

2024 Boone County Children's Services Fund

Review and Assessment 2019-2023

Prepared by:
Partner for Better

Executive Summary:	4
Overview.....	4
Research Methodology.....	4
Key Results.....	4
Return on Investment (ROI).....	4
Community Needs Change Analysis Summary.....	5
Summary of Recommendations:.....	5
This Report:	6
Boone County Children’s Services Fund Background.....	6
Mission Statement of the Boone County Children’s Services Board.....	7
Vision Statement of the Boone County Children’s Services Board.....	7
Equity Statement of the Boone County Children’s Services Board.....	7
Board Members.....	8
Community Services Department Staff.....	8
Boone County Commissioners.....	8
Methods.....	8
Timeline Summary.....	9
Administrative Data.....	9
Community Aggregated Data.....	9
Community Survey.....	10
Community Focus Groups and Interviews.....	12
Boone County Children’s Services Board Investments	14
State of the Boone County Children’s Services Fund.....	14
Community Perceptions about the Children’s Services Fund.....	15
Children’s Services Fund Investment Process.....	16
2014-2024 Children’s Services Fund Investment Process Overview.....	16
2019-2024 Children’s Services Fund Investment Process In-Depth Analysis.....	17
Community Perceptions of the BCCSB Investments and Funding Process.....	19
Equity of BCCSB Investments.....	20
Equity Observations in the Children’s Services Fund Administrative Data.....	20
Community Perceptions of Equity.....	22
Children’s Services Fund Contract Utilization.....	23
Return on Investment.....	25
Community Perceptions of Children’s Services Fund Impact.....	26
Community-level Change and Comparisons 2019-2023	28
Access and Quality.....	28
Access to Services.....	28
Quality of Services.....	30
Community-level and Children’s Services Fund Demographics Comparison.....	32

Population Categories and Services Provided: Access, Structures and Systems, and Education.....	34
Community Support and Basic Needs Programs.....	35
Infant and Early Childhood Programs.....	41
School-Based Programs.....	47
Treatment Programs.....	54
Youth and Family Support Programs.....	58
COVID-19.....	65
Recommendations.....	66
Suggested Targeted Funding Initiatives.....	66
Increase Access to Mental Health Services.....	66
Support Low-Income Families at Risk for Homelessness.....	66
Improve Rural Accessibility.....	67
Opportunities for Enhanced Communication.....	67
Increase Outreach and Communication.....	67
Clarify Funding Decision Making.....	67
Integrate Equity Data into Processes.....	68
Provider Technical Assistance Needs.....	68
Provider Support Prior to the RFP Process.....	68
Support Workforce Development.....	68
Conclusion.....	68
References.....	70
Appendices.....	72
Appendix 1: Detailed Timeline.....	73
Appendix 2: Boone County Children Services Department Administrative Data.....	75
Appendix 3: Community Survey.....	76
Appendix 4: Focus Group & Interview Agenda.....	84
Appendix 5: Return on Investment Analysis.....	85
Appendix 6: Community Support and Basic Needs Programs: Services Provided by Year.....	86
Appendix 7: Infant and Early Childhood Programs: Services Provided by Year.....	87
Appendix 8: School-Based Programs: Services Provided by Year.....	90
Appendix 9: Treatment Programs: Services Provided by Year.....	92
Appendix 10: Youth and Family Support Programs: Services Provided by Year.....	94

Executive Summary:

2024 Boone County Children’s Services Fund: Review & Assessment

Overview

The Boone County Children’s Services Board (BCCSB) contracted with Central Missouri Community Action and subcontracted Partner for Better to conduct an assessment of progress toward meeting the needs identified in the Community Input Report completed in May 2019. Partner for Better also identified any unmet needs pertaining to the eligible services provided by the BCCSB pursuant to relevant statute.

Research Methodology

The study was conducted in Boone County, MO, and Partner for Better gathered the necessary information for this assessment by reviewing ten years of administrative data (2013-2023), holding focus groups and implementing nearly 400 surveys with providers and beneficiaries, and interviews with community stakeholders.

Key Results

The assessment provided key findings in two areas: return on investment and change in issues from the 2019 assessment.

Return on Investment (ROI)

The ROI below demonstrates how much return to the participant, taxpayers, and others, will be realized over the BCCSB funded program participants lifetime for each dollar that has been invested by the BCCSB over the last five years.

For every \$1 spent, there is a \$9.51 return on investment with a total ROI of \$390,172,574.40 for the investments made by the BCCSB from 2019-2023.

All ROI calculations are scientific estimates, based on peer reviewed research and organizational data and are not meant to be used as exact numbers.

Community Needs Change Analysis Summary

The chart below demonstrates the change in community needs from the most recent, 2019 report. Information regarding the methodology is provided in the full report.

Population Service Category	Change in area from 2019	
Community Support and Basic Needs Programs		Improvement
Infant and Early Childhood Programs		Slight Decline
School-Based Programs		Slight Improvement
Treatment Programs		Slight Decline
Youth And Family Support Programs		Slight Improvement

Summary of Recommendations:

Based on the key results, in Boone County, significant systemic disparities persist from the 2019 and 2013 reports. To address these gaps, the BCCSB and Boone County Community Services Staff should prioritize targeted funding initiatives, enhanced communication, and technical assistance to providers, to ensure equitable access to resources for all families. More information about these recommendations can be found in the full report.

Suggested Targeted Funding Initiatives

- Increase access to mental health services
- Support low-income families at risk for homelessness
- Improve rural accessibility

Opportunities for Enhanced Communication

- Increase outreach and education of Children’s Services Fund
- Clarify funding decision making process
- Clarify use of equity data

Technical Assistance Needs

- Provide application support prior to the request for proposal process
- Support provider workforce development

This Report

The Boone County Children's Services Board (BCCSB) contracted with Central Missouri Community Action and subcontracted with Partner for Better to conduct an assessment and evaluation of the progress toward meeting the needs identified in the Community Input Report, completed by the University of Missouri- Institute of Public Policy, in July 2014 and updated in 2019. In the original Community Input Report produced by the Institute of Public Policy, three general themes were identified from the input sessions. The themes are:

- Access, or the inability of an individual to acquire mental health, home, and family-based services, and case management.
- Structures/Systems, or the policies, organizational structures, or systemic barriers to quality mental health services.
- Education, or the need for providers, school staff, parents, and community members to improve knowledge about mental health and emotional development, increase communication, and promote mental health awareness.

This report is organized around two primary areas: BCCSB investments, and a five-year community level change analysis. For the investments the contract process, utilization, and a return on investment (ROI) are provided. For the community change analysis, access and quality, 2019 report themes by service area population, equity of the Children Services Fund, and community reported needs are analyzed.

It should be noted that this report provides an analysis and assessment of the perception of providers, beneficiaries, and community stakeholders on the progress made toward addressing the needs identified in the first Community Input Report. This report does not analyze the quality of contracted programs or assess individual outcomes (behavior, attendance, stability) or overall community-level outcomes that are not tied to funded service areas.

Boone County Children's Services Fund Background

On November 6, 2012, the citizens of Boone County passed the County of Boone Proposition 1, which created a Children's Services Fund (CSF) for children and youth nineteen years of age or less in Boone County. The BCCSB has been appointed by the County Commission and entrusted to oversee this Fund. The CSF was created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- Up to 30 days of temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth
- Respite care services
- Unmarried parent services
- Outpatient chemical dependency and psychiatric treatment programs
- Counseling and related services as a part of transitional living programs

- Home-based and community-based family intervention programs
- Prevention programs that promote healthy lifestyles among children and youth and strengthen families
- Crisis intervention services, inclusive of telephone hotlines
- Individual, group, or family professional counseling and therapy services
- Psychological evaluations
- Mental health screenings
- Revenues collected and deposited in the community CSF may not be expended for inpatient medical, psychiatric, and chemical dependency services or for transportation services.

The CSF is overseen by the Community Services Department, which was created to oversee and coordinate the disbursement of the funds received from the CSF sales tax and the domestic violence funds collected through court fees.

Mission Statement of the Boone County Children’s Services Board

To improve the lives of children, youth, and families in Boone County by strategically investing in the creation and maintenance of integrated systems that deliver effective and quality services for children and families in need.

Vision Statement of the Boone County Children’s Services Board

Values and Vision: In pursuit of its mission, the Board Members responsible for the CSF hold the following core values and have the following vision:

- Accountability: The CSF will be operated transparently, and funds invested wisely to earn and sustain the public’s trust.
- Integrity: The BCCSB Members will act with respect, honesty and transparency.
- Discipline: The CSF will be used with purpose and focus on efforts to support the creation of integrated systems.
- Adaptability: The CSF will be used flexibly and will be responsive in order to meet the changing needs of our community.

Equity Statement of the Boone County Children’s Services Board

The BCCSB is dedicated to improving the lives of children, youth, and families in Boone County. Our responsibility is to ensure equitable and fair stewardship of resources that have the greatest impact on the lives of children and families within Boone County. We acknowledge our society’s history of both active and passive oppression, exclusion, and racism toward underserved community members. We are committed to equity and inclusivity in our policies and practices. These values will be at the forefront of our funding decisions as we promote inclusive practices within our community.

Board Members

Name	Role	Term Expiration
Leigh Spence	Chair	March 31, 2027
Gregory Grupe	Vice Chair	March 31, 2025
Connie M. Leipard	Treasurer	March 31, 2027
Bob Aulgur	Member	March 31, 2026
Lynn E. Barnett	Member	March 31, 2027
Dr. Wiley Miller	Member	March 31, 2026
Sebastián Martínez Valdivia	Member	March 31, 2025
Rodney Dixon	Member	March 31, 2026
Michele Kennett	Member	March 31, 2025

Community Services Department Staff

As of October, 2024

Joanne Nelson, Director

Kristin Cummins, Deputy Director

Gina Jenkins, Data and Performance Analyst

Kerby Webb, Program, Diversity, Equity, and Inclusion Specialist

Verna Laboy, Program Manager

Victoria Woods, Health and Justice Coordinator

Michelle Thompson, Program Specialist

Emilio Ayala Youngblood, Administrative Coordinator

Boone County Commissioners

Kip Kendrick, Presiding Commissioner

Justin Aldred, District I Commissioner

Janet Thompson, District II Commissioner

Methods

This study employs a multifaceted approach by integrating data from various sources to provide a comprehensive understanding of the CSF and its impact. By leveraging multiple data sources, including administrative records, community-level indicators, and firsthand community input, the investigators aim to offer a holistic perspective on the intricacies of CSF.

The approach encompasses an extensive review of the entire 11-year lifespan of CSF, with a deeper analysis of the recent half-decade. The researchers are analyzing more quantitative data and its relationship with community-level trends. This methodological strategy enables us

to uncover nuanced insights, address potential biases, cross-validate findings, and enrich the analyses with diverse perspectives.

To begin, the researchers thoroughly examined administrative data from CSF, focusing particularly on the last five years. They collected information primarily from reports and applications submitted by funded providers, along with other relevant sources like the general budget. To understand the changes that have occurred in Boone County, and the impact of CSF, CSF administrative data was paired with community-level indicators for comparison. This data helps identify how Boone County outcomes compare with similar places, looking at indicators like equity, access, and quality. Finally, a survey was deployed and interviews and focus groups were conducted to hear directly from the community.

Timeline Summary

Researchers followed a structured timeline for data analysis, collection, and reporting throughout the study, beginning with the analysis of administrative data in November 2023. The basic timeline is outlined below, with a detailed version available in [Appendix 1](#).

Administrative Data (November 2023 - January 2024)

Community Surveys (February - May 2024)

Focus Groups and Interviews (June - September 2024)

Final analysis and report (October - December 2024)

Administrative Data

As part of the analysis to fully understand the impact of CSF, 11 years of administrative data from CSF (2013-2023) were examined, focusing on a more in-depth data analysis for the most recent 5 years (2019-2023). The research used information from funded providers' year-end reports, applications, general budget and contract data, outcomes data, output data, and annual reports. A list of indicators used can be found in [Appendix 2](#).

Community programs that receive funding from the BCCSB gather thorough data on unduplicated demographics, the number of people served, and their outcomes. However, there isn't a comprehensive county-wide data collection system that tracks unduplicated individuals served by the CSF as a whole. Consequently, all demographic data includes duplicated counts of individuals and is presented as averages where applicable to ensure the most accurate comparisons possible given the duplicated data.

Community Aggregated Data

Utilizing community-level indicators from sources such as the Boone Indicators Dashboard, US Census American Community Survey, and Kid's Count, the researchers conducted an analysis to compare demographics and indicators across different population categories (Boone Impact Group, 2024; U.S. Census Bureau, 2024; Annie E. Casey Foundation, 2024). For demographic comparison, researchers contrasted the demographics of the population served by CSF with

those of the county population, providing a visual representation of the disparities between the two groups. For each population category, researchers selected several relevant indicators from Kid's Count and the Boone Indicators Dashboard. These indicators were examined across the United States, Missouri, Boone County, MO and Greene County, MO. Greene County, MO despite its similar size and demographic makeup to Boone County, lacks a designated children's tax fund. This comparison allows us to highlight the unique aspects of Boone County compared to similar regions.

Community Survey

To begin, the researchers surveyed 347 individuals from January 17 to February 28, 2024. More than 500 emails were sent to stakeholders, school systems, the faith community, youth service providers, service clubs, parents, and community members to request survey participation. The emails included three requests for participants to: 1. Take the survey personally 2. To share the survey with their networks and 3. To share the survey information on social media. A flier with a QR code, the website for the survey, and a hardcopy of the survey were also included in the email. Fliers were also posted in over 100 businesses, libraries, post offices, grocery stores, banks, and other community spaces in Ashland, Hallsville, Centralia, Sturgeon, and Rocheport to ensure many voices were heard. This increased outreach led to wide demographic reach and allowed researchers to dig deeper into 2019 themes of access and quality.

Distribution included:
**500+ emails
& 100+ fliers**

The objective of the survey was to efficiently gather diverse perspectives and data on the CSF. To enhance its effectiveness, a single survey tool was developed to collect feedback from multiple audiences, including parents, guardians, service providers, teachers, and other community stakeholders. A copy of this tool can be found in [Appendix 3](#). This consolidated approach replaced the previous practice of distributing a separate parent survey. Participation criteria initially focused on Boone County residents, both with and without children. Service providers, both those funded and not funded by the BCCSB, were included for their direct experience and understanding of ongoing community needs. Additionally, other stakeholders, such as academic researchers, were invited to participate due to their general awareness of issues affecting local youth, even if they were not directly involved with CSF.

Given that the survey aimed to generalize about the broader community, it was essential to secure a representative sample. Survey demographics were closely monitored. This ensured the feedback reflected the county's diversity across key factors such as age, gender, race, ethnicity, income, familial status, school districts, and other relevant variables.

Demographics of Survey Participants

The survey participants were primarily residents of Boone County, with 95% of participants residing within this area. Among these, the distribution across specific locations varied, with 47.19% residing in Columbia 65203, 15.51% in Columbia 65201, 25.74% in Columbia 65202,

and smaller percentages in Ashland (2.97%), Hallsville (2.31%), and Centralia (2.31%). Additionally, responses were received from individuals in other nearby locations in rural Boone County and outside Boone County, such as Boonville, Fayette, Harrisburg, Higbee, Rocheport, Sturgeon, and Woolridge, each accounting for less than 1% of the total participants.

Regarding age demographics, the majority of participants fell within the 40-49 age bracket, constituting 32.88% of the sample. Following this, 23.05% were aged between 30-39, 20.00% between 50-59, 16.61% aged 60 and above, and 7.46% were younger than 29.

55.93%
of survey participants
were ages 30-49

In terms of racial background, the survey captured a diverse representation, with 80.86% identifying as White, 7.59% as Black, 5.94% preferring not to disclose, and 2.97% identifying with multiple races. Additionally, smaller proportions identified as Other (0.99%), Native American (0.667%), Asian (0.66%), and Native Hawaiian or Pacific Islander (0.33%).



8 out of 10 survey participants were White

In terms of ethnicity, the majority of participants (87.50%) identified as not Hispanic or Latino. Among the remaining participants, 5.74% preferred not to specify their ethnicity, 2.70% identified as Other, 2.36% were categorized as Unknown, and 1.69% identified as Hispanic Latino.

In terms of income distribution, the survey captured a range of financial backgrounds. The largest proportion of participants reported an estimated household income between \$100,000 and \$149,000 (23.76%), closely followed by those earning \$150,000 or more (22.11%). Additionally, 17.49% reported an income between \$50,000 and \$74,999, 14.85% between \$75,000 and \$99,999, and 11.22% between \$25,000 and \$49,999. A smaller percentage preferred not to disclose their income (7.92%), while 2.64% reported an income below \$24,999.

In terms of family dynamics, a significant portion of survey participants (31%) identified themselves as parents or guardians of children aged 0-19 between 2014 and 2024. Among these, the largest proportion of children fell within the age range of 6 to 11 years (50%), followed by those aged 15 to 19 (29.57%), 20 and above (27.96%), and 12 to 14 (27.42%). Additionally, there were participants with children aged 3 to 5 (18.28%), from birth to 2 years (12.90%), and a small fraction who preferred not to disclose (1.08%). Concerning the number of children, a notable percentage of participants reported having two children (37.94%), followed by those with one child (24.60%), three children (25.67%), and four or more children (11.76%).

Regarding the child's school affiliations, the survey captured participants from all public-school districts in Boone County, with the majority (57%) originating from Columbia Public Schools. Additionally, 13% of participants were associated with early childhood programs, and 12% were affiliated with private schools.

Regarding employment, a considerable proportion of participants (56%) indicated working for providers catering to children, youth, and families. In terms of funding sources for their organization's work, 42% of participants reported working for providers not funded through CSF, while 41% were employed by a provider that had CSF funding. A smaller percentage (17%) expressed uncertainty about their provider's relationship to CSF. In terms of services provided, nearly half of the participants (49%) worked for providers that offered services that are not eligible for funding from the CSF. Other prevalent services included prevention programs (37%), home and community-based services (24%), mental health services (18%), counseling services (16%), and psychological evaluations (11%).

41%
of survey participants worked
for an organization funded
through CSF

Community Focus Groups and Interviews

To deepen understanding and provide context, results from the initial surveys were used to develop additional questions, which were then discussed with community leaders in focus groups and interviews. A total of five interviews and 12 focus groups with 48 participants were conducted. Based on participant needs in a survey sent prior to the interview or focus group, the session was held in person or virtually, to match the participant's needs and increase participation. This process allowed for more nuanced insights and added depth to the data.

The research included six distinct population groups, which were categorized based on the population funding groups of the CSF and expanded to include academic research groups to capture all relevant stakeholders:

1. Academic Research
2. Community Support and Basic Needs
3. Infant and Early Childhood Programs
4. School-Based Programs
5. Treatment Programs
6. Youth and Family Support Programs

The focus groups aimed to explore four primary questions, as outlined below. The full agenda can be found in [Appendix 4](#).

1. The impact of CSF funding on children's services.
2. Barriers to providing and accessing these services.
3. Equity of services across different demographics.
4. Suggestions for improvement and growth in the provision of services.

Approximately 80% of participants provided demographics. The demographic breakdown of those responses indicated that approximately 88.6% of participants were Boone County residents, with an average age of 48. In terms of racial and ethnic diversity, the group included

about 84.1% White, 9.1% Black or African American, and smaller percentages of American Indian or Alaska Native and Multiracial individuals. Most participants had a household income between \$100,000 and \$149,000 annually. Thirteen different zip codes were represented but the greatest representation was from 65203 with nearly half of the participants.

Qualitative data analysis and coding of the responses was performed using a combination of Otter.Ai and Dovetail. Each focus group included both general and specific questions tailored to elicit detailed information about experiences and knowledge related to children, youth, and families in Boone County.

There were limitations to this qualitative data collection. Of the 98 providers contacted, only 48 participated in the focus groups or stakeholder interviews. To accommodate more participants, the sessions were shifted to a virtual format. Additionally, there was a lack of response from state experts related to Youth and Family Support Programs and juvenile courts related to Treatment Programs. Participants were encouraged to forward the invitation to the best-suited individuals in their organizations. Some providers had more than one person participate. Some agencies sent individuals to the focus groups who had limited participation or knowledge about the CSF in regard to their organizations, which may have impacted their ability to answer questions in the most effective way.

Boone County Children’s Services Board

Investments

The Boone County Children’s Services Fund (CSF) has played a pivotal role in funding services that support children and families in Boone County. Administered by the Boone County Community Services Board (BCCSB), the fund has allocated nearly \$70 million over the past decade to address critical needs of children, youth, and families in Boone County. This section provides an in-depth look at the CSF’s history, investment strategies, and community perceptions, highlighting its successes, challenges, and the impact of its funding on local services. By examining application processes, equity in funding, and feedback from community stakeholders, the section aims to illustrate both the achievements and opportunities for improvement within the CSF.

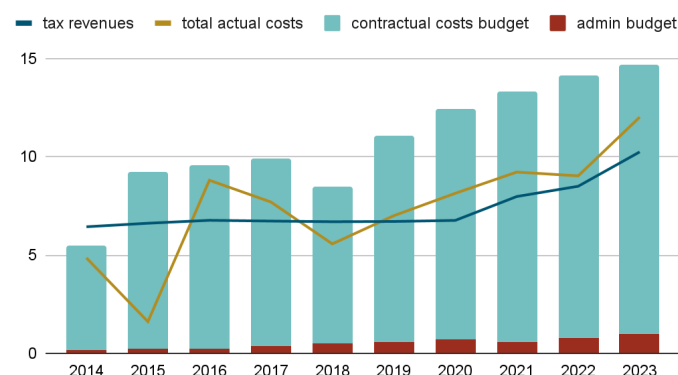
State of the Boone County Children’s Services Fund

The CSF tax began in 2013. The tax revenue is received through the ¼ cent sales tax, which created the BCCSB and covers costs to administer the CSF. The BCCSB began contracting with programs in 2014. Providers are typically contracted through a purchase-of-service model, where services are delivered for a set rate, negotiated with the Community Services Department and approved by the BCCSB. Services are reimbursed by the CSF after they are provided, often leading to contracted amounts exceeding what the provider actually utilizes within the fiscal year. Administrative costs include personnel costs, supplies, training, utilities, insurance, and services from other offices such as the Auditor’s Office, Purchasing Department, Legal Services, and Facilities Management Department.

BCCSB has invested approximately \$69,676,322 in Boone County over the last decade. By statute, BCCSB is required to keep 17% of CSF in reserves. The reserves have displayed fluctuating trends over the years, starting at approximately \$3,621,462 in 2013 and peaking at approximately \$16,556,849 in 2017 before gradually declining to approximately \$10,518,005 by 2023. On average, CSF has remained stable and at adequate levels to hold reserves and meet contractual obligations.

The administrative budget, which represents operational expenses, increased from approximately \$186,747 in 2014 to approximately \$1,011,148 in 2023. The contractual costs budget, covering contracted services, rose from approximately \$5,296,525 to \$14,334,800 during the same period. Actual costs fluctuated over the years, ranging from

Boone County Children's Services Fund Budget vs Actual (in millions)



approximately \$4,852,675 in 2014 to approximately \$11,142,219 in 2023. Sales tax revenues, the funding source for CSF, increased from approximately \$6,438,173 in 2014 to approximately \$10,243,477 in 2023. In 2022, Boone County voters enacted a use tax, applied to out-of-state online sales. This tax increased the CSF revenue beginning in 2023 and subsequent years.

Community Perceptions about the Children's Services Fund

In the community survey, participants were queried about their familiarity with the CSF and their perceptions regarding its effectiveness. Results revealed that a significant majority, constituting 70% of participants, reported being familiar with the CSF. When asked about the BCCSB and Community Services Department's performance in fulfilling the CSF mission, opinions were somewhat divided, with 60% of participants expressing belief in its efficacy, while 30% remained unsure. Participants were prompted to identify three priority areas where the CSF could have the most substantial impact. In response to this question, 55% of survey participants responded that they were unsure, indicating potential gaps in awareness or understanding about CSF. Among those who provided input to this question, 25% advocated for enhancing home and community-based services, while 20% highlighted the importance of counseling services or prevention programs.

Focus group participants and stakeholder interviewees completed a short survey that gathered demographic information and assessed their familiarity with the CSF, along with their perceptions of its effectiveness. Results showed that 57% of participants were very or extremely familiar with the CSF. When asked about the CSF's greatest impact, most participants pointed to investments made towards programs serving youth and families as being the most significant. Regarding the accessibility of services, 38.6% of participants felt it was easy to access services for children and families, while 11.4% reported difficulty. In terms of service quality, 65.9% rated the services as high quality, indicating a generally positive perception. When assessing the equity of youth services, 51.2% of participants indicated that they felt services were somewhat equitable, with only 7.0% feeling they were not so equitable. Familiarity with the CSF showed that 34.1% were extremely familiar, while 22.7% were very familiar, suggesting a solid awareness of the organization among participants.

Overall, focus group participants had positive perceptions of CSF's impact on Boone County, even during the challenges of COVID-19, when systems were disrupted. There was a strong belief among the funded providers that CSF investments have put Boone County ahead of neighboring counties, with several attributing CSF's support to reducing the negative impacts of COVID-19 on the county's youth. One participant, who had worked as a provider since before the tax was passed, stated, "*Passing this tax changed how we work together ... and the dynamic of our community.*" The CSF has encouraged providers to collaborate and focus on how to best meet needs collectively, rather than working in isolation, and the BCCSB often invests in applications that do work collaboratively. Participants also noted specifically that the Community Services Department has increased accountability and collaboration among providers, funded and unfunded.

Perceptions Change from 2019

Compared to the CSF 2019 Community Input Report, there has been a decrease in perceived effectiveness of CSF. The perceived effectiveness of CSF decreased from 85% in 2019 to 60% in 2024. However, this decrease could be attributed to the fact that the methods for the 2019 Community Input Report only surveyed providers in Boone County who were currently receiving funding from the CSF. Further comparing results from the 2019 survey, the 2024 survey also showed a slight decrease in recipient familiarity with CSF from 2019. In 2019, a little over half (53%) of the parents surveyed knew that their children's services were funded by the CSF, in the 2024 survey, about 48% responded knowing if their program was funded by CSF or not. Because focus groups themes in prior reports were not focused on this subject, only change data related to the survey is included in this change section.

Children's Services Fund Investment Process

CSF investments are most often made through a request for proposals (RFP) for a purchase of services by the Community Services Department. Purchase of services means funds are granted based on an established unit of service and measure of the services being provided by a community organization. A providing organization provides services as agreed upon if entering into a contract during the RFP process. Then they submit monthly invoices to the County to be reimbursed for the services they provided in the prior month.

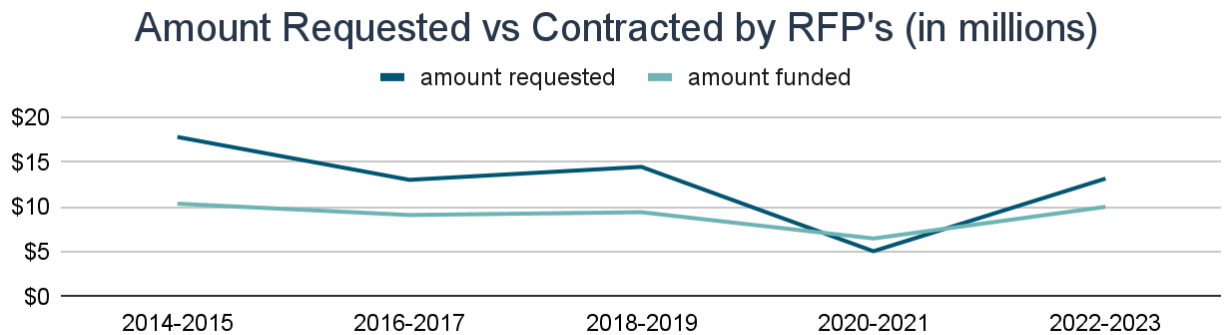
Historically, a request for proposals (RFP) generally opened every year. One year was an open RFP and the next year was a targeted RFP based on a specific community issue or initiative. The BCCSB can, and has, authorized strategic innovation opportunity funds, contingency funds, supplemental funds, and other funds as needed. Providers may respond to the RFP if they meet the tax fund's statutory guidelines and the RFP guidelines. Statutory guidelines include 501c3 organizations or governmental agencies that serve Boone County children and their families with direct programming related to statutory guidelines. A provider can apply to contract with the BCCSB for reimbursable services based on community needs and best practices related to the statutory guidelines. In the proposal, they provide projected outcomes and performance measurements, along with an estimated number of individuals served.

All proposals require a budget and justification for the unit rates requested. All funding requirements are found in the BCCSB's [Funding Policy](#), found on the Community Services Department's website and linked in this document. Once a provider submits a proposal through an RFP, the BCCSB reads and scores proposals. The BCCSB will pursue negotiations based on the scores and will send written clarifications. Written clarifications are sent to make corrections, gather additional information, and request best and final offers from providers. The BCCSB makes a final funding decision based on the best and final offers.

2014-2024 Children's Services Fund Investment Process Overview

Over the span of ten years, a total of 92 unduplicated providers applied for funding through the RFP and other processes, with 63 of these providers successfully securing contracts. This

represents a contracting rate of 68% among the applying providers. Additionally, during this period, there were 301 applications submitted in total, out of which 193 were contracted, indicating a contracting rate of 64% among all applications.



The monetary requests of these applications amounted to approximately \$63,550,539 and initial contracts were awarded for a total of approximately \$50,397,075. Providers could receive a one- or two-year renewal of those contracts. Contract renewals totaled approximately \$37,039,790 over the period examined.

Reasons for the difference between requests and contracted amounts include the due diligence of the department during negotiations to ensure providers are in compliance with the funding policy, maximizing other funding, contracting reasonable unit rates and funding amounts, e.g. to ensure tax dollars are being well invested. These figures demonstrate both the level of demand for funding and the significant financial commitment made towards supporting various initiatives and projects.

2019-2024 Children’s Services Fund Investment Process In-Depth Analysis

This section examines application trends over the past five years, highlighting shifts in program applications, the number of programs per provider, and the thematic areas these programs target. The analysis provides insight into evolving priorities and challenges within community services, with charts detailing averages and program counts across categories. Emerging trends include a growing focus on youth and family support and adaptive responses to needs intensified by the COVID-19 pandemic. Survey responses add depth to this picture by capturing community perceptions of fund operations, underscoring the importance of transparency, equity, and inclusivity in funding decisions, as well as identifying practical barriers and areas for improvement in the application process.

In the application process, providers often submit more than one application requesting funding for different programs. For example, in 2019, a total of 60 applications were submitted by 44 different organizations, and 38 organizations were contracted. In 2020 and 2021, there were fewer applications received compared to 2019, with 14 and 10 total applications, respectively. These were special application cycles, and not the standard RFP which has historically been released every two to three years. In 2022, approximately the same number of applications were received and the number of providers contracted as the last open RFP cycle in 2019. A total of 60 applications were submitted, out of which 38 providers received contracts for 52

applications. Another special application cycle was represented in 2023 with lower application and contract numbers.

An average of 1.2 programs per provider were contracted in the open RFP years and 1 per provider on average in the targeted RFP cycles. The chart below delves deeper into the number of programs contracted by population service category across the same five-year period. It segments programs into distinct categories such as Community Support and Basic Needs, Infant and Early Childhood, School-Based Treatment, Youth and Family Support, and COVID-19. The data reveals varying levels of contract engagement across categories. For instance, the Youth and Family Support category consistently contracts the highest number of programs, ranging from 15 to 19 programs annually.

Number of Programs Contracted by Population Service Category					
	2019	2020	2021	2022	2023
Community Support and Basic Needs <i>Program services include the provision of basic needs, vocational training, emergency shelter, and health education.</i>	0	6	5	6	12
Infant and Early Childhood <i>Program services include developmental and behavioral screenings, training, evidence-based or best practices curriculum, and early childhood basic needs.</i>	9	12	10	10	10
School-Based <i>Program services include training for teachers, after-school clubs, capacity building for student education, case management, social-emotional screenings, crisis intervention and psychiatric services.</i>	6	9	9	8	10
Treatment <i>Program services include physical and mental health treatment to children, youth, parents, families, and adults.</i>	7	10	10	9	8
Youth and Family Support <i>Services provided include programs designed to strengthen the family, improve parenting practices, and support healthy development for children.</i>	15	18	19	17	15
COVID-19	0	5	2	0	0

Community Perceptions of the BCCSB Investments and Funding Process

Perceptions about BCCSB investments and funding process were asked of survey, interview, and focus group participants.

Survey Participant Perceptions on BCCSB Investments and Funding Process

Participants who indicated they provided children, youth, or family services in the community survey were asked questions about the investment and funding process. Responses indicated a degree of uncertainty regarding perceptions of funding decisions made by the BCCSB. Nearly half of the participants, accounting for 49%, either strongly agreed or agreed with the BCCSB's funding allocations, while an equal proportion expressed uncertainty (43%). Similarly, opinions on the transparency of these decisions were divided, with 45% of participants either strongly agreeing or agreeing that the decisions are transparent, compared to 46% who remained unsure. When assessing whether funding decisions adequately address issues of equity and inclusivity, again, opinions were evenly split, with 47% agreeing, while 45% indicated uncertainty. These findings underscore the complexity of perceptions surrounding the BCCSB's operations and the nuances inherent in community attitudes toward its functioning.

Regarding perspectives on the application process and the factors influencing their decision to apply, the responses unveiled notable insights into the application process. Among programs not currently funded by the BCCSB, approximately 40% cited funding restrictions as a significant barrier preventing them from applying, underscoring the constraints imposed by eligibility criteria. Moreover, around 20% expressed a desire for increased awareness about funding opportunities, highlighting the importance of proactive dissemination of information. Survey participants also identified key improvements that could streamline the application process and enhance accessibility. Chief among these was addressing the level of worker's compensation requirement and making the application/reporting process simpler, both of which were perceived as a barrier for prospective applicants. Additionally, participants emphasized the need for better publicity of funding opportunities and greater clarity regarding eligibility requirements. These suggested enhancements hold the potential to mitigate barriers, foster inclusivity, and promote broader participation in the CSF application process.

Focus Group and Interview Participant Perceptions on BCCSB Investments and Funding Process

During the focus groups and stakeholder interviews, participants discussed the overall investments made by BCCSB. There was unanimous agreement among all groups that this fund sets Boone County apart from many neighboring counties. For example, one speaker *“commends the efforts in investing resources strategically, resulting in a comprehensive web of services that most communities would envy.”* Participants noted that the funding has been crucial in bringing services to the rural areas of Boone County. Overall, there was a strong sense of gratitude for CSF, along with a basic understanding of its lasting positive impact on the youth of Boone County. However, there was also a shared frustration regarding insufficient funding, with some acknowledging that it may never be enough to meet all the needs. This

sentiment underscored a call for increased collaboration among providers and funders to address these challenges.

While the investment process is comprehensive, many providers view it as overly cumbersome and restrictive. Several providers cited the required level of insurance as a significant deterrent, particularly for those with smaller budgets and staffing. Additionally, the complexities of understanding the taxonomy, purchase of services, and rigorous tracking outcomes made some providers hesitant to apply, fearing they might “do it wrong” and be required to pay back funds for services already delivered.

Funded providers also found the funding management system, Apricot, difficult to navigate; they reported issues such as lost data, failure to save, and restrictive character limits in certain fields. Moreover, the system does not allow multiple users, which complicates collaboration. The short turnaround time for RFPs and reporting questions further adds to the challenges providers face. Although the process to access CSF funding has evolved to create greater accountability, there is still significant work needed to make the system more user-friendly and accessible for providers eligible for funding.

Equity of BCCSB Investments

This equity analysis reviewed the application process and providers receiving CSF funding since 2014. Data was collected from community feedback surveys, documentation of current and past RFPs on the Community Services Department website, year-end reports from funded providers, interviews, and focus groups.

Equity Observations in the Children’s Services Fund Administrative Data

This equity assessment reveals strengths in funding types of providers and programs. However, the funding applications, year-end reports, and external observations of the application process reveal several issues:

Application and Contract Equity

In 2024, 93 Boone County providers were identified as eligible for funding based on the CSF statutory limitations and BCCSB funding policy, encompassing social services, education, and government. These include social service nonprofits, public and private schools, post-secondary institutions, healthcare agencies, and government departments.

The University of Missouri submitted the highest number of applications, accounting for 16.17% of the total, with a funding success rate of 73%. Among providers that submitted more than ten applications, KVC Health Systems (Great Circle) had 18 applications but a lower funding rate of 28%. In contrast, CHA Low-Income Services, Inc. submitted 12 applications and achieved a funding success rate of 92%. Variations like these shown could indicate the importance of aligning proposals with BCCSB priorities and ensuring clarity in submissions. Notably, social service nonprofits represent the largest applicant pool, submitting 184 applications with a 68%

funding success rate. Pre-K-12 schools and post-secondary institutions exhibit even higher funding rates of 86% and 75%, respectively.

When examining service population categories, school-based programs show the highest funding rate at 77%, closely followed by Infant & Early Childhood programs at 70%. However, treatment programs have a comparatively lower funding rate of 56.45%. Regarding program type success rates, strategic innovation opportunities and pilot programs that provide innovative services have significantly lower funding rates, at 36% and 32%, respectively.

Lack of Clear Communication and Guidance

The application process reveals a significant lack of clear communication and guidance for applicants. While the application requires both best practices and evidence-based citations, there is minimal guidance provided on what this should entail. Additionally, there is insufficient technical assistance available to support applicants throughout the process. The absence of unit rate guidance in the application process is a notable gap; applicants receive no direction on how to calculate the unit rate or what amounts would be deemed allowable. In contrast, similar children's funds typically include specific allowable unit rates in their applications, highlighting a need for more support in this area.

Process & Technical Barriers

Navigating the budget documents and process in Apricot, the funding management platform has proven to be challenging for many users. Additionally, the platform imposes character limits on responses, which often forces providers to provide extensive follow-up information to offer necessary context. The length and unclear purpose of mid-year and year-end reports contribute to a frustrating data collection process that lacks clear application. Feedback from year-end reports, interviews, and focus groups has highlighted a consistent request for technical assistance that has not been adequately addressed by the BCCSB or Community Services Department.

Application & Funding Process

Applicants have faced a challenging situation with a short, two-day turnaround time to respond to the BCCSB and Community Services Department questions, while the BCCSB and the Community Services Department often takes longer to address applicant inquiries. In some cases, applicants are required to compare rates using only Department of Mental Health (DMH) or Missouri Family Support Division rates, even when their services may not be directly comparable, leading to confusion; a recommendation has been made to provide a formula for calculating rates.

Additionally, the location and timing of funding announcements remain unclear, causing some applicants to miss deadlines. Feedback from the recent RFP indicated that it was widely perceived as disorganized, with suggestions that the timeline could have been adjusted or temporarily suspended to alleviate the burden on new applicants who were required to enter data and information across multiple platforms and documents.

Decision-Making

The visibility of the BCCSB and Community Services Department staff is an issue, as it is unclear to the community who is responsible for making funding decisions. Providers have expressed concern that having the entire BCCSB involved in interviewing applicants can create a power dynamic that skews funding decisions. This lack of transparency and the perceived influence of the BCCSB during the application process may undermine trust and fairness in the funding allocation.

Community Perceptions of Equity

Perceptions about BCCSB investments and funding process were asked of survey, interview, and focus group participants.

Survey Participant Investment Equity Perceptions

Community survey responses regarding equity in decision-making reveal mixed levels of confidence in the CSF and highlight gaps in awareness. Specifically, 47% of participants either strongly agree or agree that BCCSB funding decisions address issues of equity, while 45% expressed uncertainty about whether BCCSB decisions truly address equity. Additionally, only 31.19% of participants believe that the leadership and staff of funded organizations reflect the demographics of Boone County, with 59% unsure if the leadership reflects community demographics.

Further survey data emphasizes a broader lack of familiarity with the CSF and its impact on the community. For instance, 18% of participants are uncertain about access to services, and 14% are unsure about the quality of services funded by the BCCSB. Furthermore, 31% of participants reported being unfamiliar or not familiar at all with the CSF fund itself, while another 31% are unsure whether BCCSB is meeting its mission. 55% are unsure about the positive impact CSF funding has on the community, and 17% of individuals affiliated with youth organizations are unaware if their organization is funded by the CSF. Additionally, 29% of unfunded applicants are uncertain about the reasons for their lack of funding. For individuals with children who responded to the survey, 60% do not know if the community services they utilize are funded from the CSF, and 35% expressed neutrality regarding whether they have seen positive changes for children as a result of CSF funding.

These findings suggest that the community and providers interacting with the CSF lack critical information such as how CSF operates, CSF's impact, and how decisions are made. The widespread unfamiliarity with the CSF may also explain why many participants answered "I'm not sure" to specific questions about equity, leadership, demographics, and funding decisions. Without a clear understanding of CSF's objectives and processes, participants are unable to form confident opinions about whether the CSF is achieving its goals equitably.

Focus Group and Interview Participant Investment Equity Perceptions

Participants noted the need for equitable access to parenting education and support resources is increasingly apparent, as these vital services remain underfunded and under-resourced. Many cited the rising levels of homelessness and child neglect serve as indicators of systemic inequities and unmet needs within housing and child welfare systems. In addition, multiple participants described that over the past five years, the demand for these services has intensified, largely driven by the sharp rise in living costs and income restrictions, which further underscore the disparities in access to support across different income levels. The final theme noted related to equity was that the COVID-19 pandemic has worsened these challenges, raising the need for equitable services while simultaneously making affordable childcare even harder to find. This is best summarized by one participant who noted *"Services have improved and adapted due to COVID-19 but the gaps are bigger, and we are finding them in new places"*.

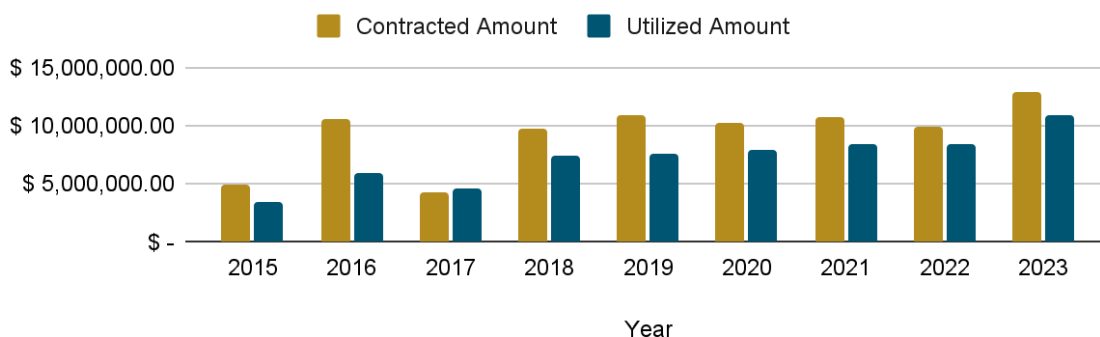
While participants noted that some progress has been made in establishing a comprehensive service network, the lack of data sharing among providers continues to pose a barrier to effective community support. As one participant said, *"forms have become better with more inclusive language and they are easier to fill in"*. Legal concerns often inhibit this data sharing, yet improved collaboration could help target investments more effectively and address community needs. Additionally, participants cited that the juvenile justice system faces notable challenges, particularly in providing adequate resources and trauma-informed care for children, highlighting the pressing need for more equitable support in this area, ensuring resources are accessible for children with all levels of trauma.

Participants described that many families also remain unaware of the services available to them, pointing to a critical need for enhanced community outreach efforts. The quality of services also varies, especially concerning accessing mental health resources, which often differs based on school type and geographic location. One participant noted, *"Service delivery has changed with online and telehealth. There is a new way of doing things ... but it is not as focused on creating relationships."* This inconsistency emphasizes the urgent requirement for a more equitable distribution of resources to ensure all families receive the support they need.

Children's Services Fund Contract Utilization

When providers receive a contract through the CSF, the organization tracks the units of service provided and are reimbursed by the CSF based on actual units of service provided. However, they often do not fully utilize their contracted amount. To analyze the gap between contracted and utilized funds, contracts and corresponding utilization rates from 2015 to 2023 were examined. In this data, contracted amounts include supplemental funding, and utilized amounts reflect actual reimbursements. Utilization rates varied widely over these years, with some years showing rates below 70% and others exceeding 100%, primarily due to 18-month contracts with uneven spending across years. On average, providers utilized 76.88% of their contracted funds, indicating that approximately three-quarters of allocated funds were spent. As shown in the chart below, utilization rates have increased over the past five years, with providers using 84.80% of their contracts in both 2022 and 2023.

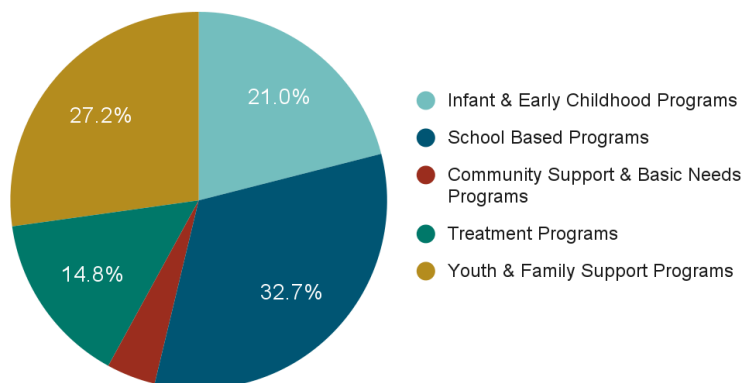
Contracted Amount vs Utilized Amount



Between 2019 and 2023, the BCCSB allocated funding across various population-based program areas with distinct priorities evident in the distribution. School-Based Programs received the highest allocation with approximately \$14,063,159 reflecting the BCCSB's significant investment in services

in the schools. Infant and Early Childhood Programs also saw substantial support, receiving approximately \$9,033,955 underscoring the importance placed on early development. Similarly, Youth and Family Support Programs were prioritized with an allocation of approximately \$11,688,522 highlighting a focus on services that benefit the wider family unit and youth services. Treatment Programs, with an allocation of approximately \$6,368,610, and Community Support and Basic Needs Programs, receiving approximately \$1,808,234 indicate targeted investments in specific areas of need, although at lower funding levels compared to other categories.

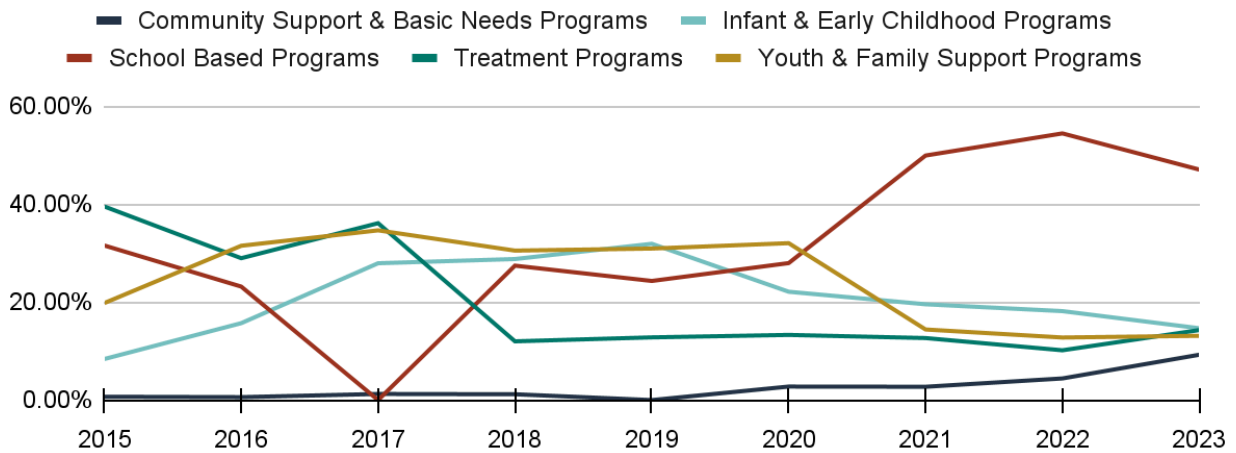
Overall Allocation from 2019-2023 by Population Category



Below, the data illustrates the percentage distribution of overall CSF funds allocated to various program areas across different population categories from 2015 to 2023. Notable trends emerge, such as a consistent increase in the proportion of funds allocated to Infant and Early Childhood programs, which peaked at 31.92% in 2019 before gradually declining. The increase in 2019 was due to a targeted RFP. Conversely, School-Based Programs exhibit fluctuating trends, experiencing a significant surge in 2021 and 2022, where they accounted for 49.95% and 54.47% respectively, suggesting a pronounced shift in resource allocation towards education-based interventions during these years. It is unclear, but this decline could be due to shifts in categorization of programs when they applied in 2023 as compared to the category they applied in prior years. Treatment Programs display a declining trend over the period, indicating a

decrease in the percentage of funds dedicated to addressing specific treatment needs. Similarly, Youth and Family Support Programs demonstrate a downward trajectory, reflecting a decreasing emphasis on services targeting Youth and Family Support. Community Support and Basic Needs funding was primarily provided by and administered through a different source of funding, the Community Health Fund, until 2020. The source of this funding ended at the end of 2020 and CSF began providing all funding in this category in 2020, leading to the increase shown.

Allocation by Population Category



Return on Investment

National return on investment (ROI) studies on various populations reveal significant returns on investment in social programs, yet it can be difficult to apply these at the local level due to differences in spending, baseline outcomes, and program duration. To implement a standard approach in calculating the ROI at the local level, a validated data model from Washington University Institute of Public Policy (WSIPP) Cost-Benefit Ratios is utilized.

The WSIPP model estimates the dollar value of offering a program per participant (pp). The WSIPP benefit-cost model does this by valuing changes in outcomes (e.g. crime, depression, test scores) produced by programs for the participant, taxpayers, and others, and indirect outcomes, and comparing them to the costs of providing those programs, including the deadweight cost of what would already happen without the program. WSIPP then uses meta-analysis to identify a program's average effect size. This program effect size represents the average effect of the program as measured in high-quality research studies. Using both the program effect size and other key information, WSIPP estimates the size of the expected change in Washington State, where it was first implemented, over time if a program were implemented.

The strength of the WSIPP benefit-cost model is that it uses a consistent framework for all programs analyzed. The model uses the same modeling algorithms and background information, along with consistent estimates of the value of different outcomes. To utilize the

WSIPP results for Boone County, several adjustments were made. First, the researchers analyzed the list of all programs meta-analyses analyzed by WSIPP and identified programs that were the same or related to programs contracted by the BCCSB in the last five years. The WSIPP data for these related programs were separated into the Boone County program service categories utilized in this approach. The program results were averaged by category and then adjusted for cost of living (COL) differences in Missouri (Missouri Economic Research and Information Center, 2024). The final formula for calculating ROI is shown below, and all studies used, with adjustments, can be seen in [Appendix 5](#).

$$Benefits = \left(\left(\frac{\text{Sum \$ benefits pp of WSIPP programs analyzed}}{\text{Number of WSIPP programs analyzed}} \right) \times COL\ adjustment \right) \times \# CSF\ funded\ participants$$

$$Cost = \left(\left(\frac{\text{Sum \$ deadweight pp of WSIPP programs analyzed}}{\text{Number of WSIPP programs analyzed}} \right) \times COL\ adjustment \right) \times \# CSF\ funded\ participants + Total\ \$ CSF\ spending$$

$$ROI = \frac{(Benefits - Costs)}{Costs}$$

This final ROI below shows for each dollar invested* over the last 5 years, how much return to the participant, taxpayers, and others, will be realized for each program category over the participants lifetime. All ROI calculations are scientific estimates, based on peer reviewed research and organizational data and are not meant to be used as exact numbers. Due to the nature of the data available, the ROI is most accurate at the categorical level. Further, it is not accurate to sum or average the ROI's of the program categories as a total ROI for BCCSF spending**, as there are averages in the equations for the categorical totals that would impact this kind of calculation. The total ROI row at the bottom of the figure is a weight adjusted ROI for the total BCCSF spending that accounts for differences related to averages and the impact size of each program category.

Category	ROI Ratio for CSF Spending	Total ROI Based on 5-Year Investments
Basic Needs	1:10.04	\$19,584,734.43
Early Childhood	1:9.70	\$88,296,378.79
School-Based***	1:42.36	\$669,517,764.50
Treatment	1:4.19	\$23,051,392.84
Youth and Family Services	1:14.23	\$123,318,934.30
Weight Adjusted Total**	1:9.51	\$390,172,574.40

*These ROI studies do not include COVID-19 funding initiatives.

***The School-Based ROI is significantly higher due to specific investment in outreach campaigns that have a high ROI during the analysis period.

Community Perceptions of Children’s Services Fund Impact

In the 2024 community survey, providers were asked about the impact of BCCSB funding on their organizations. Results showed a strong consensus, with 99% of providers stating that CSF funding had a positive impact on their services. Additionally, 92% reported serving more children, while 72% mentioned improved program quality. Moreover, 62% noted increased collaboration, and 60% mentioned improvements in organizational capacity. Similarly, 60% of providers reported developing new programming. These findings collectively highlight the significant and varied influence of CSF funding on providers, indicating its role in enhancing service provision and community impact.

Change in Community Perceptions from 2019

There were positive changes from the 2019 report. In the community survey, the number of providers reporting CSF having a positive impact on their services increased from 97% in the 2019 survey to 99% in the 2024 survey. Additionally, in 2019, 86% of the providers said that the CSF has helped them serve additional children, youth, and families while 92% reported the same in 2024.

Community-level Change and Comparisons 2019-2023

This section includes information about the changes in services and community outcomes from 2019 to 2023. This information is organized by themes related to access and quality of services overall, the demographics of individuals served compared to the demographic composition of the county, and then is broken down into services by population categories. In these population categories, the researchers address changes in the 2019 themes of access, education, and systems/structures.

As a reminder, BCCSB funded programs gather thorough data on unduplicated demographics, the number of people served, and their outcomes. However, there isn't a comprehensive county-wide data collection system that tracks unduplicated individuals served by the CSF as a whole. Consequently, all demographic data includes duplicated counts of individuals and is presented as averages where applicable to ensure the most accurate comparisons possible given the duplicated data.

Access and Quality

Access and quality are key indicators of a program's effectiveness. In the 2014 and 2019 Community Input Reports, the primary themes were access, education, and systems/structures. While the current report covers a broader range of themes than previous reports, access and quality remain significant issues today. While more children, youth, and families are receiving services, there is still a need to increase access to services, especially childcare and mental health services. The available services are high quality but there are not enough services to meet the needs of the community. To understand the access and quality of services, individuals were surveyed about their experiences, and key stakeholders were interviewed to dive deeper into the themes found in the surveys, including those of access and quality.

Access to Services

The year-end report data from funded organizations, coupled with findings from community surveys and focus groups, highlight critical challenges affecting access to services for children, youth, and families in Boone County. Providers reported significant barriers, including long waitlists, limited capacity, and transportation issues, which are especially prevalent in rural areas of Boone County. Mental health services face acute shortages, particularly for specialized care, while housing shortages exacerbate emergency shelter access. Community participants echoed these concerns, emphasizing the need for increased access to mental health programs, youth services, and affordable housing. Additionally, workforce shortages and a shift towards private practice that does not accept Medicaid patients, further strain the availability of services for low-income families. Despite improvements through telehealth and integrated service models, the findings below indicate that systemic challenges continue to limit equitable access to

essential services, underscoring the need for coordinated efforts to address these barriers. Further information from each data source is detailed below.

Service Provider Perceptions in Year-End Reports of Access

In the year-end reports provided to the BCCSB and Community Services Department, funded providers reported significant challenges in the areas of access and quality of services. Many families face barriers such as long waitlists, limited provider capacity, and transportation issues, particularly in rural areas. Housing and emergency shelter shortages further exacerbate the issue, leaving many without adequate support. Mental health services, especially for parents and children with complex needs, are frequently unavailable or have extended wait times, with providers reporting a lack of specialized care. Language barriers and a shortage of culturally diverse providers also hinder equitable access to quality services.

Survey Participant Perceptions of Access

In the 2024 survey, when assessing perceptions of access to services provided for children, youth, and families in Boone County, participants expressed varying degrees of ease. Access was rated as very easy or easy by 29% of participants, while very difficult or difficult by 29%. Another 24% reported feeling neutral about access, with 18% remaining uncertain. Notably, among participants providing youth services, 56% rated the access to services offered by their respective organizations as very easy or easy.

When asked about potential improvements by the BCCSB to enhance the well-being of children, youth, and families in the county, participants overwhelmingly prioritized increased access to services. Specifically, participants advocated for improved access to mental health programs, emphasizing the need to enhance the quantity, quality, and availability of providers, especially given that 36% of surveyed parents reported utilizing individual, group, or family professional counseling and therapy services. Additionally, participants highlighted the importance of bolstering access to community youth service programs and activities, affordable housing, homelessness prevention initiatives, transportation options to access programs/services, and affordable childcare. It should be noted that by statute, the CSF cannot fund some of these services directly, such as transportation.

Furthermore, alongside calls for increased access, participants underscored the importance of heightened awareness. Recognizing the symbiotic relationship between access and awareness, participants emphasized the need for greater community awareness of available providers and programs, improved coordination among providers, and enhanced understanding of the CSF's role including its funding mechanisms, beneficiary organizations, and application procedures.

Focus Groups Participant Perceptions of Access

In the focus groups, participants identified several key barriers to service access. While recent initiatives like the Family Access Center of Excellence (FACE) and the expansion of telehealth have improved accessibility, significant challenges persist. Major barriers include a shortage of

personnel, delays in credentialing social workers, funding reductions for prevention services, and a lack of after-school programs.

The introduction of telehealth has notably enhanced access for students and families facing transportation or scheduling issues. Participants also highlighted the value of integrated services—such as those combining medical, dental, and behavioral health—helping mitigate some of the access challenges.

Workforce shortages remain a critical issue, particularly the lack of qualified providers willing to work in community settings. The increasing shift of providers to private practice further limits service availability for lower-income or Medicaid-insured families, further hindering access to care.

Perception Change from 2019

In the 2019 report, more than half of providers said they believe the BCCSB has had a large impact on access. Only 29% of providers felt that services for children, youth, and families were easy to access. In the focus groups, providers discussed how barriers to access have continued to increase. This shows a potential decrease in perceptions of access over the last five years, however, in 2019, the methods of analysis were different, which could account for some of the variance. In 2019, only funded providers were invited to respond to the survey, while the 2024 survey question was open to funded and non-funded providers. Further, the wording of the question was different from 2019 to 2024, and focus group themes were not included in the access analysis.

Quality of Services

The year-end data from funded providers, community surveys, and focus groups highlight both the strengths and challenges of quality service delivery for children, youth, and families in Boone County. Providers noted that resource constraints, such as staffing shortages and limited funding, significantly impacted their ability to meet the growing community needs, particularly in areas like mental health care for parents and families with complex challenges such as financial constraints, care coordination across providers, family dynamics, educational and behavioral challenges, and crisis and safety concerns. Despite these obstacles, the community survey reflected positive perceptions of service quality, with over half of participants rating it as high or very high. Focus group participants also reported improvements in service quality due to the increased use of evidence-based practices and professional development opportunities. However, workforce shortages, high turnover, and an inability to manage complex cases continue to pose challenges, threatening the consistency and effectiveness of services. These findings underscore the ongoing need for resource investment and systemic improvements to maintain and enhance service quality in the region. Specific examples in each data source are outlined below.

Service Provider Perceptions in Year-End Report Data of Quality

Providers note quality of services is impacted by resource constraints, with providers often lacking the staff, funding, or expertise to meet all community needs. Mental health care for parents is a key unmet need, and many providers report difficulties providing services for families with severe behavioral or medical challenges. Capacity limitations, exacerbated by the pandemic, contribute to reduced service offerings and long waitlists, with many providers unable to keep up with growing demand.

Survey Participant Perceptions of Quality

In the survey, when evaluating the overall quality of services provided to children, youth, and families in Boone County, participants expressed positive perceptions. Specifically, 51% rated the quality as very high or high, indicating an excellent level of satisfaction. Conversely, 12% perceived the quality to be very low or low, while 23% held a neutral stance, and 15% were uncertain about the quality of services.

For participants affiliated with youth service organizations or providers, perceptions of service quality were high, with 84% rating the quality of services offered by their respective organizations as very high or high. These providers reported tangible outcomes resulting from CSF investments, including serving more children (92%), improving program quality (72%), and developing new programming (60%).

Parental perceptions of service effectiveness were largely positive, with 64% reporting positive or very positive changes in their children after receiving services. However, it is notable that over 50% of parents/guardians were unaware of whether the services their children received were funded through the CSF, suggesting a potential gap in communication or awareness regarding CSF's role in service provision.

Focus Group Participant Perceptions of Quality

In the focus groups, participants noted a marked improvement in the overall quality of services provided to children, youth, and families, particularly through the increased use of evidence-based practices. Trauma-specific modalities such as Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), and brain spotting were frequently cited, signaling enhanced care quality. Additionally, there has been a rise in training and professional development opportunities, especially in trauma-informed approaches.

Despite these improvements, some providers expressed concerns about their capacity to manage complex cases where the families need resources from multiple providers, have acute or ongoing safety and crisis concerns and limited resources. While the use of real-time data and ongoing professional development has positively impacted service quality, the growing acuity of needs, combined with a shortage of qualified providers has strained the system, making it difficult to maintain high-quality care.

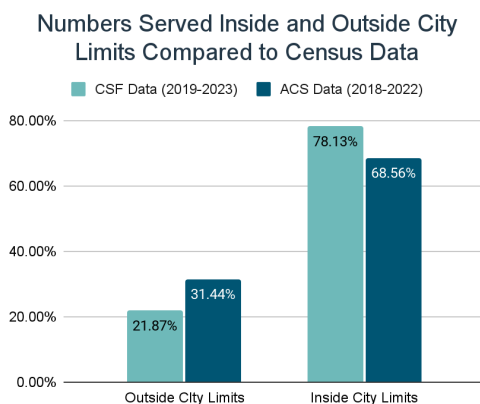
Focus group participants also highlighted improved staff retention and the availability of professional development as key contributors to higher service quality. However, persistent workforce shortages and high turnover continue to challenge service consistency and impact the ability to deliver continuous, high-quality care.

Perception Change from 2019

In 2019, parents were asked if they could identify any change in their children since they began attending the CSF-funded program or seeing the CSF-funded provider. Of the 67 participants in 2019, 46% of parents stated that they have seen a large positive change, and 42% of participants stated they saw a small positive change. In the 2024 survey, 93% of parents reported positive or very positive changes in their children after receiving services that were funded by CSF. This shows an increase in perceived positive change for children who receive services provided by organizations funded by CSF.

Community-level and Children’s Services Fund Demographics Comparison

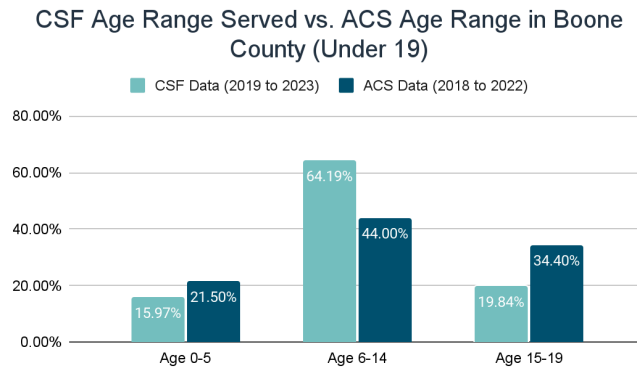
The comparison of demographic data of the individuals in programs funded by CSF and the American Community Survey (ACS) offers valuable insights into the effectiveness and reach of the programs within the community. By comparing the CSF’s funded programs service data from 2019 to 2023 with the ACS data from 2018 to 2022, disparities and similarities can be viewed in the demographic profiles of individuals served by the programs funded by the CSF compared to the broader population. Note that the CSF demographic data includes all individuals served by the funded programs, not just those directly supported by CSF funding. However, by examining the average number and characteristics of individuals served by these programs, researchers can still identify trends and patterns that reflect similarities between the funded programs and the broader community. These comparisons shed light on the program’s alignment with community needs, as well as potential areas for growth and improvement. Researchers examined age distribution, racial composition, and geographic representation, to gain a nuanced understanding of how the CSF’s efforts intersect with the demographic landscape of Boone County.



The geographic distribution of individuals served by CSF-funded programs, comparing data from the U.S. Census Bureau American Community Survey (ACS) for the years 2018-2022 with the program’s own data from 2019-2023 reveals that proportionately more individuals served by the CSF reside inside the Columbia city limits, accounting for 78.13% of those served (U.S. Census Bureau, 2022). In comparison, 68.56% of Boone County residents live within Columbia city limits, indicating that CSF-funded programs serve a relatively higher proportion of people

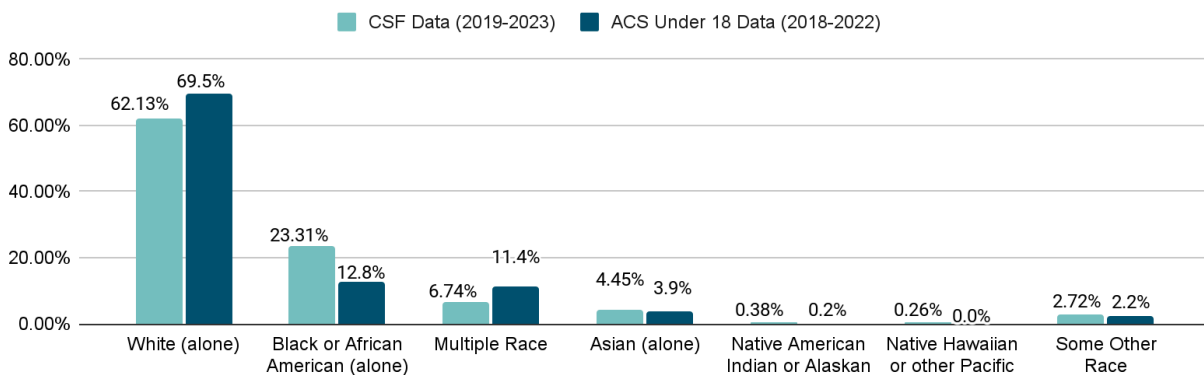
in the city limits. This suggests that the programs funded by CSF have a substantial reach within the urban areas of the community, catering to the needs of individuals residing within city limits, but could also indicate that more programs are needed to serve individuals in the rural areas of Boone County.

Regarding age, for children aged from birth to five, the CSF-funded programs served a smaller percentage (15.97%) compared to the proportion of this age group in the ACS data (21.50%). Conversely, the CSF-funded programs served a significantly higher percentage of individuals aged 6-14, with 64.19% of their programs directed at this age group, compared to 44.00% in the ACS data. For teenagers aged 15-19, the CSF-funded programs reached 19.84% of individuals, which is less than the 34.40% reflected in the ACS data (U.S. Census Bureau, 2022).



In terms of race, the CSF-funded programs served White individuals (alone), at a slightly lower percentage (63.35%) compared to the proportion in the ACS data (69.5%). Conversely, the CSF-funded programs served a higher percentage of Black or African American individuals (alone) at 23.31% compared to 12.80% in the ACS data. The CS-funded programs served a smaller percentage of individuals identifying as Multiple Races (6.74%) compared to the ACS data (11.35%). However, for Asian individuals (alone), the CSF-funded programs served a higher percentage (4.45%) compared to the ACS data (3.9%). The percentage of individuals categorized as Some Other Race served by the CSF-funded programs (2.72%) closely aligns with the ACS data (2.2%) (U.S. Census Bureau, 2022).

Comparison of Race, CSF vs. Boone County Demographics



Population Categories and Services Provided: Access, Structures and Systems, and Education

For each of the themes identified in the 2014 and 2019 CSF Assessment reports (**Access, Structures and Systems, and Education**), researchers employed a multifaceted approach to the analysis to explore how CSF has addressed gaps identified in these reports. In addition to reporting within the framework of these three themes, the researchers seek to paint a broader picture of the community's well-being and change from 2019.

To perform this analysis, researchers first examined the programs contracted by the BCCSB. Each program includes services that align with a common taxonomy, with common outcomes and unique indicators in the way the service meets the common outcome. Researchers analyzed the services contracted by BCCSB and the outcomes of each service to look for trends in services provided and outcomes related to the three themes. Services provided were then classified over the five years according to these three themes, observing any changes or trends within each theme over time. Classifications can be found in [Appendices 6-10](#). Researchers also examined the highlights from each year, as reported in the Boone County Community Services Department annual reports to add additional context to the services.

The research team categorized each of these themes according to CSF-defined population categories. The CSF groups programs based on the primary functions of the program and may have some services with aspects that fit within the other categories. For each population category, researchers furnished community-level data utilizing indicators from Kid's Count and the Boone Indicators Dashboard mapping key indicators for that population across the United States, Missouri, Boone County, and Greene County, Missouri. These key indicators paint a picture of how these specific populations are faring, and if there have been changes in the indicators over the timespan which includes the life of CSF since its inception.

When categorizing the outcomes into the three themes, researchers looked at the specific changes proposed by each outcome and then classified it in the following way:

Access. Under the Access theme, researchers evaluated outcomes concerning the provision and accessibility of basic needs, the identification and access to necessary services (such as screenings and assessments), positive changes in mental, behavioral, and physical health, and enhanced safety at home and in the community.

Structures and Systems. Within the Structures and Systems theme, the research team examined outcomes aimed at bolstering provider education and capacity.

Education. Regarding Education, researchers focused on outcomes associated with heightened consumer and community knowledge, increased proficiency in academic-related knowledge and skills and the provision of vocational education and job readiness training.

Based on the methodology described above each population category received change indicators as described in the key below. These population categories are Community Support and Basic Needs Programs, Infant and Early Childhood Programs, School-Based Programs, Treatment Programs, and Youth and Family Support Programs. The change indicators are

provided for the overall population category, and each of the three 2019 report theme areas of access, structures and systems, and education.

Key	
Change from 2019	Definition
Improvement	A majority of the indicators from the 2019 report, or selected indicators show improvement as compared to 2019.
Slight Improvement	Some of the indicators from the 2019 report, or selected indicators show improvement as compared to 2019.
No Change	An equal number of the indicators from the 2019 report, or selected indicators show improvement or decline as compared to 2019.
Slight Decline	Some of the indicators from the 2019 report, or selected indicators show a decline as compared to 2019.
Decline	A majority of the indicators from the 2019 report, or selected indicators show a decline as compared to 2019.

Community Support and Basic Needs Programs

Programs provided in this population service category include the provision of basic needs, vocational training, emergency shelter, and health education.

To understand if progress has been made in these areas, community-level data, trends in BCCSB contracted services, equity indicators, and community-reported unmet needs interviews, were compared with these indicators. Our key community indicators for Community Support and Basic Needs examine food security, housing cost burden, and poverty in the community and beyond, from 2014 to the most recent available data for this indicator.

Community-Level Data for Community Support and Basic Needs Programs				
	United States	Missouri	Boone County	Greene County
Children under 18 in poverty <i>Annie E. Casey Foundation, Kids Count (2014, 2022)</i> <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	2022: 16% 2014: 22%	2022: 16.8% 2014: 21.7%	2022: 12.7% 2014: 17.7%	2022: 17.1% 2014: 23.9%
Food Insecurity for Children <i>Feeding America. (2014, 2022)</i>	2022: 12.8% 2014: 20.9%	2022: 12.8% 2014: 20.8%	2022: 9.9% 2014: 17.8%	2022: 11.3% 2014: 21.8%

	United States	Missouri	Boone County	Greene County
Family households with children under 18 at 185% of the poverty level <i>U.S. Census Bureau (2015, 2022)</i> <i>Annie E. Casey Foundation,</i> <i>Missouri Kids Count (2014, 2022)</i>	2022: 20% 2015: 25.1%	2022: 30.2% 2014: 36.8%	2022: 22.5% 2014: 30.4%	2022: 32.2% 2014: 42.5%
Housing cost-burdened households <i>U.S. Census Bureau (2014, 2022)</i> <i>Annie E. Casey Foundation,</i> <i>Missouri Kids Count (2014, 2022)</i>	2021: 30% 2014: 35%	2021: 26.2% 2014: 31.1%	2021: 31.1% 2014: 34.7%	2021: 30.5% 2014: 34.8%

2019 Community Input Report Assessment Indicators Related to Community Support and Basic Needs Programs

The following indicators related to Community Support and Basic Needs Programs were identified in the CSF 2019 Community Input Report as areas of unmet need in Boone County.

Access Indicators:

- Need to remove barriers to access such as transportation, location, time, and resources.

Structures or Systems Indicators:

- Need to increase cultural competence among providers.

Education Indicators:

- Need to increase mental health awareness in the community.

Services Provided by BCCSB Contracted Programs: Trends and Observations

Individuals Served by Year within Community Support and Basic Needs Programs						
Year	2019	2020	2021	2022	2023	Total Served
Individuals served by funding from CSF	0*	749	1,188	1,783	28,707	32,427

*Note that in 2019, funds were unavailable in this area because the Community Support and Basic Needs funding was provided by and administered through the Community Health Fund. The source of this funding ended at the end of 2020 and CSF began providing funding in this category in 2020.

Increasing Access to Community Support and Basic Needs Programs

The research team observed the services provided most consistently were Supplemental Food and Fund Matching with Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) benefits, which is consistent with the trend of reduced food insecurity for children in Boone County. In 2022 and 2023, the supplemental food programs

continued, and Respite Care and Case Management services were added, helping to address the issue of access.

Changing Structures or Systems Related to Community Support and Basic Needs Programs

In the identified need to increase cultural competencies with providers, researchers observed that Professional Services are offered one time in the five years, and it is the only service provided in this category in the five years that were examined. It is possible cultural competencies training might be provided by agencies outside the scope of the funded programs and information reported to the BCCSB and Community Services Department but is outside the scope of this report.

Providing Education Related to Community Support and Basic Needs Programs

Education was provided in this population category in many capacities over the five years, including Adult Education, Job Readiness, Career Exploration, and more. In examining progress on the 2019 assessment indicator (increase mental health awareness in the community), it was found Public Awareness Education services were offered three times over five years. Most of the services offered revolve around employment and career readiness, which seeks to increase family income and help alleviate poverty and housing cost burden in the community.

Equity Indicators Related to Community Support and Basic Needs Programs

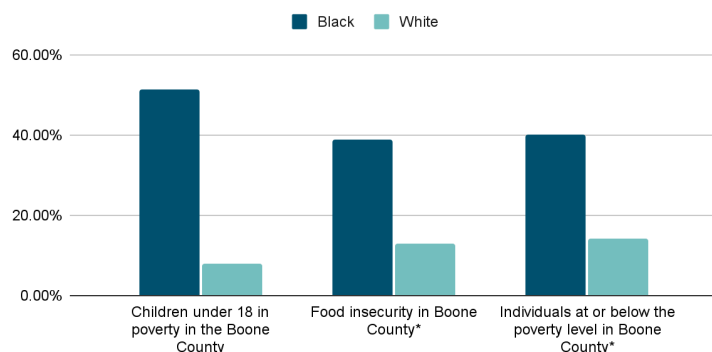
Community indicators and stakeholder feedback reveal deep and persistent inequities in Boone County. This section explores disparities related to Community Support and Basic Needs Programs in the community and administrative data, and service provider insights, by focusing on racial, geographic, and economic inequities.

Community Indicators

In terms of equity, the community indicators demonstrate there is a disparity in all areas examined.

While not all data is disaggregated by race or other equity factors, researchers can examine the existing data to see where inequities lie that should be addressed. In all indicators with disaggregated data, the research team found a large disparity in race within these areas. For example, in the City of Columbia, Black children have a poverty rate of more than eight times higher than White children (Boone Indicators Dashboard, 2024). In Boone County, Black children have a poverty rate of more than six times higher than White children (Boone Indicators Dashboard, 2024).

Community Equity Indicators for Community Support And Basic Needs



**Note that for the food insecurity and poverty level data, researchers cannot examine it for families with children, but readers can see the disparity exists at a higher level (Feeding America 2022; U.S. Census Bureau, 2022).*

Service Provider Perceptions in Year-End Reports

The funded providers also report disparities, particularly for low-income families, rural residents, and marginalized populations. Geographic disparities are a recurring theme, with families outside Boone County and in rural Boone County areas facing limited access to essential services like respite care, housing, and shelters. Providers noted that resources in other counties are scarce, making it difficult to meet the needs of families seeking support. The shortage of family shelter spaces and affordable housing further exacerbates these challenges, with some families unable to secure assistance due to criminal backgrounds, poor credit, or previous evictions.

Transportation barriers also contribute to inequities, particularly for families without access to reliable public transit. Many providers reported that transportation limitations prevent families from accessing critical services, including housing support, medical appointments, and childcare. This is especially problematic in rural areas, where public transportation options are limited. In addition, financial barriers such as the high cost of childcare, utility bills, and rental assistance further strain low-income families, with some services being either too costly or simply unavailable.

Language and cultural barriers also contribute to inequitable access to services. Non-English-speaking families often struggle to receive adequate support, with limited translation services available, particularly in Spanish. One agency highlighted the need for better language accessibility, noting the absence of translated materials for essential programs. These equity challenges underscore the need for targeted interventions to improve accessibility, ensure culturally appropriate services, and expand resources in underserved areas.

Focus Group Participant Perceptions

Stakeholder interviews and focus groups were conducted in six key areas: law, pediatric medical care, disability services, the faith community, government services, and funded providers. In total, three stakeholder interviews and four focus groups were held, involving 22 representatives from 16 different organizations.

Two themes emerged in the focus groups related to community support and basic needs. One was access to mental health services, specifically inequitable access across different school types and regions. The need for mental health services has skyrocketed, with some providers seeing a 20% increase in demand. Simultaneously, the number of providers has decreased, and few, if any, exist outside of Columbia, making it difficult for rural families to access care. Many providers are in private practice and do not take Medicaid or any type of insurance, causing patients to pay in cash. When services are available, waitlists can be as long as 6-12 months. There's also a shortage of trained providers, inadequate wraparound support for families, and limited assistance for youth in the foster care system.

The other theme that emerged was that information about services isn't reaching all families. Services are difficult to navigate, and families often need to visit multiple locations to find what they need, as silos still exist within the system. Several providers expressed that the influx of new providers and the addition of services by existing ones make it hard to keep track of available resources and are making it harder to refer. One noted, *"We have unmet needs and need more support in rural areas. We feel overlooked and isolated."* To overcome this outreach barrier, several providers emphasized the importance of going into homes and attending neighborhood events rather than waiting for families to come to their organizations—meeting people where they are.

Community Reported Needs Related to Community Support and Basic Needs Programs

This section examines the community's reported needs related to Community Support and Basic Needs Programs, focusing on data provided in the community data indicators, year-end reports by CSF-funded service providers, surveys, interviews, and focus groups.

Community Indicators

In the basic needs category, Boone County and other regions have shown improvement overall. However, when examining basic needs such as food, housing, and poverty by race, significant disparities emerge, highlighting the need for greater focus on equity. For instance, food insecurity among Black individuals in Boone County surged from 12% to 39% between 2019 and 2022. Similarly, the childhood poverty rate for Black children increased from 35% to 51% over the same period. These disparities underscore the importance of prioritizing equity when addressing unmet community needs.

Service Provider Perceptions in Year-End Reports

The following themes were identified in the year-end reports provided by funded service providers. Housing and transportation emerged as critical unmet needs across many providers. Shelters often reached capacity, and there were significant delays in accessing housing due to long waitlists. One agency stated, *"Housing referrals continue to be made; however, some of our families could not benefit due to their criminal background, previous evictions, and/or poor credit history."* This issue was exacerbated in rural areas where services are limited. Additionally, *"It has also been challenging to make successful referrals to homeless shelters due to limited availability,"* an agency noted, highlighting the struggle to meet basic housing needs. Transportation, particularly in rural areas, remained a barrier for families accessing support services. An agency described, *"Limited transportation support programs in Boone County create a constant struggle in accessing mental health services, housing supports, and other community supports."*

Survey Participant Perceptions

In the Community Survey, participants were asked where they would like to see increased community investment. In this survey question, the services that can be funded were listed as they are in the statute that established the CSF. When examining those services that fall under the Community Support and Basic Needs category, *"temporary shelter for abused, neglected,*

runaway, homeless, or emotionally disturbed children” ranked number five. Participants were also asked to select the three greatest challenges for children and families in Boone County. Related to the Community Support and Basic Needs category, *“the ability to meet basic needs”* ranked 3rd, and *“low-crime, safe neighborhoods”* ranked 5th.

Interviews & Focus Group Participant Perceptions

Themes related to Community Support and Basic Needs highlighted issues such as affordable housing shortages and challenges youth face in obtaining driver's licenses. Themes included the concerns that this region is experiencing the impact of the nationwide affordable housing crisis and despite investments in public housing and other housing options, progress is too slow to meet the current demand. Housing waitlists are long and rarely open, with few landlords willing to accept housing vouchers. Additionally, there is significant concern over the difficulty youth face in obtaining driver's licenses and the lack of reliable public transportation. Limited summer school sessions and reduced in-person instruction during COVID-19 resulted in many students missing driver education. Many young people cannot afford a car or insurance, leading some to drive illegally. With technology enabling youth to handle tasks like banking, bill payments, shopping, and entertainment online, the need to drive has decreased. To address these challenges, two providers are using driving simulators to help overcome the barriers to obtaining a driver's license.

One consistent theme of note was that the increased youth addiction to social media requires more support resources. During COVID-19, more youth gained internet access as schools provided all students with devices. Many young people found ways to bypass security measures set by schools and parents, leaving them more vulnerable to online predators. As the pandemic wore on, already limited family resources were stretched even thinner, making it difficult for parents to monitor internet use. Currently, there are no available resources or referrals to address the growing issue of tech addiction. As one participant noted, *“We were concerned about technology in 2015; it is way worse now. Children are violent when the technology is taken away. There is nowhere to go and a lack of anywhere to send teens for any kind of addiction, not just technology.”* The inability to disconnect from screens is diminishing the vibrancy and overall wellness of our youth.

Change Analysis Related to Community Support and Basic Needs Programs

For each of the themes identified in the 2014 and 2019 CSF assessment reports (Access, Structures and Systems, and Education), the findings below summarize the change from 2019 in community needs related to the population category of Community Support and Basic Needs Programs. The change analysis is based on trends identified in the population category report section above.

Overall Change in Community Support and Basic Needs		Improvement
Area	2019 Key Indicators	Change from 2019
Increasing Access	Need to remove barriers to access such as transportation, location, time, and resources.	Improvement
Changing Structures or Systems	Need to increase cultural competence among providers	Slight Improvement
Providing Education	Need to increase mental health awareness in the community	Slight Improvement

Increasing Access: There have been consistent observations that services have expanded, particularly in supplemental food programs and new services like Respite Care and Case Management, indicating an improvement in removing access barriers.

Changing Structures or Systems: While there has been an acknowledgment of the need for increased cultural competence among providers, in this category of Community Support and Basic Needs there was only one instance of professional development funded in this category by CSF in the past five years, suggesting a slight improvement rather than a significant change.

Providing Education: The community has taken some steps to increase mental health awareness, evidenced by the public awareness education offered by CSF-funded providers three times in five years. This indicates a slight improvement in educational efforts.

Infant and Early Childhood Programs

Programs provided in this population service category provide developmental and behavioral screenings, training, evidence-based or best practices curriculum, and early childhood basic needs. To understand if progress has been made in these areas, community-level data, trends in BCCSB contracted services, equity indicators, and community-reported unmet needs interviews, were compared with these indicators.

The key community indicators examine childcare data, infant mortality, and children in poverty. The number one challenge to children, youth, and families in the Community Feedback Survey was affordable childcare, access to childcare, and staffing/training of childcare staff. The community indicators below reflect this concern as accredited childcare and licensed childcare capacity has gotten worse over the timeframe researchers are examining, while that same indicator has improved in Missouri and Greene County, Missouri (our comparison county). In addition, there has been a slight increase in infant mortality in Boone County (and Greene County) but not state or nationwide over this same timeframe.

Community-Level Data for Infant and Early Childhood Programs				
	United States	Missouri	Boone County	Greene County
Licensed childcare capacity (per 1,000) <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	No comparable data	2022: 91.7 2014: 116.7	2022: 155.8 2014: 189.4	2022: 98.2 2014: 147.9
Accredited childcare capacity as % of licensed capacity <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	No comparable data	2022: 19.9% 2015: 17.1%	2022: 15.0% 2015: 31.8%	2022: 19.7% 2015: 13.6%
Infant mortality (per 1,000) <i>Annie E. Casey Foundation, Kids Count Data Center (2014, 2021)</i> <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2021)</i>	2021: 5.4 2014: 5.82	2021: 6.0 2014: 6.4	2021: 5.6 2014: 4.3	2021: 5.9 2014: 5.0
Children in poverty under 6 <i>Annie E. Casey Foundation, Kids Count Data Center (2014, 2022)</i> <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2021)</i>	2022: 17% 2014: 22%	2022: 19.2% 2014: 24.7%	2022: 13.1% 2014: 24.3%	2022: 20.7% 2014: 32.5%

When examining the services provided, the research team looked for services that addressed the 2019 need identified to increase parenting skills and child development education in both our access and education themes. Many services were provided by CSF-funded providers to address this gap, including consistent services every year for family counseling, home visiting, child and adult counseling, expectant and new parent assistance, family development, public awareness and education, parenting skills education, and case management. Researchers also see trends in best practices and evidence-based training for providers throughout all years, to increase provider knowledge and training in this population category.

2019 CSF Assessment Indicators Related to Infant and Early Childhood Programs

The following indicators related to Infant and Early Childhood Programs were identified in the CSF 2019 Community Input Report as areas of unmet needs in Boone County.

Access Indicators:

- No 2019 report indicators. Availability of licensed and accredited childcare utilized as an indicator.

Structures or Systems Indicators:

- No 2019 report indicators. Workforce turnover and skills utilized as an indicator.

Education Indicators:

- Need to increase parenting skills and child development education

Services Provided by BCCSB Contracted Programs: Trends and Observations

Individuals Served by Year within Infant and Early Childhood Programs						
Year	2019	2020	2021	2022	2023	Total Served
Individuals served by funding from CSF	3,904	7,266	6,822	10,518	9,639	38,149

Increasing Access to Infant and Early Childhood Programs

In 2019, CSF funded 14 distinct services, which included Behavioral Health Assessment, Case Management, and Individual Therapy for both adults and children, demonstrating an initial focus on mental health and support services. As the needs of the community evolved, the range of services offered by CSF-funded programs expanded to 31 different types of services offered throughout the five years. This expansion, representing a 48% increase in service variety, indicates a strategic response to broader and emerging needs within the community.

Throughout this period, CSF consistently provided funding for core services such as Behavioral Health Assessment and Case Management, indicating a sustained commitment to mental health and support services. The introduction of new services, such as Clinical Case Management in 2021 and further diversification into Developmental and Social-Emotional Screening, reflects an understanding of the community's changing needs. By 2023, the addition of Early Childhood Education and Out of School Programming marked a shift towards offering more comprehensive support for child development and education, highlighting a strategic pivot to address a wider array of child and family needs.

Changing Structures or Systems Related to Infant and Early Childhood Programs

The services provided during this period underscored a strategic focus on capacity building and system improvement. Best Practices Training and Professional Coaching programs were consistently offered across the five-year period, indicating a sustained investment in enhancing the skills and competencies of service providers within the community.

The introduction of services such as Evidence-Based Practice Training in 2020, followed by its continued provision in subsequent years, demonstrates a proactive approach to fostering evidence-informed practices and improving service delivery standards. The inclusion of Professional Coaching highlighted BCCSB's commitment to providing resources and support aimed at enhancing the quality and effectiveness of services offered on an individualized level.

Providing Education Related to Infant and Early Childhood Programs

From 2019 to 2023, CSF provided funding to many programs that provided education for parents, in response to indicators in the 2019 assessment that highlighted the need to enhance parenting skills and child development education. Throughout this period, programs funded by the CSF offered a variety of educational services, emphasizing support for families and

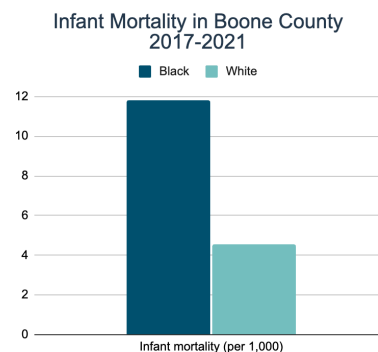
caregivers. Core services such as Case Management, Home Visiting, and Out of School Programming were consistently provided. New services like Family Development, Health Education, and Parenting Skills Training were introduced to address educational needs. Parenting Skills Education services were provided beginning in 2021 through 2023, reflecting BCCSB's commitment to empowering parents and fostering child development. Public Awareness/Education campaigns were implemented all five years. Over five years, the total types of consumer and community education services increased from nine to 24, demonstrating a committed response to the gaps found in 2019 related to parenting skills and child development education.

Equity Indicators Related to Infant and Early Childhood Programs

Community indicators and stakeholder feedback reveal deep and persistent inequities in Boone County. This section explores disparities related to Infant and Early Childhood Programs in the community and administrative data, and service provider insights, by focusing on racial, geographic, and economic inequities.

Community Indicators

Few community indicators in this population are disaggregated by race, but one of the largest discrepancies is seen in infant mortality. In the period 2017-2021 (the period with the most recent data available) Black infant mortality is two and one-half times greater than White infant mortality in Boone County (Missouri Department of Health & Senior Services, 2024).



Service Provider Perceptions in Year-End Reports

The following themes were identified in the year-end reports provided by funded service providers. The availability of high-quality childcare is also a major equity concern, as many families in rural areas or low-income neighborhoods in Missouri cannot afford care or face long waiting lists for available spots, as noted by the Missouri Department of Health and Human Services in their report on the rural childcare crisis (Missouri Department of Health and Senior Services, 2023). Moreover, families with children who have specialized health or behavioral needs often struggle to find appropriate care. Providers noted the shortage of trained professionals equipped to handle complex family cases, which leads to long waiting lists or referrals that do not meet the family's needs.

Interviews & Focus Group Participant Perceptions

Stakeholder interviews and focus groups were conducted in two key areas: Subsidized and private early childhood education providers, and funded providers. One stakeholder interview and one focus group were held, involving eight representatives from seven different providers. Three main concerns were identified: uneven access to parenting resources, homelessness and neglect, and service demand.

While many services are available for youth and families, there is a lack of focus on increasing parents' knowledge. As one participant noted, *"Families need one-on-one attention and guidance in navigating the system."* Programs that provide this kind of support have a significant impact but often lack funding and resources. Additionally, it can be challenging to engage and keep families motivated in these programs when they are struggling to meet their basic needs.

The growing crises of homelessness and child neglect further underscore systemic inequities. As parents struggled to meet basic needs, often working longer hours or multiple jobs, many children were left unsupervised at home. The lack of oversight was compounded by school closures and the suspension of community-based programs, reducing the role of teachers and other outside observers who typically identify and report neglect. This isolation created conditions where neglect could go unnoticed for extended periods.

Simultaneously, the demand for services continues to outpace supply. Growing living costs highlight unequal access to services across income levels. Some youth and family services, like childcare centers, have closed, amplifying the demand for affordable childcare—an area already facing significant challenges before COVID-19. When services are available, they often have long waitlists, exacerbated by staffing shortages, limited training resources, and high turnover, all of which impact the quality of care. Concerns were also raised about state-level children's services, which expanded rapidly with an influx of COVID-19 funds but have struggled to implement sustainable improvements. There is a critical need for high-quality, consistent childcare to ensure a safe and supportive environment for children.

Community Reported Needs Related to Infant and Early Childhood Programs

This section examines the community's reported needs related to Early Childhood Programs, focusing on data provided in the community data indicators, year-end reports by CSF-funded service providers, surveys, interviews, and focus groups.

Community Indicators

There remain unmet needs in the Infant and Early Childhood program category, particularly evidenced by significant decreases in available licensed childcare and accredited childcare capacity, as reflected in the community survey data below and community indicators above. Additionally, indicators show there has been a slight increase in infant mortality in Boone County, while no increased rate of infant mortality is observed at the state or national level in the community indicators. Special attention should be paid to the large disparity in infant mortality between Black infants and White infants.

Service Provider Perceptions in Year-End Reports

In the year-end reports, challenges in Infant and Early Childhood programs were frequently related to limited capacity and specialized care. Agencies mentioned being unable to serve children with significant behavioral or medical issues due to a lack of resources and trained staff. One respite agency stated, *"We received hosting requests for families needing daytime-only care, which posed a challenge when most local daycare programs were either full*

or too costly for the parents." Additionally, families seeking care for children with complex needs often face difficulties in finding appropriate referrals: *"Respite providers often do not have the training to meet the more complex needs of these children, though."* Housing affordability was also a major barrier for families in these programs.

Survey Participant Perceptions

In the Community Survey, participants were asked where they would like to see increased community investment. In this survey question, the services that can be funded were listed as they are in the statute that established the CSF. When examining those services that fall under the Infant and Early Childhood category "home-based and community-based family intervention programs" was ranked second. Participants were also asked to select the three greatest challenges for children, youth, and families in Boone County and the number one response was access to affordable childcare.

Interviews & Focus Group Participant Perceptions

Interviews and focus groups revealed several key themes related to early childhood programs, highlighting significant challenges in childcare, homelessness, and mental health support.

The demand for childcare and youth services far exceeds current programming capabilities, with consistent staffing levels becoming increasingly difficult to maintain. Early childhood education is no longer widely viewed as a viable profession, given its low pay and high burnout rate. Staff often face new and challenging behaviors from youth and families, which detracts from their ability to focus on education. Instead, they are frequently engaged in crisis intervention. One participant emphasized the importance of this work, stating, *"These are the most important jobs people can have."* Despite its value, the local Child Development Associate (CDA) program—the most widely recognized credential in the U.S.—sees less than 50% of participants complete the certification process, further compounding staffing challenges in the field.

Homelessness and neglect also emerged as pressing concerns, with rising housing insecurity reflecting unmet basic needs. Families are increasingly forced to prioritize survival, often working longer hours while cutting back on other necessities. The COVID-19 pandemic and the subsequent rise in living costs have only deepened these issues, leaving providers to grapple with significant increases in homelessness among families in need.

Additionally, the mental health crisis continues to escalate, with a growing demand for intensive services, particularly for youth experiencing significant trauma. While the number of clinicians has risen, there is still a lack of accessible and affordable intensive outpatient services. Many clinicians operate within private practices or large corporations, limiting options for community-based care that accepts Medicaid or caters to families with limited resources. Providers often have a low tolerance for complex cases, quickly referring difficult clients elsewhere. As one participant noted, *"There is no middle ground for intensive outpatient support,"* underscoring the urgent need for programs designed to address the more complex mental health challenges facing youth today.

Change Analysis Related to Infant and Early Childhood Programs

For each of the themes identified in the 2014 and 2019 CSF assessment reports (Access, Structures and Systems, and Education), the findings below summarize the change from 2019 in community needs related to the population category of Infant and Early Childhood Programs. The change analysis is based on trends identified in the population category report section above.

Overall Change			Slight Decline
Area	2019 Report Indicators	Change from 2019	
Increasing Access	No 2019 report indicators; availability of licensed and accredited childcare utilized as an indicator		Slight Decline
Changing Structures or Systems	No 2019 report indicators; workforce turnover and skills utilized as an indicator		Slight Decline
Providing Education	Need to increase parenting skills and child development education		Slight Improvement

Increasing Access: While there is no related 2019 report indicator, there has been a decline in Boone County in licensed and accredited childcare in this time period, leading to a decline in this indicator.

Changing Structures or Systems: While there is no related 2019 report indicator, a slight decline is noted in the capacity and effectiveness of systems, given ongoing staffing and training challenges as found in the surveys, focus groups, and interviews.

Providing Education: A slight improvement has been observed due to the introduction and implementation of new educational services aimed at enhancing parenting skills and child development education.

School-Based Programs

Programs provided in this population service category include training for teachers, after-school clubs, capacity building for student education, case management, social-emotional screenings, crisis intervention, and psychiatric services. To understand if progress has been made in these areas, community-level data, trends in BCCSB contracted services, equity indicators, and community-reported unmet needs interviews, were compared with these indicators.

Community-level data reveals a decline in 3rd-grade reading proficiency over time, mirroring state trends, though Greene County has experienced this to a lesser degree. While high school graduation rates in Boone County have seen a slight decrease, school attendance has shown a

modest increase during the same period. County-specific data on school mental health screenings from 2018 to 2022 indicates a growing percentage of students identifying as at risk for mental health issues, accompanied by an increase in teachers' perceptions of student mental health risks. This reflects a broader national trend, where nearly all indicators of poor mental health and suicidal behaviors among students have risen between 2011 and 2021, as highlighted by the Centers for Disease Control's Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2023).

Related to the 2019 needs identified, for the improved teacher classroom management skills gap, there have been both best practices training and/or professional coaching services provided in all years reviewed. Similarly for increasing communication between parents and teachers, researchers examined services in both the systems and education categories and found that education was provided to both families (Family Education) as well as best practices and professional coaching services for providers.

Community-Level Data for School-Based Programs				
	United States	Missouri	Boone County	Greene County
Achievement proficiency 3rd grade English/language arts (MAP) <i>Annie E. Casey Foundation, Missouri Kids Count (2018, 2022)</i>	No comparable data	2022: 41.0% 2018: 48.6%	2022: 37.5% 2018: 47.2%	2022: 43.5% 2018: 48.9%
High school graduation <i>National Center for Education Statistics Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	2022: 87% 2014: 82%	2022: 91.2% 2014: 90.1%	2022: 90.7% 2014: 91.1%	2022: 94.4% 2014: 90.4%
School attendance, grades K-12 <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	No comparable data	2022: 92.1% 2014: 95.0%	2022: 91.1% 2014: 94.9%	2022: 92.0% 2014: 94.9%
Students at risk for internalizing behaviors (student-rated) <i>Boone County Schools Mental Health Coalition. (2018, 2022)</i>	No comparable data	No comparable data	2022: 17.4% 2018: 14.6%	No comparable data
Students at risk for externalizing behavior (teacher-rated) <i>Boone County Schools Mental Health Coalition. (2018, 2022)</i>	No comparable data	No comparable data	2022: 11.1% 2018: 9.8%	No comparable data

2019 CSF Assessment Indicators Related to School-Based Programs

The following indicators related to School-Based Programs were identified in the CSF 2019 Community Input Report as areas of unmet needs in Boone County.

Access Indicators:

- No 2019 report indicators; availability of school-based programs was used as an indicator

Structures or Systems Indicators:

- Need to improve teacher classroom management skills

Education Indicators:

- Need to improve communication between parents and teachers

Services Provided by BCCSB Contracted Programs: Trends and Observations

Individuals Served by Year within School-Based Programs						
Year	2019	2020	2021	2022	2023	Total Served
Individuals served by funding from CSF	29,888	31,428	34,717	34,104	35,905	166,042

Increasing Access in School-Based Programs

The services provided during this period exemplified a commitment to expanding access to a wide range of programs and interventions. Case Management and Psychiatric Treatment are provided across all five years, indicating continued comprehensive support, coordination, and mental health treatment for individuals and families. There were 14 types of services offered in 2019, and the services offered in this category more than doubled over the next four years, increasing to 30 types of services offered at various times throughout the five years.

Of these services, many of them were intended to increase access through comprehensive screenings. For example, the Social-Emotional Screenings were implemented in 100% of the years, indicating a proactive approach to identifying and addressing emotional well-being concerns among youth. Similarly, out-of-school programming and Site-Based Mentoring were introduced in subsequent years, reflecting efforts to extend support beyond traditional settings and engage youth in diverse opportunities. The Boone County Schools Mental Health Coalition (BCSMHC) Checklist significantly expanded access to mental health screening by reaching an average of 25,000 school-aged children in Boone County. This comprehensive checklist, evaluated by both students and teachers, covered a wide range of mental health indicators. Initiatives such as Supplemental Food and Medical Financial Assistance were provided more than once, demonstrating a strategic focus on addressing basic needs and financial barriers to accessing essential services. The inclusion of a wide range of services underscores BCCSB's commitment to increasing access to holistic support for children and families in Boone County through school-based programming.

Changing Structures or Systems Related to School-Based Programs

In this category, BCCSB demonstrated a focused commitment to effecting change in structures or systems, particularly in response to the 2019 assessment indicators highlighting the need to enhance classroom management skills and communication between parents and teachers. Best Practices Training was consistently offered across all five years, indicating a sustained investment in enhancing the skills and competencies of educators. Professional Coaching was provided in three of five years, demonstrating a concerted effort to support educators in their professional development journey.

The Boone County Schools Mental Health Coalition (BCSMHC) Checklist and FACE (Family Access Center of Excellence) initiatives showcased a proactive approach to addressing the identified needs across large populations of children. In addition to increasing identification of mental health issues and access to services, these programs aimed to improve communication between parents and teachers, fostering collaborative relationships and promoting a supportive educational environment. They also provide training and support in classroom management. Continued investment in these initiatives highlights BCCSB's commitment to fostering positive changes in structures and systems within educational settings and has expanded the reach of CSF in a meaningful way.

Providing Education Related to School-Based Programs

In response to the 2019 assessment indicators highlighting the need to improve communication between parents and teachers, there were multiple services offered during this period intended to enhance educational opportunities and foster positive learning environments. Family Education and Health Education were consistently offered across most years, Public Education/Awareness was offered three out of five years, and Home Visiting, which included parent education as part of its outcomes, was provided as well. The inclusion of Information and Referral services and Public Awareness/Education campaigns highlighted BCCSB's efforts to facilitate access to information and raise awareness about educational opportunities and resources available within the community. These programs were provided in three and two of the five years, respectively, demonstrating a sustained effort to promote educational access and equity. Additionally, services offered by FACE and Site-Based Mentoring programs continued during this time, reflecting BCCSB's recognition of the importance of fostering collaborative relationships between families, schools, and communities to support student success.

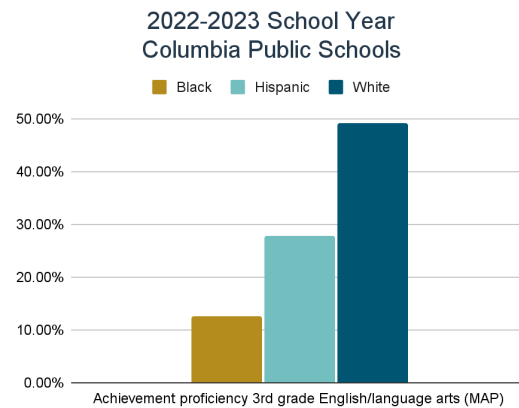
Equity Indicators Related to School-Based Programs

Community indicators and stakeholder feedback reveal deep and persistent inequities in Boone County. This section explores disparities related to School-Based Programs in the community and administrative data, and service provider insights, by focusing on racial, geographic, and economic inequities.

Community Indicators

Equity issues are apparent across all community indicators related to education and schools, in particular in Columbia Public Schools (CPS) where the population of minority students is large

enough to see meaningful data disaggregated by race. For example, at CPS, in 3rd grade English/Language proficiency, measured by 2022-2023 Missouri Assessment Program (MAP) scores, significant disparities exist: only 12.5% of Black children are proficient, compared to 27.9% of Hispanic children and 49.2% of White children. (Boone Indicators Dashboard, 2024).



Graduation rates in CPS also show inequities, with 93% of White students graduating in 2023, compared to 83.4% of Black students and 85.1% of Hispanic students. Disparities persist in

proportional school attendance rates within CPS, with White students attending school at a higher rate than Black or Hispanic students. In the five outlying rural schools in Boone County (Centralia, Hallsville, Harrisburg, Sturgeon, and Southern Boone), this attendance disparity between races also exists, with White students attending at a rate higher than Black or Hispanic students in each of these five districts.

Furthermore, inequities are evident in school mental health data, especially regarding externalizing behaviors. In the 2022-2023 School Mental Health data from the Boone Indicators Dashboard, teachers have identified 25.6% of Black students as at risk for such behaviors, compared to only 7.9% of White students in CPS. In the rural Boone County schools, this disparity is slightly less, with teachers rating 8.8% of White students at risk and 15.1% of Black students (Boone Indicators Dashboard, 2024).

Service Provider Perceptions in Year-End Reports

Several providers mentioned the difficulty in accommodating all students due to space limitations and staffing shortages, particularly in rural schools. Their lack of capacity disproportionately affects children from low-income backgrounds, who may rely on these programs for additional support. One agency reported that *“we continue to operate with waitlists for our programs... and there is no other affordable after-school program option to refer waitlisted families to.”*

Additionally, transportation barriers compound these inequities, making it difficult for children in rural areas to attend school-based programs. Low-income families, in particular, are disadvantaged when transportation options are limited or costly, further restricting access to essential educational services. Equity issues are exacerbated for children with special needs, as there are few alternative options when school-based programs cannot accommodate their developmental or behavioral challenges.

Interviews & Focus Group Participant Perceptions

Stakeholder interviews and focus groups were conducted in three key areas: public school superintendents, private school superintendents/heads of schools, and funded and eligible

providers. Three focus groups were held, involving nine representatives from nine different providers. No equity indicators related to school-based programming were found in the focus group themes.

Community-Reported Needs Related to School-Based Programs

This section examines the community's reported needs related to School-Based Programs, focusing on data provided in the community data indicators, year-end reports by CSF-funded service providers, surveys, interviews, and focus groups.

Community Indicators

In school-based programs, a significant decline in 3rd-grade reading proficiency from 2014 to 2021 was observed, reflecting a statewide trend, as well as in Greene County. High school graduation rates in Boone County also saw a slight drop during this time. Additionally, mental health concerns among Boone County students increased, as reported both by students and teachers, aligning with national trends showing a decline in K-12 student mental health. These indicators underscore the ongoing need for robust support in school-based programs, encompassing mental health services, attendance initiatives, graduation assistance, and academic support.

Service Provider Perceptions in Year-End Reports

Year-end reports identify that school-based programs struggled with capacity constraints and transportation barriers. Several providers reported waitlists due to reduced staffing and the ongoing effects of the pandemic.

There was also a noted shortage of affordable alternatives for after-school care: *"There is no other affordable after-school program option to refer waitlisted families to."* Many providers emphasized that children with special needs, particularly those with developmental disabilities, were often underserved. One agency stated, *"We became even more aware there are no alternative options for after-school care for youth who may have a developmental disability or autism spectrum diagnosis."* Transportation barriers continued to hinder participation in school programs, as *"transportation to and from the Club remains a limited resource,"* even with funding available.

Survey Participant Perceptions

In the Community Survey, participants were asked where they would like to see increased community investment. The services were listed as they are in the statute that established the CSF. School-based programs were not mentioned. Participants were also asked to select the three greatest challenges for children, youth, and families in Boone County: in the survey, the greatest needs were also not related to school-based programs.

Interviews & Focus Group Participant Perceptions

Interviews and focus groups identified workforce shortages as a critical concern for school-based programs, particularly regarding their impact on future service delivery. Demand

for these programs has grown significantly, especially in response to the challenges exacerbated by the pandemic, yet the community faces a severe shortage of qualified staff. With a limited candidate pool, providers may feel compelled to hire individuals they might not have previously considered, which could affect the quality of services. One participant emphasized that many private providers, counselors, and therapists are struggling to keep pace with the influx of requests, resulting in long waitlists that make it difficult for families to secure timely appointments, even for children in crisis. This gap in services highlights the urgent need for more qualified professionals in the field.

Change Analysis Related to School-Based Programs

For each of the themes identified in the 2014 and 2019 CSF assessment reports (Access, Structures and Systems, and Education), the findings below summarize the change from 2019 in community needs related to the population category of Infant and School-Based Programs. The change analysis is based on trends identified in the population category report section above.

Overall Change		Slight Improvement
Area	2019 Key Indicators	Change from 2019
Increasing Access	No 2019 report indicators; availability of school-based programs was used as an indicator	No Change
Changing Structures or Systems	Need to improve teacher classroom management skills	Slight Improvement
Providing Education	Need to improve communication between parents and teachers	Slight Improvement

Increasing Access: No specific indicators of change were noted in the 2019 report. The availability of school-based programs was used as an indicator and there was no substantial change in the number of programs or services available, reflecting that access to school-based programs remained consistent without substantial improvements or declines.

Changing Structures or Systems: There is a noted commitment to enhancing teacher classroom management skills through consistent best practices training, which suggests a slight improvement in this area.

Providing Education: Efforts to improve communication between parents and teachers were sustained through various educational training, indicating a slight improvement.

Treatment Programs

Programs provided in this population service category include physical and mental health treatment for children, youth, parents, families, and adults. To understand if progress has been made in these areas, community-level data, trends in BCCSB contracted services, equity indicators, and community-reported unmet needs interviews, were compared with these indicators.

Treatment programs aimed at providing behavioral and mental health services to youth of all ages have been a focal point of funded programs, particularly in addressing the pressing needs outlined in the 2019 assessment. The community-level data underscores the urgency of these programs, revealing concerning trends such as increases in mental/behavioral hospitalizations, and teen unintentional deaths, homicides, and suicides. Access to mental health treatment was one of the biggest concerns in the 2019 report with concerns about barriers to treatment, wait time for appointments, and lack of child psychiatrists as gaps identified in this area.

Community-Level Data for Treatment Programs				
	United States	Missouri	Boone County	Greene County
Substance abuse hospitalizations ages 1-19 (per 10,000) <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2020)</i>	No comparable data	2020: 27.2 2014: 21.5	2020: 25.3 2014: 30.6	2020: 33.2 2014: 46.6
Mental/behavioral hospitalizations (not substance abuse) ages 1-19 (per 10,000) <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2020)</i>	No comparable data	2020: 124.0 2014: 97.2	2020: 114.8 2014: 92.9	2020: 148.6 2014: 119.3
Teen unintentional deaths/homicides/suicides (per 100,000) <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2020)</i>	No comparable data	2020: 56.5 2014: 47.1	2020: 30.5 2014: 26.6	2020: 39.3 2014: 33.7

2019 CSF Assessment Indicators Related to Treatment Programs

The following indicators related to Treatment Programs were identified in the CSF 2019 Community Input Report as areas of unmet needs in Boone County.

Access Indicators:

- Need to address the lack of child psychiatrists
- Need to address the shortage of mental health providers
- Need to decrease wait times for appointments

Structures or Systems Indicators:

- Lack of health insurance
- Medicaid billing difficulties

Education Indicators:

- Need to decrease mental health stigma
- Need to improve parenting skills and child development education

Services Provided by BCCSB Contracted Programs: Trends and Observations

Individuals Served by Year within Treatment Programs						
Year	2019	2020	2021	2022	2023	Total Served
Individuals served by funding from CSF	896	1,070	1,434	963	958	5,321

Increasing Access Related to Treatment Programs

Across the five years from 2019 to 2023, BCCSB provided funding for a consistent number of direct treatment services to help alleviate the challenges of accessing mental health services. In 2019, 11 services were offered, however, the variety of services almost tripled to 29 distinct services over this period demonstrating an increase in type of services, diverse providers, and type of programming towards the mental health of youth in Boone County. Of note, 10 services were consistently provided throughout all five years: Screenings and Assessments, Clinical and Non-Clinical Case Management, Computer Assisted Interventions, Family Therapy, Group Therapy for Children and Adults, Home Visiting, and Individual Therapy for Children and Adults, illustrating a sustained commitment to addressing the identified mental health needs.

Changing Structures or Systems Related to Treatment Programs

Throughout 2019 to 2023, BCCSB addressed efforts to change structures and systems by providing funding for Best Practices Training and Evidence-Based Practice Training, which were offered in each of the five years and provided a myriad of training for providers in many areas related to mental health treatment. While the issues of lack of health insurance and Medicaid billing difficulties were not specifically addressed in the outcomes of the services provided, provider knowledge increased in many other areas to help support systemic change in mental health treatment best practices.

Providing Education Related to Treatment Programs

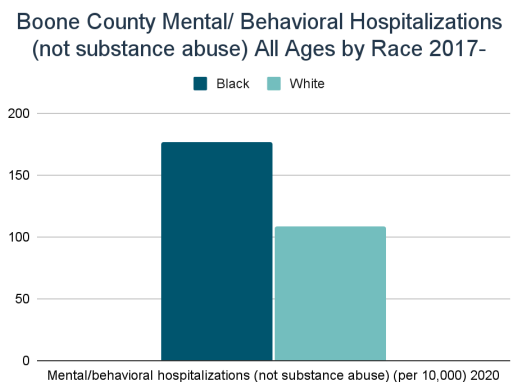
Over the five years from 2019 to 2023, the BCCSB consistently expanded its educational initiatives to combat mental health stigma, highlighted as a concern in the 2019 assessment. Beginning with foundational services like Behavioral Health Assessment and Case Management in 2019, the services provided continued to diversify. By 2023, a diverse range of programs had been offered with outcomes aimed at increasing consumer knowledge, including Parenting Skills Education, Group Therapy for Children, and Social-Emotional Screening. These efforts resulted in a significant increase in the number of educational services related to treatment programs provided annually, from seven in 2019 to 17 different services offered throughout the five years.

Equity Indicators Related to Treatment Programs

Community indicators and stakeholder feedback reveal deep and persistent inequities in Boone County. This section explores disparities related to Treatment Programs in the community and administrative data, and service provider insights, by focusing on racial, geographic, and economic inequities.

Community Indicators

These community indicators are not available to be disaggregated by both age and race from the data source, however, overall hospitalization for substance abuse has a large inequity by race for all ages, with Black individuals more than twice as likely to be hospitalized for substance abuse in the period 2017-2021 (Boone Indicators Dashboard, 2024). Similarly, with mental health-related issues, Black individuals are more than 1.5 times more likely to be hospitalized for mental and behavioral health issues (Missouri Department of Health & Senior Services, 2024).



Service Provider Perceptions in Year-End Reports

Mental health services are often difficult to access due to long waitlists, particularly for low-income families or those on Medicaid. One provider noted that *“psychiatric assessments have been difficult to link to due to a limited number of mental health providers in Boone County having openings.”* Geographic barriers also persist, as families in rural areas face a scarcity of specialized treatment providers, leading to gaps in care for those in other counties.

Equity issues also arise from the inability of many programs to serve individuals with more complex needs, such as severe mental health issues or co-occurring conditions. Families often face long waits or are referred to external providers that are already overwhelmed. Financial barriers exacerbate these challenges, as many treatment options require out-of-pocket costs or are not fully covered by insurance or grants, limiting access for low-income families.

Interviews & Focus Group Participant Perceptions

Stakeholder interviews and focus groups were conducted in three key areas: mental health providers, judicial, and funded and eligible providers. Two focus groups were held, involving five representatives from five different providers. No equity indicators were found in the treatment program interview and focus group themes.

Community-Reported Needs Related to Treatment Programs

This section examines the community's reported needs related to Treatment Programs, focusing on data provided in the community data indicators, year-end reports by CSF-funded service providers, surveys, interviews, and focus groups.

Community Indicators

When reviewing community indicators related to the Treatment Program category, the rise in mental and behavioral health hospitalizations, along with increasing teen death rates, highlights the ongoing and critical need for mental health services in these areas. These concerning trends, combined with the uptick in mental health issues reflected in the school-based population data and nationwide reports, underscore the continued unmet need for comprehensive mental health treatment for youth locally and beyond. This gap in care calls for sustained focus on improving access to treatment and support for young people facing these challenges.

Service Provider Perceptions in Year-End Reports

Agencies providing treatment programs consistently reported that demand for mental health services outpaced availability. Many families required trauma-informed care or intensive therapy, but the services were either unavailable or had long waitlists. One agency noted, *"Psychiatric assessments have been difficult to link to due to a limited number of mental health providers in Boone County."* Another echoed this sentiment: *"There is often a waitlist or lack of quality service."* Treatment for parents, especially in mental health services, was identified as a significant unmet need. *"The primary unmet need of the program is mental health treatment for the parents,"* a program reported. In some cases, families hesitated to engage with external providers due to fears of involvement with child protective services: *"Parents, who often have their trauma histories, express concern over how the information in youth mental health referrals...will be handled by the mental health provider."*

Survey Participant Perceptions

In the Community Survey, participants were asked where they would like to see increased community investment. The services were listed as they are in the statute that established the CSF. Services for individual, group, and family counseling and therapy were the top areas for future investment. Participants were also to select the three greatest challenges for children, youth, and families in Boone County: number two was access to mental health programs.

Interviews & Focus Group Participant Perceptions

One theme was identified in interviews and focus groups related to treatment programs, the void in support groups for parents and caregivers, worsened by post-COVID-19 stress. Parents and families are feeling overwhelmed and experiencing high levels of stress, which in turn affects their children and drives the need for more interventions. *"Many parents just can't do anymore; they are maxed out,"* said one participant, noting that parents are becoming more hands-off. There are very limited options for family therapy, and participants indicated that the last parent support group ended in 2019 due to COVID, with uncertainty about whether parents will return. Many families still struggle to find resources. When they finally do connect with services, they often become frustrated by the lack of providers and long waitlists. This feeling of being unsupported can lead to families giving up on seeking help altogether.

Change Analysis Related to Treatment Programs

For each of the themes identified in the 2014 and 2019 CSF assessment reports (Access, Structures and Systems, and Education), the findings below summarize the change from 2019 in community needs related to the population category of Treatment Programs. The change analysis is based on trends identified in the population category report section above.

Overall Change			Slight Decline
Area	Key Indicators	Change from 2019	
Increasing Access	Need to address the lack of child psychiatrists		Slight Decline
	Need to address the shortage of mental health providers.		Decline
	Need to decrease wait times for appointments.		Slight Decline
Changing Structures or Systems	Lack of health insurance		No Change
	Medicaid billing difficulties		No Change
Providing Education	Need to decrease mental health stigma		Slight Improvement
	Need to improve parenting skills and child development education		Slight Improvement

Increasing Access: The overall demand for mental health services has increased, leading to longer wait times and a worsening shortage of providers.

Changing Structures or Systems: The systemic issues, such as health insurance coverage and Medicaid billing, have not seen significant improvement based on reported outcomes.

Providing Education: Efforts to combat stigma and improve parenting skills have expanded, indicating a slight positive change in educational initiatives.

Youth and Family Support Programs

Programs provided in this population service category include programs designed to strengthen the family, improve parenting practices, and support healthy development for children. To understand if progress has been made in these areas, community-level data, trends in BCCSB contracted services, equity indicators, and community-reported unmet needs interviews, were compared with these indicators.

The community-level data unveils significant challenges and disparities in youth and family well-being indicators across various geographic regions, including Boone County. Despite nationwide improvements in certain metrics like juvenile law violation referrals, Boone County still grapples with issues such as low birth weight infants and births to teens, highlighting ongoing concerns surrounding maternal and adolescent health. Additionally, while there has been a slight decrease in substantiated child abuse/neglect cases per 1,000, the numbers remain concerning and warrant continued attention.

The 2019 report highlighted concerns in several areas related to youth and families, including the need to increase parent engagement, the need for more intensive case management services, and the need to increase home and family-based services.

Community-Level Data for Youth and Family Support Programs				
	United States	Missouri	Boone County	Greene County
Juvenile law violation referrals, ages 10-17 (per 1,000) <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	No comparable data	2022: 26.1 2014: 29.7	2022: 36.2 2014: 37.1	2022: 11.7 2014: 36.7
Low birthweight infants <i>National Center for Health Statistics (2014, 2021)</i> <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	2021: 8.9% 2014: 8%	2022: 8.9% 2014: 8.0%	2022: 8.7% 2014: 7.5%	2022: 8.2% 2014: 7.3%
Births to teens, ages 15-19 (per 1,000) <i>National Center for Health Statistics (2014, 2021)</i> <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	2021: 13.9 2014: 24	2022: 16.9 2014: 27.2	2022: 7.1 2014: 12.5	2022: 19.7 2014: 29.5
Children entering/re-entering state custody (per 1,000) <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	No comparable data	2022: 4.4 2014: 5.2	2022: 3 2014: 4.5	2022: 5.4 2014: 6.1
Substantiated child abuse/neglect, per 1,000 <i>Annie E. Casey Foundation, Missouri Kids Count (2014, 2022)</i>	No comparable data	2022: 2.7 2014: 4.5	2022: 3 2014: 4.8	2022: 3.3 2014: 6.6

2019 CSF Assessment Indicators Related to Youth and Family Support Programs

The following indicators related to Youth and Family Support Programs were identified in the CSF 2019 Community Input Report as areas of unmet needs in Boone County.

Access Indicators:

- Need to increase parent engagement
- Need for more intensive case management services
- Need to increase home and family-based services

Structures Or Systems Indicators:

- No 2019 report indicators; professional development for providers was used as an indicator.

Education Indicators:

- Need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community
- Need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community

Services Provided by BCCSB Contracted Programs: Trends and Observations

Individuals Served by Year within Youth and Family Support Programs						
Year	2019	2020	2021	2022	2023	Total Served
Individuals served by funding from CSF	6,380	5,455	5,525	5,559	2,697	25,616

Increasing Access to Youth and Family Support Programs

Throughout this period, the BCCSB provided funding for a comprehensive array of 45 distinct services to meet the evolving needs of children and families in Boone County. This expansion translated to an average increase of approximately eight new services per year, demonstrating a proactive stance toward increasing parent engagement, intensifying case management services, and augmenting home and family-based interventions. The provision of services such as Parenting Capacity Assessment, Family Development programs, and Parenting Skills Education helped to provide parents and caregivers with the necessary skills and resources to support their children effectively, helping to address the lack of parent engagement and the need for increased family-based services identified in the 2019 report. Case Management was provided in all five years, in direct support of the need for more intensive case management services, and Out of Home Respite Care was also provided in all five years, demonstrating direct support for families. Crisis Care and Advocacy were provided four of the five years, showing a commitment to addressing the immediate, critical needs of youth and families.

Changing Structures or Systems Related to Youth and Family Support Programs

Despite the absence of specific indicators in the 2019 assessment, the introduction and sustained provision of services such as Best Practices Training, Evidence-Based Practices Training, and Professional Coaching signify a proactive approach towards enhancing the skills and knowledge base of service providers and stakeholders. Funding from CSF provided support to 11 services over the five years with the types of services shifting over time demonstrating a concerted effort to embed evidence-informed approaches within service delivery frameworks.

Furthermore, the addition of Professional Coaching services in 2022 reflects a recognition of the value of personalized support and mentorship in optimizing service provision and fostering continuous improvement.

Providing Education Related to Youth and Family Support Programs

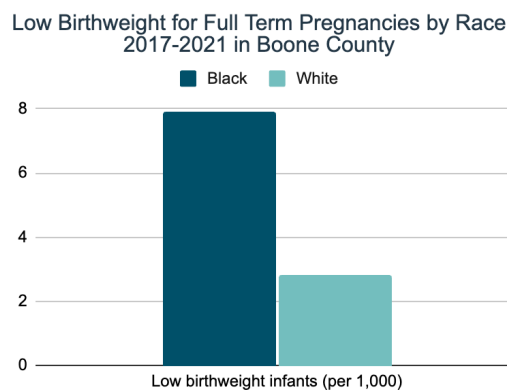
The BCCSB has made significant strides in providing funding for educational support services aimed at addressing the identified needs outlined in the 2019 assessment indicators. Over the years 2019 to 2023, the BCCSB has consistently focused on improving knowledge and understanding of appropriate mental health and emotional development needs for children and teens in both school and community settings. One notable trend is the steady expansion of services targeting these areas, with an increase in the number of services offered each year totaling 34 distinct services funded. For instance, the provision of Academic Instruction, Best Practices Training for Consumers, and Case Management services has remained consistent throughout the period. Additionally, there has been a notable expansion in services such as Community Collaboration, Out of School Programming, and Parenting Skills Training, with the number of services increasing from two in 2019 to four in 2023.

Equity Indicators Related to Youth and Family Support Programs

Community indicators and stakeholder feedback reveal deep and persistent inequities in Boone County. This section explores disparities related to Youth and Family Support Programs in the community and administrative data, and service provider insights, by focusing on racial, geographic, and economic inequities.

Community Indicators

The community indicators that have race-disaggregated data reveal significant racial disparities. For instance, in 2023 Black youth in Boone County are more than 9.5 times more likely to be referred to juvenile court than White youth (Boone Indicators Dashboard, 2024). Similarly, large gaps are evident in health outcomes. For the period of 2017-2021, the rate of full-term infants born with low birth weight is 2.83 per 1,000 for White infants in Boone County, while the rate for Black infants is significantly higher at 7.91 per 1,000 (Missouri Department of Health & Senior Services, 2024). These discrepancies highlight ongoing racial inequities in both juvenile justice and healthcare.



Service Provider Perceptions in Year-End Reports

In the year-end reports, equity concerns in youth and family support services are driven by a combination of financial, geographic, and cultural barriers. Families living in rural areas struggle to access youth support programs, particularly those offering mental health, academic, and behavioral interventions. One provider mentioned, *“We continue to operate with waitlists for our*

[specific service], as well as some of our elementary school sites.” Low-income families face additional challenges, as many programs are unaffordable or have limited capacity, leaving many families without access to essential services.

Language and cultural barriers further restrict access to these services. Non-English-speaking families are often underserved due to a lack of translated materials and culturally appropriate interventions. Providers highlighted the need for better language accessibility and culturally sensitive approaches, especially in mental health and family support services, to ensure that all families, regardless of background, can benefit from these programs.

Interviews & Focus Group Participant Perceptions

Stakeholder interviews and focus groups were conducted in three key areas: government services, funded providers, and eligible providers. In total, one stakeholder interview and one focus group were conducted related to youth and family support programs, involving nine representatives from eight different providers. The following themes were identified.

The COVID-19 pandemic significantly impacted services, resulting in an initial disconnection from clients and systems, followed by efforts to reestablish those connections. One participant relayed that the pandemic brought changes such as a focus on basic needs, mental health, and accessibility of services. Existing needs were exacerbated during the pandemic, leading to heightened expectations for meeting those needs equitably while also addressing mental health concerns. As a result, finding affordable childcare—especially for children with elevated needs—has become increasingly challenging.

Community Reported Needs Related to Youth and Family Support Programs

This section examines the community's reported needs related to Youth and Family Support Programs, focusing on data provided in the community data indicators, year-end reports by CSF-funded service providers, surveys, interviews, and focus groups.

Community Indicators

Many community indicators have shown local and national improvements in areas such as teenage birth rates, juvenile justice referrals, and rates of child abuse and neglect. However, significant unmet needs persist, particularly in the racial disparities in the juvenile justice system and low birth weight data highlighted above. The disparities emphasize the need for equitable access to prenatal care and juvenile justice services, with a focus on underserved populations to address these persistent gaps. Ensuring targeted support in these areas is essential to reduce inequities and improve outcomes for all.

Service Provider Perceptions in Year-End Reports

In the year-end reports, youth and family support services experienced consistent issues with capacity and service limitations. Providers frequently had to turn away families or place them on waitlists due to staffing shortages or program capacity. One agency shared, *“We continue to operate with a waitlist for services”*. Families also struggled with securing mental health

services, as one agency described: *"We have referred Club Members to [agency name] for further assessment and service referrals, as well as to [agency name],"* but the need far exceeded capacity. Additionally, parenting education and support services were identified as key unmet needs. *"Our community is lacking in parenting classes and/or education opportunities in general,"* noted one agency, emphasizing the demand for more comprehensive support for families facing behavioral challenges.

Survey Participant Perceptions

In the Community Survey, participants were asked to identify areas where they would like to see increased community investment. The services listed in this question were aligned with those specified in the statute establishing the CSF. Within the youth and family support services category, the second-highest priority for future investment was "individual, group, or family professional counseling and therapy services, along with prevention programs that promote healthy lifestyles among children and youth and strengthen families." Additionally, participants selected the top three challenges for children, youth, and families in Boone County; and related to the Youth and Family Support Services category, "access to affordable after-school programs" ranked fourth among these challenges.

Interviews & Focus Group Participant Perceptions

Interviews and focus groups revealed several challenges impacting youth and family support services, focusing on volunteer retention and funding application complexities.

Volunteer retention has become a significant concern, with many providers reporting a sharp decline in volunteer hours during the COVID-19 pandemic. The number of community-based volunteers failed to rebound to pre-pandemic levels. While some providers have adapted by offering virtual volunteer opportunities, much of the essential work requires direct engagement with program participants. This ongoing shortage of volunteers has hindered the ability of many programs to function effectively.

Funding application processes present another major challenge, particularly for smaller providers. These organizations often struggle to navigate the lengthy and complex requirements for securing funding, including completing detailed budget forms and understanding how to calculate and negotiate unit rates. Many providers perceive the application process as rigid and feel there is insufficient support to address their questions or concerns. Even providers that successfully secure funding face ongoing difficulties, such as tight deadlines for responding to follow-up inquiries after submitting an RFP. This pressure forces staff to prioritize the application process over other responsibilities, adding strain to already limited resources. Additionally, mid-year changes to unit rates and unclear guidelines on utilizing funds create uncertainty, particularly since the BCCSB acts as a funder of last resort. Providers fear missteps in the process could lead to financial repercussions, further complicating their ability to plan and deliver services effectively.

Change Analysis Related to Youth and Family Support Programs

For each of the themes identified in the 2014 and 2019 CSF assessment reports (Access, Structures and Systems, and Education), the findings below summarize the change from 2019 in community needs related to the population category of Youth and Family Support Programs. The change analysis is based on trends identified in the population category report section above.

Overall Change			Slight Improvement
Area	2019 Indicators	Change from 2019	
Increasing Access	Need to increase parent engagement		Slight Improvement
	Need for more intensive case management services.		Improvement
	Need to increase home and family-based services		Slight Improvement
Changing Structures or Systems	No 2019 report indicators; professional development for providers was used as an indicator.		Slight Improvement
Providing Education	Need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community		Improvement
	Need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community		Slight Improvement

Increasing Access: There have been efforts to increase parent engagement, case management services, and family-based services, indicating a positive trend toward addressing these needs.

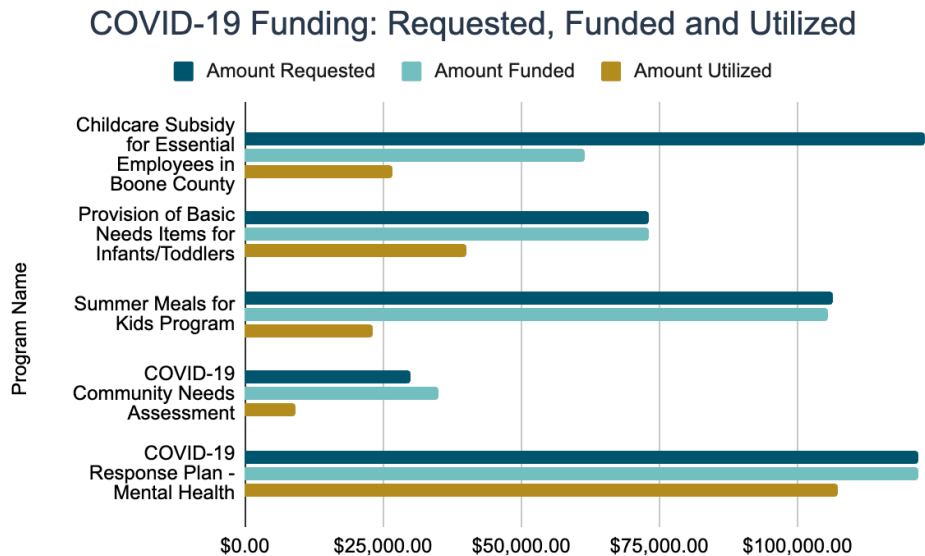
Changing Structures or Systems: No specific indicators of change were noted in the 2019 report. The use of an investment in professional development for providers was used as an indicator. The increase of these signifies a slight improvement.

Providing Education: Progress has been made in enhancing knowledge and understanding of mental health and emotional development needs, signifying an improvement in educational efforts.

COVID-19

The COVID-19 Pandemic posed challenges to nonprofits nationwide and those served by the CSF were no exception. During the pandemic, CoMoHelps, a group composed of Boone County, City of Columbia, Community Foundation of Central Missouri, Heart of Missouri United Way, and Veterans United Foundation, came together to provide additional funding to local nonprofit organizations.

In a special report by CoMoHelps, they outline how many local nonprofit organizations struggled in almost every aspect of operation, from decreased fundraising and revenues to increased demand for services. This experience was mirrored nationwide with more than half (53%) of nonprofits having had greater demand for their services during the COVID-19 pandemic, and one-third experiencing higher operating costs (Grassi Advisors, 2021). As a part of CoMoHelps, special emergency COVID-19 funding was allocated from the CSF in 2020 and 2021, comprising 1.91% of the total funding allocated through the CSF in 2020 and .67% of the total funding allocated in 2021. A total of \$206,263.64 was utilized by five organizations over these two years. The full report can be read in its entirety here: [CoMoHelps, February 8, 2021.](#)



Recommendations

To address identified needs with an equity focus, the BCCSB and Community Services Department should prioritize several key areas: suggested targeted funding initiatives, opportunities for enhanced communication, and provider technical assistance needs.

Suggested Targeted Funding Initiatives

- Increase access to mental health services
- Support low-income families at risk for homelessness
- Improve rural accessibility

Opportunities for Enhanced Communication

- Increase outreach and education of CSF
- Clarify the funding decision making process
- Clarify the use of equity data

Provider Technical Assistance Needs

- Provide application support prior to the request for proposal process
- Support provider workforce development

Suggested Targeted Funding Initiatives

There are three suggested areas for targeted funding initiatives.

- Increase access to mental health services
- Support low-income families at risk for homelessness
- Improve rural accessibility

Increase Access to Mental Health Services

To increase access to mental health services, BCCSB should prioritize building a more culturally competent workforce. Partnering with providers to recruit and train a diverse set of professionals, particularly in the mental health field, will help address the specific needs of minority and non-English-speaking families. This initiative is critical to ensuring that all members of the community receive equitable, high-quality care. Additionally, providing targeted funding to providers struggling with long waitlists and capacity issues can help reduce wait times. By focusing on increasing staffing levels, particularly for specialized mental health services, the community will see improved access and quality of care.

Support Low-Income Families at Risk for Homelessness

In addressing housing and basic needs, BCCSB should prioritize funding for initiatives that support low-income families at risk for homelessness. These programs should specifically target barriers such as previous evictions, poor credit, or criminal records, which often prevent families from securing stable housing. Furthermore, developing outreach campaigns about safety net and basic needs services is essential to increase the prevention of homelessness, especially

within marginalized communities, ensuring that these resources are reaching those who need them most.

Improve Rural Accessibility

To improve transportation and accessibility, funding should focus on ensuring providers that typically have brick-and-mortar locations in Columbia, are able to access families without transportation in rural areas. Specific services that are key in improving rural accessibility include healthcare, mental health services, and basic needs support in underserved areas. This will significantly improve access to services for families living outside city limits, particularly in rural areas where transportation options are limited. Providing funding for the service providers to be in family homes and community centers in rural areas, instead of traditional brick-and-mortar locations in the city, will help solve issues related to transportation while still working within the CSF statutory guidelines.

Opportunities for Enhanced Communication

There are three areas themes identified for opportunities to enhance communication.

- Increase outreach and education of CSF
- Clarify the funding decision-making process
- Clarify the use of equity data

Increase Outreach and Communication

First, improving outreach and communication is essential. Increasing community education will help both providers and the public better understand the BCCSB's mission and the rationale behind funding decisions. Public awareness campaigns should be developed to elevate the visibility of BCCSB members and the Community Services Department, while also providing funded providers with opportunities to promote their association with the CSF. This would foster greater visibility and trust among their service populations.

Clarify Funding Decision Making

Clarifying funding decisions is another area that needs improvement. In the provider survey, nearly 29% of unfunded applicants do not know the reasons for their lack of funding, highlighting the need for more detailed feedback using clear matrices and logic models for funding decision-making. Further, opportunities for feedback should be included in the application process for both funded and non-funded providers. Additionally, the data reveals significant racial and geographic disparities in access to essential services, making it unclear if equity and disparities are considered funding decision-making. Additionally, revising and streamlining application processes will create a more equitable environment. For example, extending response times for follow-up information and reevaluating character limits in applications will allow for clearer narratives and reduce the need for follow-up inquiries.

Integrate Equity Data into Processes

Equity-based considerations should be integrated into both the application and year-end reporting processes. While applications include questions that address how providers meet the unique needs of diverse demographic groups within Boone County and ask about the demographics of applicant organization board members, it is unclear how that data is weighted into funding decisions. Similarly, year-end reports should prompt providers to detail the measures taken to address disparities in access to services among marginalized or underserved populations to track changes in disparities over time.

Provider Technical Assistance Needs

There are two areas where providers need technical assistance.

- Provide application support prior to the request for proposal process
- Support provider workforce development

Provider Support Prior to the RFP Process

Technical assistance and guidance are necessary to ensure applicants understand expectations. Clarifying unit rates and offering workshops or one-on-one assistance will help smaller, newer organizations navigate the CSF application platform effectively. Further, pre-RFP workshops that are available on multiple dates and platforms will increase the diversity of providers who apply and the quality of applications submitted.

Support Workforce Development

Supporting workforce development is crucial to sustaining high-quality services. The BCCSB should increase funding for professional development programs, both in direct funding to providers, and by hosting programs, particularly those that offer training in trauma-informed care, cultural competency, and evidence-based practices. This will equip providers, especially those working in community settings, with the skills needed to deliver effective, empathetic care. In addition, incentivizing mental health and social service professionals to work in community-based organizations, particularly in rural areas, will help address workforce shortages. By offering incentives, such as CSF-hosted professional development workshops, self-care opportunities, and perks more often found in corporate offices, CSF can mitigate the growing trend of providers with burnout leaving the field.

Conclusion

Enhancing outreach and communication will elevate the visibility of the CSF and foster trust with service providers, increasing equity and availability of services for children, youth, and families. Clarifying funding decision-making to RFP applicants by providing transparent feedback and streamlining application processes will help address disparities in the types of applicants funded and increase trust, particularly in underserved areas. Additionally, offering technical assistance to smaller organizations and integrating equity data into application and reporting processes will

further promote equity in funding distribution. By focusing on these recommendations, the BCCSB and Community Services Department can create a more equitable funding landscape that meets the diverse needs of Boone County residents.

References

Annie E. Casey Foundation. (n.d.). Kids Count Data Center. <https://datacenter.aecf.org/>

Annie E. Casey Foundation. (n.d.). Missouri Kids Count. <https://missourikidscountdata.org>

Boone County Schools Mental Health Coalition. (n.d.). Cited in the Boone Indicators Dashboard Indicator as Students At Risk for Externalizing Behavior Issues (Teacher Rated). <http://booneindicators.org/IndicatorView.aspx?id=4921>

Boone County Schools Mental Health Coalition. (n.d.). Cited in the Boone Indicators Dashboard Indicator as Students At-Risk for Internalizing Behavior Issues (Student Rated). <http://booneindicators.org/IndicatorView.aspx?id=4911>

Centers for Disease Control and Prevention. (2023). Youth Risk Behavior Survey (YRBS) data summary & trends report: 2011-2021. U.S. Department of Health and Human Services. https://www.cdc.gov/yrb/dstr/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

CoMoHelps. (2021, February 8). CoMoHelps report. [https://storage.googleapis.com/production-constantcontact-v1-0-8/378/258378/VQ2PRtdR/3fde8b11985442dc8539c21f0be57be8?fileName=CoMoHelps%20Report%202-8-21%20\(final%20\).pdf](https://storage.googleapis.com/production-constantcontact-v1-0-8/378/258378/VQ2PRtdR/3fde8b11985442dc8539c21f0be57be8?fileName=CoMoHelps%20Report%202-8-21%20(final%20).pdf)

Federal Interagency Forum on Child and Family Statistics. (n.d.). America's children: Family structure and children's living arrangements, table Fam7A [Data set]. <https://www.childstats.gov/americaschildren/tables/fam7a.asp>

Feeding America. (2022). Food insecurity in Boone County, Missouri [Data set]. Feeding America. <https://map.feedingamerica.org/county/2022/overall/missouri/county/boone>

Grassi Advisors & Accountants. (2021). 2021 nonprofit benchmarking survey [Report]. <https://www.grassiadvisors.com/premium-tools/2021-nonprofit-benchmarking-survey/>

Missouri Courts Judicial Branch of Government. (n.d.). Cited in the Boone Indicator Dashboard as Relative Rate Index of Referrals for Black Youth Compared to White Youth. <http://booneindicators.org/IndicatorView.aspx?id=4917>

Missouri Department of Elementary and Secondary Education. (n.d.). District proportional attendance rate [Data set]. Missouri Comprehensive Data System. <https://apps.dese.mo.gov/MCDS/>

Missouri Department of Elementary and Secondary Education. (n.d.). Cited in the Boone Indicators Dashboard as High School Graduation by School District. <http://booneindicators.org/IndicatorView.aspx?id=4848>

Missouri Department of Elementary and Secondary Education. (n.d.). Cited in the Boone Indicators Dashboard as Students Scoring Proficient or Advanced on English Language Arts MAP: Grade 3. <http://booneindicators.org/IndicatorView.aspx?id=4845>

Missouri Department of Health & Senior Services. (n.d.). Cited in the Boone Indicators Dashboard as Low Birthweight for Full-Term Pregnancies. <http://booneindicators.org/IndicatorView.aspx?id=4876>

Missouri Department of Health & Senior Services. Missouri Resident Deaths. Missouri Public Health Information Management System (MOPHIMS). Death MICA. Cited in the Boone Indicators Dashboard as Child Mortality (Ages 1-17). <http://booneindicators.org/IndicatorView.aspx?id=4800>

Missouri Department of Health & Senior Services. (n.d.). Cited in the Boone Indicators Dashboard as Missouri Resident Deaths. Missouri Public Health Information Management System (MOPHIMS), Death MICA. <http://booneindicators.org/IndicatorView.aspx?id=4862>

Missouri Department of Health and Senior Services. (2023, May 1). Rural communities face a steep climb in race for childcare. Rural Spotlight. <https://ruralhealthinfocenter.health.mo.gov/rural-communities-face-steep-climb-in-race-for-childcare/>

Missouri Economic Research and Information Center. (2024). Cost of living data series. Missouri Department of Economic Development. <https://meric.mo.gov/data/cost-living-data-series>

Missouri Public Health Information Management System (MOPHIMS). (n.d.). Cited in the Boone Indicators Dashboard as Hospitalization for Alcohol and Substance-related Mental Disorders. <http://booneindicators.org/Issues.aspx?id=10>

National Center for Education Statistics. (n.d.). High school graduation rates. U.S. Department of Education. <https://nces.ed.gov/fastfacts/display.asp?id=805>

National Center for Health Statistics. (n.d.). National Vital Statistics Reports, 2014–2021 [Data set]. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/products/nvsr.htm>

U.S. Census Bureau. (2022). Children characteristics: 2022 American Community Survey 5-year estimates, table S0901 [Data set]. U.S. Department of Commerce.

U.S. Census Bureau. (2022). Poverty status in the past 12 months: 2023 American Community Survey 5-year estimates, table S1701 [Data set]. U.S. Department of Commerce.

U.S. Census Bureau. (2022). Total population: 2022 American Community Survey 5-year estimates, table B01003 [Data set]. U.S. Department of Commerce.

U.S. Census Bureau. (2022). Cited in the Boone Indicators Dashboard as Child Poverty Rate. United States Census [Tables B17001, B17001A, B17001B, B17001C, B17001D, B17001E, B17001F, B17001G, B17001H & B17001I]. <http://booneindicators.org/IndicatorView.aspx?id=4811>

Appendices

Appendices	72
Appendix 1: Detailed Timeline	73
Appendix 2: Boone County Children Services Department Administrative Data	75
Appendix 3: Community Survey	76
Appendix 4: Focus Group & Interview Agenda	84
Appendix 5: Return on Investment Analysis	85
Appendix 6: Community Support and Basic Needs Programs: Services Provided by Year	86
Appendix 7: Infant and Early Childhood Programs: Services Provided by Year	87
Appendix 8: School-Based Programs: Services Provided by Year	90
Appendix 9: Treatment Programs: Services Provided by Year	92
Appendix 10: Youth and Family Support Programs: Services Provided by Year	94

Appendix 1: Detailed Timeline

Step 1: Administrative Data November 2023 - January 2024		
target date	action item	notes
Nov 1	kick-off meeting	Completed November 1st
Nov 15	initial data request meeting	Completed November 15th
Dec-Jan	monthly meetings	Completed each month on schedule
Nov	data gathering	Data was received from BCCSD in December. Pushed back the cleaning and analysis timeline
Dec	data cleaning & analysis	Completed for the March 8th meeting
Jan	report building	Completed April 19th
Jan 31	presentation of step 1	May 9th - Admin Data and Survey Data Report
Step 2: Community Surveys February - May 2024		
target date	action item	notes
Feb-May	monthly meetings	Completed each month on schedule
Feb-Mar	survey creation & deployment	The survey deployed mid-January & closed on February 29th
Apr	data cleaning & analysis	Completed March 28th
May	report building	Completed April 19th
Step 3: Focus Groups and Interviews June - September 2024		
target date	action item	notes
June-Sept	monthly meetings	Completed each month on schedule
June	interview guide creation	Draft presented April 18th
June-Aug	focus groups & interviews	Completed August 1st
Aug	transcription & analysis	Completed August 19th
Sept	report building	Completed September 2nd
Sept 30	presentation of data	Completed September 5th
Step 4: Final report October - December 2024		
target date	action item	notes
Oct-Dec	monthly meetings	Completed each month on schedule

Oct	data cleaning & analysis	Completed September 15th
Nov	report building	Draft 1 was completed in October
Nov 30	Presentation of the draft report	Draft 1 was presented on October 3rd
Dec 30	Presentation of the final report	Presented December

Appendix 2: Boone County Children Services Department Administrative Data

Funding cycle-related data by application period:

- # Programs Funded
- # Organizations Funded
- # Of Program applications
- # of Organization applications
- Amount requested by an application
- Amount funded by application
- Taxonomy related information

Funding-related data by year:

- Amount spent by program, service, and taxonomy
- Include separately the emergency/extra fund allocations
- Amount allocated by program, service, and taxonomy
- Include separately the emergency/extra fund allocations
- Amount in the fund overall
- Total department budget

Output related data by year:

- Number of individuals served by the organization
- Broken down by demographics
- Number of individuals served by the program
- Broken down by demographics
- Outputs for each service within a program
- Both funded and non-funded
- Actuals and estimates

Outcome-related data by year:

- Outcomes grouped by common outcomes
- Outcomes grouped by organization and program
- Outcomes grouped by taxonomy
- Outcomes grouped by key themes.
- Past aggregation on key findings from year-end reports
- Including unmet needs

Appendix 3: Community Survey

This anonymous survey is for

- Boone County, Missouri residents;
- providers of children, youth, and family services in Boone County;
- and consumers of children, youth, and family services in Boone County.

The survey should take less than 10 minutes to complete.

On November 6, 2012, the citizens of Boone County passed the County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Boone County Community Services Department was created to administer the funds according to the BCCSB's funding decisions and ensure contract compliance. As the Boone County Children's Services Fund (BCCSF) goes through an external evaluation process, your input is needed to evaluate the funding and shape its ongoing impact. Individual responses to the survey will not be shared with the BCCSB and the Community Services Department. Throughout the survey, we'll refer to the Community Services Department, the Children's Services Board, and the decisions they make as the BCCSF. When answering, you should think about them as a whole, unless otherwise specified.

1. Overall, how easy is it to access services for children, youth, and families in Boone County?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult
- I'm not sure

2. Overall, how would you rate the quality of services for children, youth, and families in Boone County?

- Very high quality
- High quality
- Neither high nor low-quality
- Low quality
- Very low quality
- I'm not sure

3. What are the 3 biggest challenges for children, youth, and families in Boone County? (Select 3 checkboxes)

- Ability to meet basic needs
- Access to affordable after-school programs
- Access to affordable childcare

- Access to cultural events
- Access to educational opportunities
- Access to healthcare
- Access to healthy food
- Access to libraries
- Access to mental health programs
- Access to parks or natural areas
- Clean and healthy environments
- Low crime, safe neighborhoods
- Other (please specify)

4. How familiar are you with the BCCSF?

- Extremely familiar
- Very familiar
- Somewhat familiar
- Not so familiar
- Not at all familiar

5. The mission of the BCCSB is to improve the lives of children, youth, and families in Boone County by strategically investing in the creation and maintenance of integrated systems that deliver effective and quality services for children and families in need.

How effective is the Boone County Children's Service Board in meeting the mission above?

- Extremely effective
- Very effective
- Somewhat effective
- Not so effective
- Not at all effective
- I'm not sure

6. Where has the BCCSF made the greatest positive impact? (Pick 3 checkboxes)

- Temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth
- Respite care services
- Unmarried parent services
- Outpatient chemical dependency and psychiatric treatment programs
- Counseling and related services as a part of transitional living programs
- Home-based and community-based family intervention programs
- Prevention programs that promote healthy lifestyles among children and youth and strengthen families
- Crisis intervention services, inclusive of telephone hotlines
- Individual, group, or family professional counseling and therapy services
- Psychological evaluations
- Mental health screenings
- I'm not sure

7. In relation to Boone County Children Services Fund:

I'm satisfied with BCCSF's funding decisions

- Strongly Agree
- Agree Disagree
- Strongly
- Disagree
- I'm not sure

BCCSF is transparent in its decisions

- Strongly Agree
- Agree Disagree
- Strongly
- Disagree
- I'm not sure

The leadership and staff of organizations funded by BCCSF are similar to the demographics of Boone County

- Strongly Agree
- Agree Disagree
- Strongly
- Disagree
- I'm not sure

The recipients of services funded by BCCSF are similar to the demographics of Boone County

- Strongly Agree
- Agree Disagree
- Strongly
- Disagree
- I'm not sure

The Boone County Children's Services Board funding decisions address issues of equity and inclusivity

- Strongly Agree
- Agree Disagree
- Strongly
- Disagree
- I'm not sure

8. What could BCCSF do differently to improve the lives of children, youth, and families in Boone County?

9. Is there anything else you want to tell us about services for children, youth, and families in Boone County?

* 10. Do you work for an organization that serves children, youth, or families in Boone County, Missouri?

- Yes
- No

Providers of children, youth, or families services

These questions are for individuals who provide children, youth, or family services in Boone County, Missouri

11. What type of children, youth, or family services does your organization provide? (select all that apply)

- Temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth
- Respite care services
- Unmarried parent services
- Outpatient chemical dependency and psychiatric treatment programs
- Counseling and related services as a part of transitional living programs
- Home-based and community-based family intervention programs
- Prevention programs that promote healthy lifestyles among children and youth and strengthen families
- Crisis intervention services, inclusive of telephone hotlines
- Individual, group, or family professional counseling and therapy services
- Psychological evaluations
- Mental health screenings
- Other (please specify)

12. Overall, how would you rate the quality of your organization's services for children, youth, and families in Boone County?

- Very high quality
- High quality
- Neither high nor low-quality
- Low quality
- Very low quality

13. Overall, how easy is it to access your organization's services for children, youth, and families in Boone County?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

14. Where would you like to see increased community investments? (pick your top 3)

- Temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth
- Respite care services
- Unmarried parent services
- Outpatient chemical dependency and psychiatric treatment programs
- Counseling and related services as a part of transitional living programs

- Home-based and community-based family intervention programs
- Prevention programs that promote healthy lifestyles among children and youth and strengthen families
- Crisis intervention services, inclusive of telephone hotlines
- Individual, group, or family professional counseling and therapy services
- Psychological evaluations
- Mental health screenings
- Other (please specify)

* 15. How would you describe your organization?

- The organization I work for IS currently funded by BCCSF.
- The organization I work for IS NOT currently funded by BCCSF.
- I'm not sure if my organization is funded by BCCSF

Funded providers

These questions are for individuals who work at an organization that is currently funded by BCCSF

16. What impact has Boone County Children's Service funding had on your ability to serve the county's children, youth, and families?

- Very positive impact
- Positive impact
- Neutral impact
- Negative impact
- Very negative impact
- I'm not sure

17. Because of Boone County Children's Service funding, has your organization been able to do any of the following? Select all that apply

- Access new or different resources
- Develop new programming
- Improve organizational capacity
- Improve program quality
- Increase collaborations or partnerships
- Serve more children, youth, and/or families
- None of the above
- I'm not sure
- Other (please specify)

Not funded providers

These questions are for individuals who work at an organization that is NOT currently funded by BCCSF

18. Why do you not receive Boone County Children's Service funding? (select all that apply)

- Application complexity
- Applied but was not awarded
- Competition
- Eligibility requirements
- Funding restrictions
- Funding not needed for eligible programs
- Organizational capacity
- Unaware of funding
- I'm not sure
- Other (please specify)

19. Is there anything that BCCSF could do to help you secure funding?

* 20. I am/was a parent or guardian of a child that was aged 0-19 from 2014-2024 in Boone County

- Yes
- No

Consumers of child-related services

These questions are for individuals who are a parent/guardian of a child(ren) that were/are under the age of 19 between 2014-2024 in Boone County

21. How many children do you have?

22. What are their age groups? (select all that apply)

- Birth-2 years
- 3-5 years
- 6-11 years
- 12-14 years
- 15-19 years
- 20 years and over
- Prefer not to say

23. What school(s) do your child or children attend? (select all that apply)

- Not in school or an early childhood program yet
- Early Childhood Program (Head Start, Pre-School, Day Care, Home Day Care, etc.)
- Southern Boone Public Schools
- Columbia Public Schools
- Centralia Public Schools
- Hallsville Public Schools
- Harrisburg Public Schools
- Homeschooled
- Non-religious private school
- Religious private school
- Sturgeon Public Schools

- I prefer not to say
- Other (please specify)

24. Have you utilized any of the following services in Boone County for your child or children in the last five years? (select all that apply)

- Temporary shelter for abused, neglected, runaway, homeless, or emotionally disturbed youth
- Respite care services
- Unmarried parent services
- Outpatient chemical dependency and psychiatric treatment programs
- Counseling and related services as a part of transitional living programs
- Home-based and community-based family intervention programs
- Prevention programs that promote healthy lifestyles among children and youth and strengthen families
- Crisis intervention services, inclusive of telephone hotlines
- Individual, group, or family professional counseling and therapy services
- Psychological evaluations
- Mental health screenings
- Other (please specify)
- None of the above

25. Overall, what change have you seen in your child or children since they began receiving services in Boone County?

- Very positive change
- Positive change
- Neutral
- Negative change
- Very negative change

26. Are any of the services you utilize(d) funded by BCCSF?

- Yes
- No
- I don't know

Demographics

Demographic data ensures this survey is inclusive and accurately represents the makeup of our community. The data will identify trends, disparities, and unique characteristics in our community.

27. Are you a Boone County resident?

- Yes
- No

28. What is your zip code?

29. What is your age?

30. Select your race

- Asian (alone)
- Black or African-American (alone)
- Multiple races
- Native American Indian or Alaskan Native (alone)
- Native Hawaiian or other Pacific Islander (alone)
- White (alone)
- Prefer not to say
- Other (please specify)

31. Select your ethnicity

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown
- Prefer not to say
- Other (please specify)

32. Select your estimated household income level

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000+
- Prefer not to say

Thank you!

Thank you for your feedback. If you have questions about the BCCSF, you can learn more here.

For any questions about the survey or technical issues, please reach out to Partner for Better, the agency administering this survey at: kasey@partnerforbetter.com

33. Before you go, is there anything else you'd like us to know?

Appendix 4: Focus Group & Interview Agenda

60 Minute Meeting

- Introduction
 - Who we are? (introductions)
 - Why are we here? (purpose statement 1)
 - What are we trying to accomplish? (purpose statement 2)
 - Who are you?
 - Fill out the demographic form - Add a line to receive the final report
 - Print focus group questions on the back and the ranking questions
- Rating
 - On a scale of 1-10 ...
 - Overall, how easy is it to access services for children, youth, and families in Boone County?
 - Overall, how would you rate the quality of services for children, youth, and families in Boone County?
 - How equitable are the services?
 - Where has the BCCSF made the greatest positive impact? (statute services list)
 - How familiar are you with BCCSF?
- Open Questions (4 questions x 9 minutes = 36 minutes)
 - Write questions on a flip chart or share slide virtually
 - Impact
 - (2019) When thinking about BCCSF, what is its biggest impact?
 - When thinking about children in Boone County, what are our strengths?
 - If you are a provider - how has BCCSF funding impacted your services?
 - Barriers/Challenges
 - (2019) What are the biggest barriers to providing mental health services to children in the county?
 - What are the three biggest challenges for children, youth, and families in Boone County?
 - Systems and structure
 - (2019) No specific questions
 - What can we do to reduce barriers?
 - What strategies can leverage strengths or mitigate challenges?
 - What could BCCSF do differently to improve the lives of children, youth, and families in Boone County?
 - 1 minute to explain each question
 - 2 minutes to brain-write each question
 - Create a handout with questions for participants to write on
 - Collect after the focus group
 - 5-6 minutes to discuss each question
 - Flip chart answers
- Closing
 - Final questions
 - Collect forms

Thanks and goodbye

Appendix 5: Return on Investment Analysis

Category	total spending	total participants	Total programs assessed in WA cost-benefit analysis	Avg comp. cost pp WA	MO adjusted comp. pp	total est comp. cost	total cost	Avg benefits pp WA	MO adj benefit pp	Total est Benefit	ROI total
Basic Needs	5,328,472.63	43,277	4	392.00	286.16	12,384,146.32	17,712,618.95	5,132.00	3,746.36	162,131,221.72	8.15
Early Childhood	10,899,862.97	11,659,937	25	\$636	463.99	5,410,070,848.76	5,420,970,711.73	6,813.00	4,973.49	57,990,580,070.13	9.70
School-Based	24,461,578.53	302,115	79	\$55	40.45	12,222,043.20	36,683,621.73	7,136.00	5,209.28	1,573,801,627.20	41.90
Treatment	9,775,199.52	21,153	63	\$2,513	1,834.22	38,799,329.53	48,574,529.05	15,678.00	11,444.94	242,094,815.82	3.98
Youth and Family Services	15,879,440.12	53,749	28	\$157	114.30	6,143,357.13	22,022,797.25	6,939.00	5,065.47	272,263,947.03	11.36
Total	66,344,553.77	12,080,231	199	\$921	672.55	8,124,604,887.56	8,190,949,441.33	9,732.00	7,104.36	85,822,309,907.16	1,292.58

Category	BCCSF Spending	BCCSF Participants	Total programs assessed in WA cost-benefit analysis	Avg comp cost pp WA	MO adj comp pp	BCCSF est comparison cost	BCCSF cost	Avg benefits pp WA	MO adj benefit pp	BCCSF est benefit	ROI BCCSF
Basic Needs	1,950,733.17	36,672	4	392.00	286.16	10,494,059.52	12,444,792.69	5,132.00	3,746.36	137,386,513.92	10.04
Early Childhood	9,101,810.20	11,638,270	25	\$636	463.99	5,400,017,620.76	5,409,119,430.96	6,813.00	4,973.49	57,882,819,462.30	9.70
School-Based	15,804,596.98	198,353	79	\$55	40.45	8,024,358.06	23,828,955.04	7,136.00	5,209.28	1,033,276,315.84	42.36
Treatment	5,504,386.37	14,801	63	\$2,513	1,834.22	27,148,341.91	32,652,728.28	15,678.00	11,444.94	169,396,556.94	4.19
Youth and Family Services	8,668,208.09	39,694	28	\$157	114.30	4,536,910.79	13,205,118.88	6,939.00	5,065.47	201,068,766.18	14.23
Total	41,029,734.81	11,927,790	199	\$921	672.55	8,022,080,118.48	8,063,109,853.29	9,732.00	7,104.36	84,739,314,164.40	9.51

Appendix 6: Community Support and Basic Needs Programs: Services Provided by Year

Outcome Theme: Increasing Access					
Related 2019 Assessment Indicators					
⇒ Need to remove barriers to access such as transportation, location, time, and resources					
Services Provided	2019*	2020	2021	2022	2023
Case Management					X
Individual Therapy - Adult		X			
Individual Therapy - Child		X			
SNAP/WIC Matching		X	X		X
Supplemental Food		X	X	X	X
Flourish				X	
Out-of-Home Respite Care - Child				X	
Physical Activity				X	

Outcome Theme: Changing Structures or Systems					
Related 2019 Assessment Indicators					
⇒ Need to increase cultural competence among providers					
Services Provided	2019*	2020	2021	2022	2023
Professional Services				X	

Outcome Theme: Providing Education					
Related 2019 Assessment Indicators					
⇒ Need to increase mental health awareness in the community					
Services Provided	2019*	2020	2021	2022	2023
Adult Basic Education		X		X	X
Community Collaboration					X
Career Exploration		X			
Household Gardens					X
Job Readiness/Vocational Training		X		X	X
Professional Services		X			
Public Awareness/Education		X		X	X
Parent Education					X

*No funding for Community Support and Basic Needs in 2019

Appendix 7: Infant and Early Childhood Programs: Services Provided by Year

Outcome Theme: Increasing Access					
Related 2019 Assessment Indicators:					
⇒ Need to increase parenting skills and child development education					
Services Provided	2019	2020	2021	2022	2023
Behavioral Health Assessment	X	X			
Behavioral Health Screening	X	X		X	X
Best Practices Training					X
Case Management	X	X	X	X	X
Congregate Meals	X				
Community Collaboration					X
Crisis Intervention	X		X	X	X
Family Development	X			X	
Family Therapy	X			X	
Home Visiting	X	X	X	X	X
Individual Therapy - Adult	X	X	X	X	
Individual Therapy - Child	X	X	X	X	
Parent Partnership	X				
Professional Coaching Scholarships	X				
Service Coordination	X				
Social-Emotional Screening	X	X	X	X	X
Clinical Case Management		X			
Cribs		X	X	X	
Developmental Screening		X	X	X	X
Expectant/New Parent Assistance		X	X	X	
General Medical Care		X		X	
Group Therapy - Adult		X			
Interpretation		X		X	
Medical Financial Assistance		X			
Prescription Medicine		X	X	X	
Provision of Basic Needs		X	X	X	X
Scholarships		X		X	X
Developmental and Social-Emotional Screening				X	
Early Childhood Education				X	
Out-of-School Programming				X	X
Professional Coaching				X	
Psychiatric Treatment				X	

Outcome Theme: Changing Structures or Systems					
Related 2019 Assessment Indicators:					
⇒ None					
Services Provided	2019	2020	2021	2022	2023
Best Practices Training	X	X	X	X	
Professional Coaching	X	X		X	X
Classroom Assessment		X		X	
Evidence-Based Practice Training		X	X	X	X
Community Collaboration					X
Professional Services		X			X

Outcome Theme: Providing Education					
Related 2019 Assessment indicators:					
⇒ Need to increase parenting skills and child development education					
Services Provided	2019	2020	2021	2022	2023
Case Management	X	X	X	X	X
Family Development	X	X		X	
Health Education	X				
Home Visiting	X	X	X	X	X
Out-of-School Programming	X	X		X	X
Parent Partnership	X				
Parenting Skills Training	X	X			X
Public Awareness/Education	X	X	X	X	X
Service Coordination	X				
Best Practices Training		X	X		
Community Collaboration		X		X	X
Crisis Intervention		X		X	
Developmental Screening		X			
Early Childhood Education		X		X	X
Information and Referral		X	X	X	
Scholarships		X			X
Social-Emotional Screening		X			
Parenting Skills Education			X	X	X
Cribs				X	
Early Childhood Education					X
Evidence-Based Practice Training				X	
Expectant/New Parent Assistance				X	
Flourish				X	

Professional Services				X	
Vocational Training - Trades				X	

Appendix 8: School-Based Programs: Services Provided by Year

Outcome Theme: Increasing Access					
Related 2019 Assessment Indicators:					
⇒ None					
Services Provided	2019	2020	2021	2022	2023
Academic Enrichment					X
BCSMHC* - Student Checklist	X	X			
Case Management	X	X	X	X	X
Crisis Counseling					X
Community Collaboration	X				X
Family Education	X	X		X	X
Group Therapy - Child	X	X			X
Health Education	X	X	X	X	X
Home Visiting	X	X	X		X
Individual Therapy - Child	X	X			X
Interpretation	X	X		X	X
Positive Youth Development	X	X		X	X
Psychiatric Care	X				
Psychiatric Case Management	X	X	X	X	X
Psychiatric Treatment	X	X		X	X
Social-Emotional Screening	X	X	X	X	X
University Intervention	X	X			
BCSMHC* - Teacher Checklist		X			
Out-of-School Programming		X		X	
Physical Activity		X	X		
Site Based Mentoring		X		X	X
Supplemental Food		X		X	X
Medical Financial Assistance			X	X	
Clinical Case Management			X	X	
Family Therapy			X	X	X
Behavioral Health Assessment				X	X
Community -Based Mentoring				X	X
FACE				X	X
Household Gardens				X	
Individual Development Account				X	
Individual Therapy				X	X

Outcome Theme: Changing Structures or Systems					
Related 2019 Assessment Indicators:					
⇒ Need to improve teacher classroom management skills					
Services Provided	2019	2020	2021	2022	2023
Best Practices Training	X	X	X	X	X
BCSMHC* Checklist	X				
Professional Coaching	X	X		X	
FACE			X	X	
Community Collaboration					X

Outcome Theme: Providing Education					
Related 2019 Assessment Indicators:					
⇒ Need to improve communication between parents and teachers					
Services Provided	2019	2020	2021	2022	2023
Academic Enrichment					X
Case Management	X				X
Community Gardens	X	X			
Family Education	X	X		X	X
Health Education	X	X		X	X
Home Visiting	X			X	X
Interpretation	X			X	X
Information and Referral	X	X			X
Parent Partnership					X
Personal Finance Education	X				
Positive Youth Development	X				
Household Gardens		X			
Public Awareness/Education		X		X	
Best Practices Training			X		X
Community-Based Mentoring				X	X
FACE				X	
Site-Based Mentoring				X	X

*Boone County Schools Mental Health Coalition (BCSMHC)

Appendix 9: Treatment Programs: Services Provided by Year

Outcome Theme: Increasing Access					
Related 2019 Assessment indicators:					
⇒ Need to address the lack of child psychiatrists					
⇒ Need to address the shortage of mental health providers					
⇒ Need to decrease wait times for appointments					
Services Provided	2019	2020	2021	2022	2023
Behavioral Health Assessment	X	X	X	X	X
Best Practices Training	X				
Case Management	X	X	X	X	X
Clinical Case Management	X	X	X	X	X
Computer-Assisted Intervention	X	X	X	X	X
Family Therapy	X	X	X	X	X
Group Therapy - Child	X	X	X	X	X
Home Visiting	X	X	X	X	X
Individual Therapy - Adult	X	X	X	X	X
Interpretation					X
Individual Therapy - Child	X	X	X	X	X
Substance Use Assessment	X				
Behavioral Health Screening	X	X	X	X	X
Family Development		X	X	X	
Family Education		X	X		
General Medical Care		X			
Group Therapy - Adult		X			
Health Education		X			X
Non-Prescription Medication		X			
Peer Support		X			
Prescription Medication		X			
Psychiatric Case Management					
Psychiatric Treatment		X			
Rental Assistance		X			
Substance Use Disorder Assessment		X		X	
Therapeutic Mentoring		X			
Evidence-Based Training				X	X
Medical Financial Assistance				X	X
Parenting Skills Education				X	X
SNAP/WIC Matching				X	
Social-Emotional Screening				X	X
Therapeutic Mentoring					X

Outcome Theme: Changing Structures or Systems					
Related 2019 Assessment indicators:					
⇒ Lack of health insurance					
⇒ Medicaid billing difficulties					
Services Provided	2019	2020	2021	2022	2023
Best Practices Training	X	X	X	X	X
Evidence-Based Practice Training	X	X	X	X	X
Case Management	X				
Professional Coaching		X		X	X
Vocational Training				X	

Outcome Theme: Providing Education					
Related 2019 Assessment indicators:					
⇒ Need to decrease mental health stigma					
Services Provided	2019	2020	2021	2022	2023
Behavioral Health Assessment	X				X
Behavioral Health Screening	X				X
Case Management	X	X		X	
Clinical Case Management	X			X	
Home Visiting	X		X	X	X
Individual Therapy - Adult	X				
Individual Therapy - Child	X				
Parenting Skills Education		X	X		X
Public Awareness/Education		X			X
Family Education				X	
Group Therapy - Child				X	X
Health Education				X	X
Out of School Programming				X	
SNAP/WIC Matching				X	
Social-Emotional Screening				X	
Substance Use Disorder Assessment				X	
Vocational Training				X	

Appendix 10: Youth and Family Support Programs: Services Provided by Year

Outcome Theme: Increasing Access					
Related 2019 Assessment indicators:					
⇒ Need to increase parent engagement					
⇒ Need for more intensive case management services					
⇒ Need to increase home and family-based services					
Services Provided	2019	2020	2021	2022	2023
Advocacy	X	X	X	X	
Behavioral Support Services	X	X			
Case Management	X	X	X	X	X
Community Needs Assessment	X	X			
Community-Based Mentoring					X
Crisis Intervention	X	X			
Developmental Screening	X				
Family Development	X			X	X
Home Visiting					X
Group Therapy - Child	X				
Individual Therapy - Child	X	X		X	
Out-of-Home Respite Care - Child	X	X	X	X	X
Out of School Programming	X		X	X	X
Parenting Capacity Assessment	X			X	
Positive Youth Development	X	X	X	X	
Professional Services	X	X		X	
SNAP/WIC Matching	X				
Social-Emotional Screening	X	X		X	
Therapeutic Mentoring	X	X		X	X
Trauma-Informed Therapeutic Artmaking	X				
24-Hour Emergency Shelter		X			
Community Collaboration		X			
Congregate Meals		X			
Crisis Care		X	X	X	X
Domestic Violence Shelter		X			
Individual Therapy - Adult		X			
Overnight Emergency Shelter		X			
Parent Partnership		X			X
Personal Development		X		X	
Physical Activity		X		X	X
Rental Assistance		X			
Support Groups		X		X	

Transitional Housing		X			
Transitional Shelter (31 to 364 days)		X			
Utility Assistance		X			
Best Practices Training				X	
Equine-Assisted Activities				X	
Family Education				X	
Family Therapy				X	
Individual Development Account				X	
Interpretation				X	
Parenting Skills Education				X	
Site-Based Mentoring				X	
Supplemental Food				X	

Outcome Theme: Changing Structures or Systems					
Related 2019 Assessment indicators:					
⇒ NONE					
Services Provided	2019	2020	2021	2022	2023
Advocacy	X				X
Behavioral Support Services	X				
Best Practices Training	X		X		X
Community Needs Assessment	X				
Professional Coaching				X	X
Professional Services	X			X	
Trauma-Informed Therapeutic Artmaking	X				
Evidence-Based Practices Training		X	X	X	X
Classroom Assessment				X	
Community Collaboration				X	
FACE				X	

Outcome Theme: Providing Education					
Related 2019 Assessment indicators:					
⇒ need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community					
⇒ need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community					
Services Provided	2019	2020	2021	2022	2023
Academic Instruction	X	X	X	X	X
Best Practices Training for Consumers	X				
Case Management	X	X		X	X

Community Collaboration	X	X		X	
Community Needs Assessment	X				
FACE					X
Family Development	X	X		X	X
Out of School Programming	X	X	X	X	X
Parenting Capacity Assessment	X	X			
Parenting Skills Training	X				
Positive Youth Development	X				X
Public Awareness/Education and Academic	X				
Social-Emotional Screening	X				
Therapeutic Mentoring	X				
Trauma-Informed Therapeutic Artmaking	X				
Advocacy		X		X	
Best Practices Training		X		X	
Career Exploration		X			
Domestic/Sexual Violence Education		X			
Family Education		X			X
Individual Development Account		X			
Interpretation					X
Information and Referral		X			
Parent Partnership		X			
Parenting Skills Education		X		X	X
Personal Finance Education		X			
Professional Coaching		X		X	
Academic Support				X	
Community-Based Mentoring (Group)				X	X
Community-Based Mentoring (Individual)				X	X
Evidence-Based Practices Training				X	
Household Gardens				X	
Personal Development				X	
Site-Based Mentoring				X	