with VA benefits. Do not need to be homebound.		X			X			X	X	X		

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS										
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
American Home Care	Companionship	Companionship provided.	Families on Medicaid (both children and adults) and those with VA benefits. Do not need to be homebound		X										
American Red Cross mid-Missouri Chapter	Health & Safety Classes	Health & Safety classes including classes such as first aid, CPR, water safety and others. Babysitter classes are available for 11-15 year olds.	No Restrictions					X			X				
Assistance League of mid-Missouri		Thrift shop open to the public. Proceeds from the thrift store help adults and children in the Columbia area.	Must be referred from Voluntary Action Center, True North, Columbia Chamber of Commerce Women's Network Changing the Odds Committee, College Guidance Offices or CPS for school clothing									X			
Big Brothers Big Sisters of Central Missouri	Big Brothers Big Sisters	Adult-child mentoring program	Youth ages 6-14 are eligible. Children mentored in the schools are referred by school personnel. Children in community-based program are children of single parents, incarcerated parents or foster parents	X		X									
Birthright of Columbia, Inc.		Free pregnancy testing, referrals, resources, maternity clothes, baby clothes, adoption information					X				X	X			X
Boy Scouts of America, Great Rivers Council		Teaching them life skills and instilling in them the values of Scout Oath and Law.	Boys age 6 to 18, Young men and women ages 14-21			X									

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Boys & Girls Town of Missouri	Family Focus Program/Intensive In-Home Services (IIS)	Intensive In-Home Services (IIS): Intensive, short-term, home-based crisis intervention services offering families in crisis the alternative to remain safely together, averting the out-of-home placement of children whenever possible; combining skill-based intervention with maximum flexibility so that services are available to families according to their needs.	Family must have child-children between the ages of 10 and 18. Citizenship required. Program is not restricted by income			X		X						X	X
Boys & Girls Town of Missouri	Residential Treatment Services	24 Hours A Level IV residential treatment program for children with behavioral or emotional problems. Each child receives individual, group, family, and recreational therapy by a licensed mental health professional. A crisis response team is available 24-7.	Serves ten (10) years to eighteen (18) years NOT restricted to low income, but must have citizenship		X	X		X						X	X
Boys & Girls Town of Missouri	Intensive In-Home Services	A 4-6 week crisis intervention program for families experiencing life crises that put their children at imminent risk of out-of-home placement. Designed to keep families together.	Open to all. Focused on families experiencing life crises			X		X						X	X

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Boys and Girls Club of the Columbia Area	Boys and Girls ClubsBOYS AND GIRLS CLUBS	After-school and summer programming for youth ages 6-18 years of age.	Children from 6 to 18 years	X		X									
Boys and Girls Club of the Columbia Area		Classic Summer Fun Camp.	Children from 6 to 18 years			X									
Camp Adventure			First through Seventh Graders			X									
UYMCA	Camp MUDD	Kids enjoy the great outdoors at this YMCA day camp where each weekly session is designed around a theme and includes a field trip and activities.	Children from 5 to 12 years	X		X									
Central Missouri Community Action	Workforce Investment Program	Employment and training programs designed to prepare low-income adults and youth facing serious barriers to employment for entry or re-entry into the labor force through WIA.	Low-income adults and youth										X		
Central Missouri Community Action	Family Development Services	Provides programs in budgeting, home ownership, family relations and many other areas or referrals to other programs to empower individuals to achieve self-reliance. Programs and projects are designed to work collaboratively with communities to ensure that families realize their goals.	Low-income or elderly			X						X	X		X
Central Missouri Community Action	Energy Assistance	Energy Assistance provides a one-time payment to assist in paying heating costs for low income elderly, families with children or the disabled.	Low-income or elderly									X			

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Central Missouri Community Action	Headstart	Child development services including education, health, nutrition, mental health, and parental involvement. CMCA Head Start and Early Head Start provide services to pregnant women and families with children birth to 5 years of age.	Children from 0 to 5 years	X				X		X				X	X
Central Missouri Community Action	Foster Grandparent Program	The Foster Grandparent Program is an intergenerational program promoting education and literacy. As Foster Grandparents, senior men and women volunteer as mentors and tutors to children who have exceptional and special needs.	Older Adults	X		X				X					
Centro Latino de Salud Educación y Cultura		La Escuela Latina including Youth Tutoring and Adult Education for ESL or Spanish lessons.	No restrictions	X											
Children's Child Therapy and Early Education School, Inc.		Special needs preschool provides treatment, training, development and education for a delayed or disabled child.	People with Disabilities, Children from 0 to 6 years		X					X					
Claim Missouri State Health Insurance Assistance Program	Claim Community Leaders Assisting the Insured of Missouri	CLAIM is Missouri's State Health Insurance Assistance Program.	People with Medicare, their family and caregivers, including those with disabilities and pre-enrollees								X				
Columbia Boone County Department of Public Health and Human Services	Women Infant Children Program	Nutrition education and supplemental food program provided to low income pregnant and breastfeeding women, infants and children under 5 years	Children 0-5 years, Women who are pregnant or breastfeeding				X				X	X			

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Columbia Boone County Department of Public Health and Human Services	Pregnancy Testing	Pregnancy testing and referral	No restrictions				X				X				
Columbia Boone County Department of Public Health and Human Services	Pediatric Immunizations	Routine pediatric immunizations provided according to Center for Disease Control guidelines. For daycare and school participation and communicable disease prevention	No restrictions								X				
Columbia Boone County Department of Public Health and Human Services	Prenatal Case Management	Assistance with Medicaid application, temporary Medicaid, WIC Referral, Prenatal Care Referral, other referrals as needed	No age restriction				X				X			X	X
Columbia Boone County Department of Public Health and Human Services	Well Woman Clinic	Well woman exams and birth control methods to women of reproductive age	Women of reproductive age				X				X				
Columbia Boone County Department of Public Health and Human Services	Utility Assistance	Assistance paying water and electric bills	Low-income citizens									X			
Columbia Housing Authority	Money Smart Financial Education Homeowner ship	Money Smart program is a 10 week series of classes designed to assist prospective homeowners with money management and budgeting for future homeownership	Low or moderate income family in Boone County										X		
Columbia Public Schools		Preschool to adult career education		X		X				X				X	
Community Playground of Columbia, Inc.		Community Playground of Columbia, Inc. (CPCI) also known as FUN CITY Youth Academy (FCYA) provides school aged childcare year round	Youth 5 to 18 years of age	X		X									

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Coyote Hill Christian Children's Home		Provides licensed counseling and professional social work services. We provide the child with a safe and healthy place to grow, to learn, to laugh, to love; and to understand what it means to have a life that is full and complete	Children six to fourteen years of age			X		X							
D&H Drugstore		Pharmacy offering free vitamins for children age 4 to 12 years of age	Children from 4 to 12 years								X				
Daniel Boone Regional Library		Loan variety of books, audio books, music, videos and DVDs for children, teens and adults. Services available on-site include: public access computers; wireless access; newspapers and magazines; reference collections and one-on-one assistance; children's areas with toys and computer games. Some locations also offer study rooms, public meeting rooms and tutoring. We also offer story times and a wide variety of programs and performances for children and adults	No Restrictions	X		X				X			X		
Family Counseling Center of Missouri, Inc.		Outpatient counseling, including drug and alcohol treatment	Anyone		X										
Family Health Center of Boone County Federally Qualified Health Center		Annual physical examinations and follow-up care	Any community member. No restrictions								X				X
First Chance for Children	Lend & Learn	Lend and Learn is a toy and equipment lending program with a large playroom	All Boone County residents							X				X	

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
First Chance for Children		CRIBS is a child abuse and neglect prevention- SIDS reduction program that offers safe cribs, baby care items and parent education to families with children under the age of one. The program is free and confidential.	WIC eligibility is required but WIC participation is not.					X		X					
Food Bank for Central & Northeast Missouri		The Food Bank distributes more than 24 million pounds of food a year to 135 hunger relief agencies and more than 90 elementary schools in a 32 county area.										X			
Girl Scouts of the Missouri Heartland, Inc.	Girl Scouts	Provides Leadership Development programs that are designed to help a girl discover her strong sense of self, connect with others, and take action to make the world a better place.	Girls ages 5-17			X									
Girl Scouts of the Missouri Heartland, Inc.		Programs designed to develop qualities that will serve them all their lives, like leadership, strong values, social conscience, and conviction about their own potential and self-worth; volunteers are needed to be troop leaders.	Volunteers must be at least 18 years old and participate in training and a background check.			X									
Granny's House		Dinner is served in the evening for children living in and around the Public Housing complex; also have after school ministry.		X		X						X			
Harrisburg Early Learning Center		Child care services, early childhood education, children 6 weeks to 12 years		X		X				X					

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Latter House Food Pantry		Food pantry for families, one time per month										X			
Life Network of Central Missouri	My Life Clinic	Professional, confidential pregnancy medical services at no cost: pregnancy verification, limited ultrasound, parenting classes, baby & maternity items, medical & community referrals	Information Not Provided by Agency				X				X	X			X
Life Network of Central Missouri		Diapers and formula available on an emergency basis	Information Not Provided by Agency									X			
Lighthouse Counseling Center		Counseling for children, teenagers, adults, Individuals, couples and families in individual or group settings			X										
Love Inc. of Columbia		Life skills courses include Relationship Building, Money Management, Parenting Mentoring and Life Coaching	Information Not Provided by Agency										X		X
Lutheran Family and Children's Services of Missouri	WINGS (Women in Need Growing Strong)	WINGS (Women in Need Growing Strong): Provides comprehensive counseling to women, teens and their family members regarding crisis or unplanned pregnancy; include referrals to medical care, mental health screening, financial assistance, living arrangements, parenting options, voluntary or emergency foster care and-or adoption planning	Service are available to pregnant women, birth fathers and their families regardless of a plan to place or parent the child		X		X								X
Lutheran Family and Children's Services of Missouri	Adoption Program	Adoption Program: Missouri licensed child-placing agency handles infant, special needs, guardianships, international, relative and independent adoptions. Services include home study, placements and post placement support. Agency is Hague Accredited for Inter-country Adoption Services.	Missouri residents who are able and willing to meet the needs of children served by LFCS. Certain age restrictions may apply.				X	X							

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Lutheran Family and Children's Services of Missouri	Emergency/ Crisis/Respite Foster Care	Emergency-Crisis-Respite Foster Care: Provides voluntary, respite or crisis foster care for infants and children under 5 years of age.	Please call for more information.		X			X							
Mary Lee Johnston Community Learning Center										X					
Missouri Childcare Resource and Referral Network		This organization coordinates services provided for families and child care professionals including child care referral information; services for children with special needs; information and educational materials; training opportunities and statistical information regarding child care needs in Missouri.	Childcare and educational programs for children and infants from 6 weeks to 6 years and their families. No eligibility restrictions.							X					
Missouri Girls Town Foundation, Inc.		Provides residential care for young women, with an emphasis on preparation for independent living and emancipation.			X	X		X					X		
Missouri Girls Town Foundation, Inc.	Counseling Services	Offers outpatient individual, group, couple, family and parent assessment, training, therapies and counseling services.	State referral and axis 1 classification		X										
Missouri Girls Town Foundation, Inc.	Residential Treatment Facility	Independent Living Preparation: Agency guides older youth in finding suitable housing and a job in local community. Counseling services and support provided as client develops independence.	DFS, DYS funded or private funding		X			X					X		X
Missouri Women's Council		Missouri Women's Council serves as a resource and referral center to help encourage, educate and support Missouri women as they pursue their economic goals.											X		X

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Nora Stewart Early Learning Center		State licensed nursery school provides year-round childcare.	Children ages 6 weeks to 10 years							X					
Parents As Teachers-Columbia Public Schools		Parents as Teachers is a free parental support and educational program through the Columbia Public Schools that focuses on children (prenatal through age five). It offers personalized home visits, group meetings-activities, developmental screenings and resource information.	Families expecting a child up to having a child that hasn't started kindergarten and lives in CPS District.					X		X				X	X
Pathways Community Behavioral Healthcare, Inc.		Pathways provides comprehensive mental health and substance abuse treatment and prevention services to pre-adolescent children through older adult populations. Also provides mental health diagnostic screenings.			X										
Pathways Community Behavioral Healthcare, Inc.		Provides outpatient therapy, psychiatry, Community Psychiatric Rehabilitation (CPR) for Severely Emotionally Disturbed (SED) youth and adults.			X										
Phoenix Programs, Inc.	APEX	Project APEX serves adolescents ages 12-20 years old who meet the criteria for a substance use disorder (SUD) and-or co-occurring substance use with a managed mental health diagnosis.	People with addictions		X										
Planned Parenthood of Kansas and Missouri		Provides confidential, affordable reproductive health care to all individuals, regardless of their ability to pay.	No restrictions				X				X				

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS										
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Rainbow House		Sol House is a transitional living program for youth	Children and youth under 21 years		X			X	X			X	X		X
Rainbow House	Children's Shelter	Houses children in state custody on a temporary basis. Also serves children referred by parent or guardian in emergency situations.	Children and youth under 21 years		X			X				X			X
Rainbow House	Child Advocacy Center	ACCESSED by law enforcement, children's division, juvenile office or prosecuting attorney's office	Children and youth under 21 years					X							
Ronald McDonald House Charities of Mid-Missouri, Inc.		House has 10 bedrooms, 7 bathrooms, fully stocked kitchen, dining and living rooms and recreation areas.	All families who reside 30 minutes outside of Columbia or more and have children under 21 years old who need medical care in Columbia									X			
State of Missouri: Department of Health and Senior Services	Family Care Safety Registry	Families and employers can call the registry's toll-free telephone line to request background information on registered child-care, elder care, and personal caregiver workers or to request licensure status information on licensed child-care and elder care providers. This service is intended to provide information to help families and employers make informed decisions when hiring employees to work with children, elderly, and the physically or mentally disabled.						X							
State of Missouri: Department of Health and Senior Services		Bureau of Special Health Care Needs (SHCN) provides services for children and adults with disabilities, chronic illnesses and birth defects. SHCN administers the Children with Special Health Care needs Program (CSHCN), Adult Head Injury Program (AHI), Health Children and Youth Program (HCY), Physical Disabilities Waiver Program (PDW), and the Family Partnership.	Special Health Care Needs		X						X				X

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
State of Missouri: Department of Health and Senior Services	TEL-LINK	TEL-LINK: Provides a "Telephone Link with Services" for all Missouri families seeking information on maternal and child health resources in their communities.									X				X
State of Missouri: Department of Health and Senior Services, WIC	Locate Summer Food Programs	Helps locate a Summer Food Program provider by zip code, city or county name	Summer Food Program is open to all school-aged children who receive free or reduced price meals during a regular school year.									X			X
State of Missouri: Department of Health and Senior Services, WIC	WIC	Administers WIC: Nutrition education, nutritious foods, breastfeeding support and counseling, referrals if pregnant, lactating or child age 5 years and under. Call for clinic locations.	Missouri residency; Pregnant, postpartum & breastfeeding women, infants & children up to age 5				X				X	X			X
State of Missouri: Department of Public Safety		The Department of Public Safety administers federal and state funds in grants for juvenile justice, victims' assistance, law enforcement, and narcotics control. Other programs in the Director's Office provide support services and resources to assist local law enforcement agencies and to promote crime prevention.						X							
State of Missouri: Department of Social Services	Food Stamps	Each participating household receives an allotment of food benefits based on the USDA's "Thrifty Food Plan".										X			

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
State of Missouri: Department of Social Services	Child Support	Child Support: Collects child support on behalf of households receiving public assistance not only to eliminate their dependence on assistance programs, but also to reimburse the State for the benefits provided to these families.					X						X		
State of Missouri: Department of Social Services	MO Healthnet	The purpose of the MO HealthNet program is to provide medical services to persons who meet certain eligibility requirements as determined by FSD.									X				X
State of Missouri: Department of Social Services	Uninsured Women's Health Services Program		Must be uninsured, approved methods of contraception, STD testing and treatment, including pap tests and pelvic exams, family planning, counseling, and birth control education, drugs, supplies or devices for above services.								X				
State of Missouri: Department of Social Services	Temporary Assistance for Needy Families	Provides benefits to families with needy children (due to death, desertion, mental, physical problems or unemployment).	Child must be under 19 years.									X	X		
State of Missouri: Department of Social Services	Case Management	Case Management: Provides assessment of the client's needs and then initiates and monitors appropriate services as needed.													X
State of Missouri: Department of Social Services	Childcare Assistance Program	Helps eligible parents with the cost of child care while they are working or trying to gain employment.	Information Not Provided by Agency.							X			X		

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
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State of Missouri: Department of Social Services	Children's Health Insurance Program	This program provides healthcare coverage for children under 19 years of age whose family income falls within certain guidelines.	Children to 19 years								X				
State of Missouri: Department of Social Services		Individuals or families needing to place their child(ren) into foster care.						X							
State of Missouri: Department of Social Services: Children's Division	Adoption Services	Services are offered for children and parents involved in the adoption process. These include the evaluation of the child's needs prior to placement, and arrangements for care of the child prior to the child's adoptive placement and to the approval of the adoptive family. Also, special activities are provided to help adoptive parents and children adjust to the new family situation.	Children in the custody of CD who are legally free for adoption. Any family (parent at least 21 years of age) or single person (21 and over) in Missouri may be considered as a prospective adoptive family.				X	X						X	
State of Missouri: Department of Social Services: Children's Division	Child Abuse/Neglect Hotline	The Children's Division Child Abuse and Neglect Hotline Unit (CA-NHU) accepts confidential reports of suspected child abuse, neglect, or exploitation.	Open to all					X							
State of Missouri: Department of Social Services: Children's Division	Child Custody/ Visitation Assistance	Parents who are seeking to regain custody of their children, or who are in need of supervised visitation with their children, may access the services of the Children's Division through a court order from the county-state of the custody's jurisdiction. Visitation will be arranged per the conditions of the court order.	Open to anyone who needs assistance.					X						X	

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
State of Missouri: Department of Social Services: Children's Division	Child Protective Services	Children's Division investigates reports of child abuse, neglect or abandonment; provides for the temporary placement of children who have been removed from the custody of their parents or guardians; works with families who are experiencing a problem with child abuse and-or neglect; and provides ongoing supportive services for children in permanent placement.	Serves all					X							
State of Missouri: Department of Social Services: Children's Division	Family-Centered Services	Family-Centered Services are provided to families and children in their own homes when a child abuse or neglect investigation-family assessment response determination is "preponderance of evidence", "unsubstantiated-preventive services indicated", or "services needed". These services are also provided to families who voluntarily seek help. Family-centered Services include a range of treatment and support services and are provided, as appropriate to the case treatment plan.	Open to all families brought to the attention of the Children's Division by a community concern. Must have children under the age of 18 years to qualify.					X						X	X
State of Missouri: School for the Deaf	MSD	Program for the educable deaf or hard of hearing which provides academic and vocational training under the Department of Education and Secondary Education. Both residential and day school programs offered.	Deaf or hard of hearing children, referred from local educational agency	X						X					
T.R.Y.P.S. at the Columbia Mall		Campers will break into four classes daily including acting, musical theater, games, improvisation and more.	Children kindergarten through seventh grade			X									

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Touchpoint		Provides a range of services to children and adults who are determined to have or suspected of having Autism Spectrum Disorders. Provides parent training, support groups and music therapy.	Must confirm diagnosis								X				
Touchpoint	Discrete Trial Training (DTT) Program	In-home or school consultation in the principles of behavior development using applied behavior analysis and discrete trial methodology to change behavior and develop new behaviors-skills.	No eligibility restrictions.		X										
UCP Easter Seals Heartland	Camp Friday	Camp Friday: Monthly evening respite provided.	5-12 years with a disability			X									
UCP Easter Seals Heartland	Parent-Child Program	Parent Child Program: KAR (Kids Are Riding Safely) an adaptive car seat loan program to ensure children with disabilities or special needs are riding safely in the community.	Child must have a disability or special needs.					X							
UCP Easter Seals Heartland	Infant/Toddler Care	Provides inclusive early care and education services for infants and toddlers. Services include enriched program and learning experiences for children with and without disabilities.	Children of all abilities							X					
UCP Easter Seals Heartland	Before and After School	Before and After School: Provides before and after school services for children with disabilities.	Children of all abilities		X										
University of Missouri Extension		Offers broad range of information: topics include nutrition, business, personal budgeting, gardening, babysitting, 4-H youth, etc.				X							X		
University of Missouri Extension	4-H	4-H is about young people making new friends and memories while preparing to be future leaders.	School age children and teens			X									

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS											
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
University of Missouri Extension	ParentLink	ParentLink provides problem solving support over the phone to any Missouri parent or provider.				X				X				X	
University Y of the University of Missouri	Camp Mudd	Camp Mudd is a summer camp for school age children.				X									
University Y of the University of Missouri	Y Tutors	Y's Tutors help youth with their homework .		X											
Voluntary Action Center	Lunch in the Park	Lunch served at Douglass Park during the summer.	School age children									X			
Voluntary Action Center	Family Assistance and Emergency Services	Services include food, hygiene items, prescription medication assistance, birth certificate and Driver's License assistance, city bus tickets, gas for getting to work or medical appointments, minor auto repair for getting to work, and uniform clothing as required for work. Other services include: Baby formula, diapers, medical-dental co-pays, enriching youth activities, college application fees, state picture ID, and other needs that may be identified.	Any population meeting the poverty guidelines of 150% or below									X	X		X
Voluntary Action Center	Homes for Computers	Distributes computers to school age children once a year (to about 30 families).	Any population meeting the poverty guidelines of 150% or below, for families with school age children in Columbia Public Schools.	X											

RESOURCES REGISTERED IN 211				SERVICE ISSUE AREAS												
Agency	**Program**	**Service**	**Eligibility**	**AA**	**MH**	**PYD**	**TP**	**CWS**	**CYH**	**SR**	**H**	**BES**	**EO**	**PFD**	**SS**
Wardrobe		Provide receipt, storage, sale and distribution of clothing to interested buyers. Clothing is free with a referral on Tuesdays (most agencies can provide a referral). Provide new shoe vouchers for $4 for school age children for one week in August.										X			
Youth Empowerment Zone		Reaches easily-neglected, at-risk, urban youth by connecting them to the ideas and activity of empowerment, and provide them with resources and networks that will help them transition successfully into adulthood.				X							X		X

PRIORITIZATION

To prioritize the sub-issues facing children, youth, and families, one community level indicator was selected for each area based on five criteria. All five criteria had to be satisfied in order for that sub-issue area to receive a prioritization score. The criteria were:

1. Representative of the issue area;
2. Comparable at the state and county level;
3. Publically available;
4. Systematically collected; and
5. Routinely updated.

Community level indicators were identified for the sub-issue areas of teen pregnancy, academic achievement, mental health, child welfare and safety as well as child and youth homelessness. (See table 26). All other sub-issues did not have a community level indicator that met all five criteria therefore were not given a prioritization score.

TABLE 26: COMMUNITY-LEVEL INDICATORS USED TO DETERMINE PRIORITIZATION SCORE FOR EACH SUB-ISSUE AREA

Sub-Issue Area	Community Level Indicator
Teen Pregnancy	Teen Pregnancy Rate
Academic Achievement	Dropout Rate
Mental Health	Emergency Room Visits
Child Welfare and Safety	Out-of-Home Placement
Child and Youth Homelessness	Percent of Students who are Homeless

The data for each community level indicator was used to answer a series of questions that ultimately determined the prioritization score. The prioritization matrix is shown in Table 27.

TABLE 27: THE NEED PRIORITIZATION MATRIX

Factor	Question	Parameter
1) Immediacy of attention required	Will the situation get worse if nothing is done? Rationale: If the trend is getting worse, it needs to be addressed.	Situation improving = 1 Situation remains steady = 2 Situation getting worse = 3
2) Immediacy of attention required relative to State trend	Is the county trend better or worse than the state trend? Rationale: The larger picture can put county trends into perspective.	County trend better than Missouri = 1 County trend same as Missouri = 2 County trend worse than Missouri = 3
3) Beneficial impact of resolving this need on other identified needs	Will meeting this need also solve other sub-issues? Rationale: Dual benefit should have higher priority	Does not cross sub-issue areas = 1 Crosses into one other sub-issue area = 2 Crosses into multiple sub-issue areas = 3
4) Number of people directly affected by need	What percent of the Boone County population is directly affected by this need (# in need/total population) Rationale: Scope of the problem	Lower tier = 1 Middle tier = 2 Upper tier = 3 (Tiers were determined by identifying the range and divided into thirds.)
5) Extent to which services are available	Are there services available to meet this need? Rationale: A need can be addressed more efficiently if there is capacity to build on	No services = 1 One service = 2 Two or more services = 3

In an effort to reduce the subjectivity of the scoring process, IPP utilized a consensus scoring procedure. Two individuals separately scored each sub-issue area, and then came together to discuss their scores. When both scorers reached the same score for a factor on the prioritization matrix, the factor was assigned that score. When the two scorers reached different conclusions for a factor, they discussed their reasons for selecting the score and then an agreed upon score for the factor was selected (Table 28). See appendices A-E for a detailed account of each sub-issue's scores within the prioritization matrix. See appendix F for the list of issue areas and sub-issue areas for children, youth, and family services used under factor four.

The prioritization score ranged from one to three. A score of one indicates the sub-issue area was low in priority, and a three indicates the sub-issue was high priority.

TABLE 28: PRIORITIZATION SCORE FOR EACH SUB-ISSUE AREA WITHIN THE CYF ISSUE AREA

Sub-Issue Area	Composite Score
Teen Pregnancy	2.4
Academic Achievement	2.2
Mental Health	2.6
Child Welfare and Safety	1.8
Child and Youth Homelessness	2.4

The following is a summary of the individual factors that lead to the final prioritization score. The analysis finds that mental health is the issue scoring the highest on the prioritization matrix. Though this prioritization matrix identifies mental health with the highest prioritization score, decision makers can look at the individual factors of the matrix and discuss what factors, if any, are most important when considering purchasing services.

Teen pregnancy in Boone County is best represented by the rate of live births among 15-19 year olds. The issue of teen pregnancy in Boone County received a prioritization score of 2.4 out of 3. This indicator, shown in Figure 2 of the full report, shows that in 2008, the teen pregnancy rate was 24.5 per 1,000. This translates to roughly 172 teen moms in 2008. The rate of teen pregnancy has seen little change over the last several years, meaning the immediacy of attention required is low. The teen pregnancy rate in Boone County is also lower than that of Missouri, meaning the immediacy of attention relative to the state is low. The process of addressing teen pregnancy could have a large impact on other issue areas. Teen pregnancy is a risk factor for high school graduation and economic opportunity. By addressing teen pregnancy, the community would likely address academic achievement and economic opportunity issues as well. Finally, an inventory of resources addressing this need shows that there are at least 12 services addressing this need in the community. The existing infrastructure allows for higher efficiency in addressing needs because there are services to build on. See appendix A for scores on each individual factor.

Academic achievement is best represented by dropout rates. The issue of academic achievement in Boone County received a prioritization score of 2.2 out of 3.The indicator, shown in Table 3 of the full report, shows that in 2010, 214 students dropped out of public school. The dropout rate in Boone County public schools is improving overall and is better than the state's dropout rate. The process of addressing academic achievement would also address other issue and sub-issue areas related to economic opportunity and basic needs. Finally, an inventory of resources addressing this need shows that there are at least 15 services addressing this need. The existing infrastructure allows for higher efficiency in addressing needs because there are services to build on. See appendix B for scores on each individual factor.

The rate of emergency room visits with a mental health diagnosis was determined to be the best community level indicator to represent mental health in Boone County. The issue of mental health in Boone County received a prioritization score of 2.6 out of 3. The indicator, shown in Figure 22 of the full report, shows that in 2008, the emergency room rate was 2.6 for youth under age 15, 14.7 for youth age 15-17, and 17.0 for youth age 18-19. These rates translate to 416 individuals that went to the emergency room for a mental health issue. Overall, there has been no

change in the rate of emergency room visits with mental health diagnoses and the rate is virtually the same as that of Missouri. The process of addressing mental health issues would likely address other issue and sub-issue areas as well (i.e. academic achievement, child welfare and safety to name a few). Finally, an inventory of resources addressing this need shows that there are at least 20 services addressing this need. The existing infrastructure allows for higher efficiency in addressing needs because there are services to build on. See appendix C for scores on each individual factor.

Rate of out-of-home placement was determined to be the best community level indicator to represent child welfare and safety in Boone County. The issue of child welfare and safety in Boone County received a prioritization score of 1.8 out of 3. The indicator, shown in Figure 29 of the full report, shows that in 2008, the rate of out-of-home placement was 2.2, which represents 75 individuals that were placed out of their home. The situation in Boone County is improving and out-of-home placement number continues to be lower than that of Missouri's. The process of addressing child welfare and safety would likely address other issue and sub-issue areas. Improving welfare and safety would likely improve the economic opportunity and mental health conditions for those children involved. Finally, an inventory of resources addressing this need shows that there are at least 25 services addressing this need. The existing infrastructure allows for higher efficiency in addressing needs because there are services to build on. See appendix D for scores on each individual factor.

The percent of student who are homeless was determined to be the best community level indicator to represent teen homelessness. The issue of child and teen homelessness in Boone County received a prioritization score of 2.4 out of 3. The indicator, shown in Figure 32 of the full report, shows that in school year 2008-2009, 203 students in Boone County public schools were recorded as homeless. As Figure 32 shows, teen homelessness has risen 50% since academic year 2005/2006, indicating a high immediacy of attention is required. The percentage of the student population reporting being homeless continues to be higher in Missouri than in Boone County, meaning the immediacy of attention required is low relative to the state trend. Addressing child and teen homelessness would likely solve other issues as well. By addressing teen homelessness, the academic achievement, child welfare and safety as well as mental health will also be addressed. Finally, an inventory of resources addressing this need demonstrate that addressing this need will not be efficient based on the lack of an existing infrastructure of services already available. See appendix E for scores on each individual factor.

There are many factors to consider when deciding what sub-issue gets priority. This analysis provides a systematic way to apply prioritization scores on different sub-issue areas, provoke dialogue and foster a robust decision making process.

EVIDENCE BASED PROGRAMS

An inventory of evidence-based programs/practices has been compiled by sub-issue area. When possible a national registry of evidence-based programs/practices was used to populate the inventory. When this was not feasible, evidence-based programs/practices were selected from list that was provided by federal organizations to local organizations although the federal government stated they were not endorsing the programs/practices. Due to the methodology for developing the inventory, additional evidence-based programs/practices could exist that are not in the evidence-based programs/practices inventory. See below for the evidence-based programs/practices inventory.

Teen Pregnancy[60]

Intervention Name
Aban Aya Youth Project
Adult Identity Mentoring (Project AIM)
All4You!
Assisting in Rehabilitating Kids
Be Proud! Be Responsible! (Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)
Be Proud! Be Responsible! Be Protective! (Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)
Becoming a Responsible Teen (BART)
Children's Aid Society (CAS)–Carrera Program
Cuídate! (Take Care of Yourself)
Draw the Line/Respect the Line
FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women
HIV Risk Reduction among Detained Adolescents
HORIZONS
It's Your Game: Keep it Real
Making a Difference!
Making Proud Choices!
Project TALC
Promoting Health Among Teens! Abstinence-Only Intervention
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention
Raising Healthy Children
Reducing the Risk
Rikers Health Advocacy Program
Safer Sex
Sisters Informing, Healing, Living, and Empowering (SiHLE)
HIV Risk Reduction Among Detained Adolescents.
Sisters Saving Sisters
Teen Health Project: Community-Level HIV Prevention for Adolescents in Low-Income Housing Developments
Teen Outreach Program (TOP)
What Could You Do?

[63] U.S. Department of Health & Human Services. (2011). Programs for Replication – Intervention Implementation Reports. Retrieved from http://www.hhs.gov/ash/oah/prevention/research/programs/index.html

Academic Achievement[61]

Adolescent Literacy

Intervention Name
Accelerated Reader
Advancement Via Individual Determination (AVID)
Cooperative Integrated Reading and Composition
Corrective Reading
Fast ForWord
Project CRISS (CReating Independence through Student-owned Strategies)
Read 180
Reading Apprenticeship
Reading Mastery
Reading Plus
Reciprocal Teaching
SuccessMaker

Beginning Reading

Intervention Name
Accelerated Reader
ClassWide Peer Tutoring
Cooperative Integrated Reading and Composition
Corrective Reading
Daisy Quest
Early Intervention in Reading (EIR)
Earobics
Failure Free Reading
Fast ForWord
Fluency Formula
Ladders to Literacy for Kindergarten Students
Lexia Reading
Lindamood Phonemic Sequencing (LiPS)
Little Books
Peer Assisted Learning Strategies (PALS)
Read Naturally
Read, Write, & Type!
Reading Recovery
Sound Partners
SpellRead
Start Making a Reader Today (SMART)
Stepping Stones to Literacy
Success for All
Voyager Universal Literacy System
Waterford Early Reading Program
Wilson Reading System

[61] U.S. Department of Education Institute of Education Sciences. (2011). Topic Areas. Retrieved from http://ies.ed.gov/ncee/wwc/reports/

Character Education

Intervention Name
Building Decision Skills
Caring School Community
Connect with Kids
Lessons in Character
Lions Quest – Skills for Adolescence
Positive Action
Too Good for Drugs and Violence
Too Good for Drugs
Too Good for Violence

Dropout Prevention

Intervention Name
Accelerated Middle Schools
ALAS
Career Academies
Check and Connect
Financial Incentives for Teen Parents to Stay in School
High School Redirection
Job Corps
JobStart
National Guard Youth Challenge
New Chance
Talent Development High schools
Talent Search
Twelve Together

Elementary Math Education

Intervention Name
Everyday Mathematics
Odyssey Math

English Language Learners

Intervention Name
Arthur
Bilingual Cooperative Integrated Reading and Composition (BCIRC)
Enhanced Proactive Reading
Instructional Conversations and Literature Logs
Peer Tutoring and Response Groups
Peer-Assisted Learning Strategies
Read Well
Reading Mastery
Success for All (SFA)
Vocabulary Improvement Program for English Language Learners and Their Classmates

Middle School Math

Intervention Name
Cognitive Tutor Algebra I
I CAN Learn Education System
The Expert Mathematician

High School Math

Intervention Name
Core-Plus Mathematics

Students with Learning Disabilities

Intervention Name
Lindamood Phonemic Sequencing
Read Naturally

Mental Health[62]

Intervention Name
Across Ages
Active Parenting Now
Active Parenting of Teens: Families in Action
Adolescent Community Reinforcement Approach
Adolescent Coping with Depression (CWD-A)
Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence
Al's Pals: Kids Making Healthy Choices
AlcoholEdu for High School
All Stars
ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)
ATLAS (Athletes Training and Learning to Avoid Steroids)
Brief Strategic Family Therapy
Building Assets – Reducing Risks (BARR)
CARE (Care, Assess, Respond, Empower)
Caring School Community
CASASTART
CAST (Coping and Support Training)
Celebrating Families!
Chestnut Health Systems – Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model
Children in the Middle (CIM)
The Children's Summer Treatment Program (STP)
Class Action
Clinician-Based Cognitive Psychoeducational Intervention for Families
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
Cognitive Behavioral Therapy for Adolescent Depression

[62] Substance Abuse and Mental Health Services Administration. (2011). SAMHSA's National Registry of Evidence-based Programs and Practices. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx

CopingCat
Curriculum-Based Support Group (CBSG) Program
DARE to be You
Early Risers "Skills for Success"
Emergency Department Means Restriction Education
Families and Schools Together (FAST)
Family Behavior Therapy (FBT)
Family Matters
Family Support Network (FSN)
Guiding Good Choices (GGC)
Healthy Alternatives for Little Ones (HALO)
The HighScope Curriculum
Incredible Years
Keep a Clear Mind (KACM)
Keepin' it REAL
LifeSkills Training (LST)
Loins Quest Skills for Adolescence (SFA)
Media Ready
Multidimensional Family Therapy (MDFT)
Multidimensional Treatment Foster Care (MTFC)
Multisystemic Therapy (MST)
The New Beginnings Program (NBP)
Not on Tobacco (N-O-T)
Nurse-Family Partnership (NFP)
Parent-Child Interaction Therapy (PCIT)
Parenting Through Change (PTC)
Parenting Wisely
Parenting with Love and Limits (PLL)
Partners with Families and Children: Spokane (Partners)
Peaceful Alternatives to Tough Situations (PATTS)
Phoenix House Academy
Positive Action
Primary Project
Project ACHIEVE
Project ALERT
Project EX
Project Northland
Project SUCCESS
Project Towards No Drug Abuse
Project Towards No Tobacco Use
Project Venture
Promoting Alternative Thinking Strategies
Protecting You/Protecting Me
Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY)
The Residential Student Assistance Program
Responding in Peaceful and Positive Ways
Safe Dates
Second Step
Seeking Safety SMART team
SOS Signs of Suicide
SPORT

Start Taking Alcohol Risks Seriously (STARS)
Stay on Track
The Strengthening Families Program (SFP)
The Strengthening Families Program: For Parents and Youth 10-14
The Surviving Cancer Competently Intervention Program (SCCIP)
Systematic Training for Effective Parenting (STEP)
Teaching Kids to Cope (TKC)
Teen Intervene
The Columbia University TeenScreen
The Leadership Program's Violence Prevention Project
The Seven Challenges
Too Good for Drugs
Too Good for Violence

Child Welfare and Safety[63]

Intervention Name
Carolina Abecedarian Project
Creating Lasting Family Connections
Dare to Be You
Early Head Start
Families and Schools Together
Get Real About Violence
Guiding Good Choices
Healthy Families America
Healthy Families New York
Helping the Noncompliant Child
Incredible Years
Infant Health and Development
Nurse Family Partnership
Nurturing Parenting Program
Olweus/Bullying Prevention Program
Parent Child Interaction Therapy
Parents As Teachers
Parenting Wisely
Perry Preschool Project
Project SafeCare
Reaching Educators, Children, and Parents (RECAP_
Schools and Families Educating Children (SAFE Children)
STEP: Systematic Training for Effective Parenting
Strengthening Families
Success in Stages
Syracuse Family Development Research Program
Triple P – Positive Parenting Program

[63] FRIENDS National Resource Center for CBCAP. (2009). Evidence-based and evidence-informed programs: prevention program descriptions classified by CBCAP evidence-based and evidence-informed categories. Retrieved from http://www.friendsnrc.org/joomdocs/eb_prog_direct.pdf

Child and Youth Homelessness[64,65]

Intervention Name
Chestnut Health Systems - Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model
Critical Time Intervention
Pathways' Housing First Program
Seeking Safety
Multisystemic Therapy
Adolescent Community Reinforcement Approach (A-CRA)
Intensive Family Preservation Services (IFPS)
Functional Family Therapy
Family Group Conferencing or Family Group Decision Making
Independent Living Program
Case Management, Outreach, Referral, and Education (CORE)

Positive Youth Development[66,67]

Intervention Name
Caring School Community (Child Development Project)
CASASTART
Curriculum-Based Support Group (CBSG) Program
DARE to be You
Lifelines Curriculum
Phoenix House Academy
Project ACHIEVE
Project MAGIC
Protecting You/Protecting Me
Reconnecting Youth: A Peer Group Approach to Building Life Skills
Say It Straight (SIS)
Stay on Track
Academic Tutoring and Social_Skills Training
Adolescent Transitions Program
Aggression Replacement Training®
AI's Pals
Athletes Training and Learning to Avoid Steroids (ATLAS)
Big Brothers Big Sisters (BBBS) Community-Based Mentoring
Coping Power Program
Early Risers 'Skills for Success' Programs
PeaceBuilders

[64] National Clearinghouse on Families & Youth. Primary Sources: Preventing and Responding to Youth Homelessness. Retrieved from http://ncfy.acf.hhs.gov/the-beat/2009/11/responding-to-youth-homelessness

[65] Substance Abuse and Mental Health Services Administration. (2011). SAMHSA's National Registry of Evidence-based Programs and Practices. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx

[66] Substance Abuse and Mental Health Services Administration. (2011). SAMHSA's National Registry of Evidence-based Programs and Practices. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx

[67] Find Youth Info. Program Directory. Retrieved from http://www.findyouthinfo.gov/ProgramSearch.aspx

Positive Family Development[68]

Intervention Name
Family Health Promotion
Children in the Middle
Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)
Healthy Families America
Critical Time Intervention
DARE to be You
Nurturing Parenting Programs
Parenting Wisely
Systematic Training for Effective Parenting (STEP)
Children of Divorce Intervention Program (CODIP)
Active Parenting Now
Brief Strategic Family Therapy
Celebrating Families!
Child-Parent Center
Family Matters
Parent-Child Assistance Programs
Homebuilders

School Readiness[69]

Early Childhood Education for Children with Learning Disabilities

Intervention Name
Dialogic Reading
Lovaas Model of Applied Behavior Analysis

Early Childhood Education

Intervention Name
Bright Beginnings
SRA Real Math Building Blocks PreK
DaisyQuest
Dialogic Reading
Doors to Discovery
Headsprout Early Reading
Interactive Shared Book Reading
Literacy Express
Phonological Awareness Training
Draw the Line/Respect the Line
Pre-K Mathematics
Shared Book Reading
Sound Foundations

[68] Substance Abuse and Mental Health Services Administration. (2011). SAMHSA's National Registry of Evidence-based Programs and Practices. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx

[69] U.S. Department of Education Institute of Education Sciences. (2011). Topic Areas. Retrieved from http://ies.ed.gov/ncee/wwc/reports/

SETTINGS FOR PROVIDING EVIDENCE BASED PROGRAMS

To identify potential collaboration opportunities proven to work for facilitating effective programs, a list of common settings where the programs were implemented was provided by sub-issue area. Due to the methodology for developing the inventory, additional settings where evidence-based programs/practices were implemented could exist that are not in the evidence-based programs/practices setting inventory. See below for the settings inventory.

Teen Pregnancy

Program Settings
Schools
Residential Treatment Facilities
Health Centers/Health Clinics
Community-Based Organizations or Centers
Homes

Mental Health

Program Settings
Schools
Community-Based Organization or Centers
Home and Residential Facilities
Outpatient and Inpatient
Correctional Facilities
Workplace

Academic Achievement

Program Settings
Schools
Home
Community-Based Organizations or Centers
Job Corps Centers
Quasi-Military Residential Centers

Child Welfare and Safety

Program Settings
Home
Center
Schools
Community-Based Organizations or Centers
Outpatient
Childcare facilities

Child and Youth Homelessness

Program Settings
Clinics
Counseling Centers
Schools
Community-Based Organizations or Centers
Home and Residential Facilities

Positive Youth Development

Program Settings
Schools
Home and Residential Facilities
Community-Based Organizations or Centers
School-Based Counseling Centers

Positive Family Development

Program Settings
Schools
Home and Residential Facilities
Churches
Community-Based Organizations or Centers
Psychiatric Hospitals
Juvenile Justice Facilities

School Readiness

Program Settings
Schools
Home
Community-Based Organizations or Centers
Childcare Centers and Preschools

SERVICES PROVIDED BY EVIDENCE-BASED PROGRAMS

To identify an array of services that are shown to be effective and offer guidance to decision makers for considering effective services to purchase an inventory of evidence-based programs/practices was provided by sub-issue. Due to the methodology for developing the inventory, additional services provided by the evidence-based programs/practices could exist that are not in the evidence-based programs/practices services inventory. See below for the services inventory.

Teen Pregnancy

Services
Curriculum-Based Educational Interventions
After School Activities
STD/HIV Intervention in Health Clinics (i.e. STD screening and treatment)
Counseling
Hospital-Based Treatment
Home Visitation

Mental Health

Services
Education (in-class based, video-based, take-home, or online)
Comprehensive Life Skill Education
Counseling
Clinician/Hospital-Based Treatment
Outpatient Treatment
Mentor and Young Adolescents Pairing
Facilitate Relationship Building (between families, schools, and communities)
Home Visitation

Academic Achievement

Services
School-Based Education
Financial Incentives for Teen Parents
Basic Skill Development
Job Training Program and Occupational Skills Development
Parenting Skills Training
Structural and Curriculum Reforms
Homework Assistance
Math Curriculum Adaptation
Interactive Software System Adaptation
Book-Based Educational Television Program
Different English Learning Curriculum Adaptation
Peer Tutoring and Peer Assisted Learning Programs

Child Welfare and Safety

Services
Prevention Program
Child Education/Curriculum
Skill Building
Parent Education
Parent/Child Education
Parenting Skill Education
Group Intervention
Home Visitation
Treatment Program

Child and Youth Homelessness

Services
Clinician/Hospital-Based Psychiatric and Substance Use Treatment
Home Visitations
Network Modification Assistance
Immediate Housing Provision in Scattered Sites
Counseling
Supported Employment
Parenting Assistance
Life Skills Training

Positive Youth Development

Services
Comprehensive Life and Social Skill Education
Relationship Cultivation (through activities and trainings)
Curriculum that Focuses on Substance Abuse and Violence Prevention
School Counseling
Effective Parenting Skill Training and Assistance
Home Visitations
Community-Based Therapeutic Treatment
Community and Parent Outreach
Athletes Training and Learning
Mentoring

Positive Family Development

Services
Effective Parenting Skill Training
Home Visitations
Substance Abuse Treatment
Video-Based Education
Counseling and Stress Management
Coordinate Trust-Building Activities
Comprehensive Life Skills Trainings
Adolescent Behavior Problems Treatment
Prevention and Treatment of Child Abuse and Neglect

School Readiness

Services
School-Based Education
Child Development Center-Based Education and Intervention
Prenatal and Infancy Nurse Home Visitation
Parenting Skill Education
Ongoing Family Support Groups
Facilitate Relationship Building (between families, schools, and communities)
Clinician/Hospital-Based Treatment (i.e. Parent-Child interaction therapy)
Behavioral Therapy and at One-on-One Instruction

APPENDIXES

A) Scored Prioritization Matrix for Teen Pregnancy

Issue Area: Teen Pregnancy

Measure: Teen Pregnancy Rate

Factor	Question Asked	Parameters	Explanation
Immediacy of attention required	Will the situation get worse if nothing is done? Rationale: If the trend is getting worse, it needs to be addressed	No change = 2	Boone County's trend has decreased from 2007 to 2009
Immediacy of attention required relative to State trend	Is the county trend better or worse than the state trend? Rationale: The larger picture can put county trends into perspective	Better than MO = 1	Boone County's trend line showed a lower rate of teen pregnancies than Missouri's.
Beneficial impact of resolving this need on other identified needs	Will meeting this need also solve other sub-issues? Rationale: Dual benefit should have higher priority	Crosses into multiple sub-issue areas = 3	Issue Area: Economic Opportunity Sub-Issue of CYF: Academic Achievement
Number of people directly affected by need	What percent of the Boone County population is directly affected by this need? Rationale: Scope of the problem	Upper tier = 3	Range of scope was divided by three. The scope of individuals affected fell into tier three.
Extent to which services are available	Are there services available to meet this need? Rationale: A need can be addressed more efficiently if there is capacity to build on	Two or more services = 3	i.e. Birthright and Company, Centro Latino de Salud Education, and Lutheran Children and Family Services

B) Scored Prioritization Matrix for Academic Achievement

Issue Area: Academic Achievement

Measure: Dropout Rate

Factor	Question Asked	Parameters	Explanation
Immediacy of attention required	Will the situation get worse if nothing is done? Rationale: If the trend is getting worse, it needs to be addressed	Situation is improving = 1	Four out of six of the school districts located within Boone County had a decreasing trend line.
Immediacy of attention required relative to State trend	Is the county trend better or worse than the state trend? Rationale: The larger picture can put county trends into perspective	Better than MO = 1	Four out of the six school districts located within Boone County had a lower trend line than Missouri.
Beneficial impact of resolving this need on other identified needs	Will meeting this need also solve other sub-issues? Rationale: Dual benefit should have higher priority	Crosses into multiple sub-issue areas = 3	Issue Areas: Economic Opportunity and Basic and Emergency Services
Number of people directly affected by need	What percent of the Boone County population is directly affected by this need? Rationale: Scope of the problem	Upper tier = 3	Range of scope was divided by three. The scope of individuals affected fell into tier three.
Extent to which services are available	Are there services available to meet this need? Rationale: A need can be addressed more efficiently if there is capacity to build on	Two or more services = 3	i.e. Big Brothers/Big Sisters, Community Play Ground, YMCA, and Columbia Public Schools

C) Scored Prioritization Matrix for Mental Health

Issue Area: Mental Health

Measure: Emergency Room Visits

Factor	Question Asked	Parameters	Explanation
Immediacy of attention required	Will the situation get worse if nothing is done? Rationale: If the trend is getting worse, it needs to be addressed	No change = 2	In Boone County, two out of the three age categories were holding stable while one was increasing. (same: <15 & 18-19/lower: 15-17)
Immediacy of attention required relative to State trend	Is the county trend better or worse than the state trend? Rationale: The larger picture can put county trends into perspective	Same as MO = 2	Boone County's trend line showed two age categories being the same and one lower than Missouri's. (same:<15 &15-17, lower: 18-19)
Beneficial impact of resolving this need on other identified needs	Will meeting this need also solve other sub-issues? Rationale: Dual benefit should have higher priority	Crosses into multiple sub-issue areas = 3	Issue Area: Mental Health Sub-Issues of CYF: Academic Achievement and Child Welfare and Safety
Number of people directly affected by need	What percent of the Boone County population is directly affected by this need? Rationale: Scope of the problem	Upper tier = 3	Range of scope was divided by three. The scope of individuals affected fell into tier three.
Extent to which services are available	Are there services available to meet this need? Rationale: A need can be addressed more efficiently if there is capacity to build on	Two or more services = 3	i.e. American Home Care and Boys and Girls Town of Missouri

D) Scored Prioritization Matrix for Child Welfare and Safety

Issue Area: Child Welfare and Safety

Measure: Out-of-Home Placement

Factor	Question Asked	Parameters	Explanation
Immediacy of attention required	Will the situation get worse if nothing is done? Rationale: If the trend is getting worse, it needs to be addressed	Situation is improving = 1	The trend line for this data measure decreased between 2004 and 2008.
Immediacy of attention required relative to State trend	Is the county trend better or worse than the state trend? Rationale: The larger picture can put county trends into perspective	Better than MO = 1	Boone County's trend line showed fewer incidents of out-of-home placements than Missouri's.
Beneficial impact of resolving this need on other identified needs	Will meeting this need also solve other sub-issues? Rationale: Dual benefit should have higher priority	Crosses into multiple sub-issue areas = 3	Issue Area: Economic Opportunity and Mental Health Sub-Issues of CYF: Child and Youth Homelessness, Academic Achievement, Positive Youth Development, Positive Family Development, and School Readiness
Number of people directly affected by need	What percent of the Boone County population is directly affected by this need? Rationale: Scope of the problem	Lower tier = 1	Range of scope was divided by three. The scope of individuals affected fell into tier one.
Extent to which services are available	Are there services available to meet this need? Rationale: A need can be addressed more efficiently if there is capacity to build on	Two or more services = 3	i.e. Coyote Hill and Rainbow House

E) Scored Prioritization Matrix for Child and Youth Homelessness

Issue Area: Child and Youth Homelessness

Measure: Percent of Students who are Homeless

Factor	Question Asked	Parameters	Explanation
Immediacy of attention required	Will the situation get worse if nothing is done? Rationale: If the trend is getting worse, it needs to be addressed	Situation is getting worse = 3	Boone County trend line had been increasing since 2007.
Immediacy of attention required relative to State trend	Is the county trend better or worse than the state trend? Rationale: The larger picture can put county trends into perspective	Better than MO = 1	Boone County trend line was lower than Missouri's.
Beneficial impact of resolving this need on other identified needs	Will meeting this need also solve other sub-issues? Rationale: Dual benefit should have higher priority	Crosses into multiple sub-issue areas = 3	Sub-Issues of CYF: Academic Achievement and Child Welfare and Safety
Number of people directly affected by need	What percent of the Boone County population is directly affected by this need? Rationale: Scope of the problem	Upper tier = 3	Range of scope was divided by three. The scope of individuals affected fell into tier three.
Extent to which services are available	Are there services available to meet this need? Rationale: A need can be addressed more efficiently if there is capacity to build on	One service = 2	i.e. Sol House

F) Scored Prioritization Matrix for Boone County Issues Analysis Project

The following list of issue areas and their sub-issue areas were identified for the Boone County Issues Analysis project. This list was utilized within the prioritization matrix for factor four (beneficial impact of resolving this need on other identified needs).

Issue Area	Sub-Issue Areas
☐ **Basic Needs and Emergency Services**	☐ Food and Nutrition ☐ Affordable Housing ☐ Homelessness ☐ Domestic Violence
☐ **Children Youth and Family Services**	☐ Academic Achievement ☐ Teen Pregnancy ☐ Child Welfare and Safety ☐ Child and Youth Homelessness ☐ Positive Youth Development ☐ Positive Family Development ☐ School Readiness
☐ **Economic Opportunity**	☐ Employability ☐ Academic Achievement ☐ Access to Child Care ☐ Transportation Barriers
☐ **Independent Living**	☐ Employment Opportunities ☐ Transportation ☐ Community Involvement ☐ Responsive Personal Assistance
☐ **Mental Health**	☐ Prevalence of Mental Illness ☐ Substance Abuse ☐ Treatment Access

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