Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program Needs Assessment

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"Many things we need can wait. The child cannot. Now is the time his bones are being formed, his blood is being made, his mind is being developed. To him we cannot say tomorrow, his name is today."

-Gabriela Mistral

Introduction

The single most important predictor for a nation's wealth and prosperity is their children's health. The hallmark of a developed country lies in its ability to protect and serve its most vulnerable population – the children. The ability of a nation to provide an equal opportunity for every child to realize their full potential can be hailed as the most important achievement of that particular nation. Child health promotion can no longer be considered as just identification and treatment of specific diseases or injuries but the overall well being of the child from a variety of dimensions – social, economic and cultural all need to be addressed. The health and well being of children is inseparable from their respective families underscoring the need for a holistic approach. While children in general are a vulnerable population, those from socially disadvantaged families are particularly at a high risk of not being able to realize their full potential because of their less than favorable position in the society with respect to their health and well being. It is these vulnerable families that can benefit the most from societal interventions that can provide them with the necessary jump start required for overall life course development and success.

While home visiting programs to improve the health and well being of families, especially in Western societies, have been in existence for more than 100 years it is only in the recent decades that there has been a growing focus on using home visiting programs as a service delivery strategy to improve maternal and child health outcomes. Home visitation programs offer a variety of family focused services by trained personnel to pregnant and new mothers within the context of their home, where families are most comfortable. In the US, the founding of the Nurse Family Partnership (NFP) model for low income, first-time mothers by Dr. David Olds in 1977 marked the beginning of the new era of evidence based home visiting programs. Evidence based home visitation programs have been shown not only to positively impact the short term outcomes (pregnancy and early childhood related) but also the long term developmental outcomes for the child – the life course perspective. Home visitation programs have been shown to be most effective for at-risk families/communities.

The Centers for Disease Control and Prevention's (CDC) task force on Community Preventive Services estimates that up to 43% of US births (approximately 1.7 million) could potentially benefit from receiving home visiting services[1]. In Missouri, approximately 50% of the births each year are covered by Medicaid and could potentially benefit from home visitation programs. While individual programs might differ with respect to their targeted populations, program models and staff training / qualifications delivering the services it has been proven beyond a doubt that home visiting programs have been shown to be cost-effective on a long term basis with respect to cost savings to the society, particularly among at-risk families.

[1] CDC. Task Force on Community Prevention Services. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation. MMWR. October 3, 2003.

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On March 23, 2010, President Obama signed the *Patient Protection and Affordable Care Act*, which included, among other critical provisions, $1.5 billion in mandatory funding over 5 years for high quality, evidence-based, voluntary early childhood home visitation services. This investment will significantly expand home visitation services, helping to ensure that more children have the opportunity to grow up healthy, safe, ready to learn and able to become productive members of society. In addition, the law requires all states, as a condition of receiving existing Maternal and Child Health Services Block grant funds in FY 2011, to conduct a statewide needs assessment to identify at-risk communities, and determine the capacity of existing early childhood visitation programs, substance abuse treatment, and counseling services. The Maternal, Infant, and Early Childhood Home Visiting Program is designed to: 1) strengthen and improve the programs and activities carried out under the Maternal and Child Health Services block grant, 2) improve coordination of services for at-risk communities, and 3) identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. At-risk communities will be identified by the statewide assessment. The following sections describe in detail:

1. Process / methodology used to identify at-risk communities (counties)
2. Quality and Capacity of existing early childhood home visitation programs in the state
3. State's capacity for providing substance abuse treatment, and counseling services to individuals and families in need of such treatment services

1. Statewide Data Report

In accordance with home visiting needs assessment guidance, Table 1 provides a statewide data report using the template provided in Appendix A with the following considerations:

- If data for certain indicators listed in Appendix A were unavailable, an alternate indicator was provided, with an explanation of the strengths and limitations of the data for the alternate indicator under the column "Comments".
- If data for certain indicators were unavailable at the community level (defined as county level for the present needs assessment), regional data were used instead of the individual at-risk county reports (provided under **Section 3**) and explanations were provided under the column "Comments".
- State-level and county-level data for individual indicators were not available from CAPTA and Head Start. However, the program capacity portion of the needs assessment (**Section 4**) included discussions of some program-based data from these two needs assessments.

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Needs Assessment

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	13.1	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	8.1	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	7.4	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	13.5	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Crime - # of crime index offenses per 100,000 population	--	--	--	--	3,922.5	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index (also referred as Part I crime) is the sum of eight major offenses and is used to measure the magnitude of crime in the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	1,596.9	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	613.6	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.
School Drop-out Rates - Percent high school drop-outs grades 9-12	4.1	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	24.2	--	Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008. County-level data are not available. Regional level data including the specific county was provided as an alternative for the county-level data.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	5.6	--	Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008. County-level data are not available. Regional level data including the specific county was provided as an alternative for the county-level data.
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.8	--	Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008. Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. County-level data are not available. Regional level data including the specific county was provided as an alternative for the county-level data.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.0	--	Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of Women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	8.3	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	6.1	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	4.8	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.5	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.4	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	1.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.

Table 1. Missouri Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	55.3	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	83.8	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	18.0	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

2. Identification of At-Risk Communities

2.1 Methods Used to Identify At-Risk Communities

Definition of Community. County-level data are available in Missouri for almost all the indicators specified in the guidance of the home visiting needs assessment. County is also the geographic unit to define metropolitan and non-metropolitan areas of the state, which may further help programs identify rural/urban areas. Therefore, in the Missouri home visiting needs assessment, counties are selected as "communities" to determine "at risk communities".
Definition of At-Risk Communities. According to the guidance of the home visiting needs assessment, at-risk counties (communities) in Missouri were identified with concentrations of 11 areas specified in the guidance. These areas include

- Premature birth;
- Low-birth-weight infants;
- Infant mortality, including infant death due to neglect;
- Poverty;
- Crime;
- Domestic violence;
- High rates of high-school drop-outs;
- Substance abuse;
- Unemployment;
- Child maltreatment; and
- Other indicators of at risk prenatal, maternal, newborn, or child health.

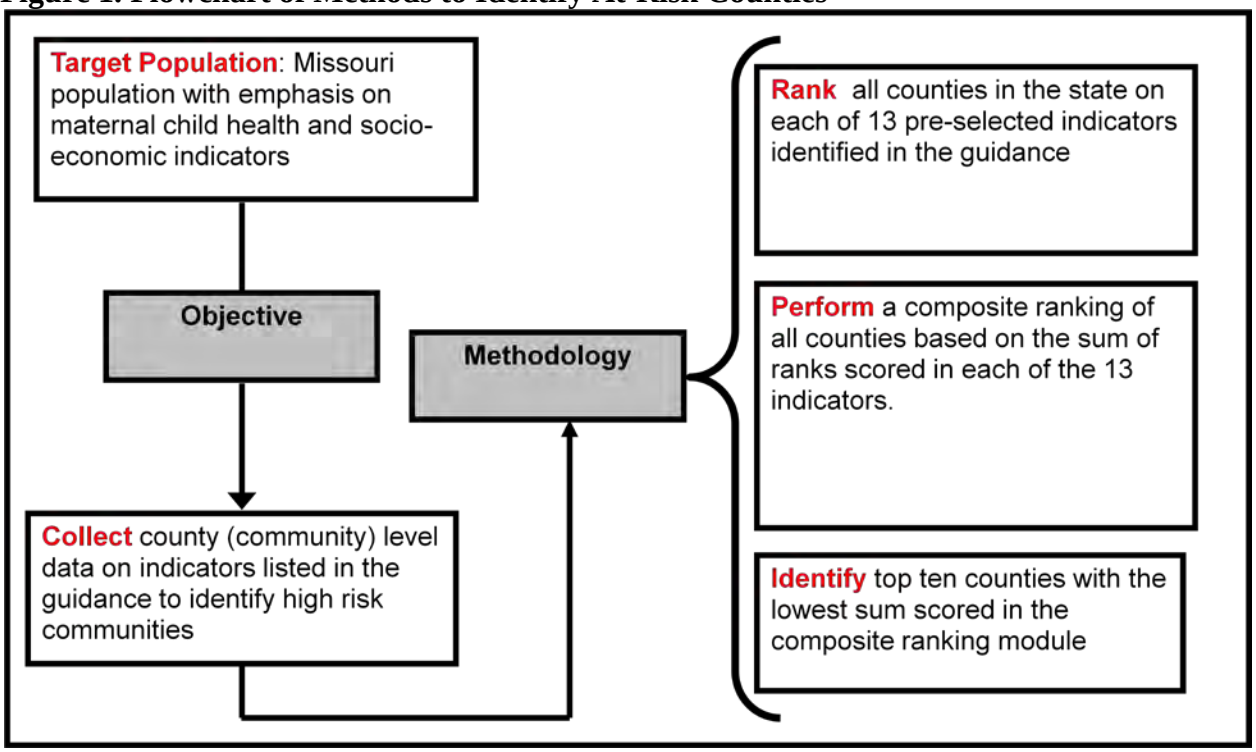
Thirteen indicators with available data at county level were selected as key indicators to describe the 11 areas specified in the guidance. Table 2 shows a matrix of the 13 indicators tied to the 11 areas. Figure 1 shows a flowchart of the methods used to identify at-risk counties. A composite ranking by county based on all the 13 indicators were used to identify top 10 at-risk counties. The composite ranking process involved the following three steps:

- *First,* county ranking was conducted for each of the 13 indicators;
- *Second,* a composite score was determined using the sum of the individual county ranks for each of the 13 indicators;
- *Third,* the top 10 at-risk counties were identified through ranking the composite score by county.

Table 2. Matrix of 13 Indicators Tied to 11 Areas

Areas	Indicators by County
Premature birth	Preterm (before 37 weeks of gestation) Birth Rate (%)
Low-birth-weight infants	Rate of Low Birth Weight (<2,500g) (%)
Infant mortality (including death due to neglect)	Infant Mortality Rate (per 1,000)
Poverty	Poverty Rate (%)
Crime	Crime Index Offenses per 100,000
Domestic violence	Domestic Violence Incidents per 100,000
High-school drop-outs	High-School Dropout Rate (%)
Substance abuse	Women 18-44 Years of Age Admitted to Alcohol and Drug Abuse Treatment Services (per 1,000)
Unemployment	Unemployment Rate (%)
Child maltreatment	Children Substantiated for Abuse/Neglect per 1,000 Population Aged under 18 Years
Other indicators of at risk prenatal, maternal, newborn, or child health	Teen (Age 15-19) Pregnancy Rate (per 1,000)
	Live Births to Women with Early Prenatal Care (%)
	Live Births to Women Who Smoked during Pregnancy (%)

Figure 1. Flowchart of Methods to Identify At-Risk Counties



Layout of Data Description of Section 2. Subsection 2.2 provided descriptions of indicators specified in Appendix A of the guidance for each of the 11 areas. County-level data (if available) and top ten at-risk counties were provided based on county ranking for each of the indicators. In addition to descriptions of the 13 key indicators, *Subsection 2.2* also provided descriptions of sub-category indicators (i.e., crime arrests among juveniles and child maltreatment by type), indicators with only statewide and regional data (i.e., prevalence of substance abuse), and selected indicators by sociodemographic characteristics (i.e., rate of low birth weight by race). *Subsection 2.3* provided a list of the top ten at-risk counties based on the composite ranking of the 13 key indicators and justifications.

2.2 Descriptions of Indicators

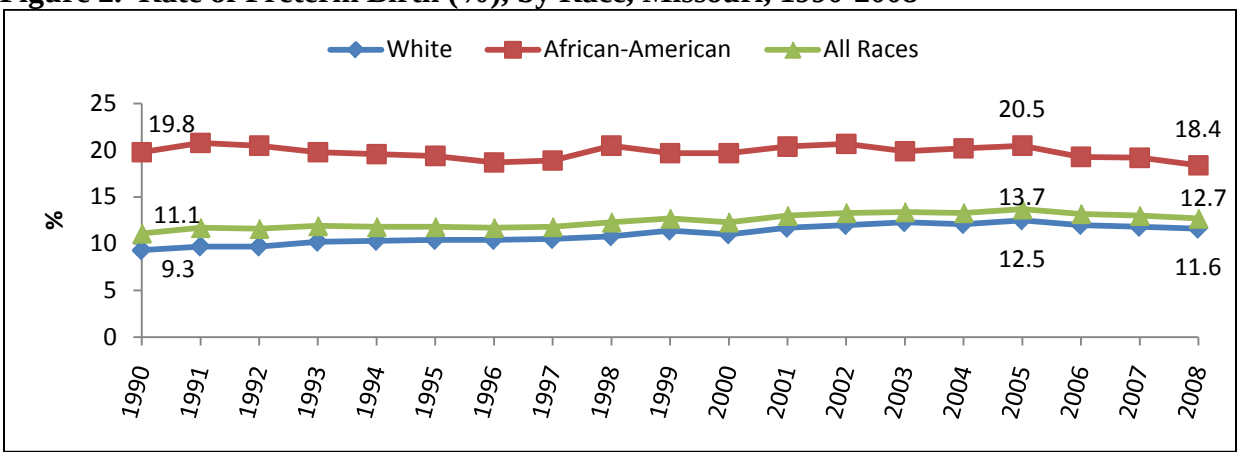
2.2.1 Premature Birth

Premature birth is described by using preterm birth rate. Preterm birth refers to the birth of a baby less than 37 weeks of completed gestation. Preterm birth is the leading cause of infant deaths, especially neonatal deaths in Missouri and the nation. Missouri's preterm birth rate was slightly higher than the national rate (13.2% vs. 12.8% in 2006) with significant racial disparities. Similar to national trends, Missouri's preterm birth rates increased by 14.4%, from 11.1% in 1990 to 12.7% in 2008 (Figure 2). However, since 2005 Missouri saw a steady decrease in preterm birth rates (13.7% in 2005 vs. 12.7% in 2008) among both whites and African-Americans. Preterm birth rates have been consistently higher among African-Americans than whites (18.4% vs. 11.6% in 2008) (Figure 2).

The reasons for the upward trend in preterm birth nationwide are not fully clear. Possible factors may include greater use of assisted reproductive techniques which increase the rates of multiple gestations; a rise in the proportion of births to women older than 35; and changes in clinical practice such as the early induction of labor or C-sections close to, but not at, full term.[2] The increase in the rate of late preterm birth (34-36 weeks gestation) accounts for most of the increase in preterm birth rate. From 1999 to 2005, the rate of late preterm birth rate increased by 9% (8.1% vs. 8.9%) among singleton births in Missouri while the rate of the remaining preterm births increased by only 2.9% (2.9% vs. 3%) in Missouri; in the same time period, C-section increased by 37.1% (21% vs. 28.8%).

[2] March of Dimes. March of Dimes white paper on preterm birth - The global and regional toll. White Plains, New York: March of Dimes Foundation, 2009

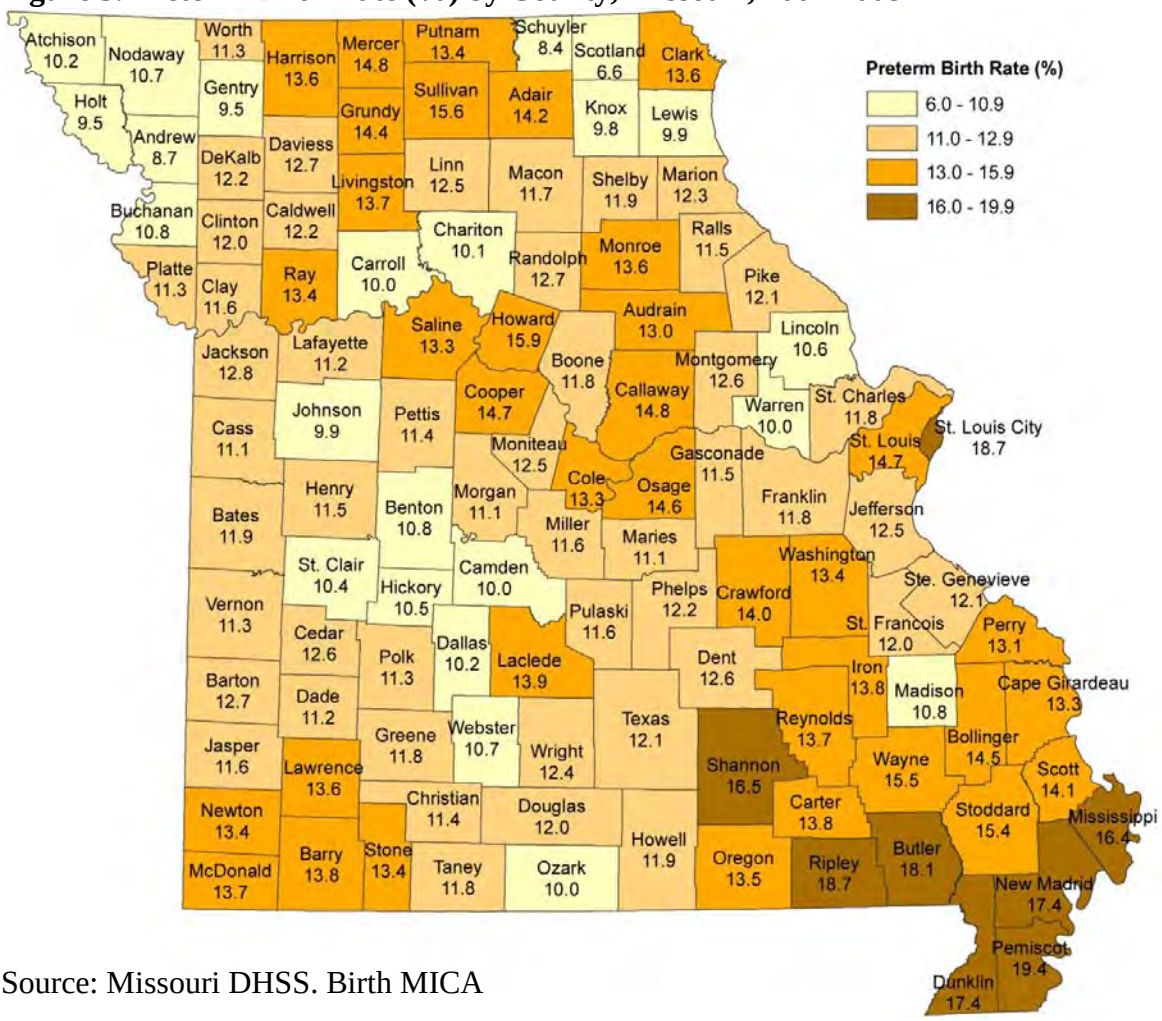
Figure 2. Rate of Preterm Birth (%), by Race, Missouri, 1990-2008



Source: Missouri Department of Health and Senior Services (DHSS). Missouri Information for Community Assessment (MICA)-Births

Preterm Birth Rate by County. The Missouri preterm birth rate in 2004-2008 was 13.1%, and the rate varied significantly by county, ranging from 6.6 per 1,000 in Scotland to 19.4% in Pemiscot (Figure 3). The highest preterm birth rates were concentrated in the southeast region of Missouri. Six of the top ten counties with the highest preterm birth rates in 2004-2008 were located in the southeast region (Table 3).

Figure 3. Preterm Birth Rate (%) by County, Missouri, 2004-2008



Source: Missouri DHSS. Birth MICA

Table 3. Top Ten Counties with Highest Preterm Birth Rates, Missouri, 2004-2008

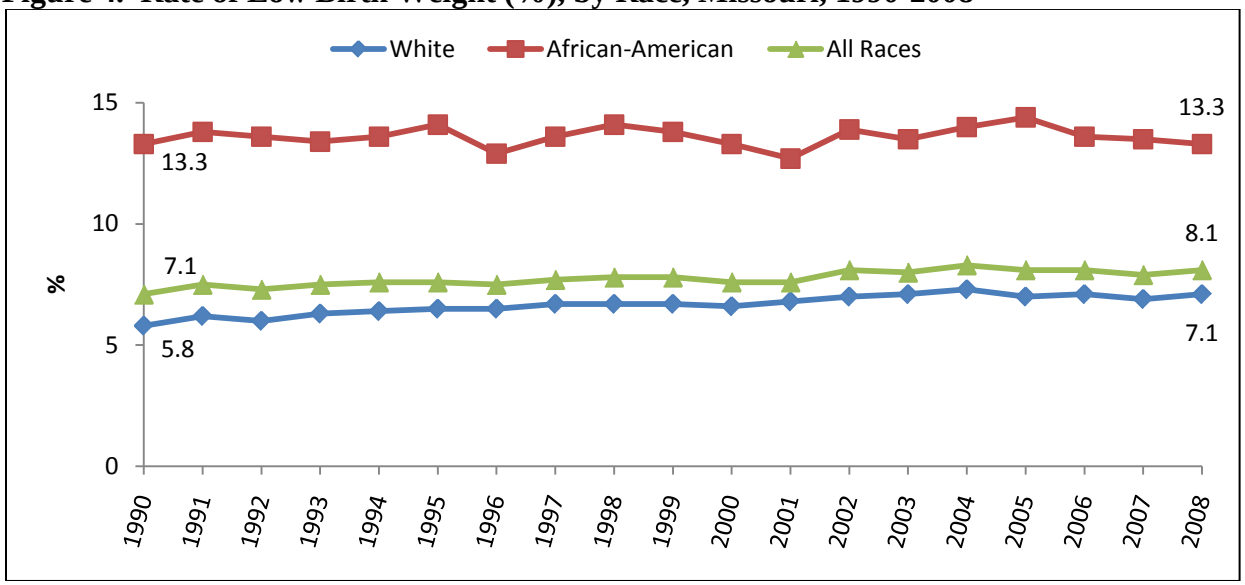
County	Rate of Preterm Birth (%), 2004-08	Ranking (1=highest)
Statewide	13.1	
Pemiscot	19.4	1
Ripley	18.7	2
St. Louis City	18.7	2
Butler	18.1	4
Dunklin	17.4	5
New Madrid	17.4	5
Shannon	16.5	7
Mississippi	16.4	8
Howard	15.9	9
Sullivan	15.6	10

Source: Missouri DHSS. Birth MICA

2.2.2 Low Birth Weight Infants

Babies born less than 5 pounds 8 ounces (2500g) are considered Low Birth Weight (LBW) and are at an increased risk for infant mortality and morbidity. In 2008, one in five infant deaths (19.9%) and one-third (32.5%) of neonatal deaths were due to LBW or preterm birth in Missouri. In 2008, the overall LBW rate in Missouri was 8.1% (8.3% in U.S.) with higher rates among African-American (13.3%) than white infants (7.1%). Similar to national trends the rates of LBW in Missouri increased by 14.1% (7.1% in 1990, 8.1% in 2008) (Figure 4) in the past two decades. The increase in LBW rate in Missouri from 1990 to 2008 was mainly due to an increase in LBW rate in whites (5.8% vs. 7.1%) than African-Americans (13.3% vs. 13.3%). African-American women are two times more likely than white women (13.3% vs. 7.1%) to deliver LBW babies and this persistent racial disparity for the past two decades continues to be a significant public health concern in the U.S. and Missouri (Figure 4).

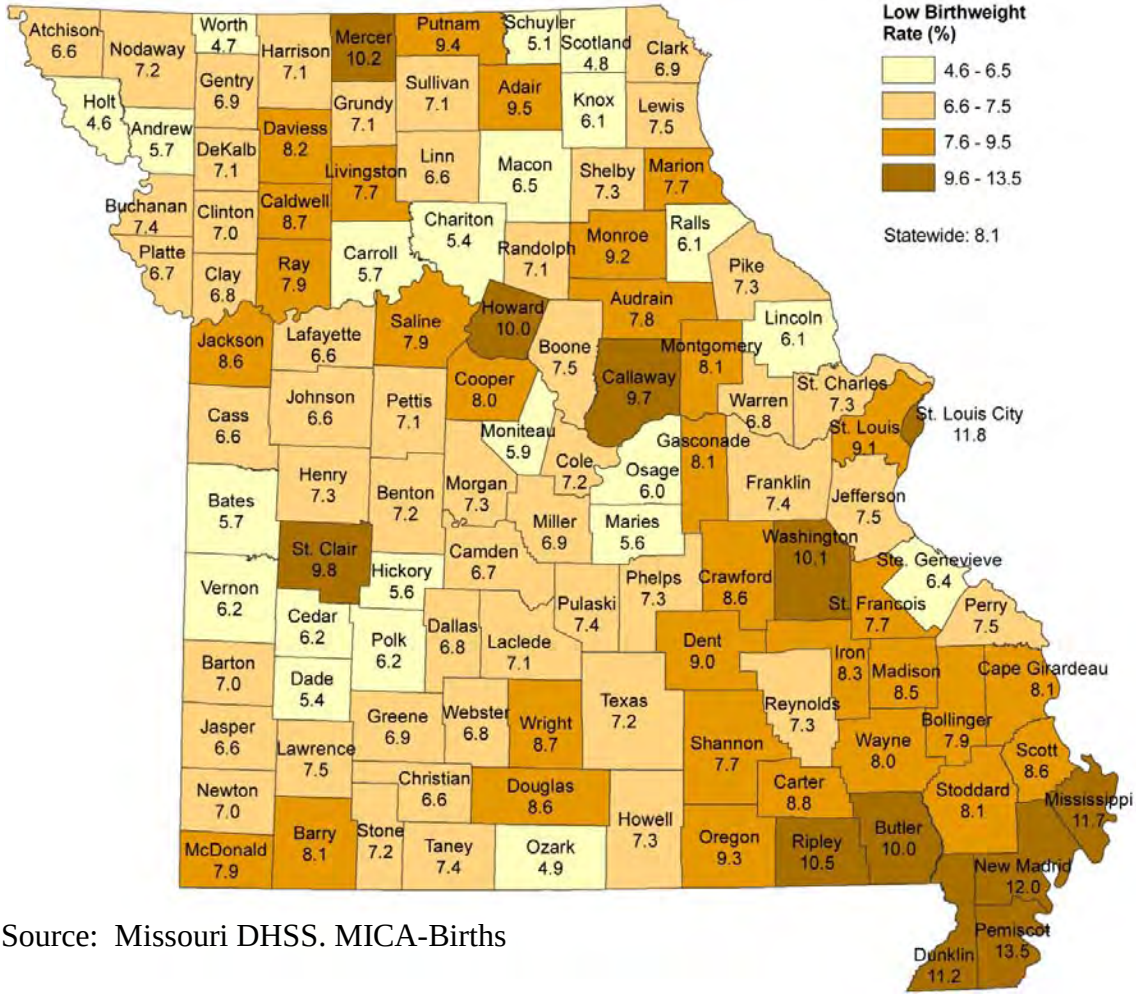
Figure 4. Rate of Low Birth Weight (%), by Race, Missouri, 1990-2008



Source: Missouri DHSS. MICA-Births

LBW by County. The rate of low birth weight infants in Missouri in 2004-2008 was 8.1%, and the rate varied significantly by county, ranging from 4.6% in Holt to 13.5% in Pemiscot (Figure 5). Similar to the pattern by county for preterm birth rate, the highest rates of low birth weight tended to be concentrated in the southeast region of Missouri. Six of the top ten counties with the highest rates of low birth weight in 2004-2008 were located in the southeast region (Table 4).

Figure 5. Rate of Low Birth Weight (%) by County, Missouri, 2004-2008



Source: Missouri DHSS. MICA-Births

Table 4. Top Ten Counties with Highest Rates of Low Birth Weight, Missouri, 2004-2008

County	Rate of Low Birth Weight (%), 2004-08	Ranking (1=highest)
Statewide	**8.1**	
Pemiscot	13.5	1
New Madrid	12.0	2
St. Louis City	11.8	3
Mississippi	11.7	4
Dunklin	11.2	5
Ripley	10.5	6
Mercer	10.2	7
Washington	10.1	8
Butler	10.0	9
Howard	10.0	9

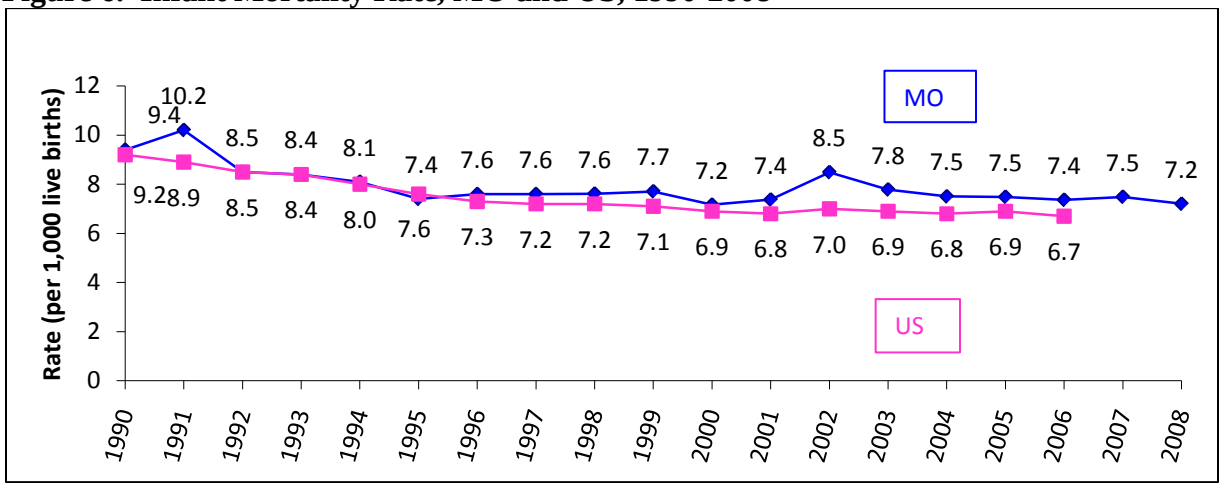
Source: Missouri DHSS. Birth MICA

2.2.3 Infant Mortality

Infant mortality refers to deaths of children under the age of one year. It is measured by the infant mortality rate (IMR), which is the total number of deaths to children under the age of one year for every 1,000 live births. Infant mortality is the single most important public health indicator used to monitor the health and well being of a community and is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic status, and public health practices. Reducing IMR and eliminating associated racial disparities are consistent with the first and second overarching goals of the U.S. Healthy People (HP) 2010 objectives. Missouri's IMR has been slightly higher than the national rate since 1996 and far above the HP 2010 target of 4.5 per 1,000 live births. Similar to national trends, after declining rapidly in early 1990s Missouri's IMR pretty much remained unchanged since 2001(Figure 6).

Both Missouri and the nation saw a noticeable increase in IMR in 2002, but the increase did not continue. Missouri's IMR decreased from 2002 to 2004 but stabilized around 7.5 per 1,000 through 2007. However, in 2008 Missouri's IMR decreased by 4% (7.5 in 2007 to 7.2 per 1,000) (Figure 6), the lowest since 2001.

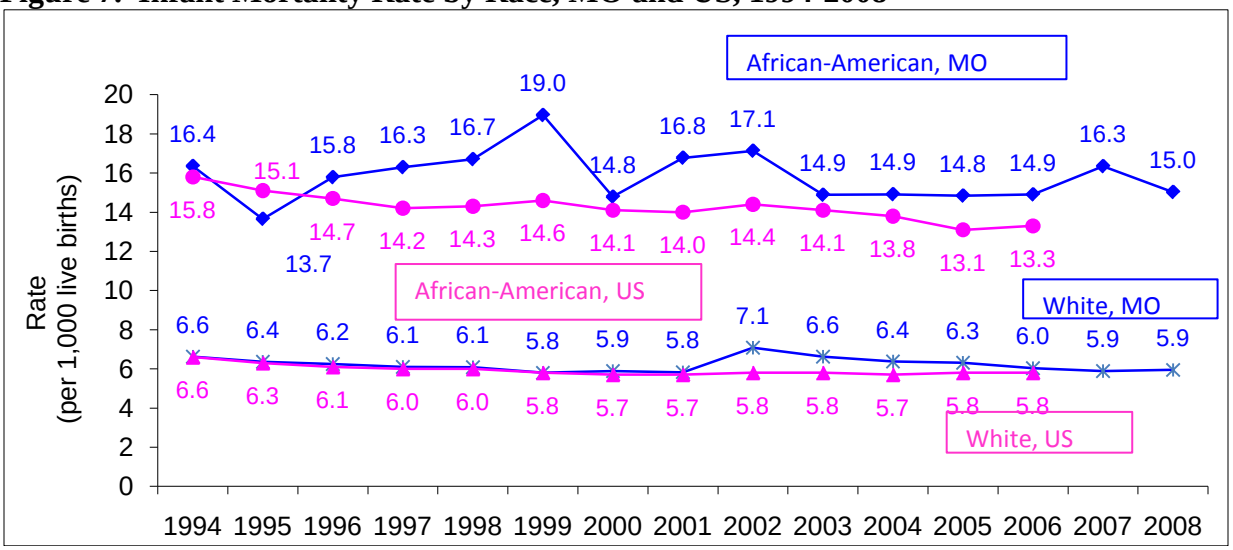
Figure 6. Infant Mortality Rate, MO and US, 1990-2008



Source: Missouri DHSS. MICA – Deaths; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). National Vital Statistics Reports

Racial Disparity in Infant Mortality. While significant strides have been made in reducing overall infant mortality in Missouri and the US, African-American infants are at an increased risk of dying within the first year than white infants. Similar to national rates, African-American IMR in Missouri was twice that of white IMR (15 vs. 5.9 per 1,000 live births in 2008) and has been so for the past two decades both in the nation and Missouri (Figure 7). Of all the racial disparities in health measures this is the most disturbing and innovative public health interventions to reduce this gap are the need of the hour.

Figure 7. Infant Mortality Rate by Race, MO and US, 1994-2008



Source: Missouri DHSS. MICA – Deaths; CDC, NCHS. National Vital Statistics Reports

Leading Causes of Infant Deaths. In 2008 there were 583 infant deaths in Missouri. The top five leading causes of infant deaths (Table 5) were birth defects, short gestation and LBW, unintended injuries, sudden infant death syndrome (SIDS), and maternal complications of pregnancy, and accounted for two-thirds (66.7%) of all infant deaths in Missouri in 2008 (Table 5). All infant deaths due to short gestation, LBW and maternal pregnancy complications in Missouri in 2008 occurred in the neonatal period (<28 days of age), and the short gestation and LBW accounted for one-third (32.5%) of neonatal deaths. On the other hand, majority of infant deaths due to SIDS and unintentional injuries were in the post-neonatal period, and unintentional injuries were the leading cause of post-neonatal deaths in Missouri in 2008 (33.6%).

Table 5. Top Five Leading Causes of Infant Deaths, Missouri, 2008

Causes (ICD-10 codes)	Rank	Infant deaths	Neonatal deaths	Post neonatal deaths	Proportion of infant deaths (%)	Infant death rate (per 100,000 live births)
All causes		**583**	**357**	**226**	**100**	**720.3**
Birth defects (Q00-Q99)	1	139	93	46	23.8	171.7
Short gestation and LBW (P07)	2	116	116	0	19.9	143.3
Unintentional injuries (V01-X59)	3	84	8	76	14.4	103.8
Suffocation in bed (W75)		68	7	61	11.7	84.0

Causes (ICD-10 codes)	Rank	Infant deaths	Neonatal deaths	Post neonatal deaths	Proportion of infant deaths (%)	Infant death rate (per 100,000 live births)
SIDS (R95)	4	32	6	26	5.5	39.5
Maternal pregnancy complications (P01)	5	18	18	0	3.1	22.2
Other causes		194	116	78	33.3	239.7

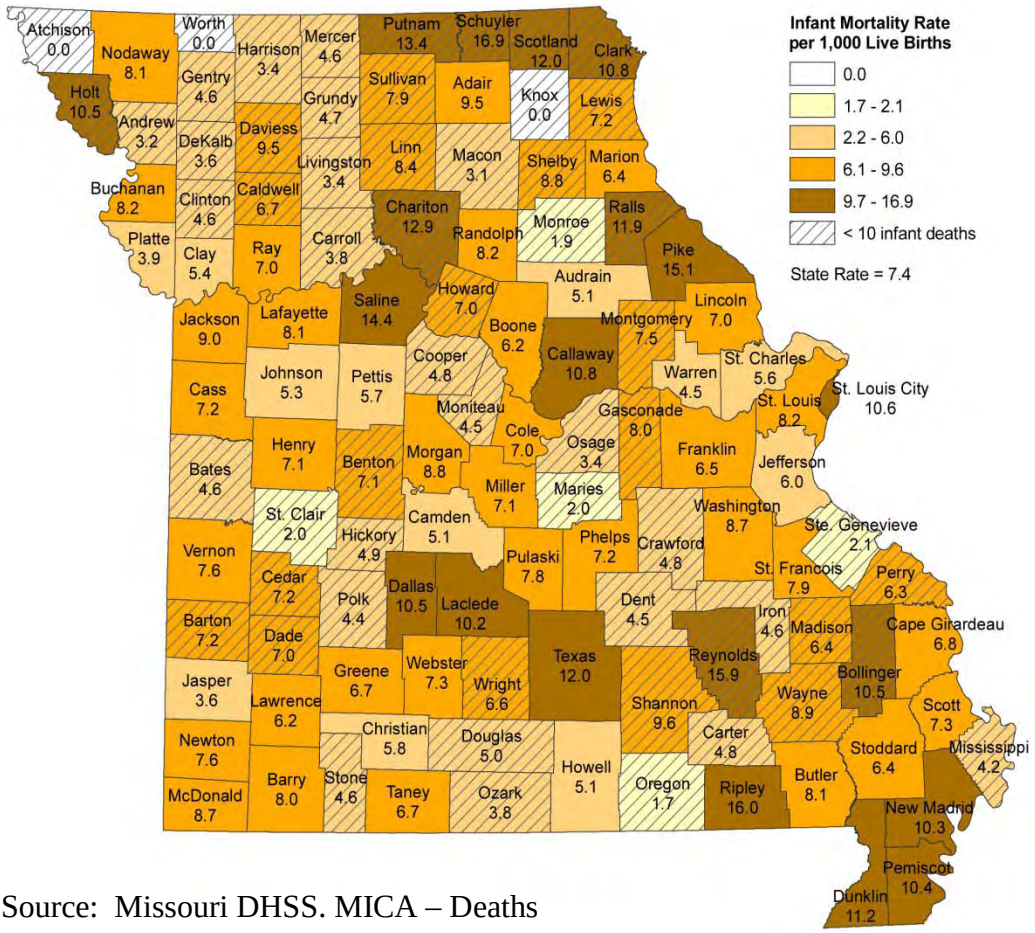
Source: Missouri DHSS. Vital Statistics – Deaths

Infant Deaths due to Abuse/Neglect. According to Missouri vital statistics, there were 583 infant deaths in Missouri in 2008, and four infant deaths were reported due to abuse/neglect. From 1999 to 2008, there were a total of 26 infant deaths due to abuse/neglect in Missouri reported by vital statistics, which accounted for half of the total (53) for all child abuse and neglect deaths during the same period.

The Child Fatality Review Panel (CFRP) is focused on the prevention of child fatalities, while the precipitating events are of particular concern. The CFRP categorizes deaths according to the circumstances of death, which may not be the immediate cause of death listed on the death certificate. Therefore, the CFRP is able to identify more infant deaths due to abuse/neglect compared to those reported by the vital statistics. According to Missouri CFRP, 13 infant deaths due to abuse/neglect occurred in Missouri in 2008.

Infant Mortality Rate by County. Counties in the southeast and northeast areas tended to have higher infant mortality rates (Figure 8 and Table 6). It should be noted that there are quite a few counties in Missouri with less than 10 infant deaths in the past 5 years 2004-2008. The rates for those counties might be unstable due to the small size.

Figure 8. Infant Mortality Rate (per 1,000 Live Births) by County, Missouri, 2004-2008



Source: Missouri DHSS. MICA – Deaths

Table 6. Top Ten Counties with Highest Infant Mortality Rates, Missouri, 2004-2008

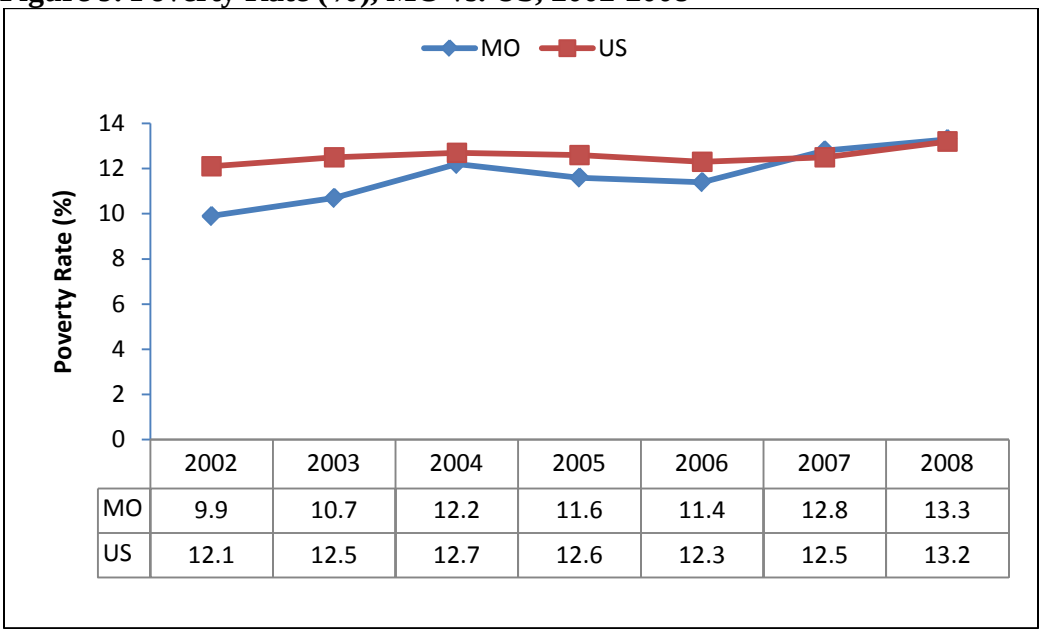
County	Infant Mortality Rate (Per 1,000), 2004-08	Ranking (1=highest)
Statewide	**7.4**	
Schuyler	16.9	1
Ripley	16.0	2
Reynolds	15.9	3
Pike	15.1	4
Saline	14.4	5
Putnam	13.4	6
Chariton	12.9	7
Scotland	12.0	8
Texas	12.0	8
Ralls	11.9	10

Source: Missouri DHSS. MICA – Deaths

2.2.4 Poverty

Missouri's poverty rate has been increasing faster than the national rate. The poverty rate in Missouri increased by one-third from 9.9% in 2002 to 13.3% in 2008. Although the poverty rate in Missouri had been consistently lower than the national figure between 2002 and 2006, it has been close to the national rate since 2007 (Figure 9). Missouri ranked 32nd (1=lowest) in the nation for poverty rate in 2008.

Figure 9. Poverty Rate (%), MO vs. US, 2002-2008

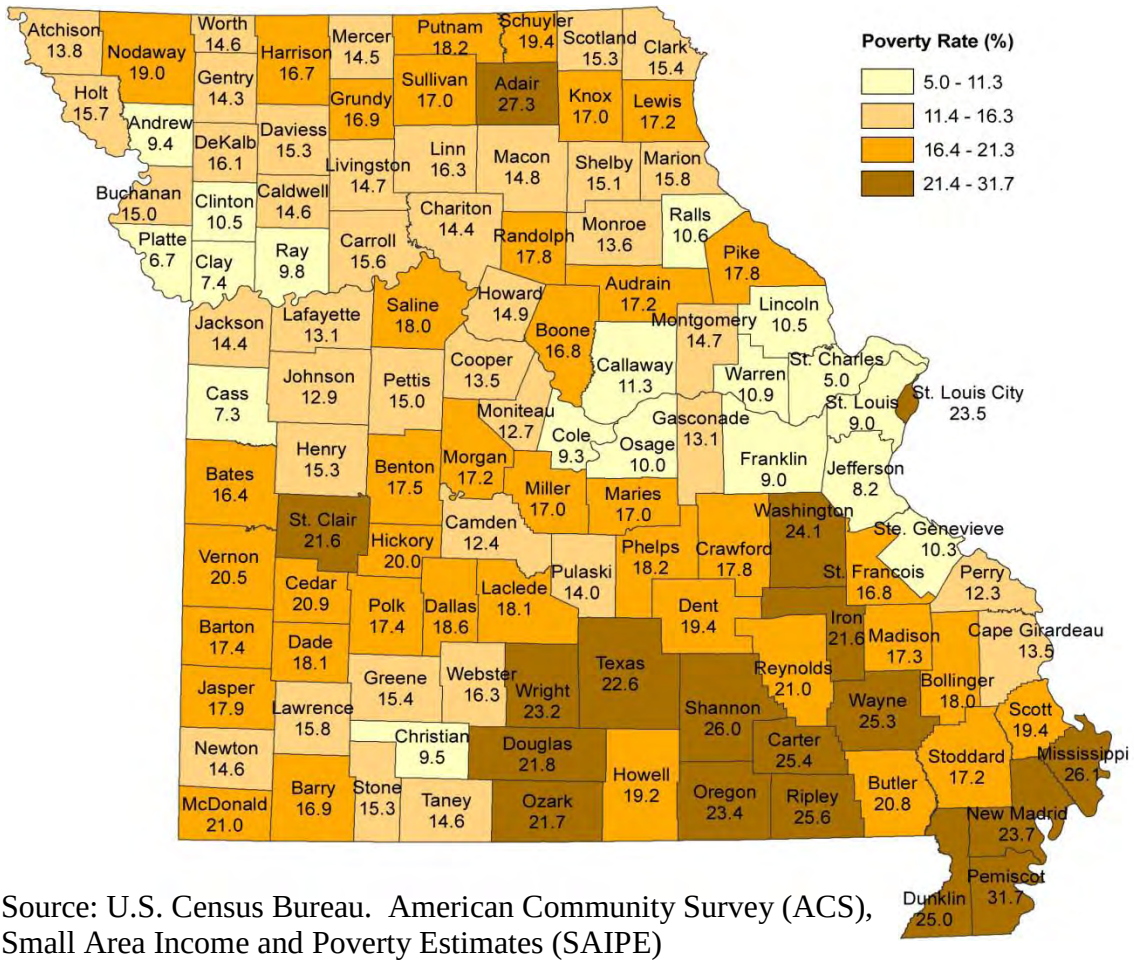


	2002	2003	2004	2005	2006	2007	2008
MO	9.9	10.7	12.2	11.6	11.4	12.8	13.3
US	12.1	12.5	12.7	12.6	12.3	12.5	13.2

Source: U.S. Census Bureau. Current Population Survey (CPS), Annual Social and Economic Supplement (ASES)

Poverty Rate by County. Poverty rates differ greatly by county in the state, ranging from the lowest of 5% in St. Charles to the highest of 31.7% in Pemiscot in 2008 (Figure 10). There is a large pocket of high poverty rates in the southeast area of the state, where poverty rates are routinely above 20% (Figure 10 and Table 7). High poverty rates also plague St. Louis City (23.5%). In contrast, poverty rates are lowest in the suburban counties around St. Louis and Kansas City.

Figure 10. Poverty Rate by County, Missouri, 2008



Source: U.S. Census Bureau. American Community Survey (ACS), Small Area Income and Poverty Estimates (SAIPE)

Table 7. Top Ten Counties with Highest Poverty Rate (%), Missouri, 2008

County	Poverty Rate (%), 2008	Ranking (1=highest)
Statewide	**13.5**	
Pemiscot	31.7	1
Adair	27.3	2
Mississippi	26.1	3
Shannon	26.0	4
Ripley	25.6	5
Carter	25.4	6
Wayne	25.3	7
Dunklin	25.0	8
Washington	24.1	9
New Madrid	23.7	10

Source: U.S. Census Bureau. ACS, SAIPE

2.2.5 Crime

2.2.5.1 Crime Index Offenses

Data from the Missouri Uniform Reporting (UCR) Program managed by the Missouri State Highway Patrol (MSHP) were used to provide an overall picture of Missouri's crime problems. Crimes include Part I and Part II crime types. Part I also referred as the Crime Index is the sum of eight major offenses including murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson. The Violent Index is the sum of the first four categories and the Property Index is the sum of the last four categories. Part II crimes include simple assault, forgery/counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons charges, prostitution/commercial vice, drug offenses, gambling, family offenses, DUI, BUI, liquor law violations, drunkenness, disorderly conduct, vagrancy, curfew, runaway under 18.

Crime Index (Part I Crime) is commonly used to measure the magnitude of crime.[3]

- On average, one Index Crime Offense was committed in Missouri every 2.1 minutes in 2008. In 2008, 246,987 Crime Index Offenses were reported in Missouri, a rate of 4,440 per 100,000. The rate of Crime Index Offenses per 100,000 in Missouri decreased steadily from 4,954 in 2001 to 4,417 in 2004 while it tended to flatten out since 2004. The most common Index Crime Offense was theft (60.4%), followed by burglary (18.5%), motor vehicle theft (8.4%), and aggravated assault (8.2%) (Table 8).
- One property offense occurred in Missouri every 2.4 minutes in 2008. The majority (88%) of Missouri Crime Index Offenses were property offenses in 2008 (Table 8).
- One violent offense was committed in Missouri every 17.7 minutes in 2008. Violent offenses accounted for 12% of the total 2008 Missouri Crime Index Offenses (Table 8).

Arrest By Sex, Age, and Race. While offense data by demographics are limited the MSHP collects demographic characteristics for arrestees. The Rate of Crime Index Offense arrest differs significantly by sex, age, and race in Missouri. In 2008,

- Males and African-Americans had extremely higher rates (per 100,000) of Crime Index Offense arrest than females (1,434.9 vs. 588.2) and whites (3,508.9 vs. 675.7) respectively;
- Compared to adults, juveniles were more likely to be arrested for Property Index Offenses (836.8 vs. 765.6 per 100,000) but were less likely to be arrested for Violent Index Offenses (119.8 vs. 250.5 per 100,000).

[3] Missouri Highway Patrol, Missouri Statistical Analysis Center. Crime in Missouri, 2008. Available: http://www.mshp.dps.mo.gov/MSHPWeb/SAC/pdf/2008CrimeInMO.pdf. Accessed: July 2010.

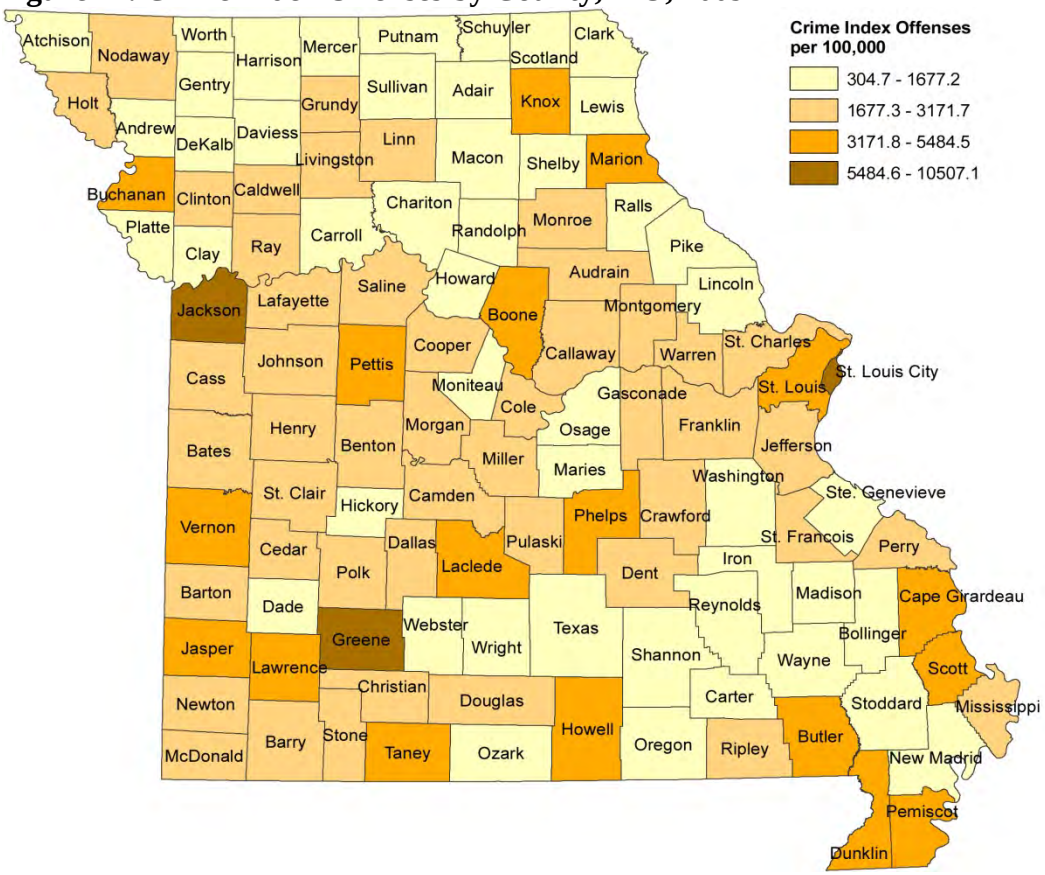
Table 8. Crime Index Offenses, Missouri, 2008

Offense	Reported	% of Total Crime Index	% of Violent Crime Index	% of Property Crime Index	Rate per 100,000 Population
Total Index	**246,987**	**100.0**	--	--	**4,440.0**
Violent Index	**29,720**	**12.0**	**100.0**	--	**534.3**
Murder	478	0.2	1.6	--	8.5
Forcible Rape	1,605	0.7	5.4	--	28.9
Robbery	7,376	3.0	24.8	--	132.6
Aggravated Assault	20,266	8.2	68.2	--	364.3
Property Index	**217,267**	**88.0**	--	**100.0**	**3,905.7**
Burglary	45,572	18.5	--	21.0	819.4
Theft	149,171	60.4	--	68.7	2,681.3
Motor Vehicle Theft	20,723	8.4	--	9.5	372.6
Arson	1,801	0.7	--	0.8	32.4

Source**:** MSHP, Missouri Statistical Analysis Center. Crime in Missouri, 2008. Available: http://www.mshp.dps.mo.gov/MSHPWeb/SAC/pdf/2008CrimeInMO.pdf. Accessed: July 2010.

Crime Index Offenses by County. The rate (per 100,000) of Crime Index Offenses varied significantly by county in Missouri, ranging from the lowest 304.7 in Adair to 10,507.1 in St. Louis City in 2009. The highest rates of Crime Index Offenses were clearly concentrated in the three largest metropolitan areas in Missouri – St. Louis City, Jackson County where Kansas City is located, and Green County where Springfield is located (Figure 11 and Table 9).

Figure 11. Crime Index Offenses by County, MO, 2009



Source: MSHP. UCR Statistical Query; Missouri DHSS. MICA-Population

Table 9. Top Ten Counties with Highest Rates of Crime Index Offenses (per 100,000), Missouri, 2009

County	Crime Index Offenses (per 100,000), 2009	Ranking (1=highest)
Statewide	**3,922.5**	
St. Louis City	10,507.1	1
Jackson	7,409.4	2
Greene	6,926.5	3
Marion	5,484.5	4
Buchanan	5,170.7	5
Jasper	4,895.9	6
Vernon	4,687.9	7
Pettis	4,640.8	8
Butler	4,615.4	9
Pemiscot	4,450.4	10

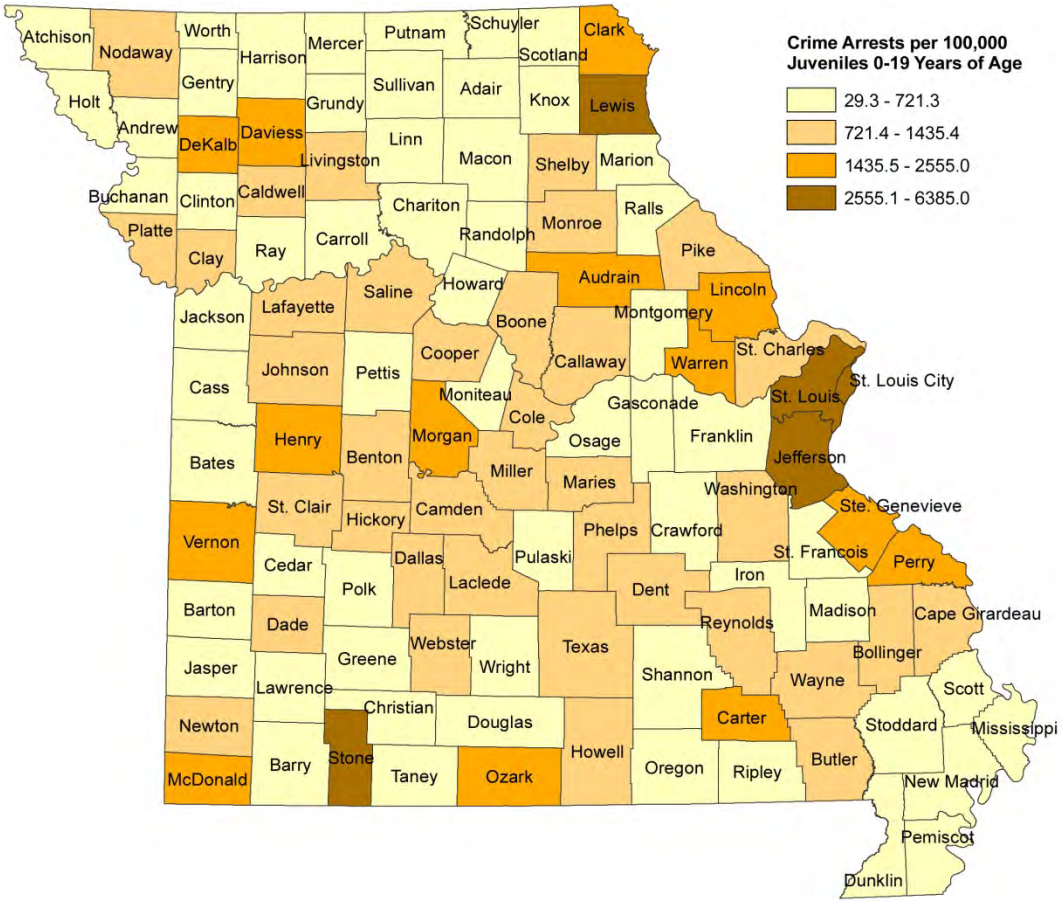
Source: MSHP. UCR Statistical Query

2.2.5.2 Crime Arrests among Juveniles Aged 0-19 Years

According to the UCR system maintained by the MSHP, there were 25,196 crime arrests including Part I and Part II crimes among Missouri juveniles 0-19 years of age in 2008, which accounted for 7.3% of total crime arrests in the state.

Crime Arrests Among Juveniles by County. Crime arrest among juveniles aged 0-19 years were 1,597 per 100,000 population, and the rate (per 100,000) differed greatly by county, ranging from the lowest 29.3 in Chariton to the highest 6385 in St. Louis City in 2008-2009 (Figure 12 and Table 10). St. Louis City had the highest rate of juvenile crime arrests (6,385 per 100,000), nearly twice the rate in the second highest county Jefferson (3,669 per 100,000) (Table 10).

Figure 12. Crime Arrests per 100,000 Juveniles 0-19 Years of Age, Missouri, 2008-2009



Source: MSHP. Statistical Analysis Center; Missouri DHSS. MICA-Population

Table 10. Top Ten Counties with Highest Rate of Crime Arrests Among Juveniles Aged 0-19 Years, Missouri, 2008-2009

County	Crime Arrests per 100,000 Juveniles 0-19 Years of Age, 2008-2009	Ranking (1=highest)
Statewide	**1,596.9**	
St. Louis City	6,385.0	1
Jefferson	3,669.4	2
Stone	3,541.4	3
Lewis	3,221.4	4
St. Louis	3,177.2	5
Henry	2,555.0	6
Audrain	2,325.6	7
Warren	2,185.2	8
Vernon	2,163.9	9
DeKalb	2,082.5	10

Source: MSHP. Statistical Analysis Center; Missouri DHSS. MICA-Population

2.2.6 Domestic Violence

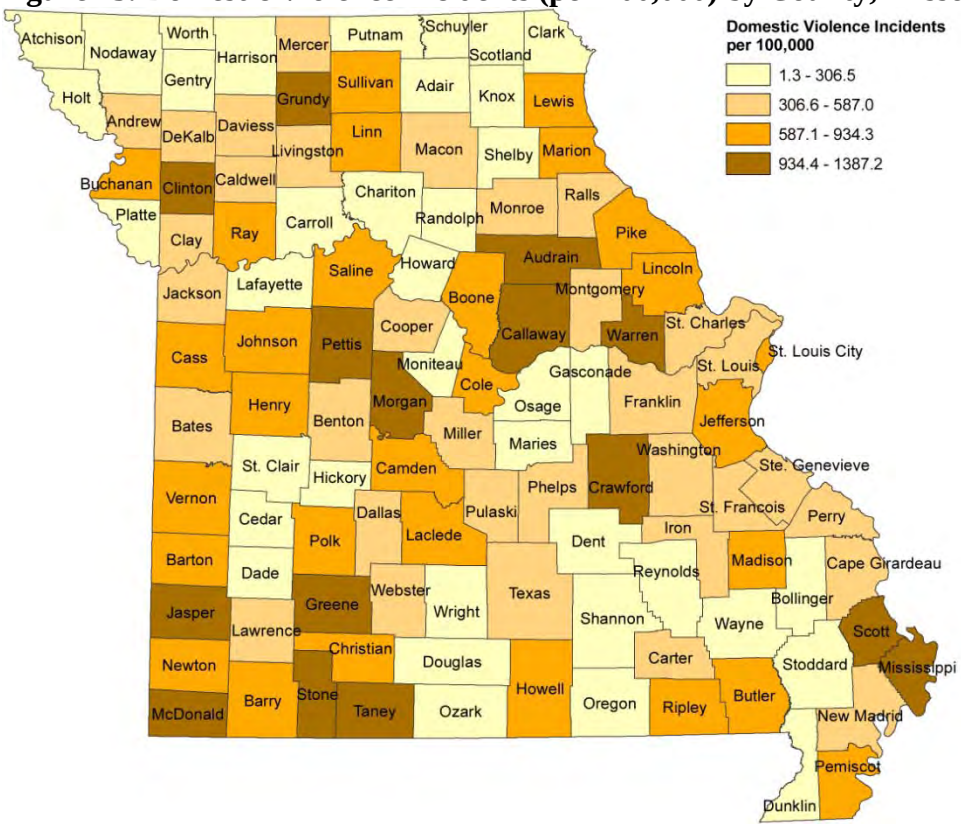
2.2.6.1 Reported Domestic Violence Incidents

According to the annual crime report published by the MSHP, "Domestic violence incidents are reported whether or not an arrest is made and include any dispute arising between spouses, former spouses, persons with child(ren) in common regardless of whether they reside together, persons related by blood, persons related by marriage, non-married persons currently residing together, and non-married persons who have resided together in the past."

There were 31,632 domestic violence incidents reported in Missouri in 2008, a rate of 535.1 per 100,000. Among the total reported domestic violence incidents, 8,005 (25.3%) involved spouses, and 2,963 (13.7%) were between couples with child(ren) in common. There were 54 domestic violence related homicides reported during 2008. Wives and girlfriends were victims in 35.3% of all domestic violence related homicides. Further analyses by demographics are limited, as the UCR does not capture demographic characteristics for domestic violence incidents.

Domestic Violence Incidents by County. The reported rate (per 100,000) of domestic violence incidents differed significantly by county. The top five counties with the highest rates were scattered across almost all the regions of Missouri (Figure 13 and Table 11).

Figure 13. Domestic Violence Incidents (per 100,000) by County, Missouri, 2007-09



Source: MSHP. UCR Statistical Query; MO DHSS. MICA-Population

Table 11. Top Ten Counties with Highest Rates of Domestic Violence Incidents, Missouri, 2007-2009

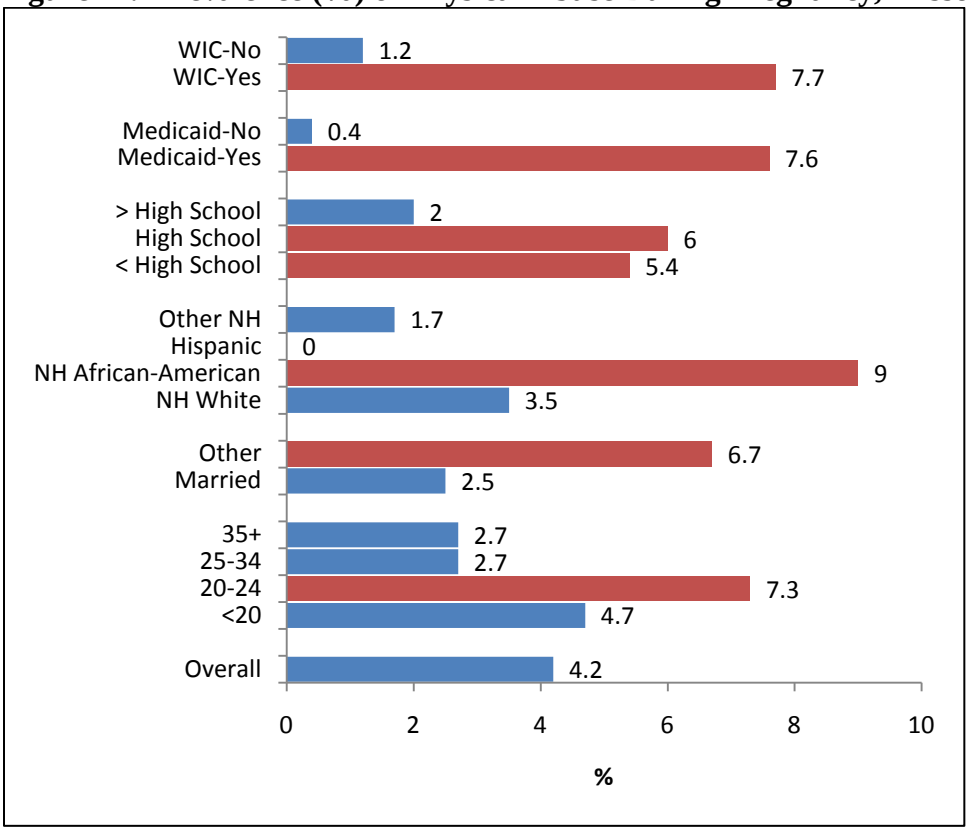
County	Domestic Violence Incidents (per 100,000), 2007-09	Ranking (1=highest)
Statewide	**613.6**	
Audrain	1,387.2	1
Scott	1,371.6	2
Clinton	1,318.8	3
Grundy	1,308.3	4
McDonald	1,268.6	5
Greene	1,197.0	6
Warren	1,168.7	7
Mississippi	1,160.2	8
Callaway	1,153.7	9
Pettis	1,138.0	10

Source: MSHP. UCR Statistical Query; MO DHSS. MICA-Population

2.2.6.2 Physical Abuse around Pregnancy

Physical violence against women around pregnancy is associated with various adverse maternal behaviors, and perinatal outcomes such as use of alcohol, tobacco, and drugs, late prenatal care, high level of stress, maternal infections, preterm delivery, and LBW. According to Missouri Pregnancy Risk Assessment Monitoring System (PRAMS) 2007, the proportion of Missouri women who reported physical abuse by a husband or partner was 5.3% before pregnancy and 4.2% during pregnancy. Among PRAMS states collecting physical abuse data in 2007, Missouri had the *third highest* rate of physical abuse during pregnancy, and *sixth highest* in prevalence of physical abuse before pregnancy. Women at an increased risk of physical abuse during pregnancy include younger women 20-24 years of age (7.3%), those not married (6.7%), Non-Hispanic (NH) African-Americans (9%), those with 12 or fewer years of education (6%, high school; 5.4%, less than high school), and those on Medicaid (7.6%) or Women, Infants and Children Program (WIC) (7.7%) (Figure 14).

Figure 14. Prevalence (%) of Physical Abuse During Pregnancy, Missouri, 2007



Source: CPONDER—CDC's PRAMS On-line Data for Epidemiologic Research.

2.2.7 High-School Dropout

High school education can significantly increase a person's lifetime earnings and employability. On-time high-school graduation is an indicator of success in later life. Maternal health and access to health care are associated with children's birth weights, which may in turn affect

children's likelihood of dropping out. Several studies have reported students with low birth weight are about 33% more likely to drop out of school.[4]

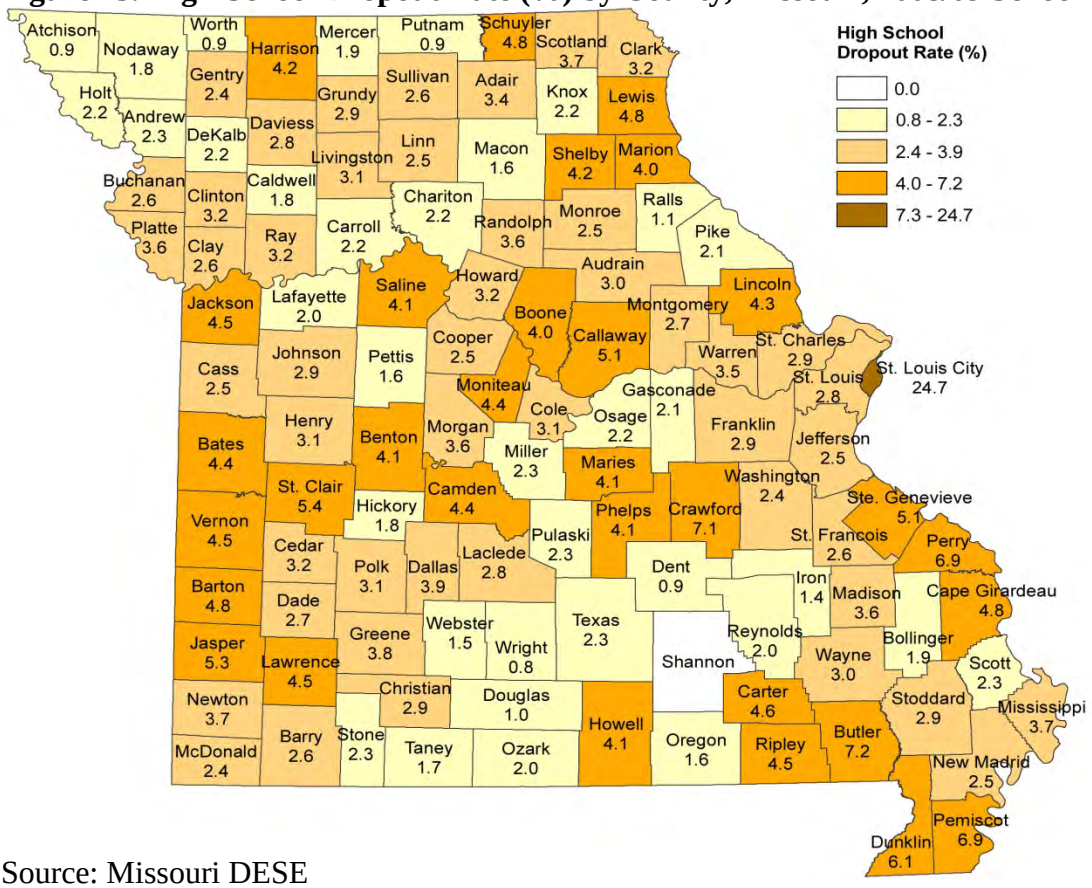
High-School Dropout by Time Period and Race/Ethnicity. While Missouri's dropout rate decreased from 4.5% in 1999-2000 to 3.3% in 2003-2004, it had increased since then. In 2008-2009 school year, there were 11,693 high-school dropouts in Missouri, a rate of 4.1%. In Missouri, the African-American population has the highest high-school dropout rate among all race/ethnicity groups, with the rate of 9% in 2008-2009, which is three times the rate for whites (3%), and nearly twice the rate for Hispanics (4.8%).

High-School Dropout by county. High-school dropout rate varies by county, ranging from the lowest rate of 0.1% in Shannon to the highest rate of 24.7% in St. Louis City in 2008/09 (Figure 15). Noticeably, in school year 2008/09, the highest high-school dropout rate was in St. Louis City (24.7%), which was extremely higher than the second highest rate in Butler (7.2%) and three (Butler, Pemiscot, and Dunklin) of the top ten counties were concentrated in the southeast region of Missouri (Table 12).

Over the past five years, rural schools also observed increases in their dropout rates, though their averages are not as high as the urban areas. Missouri Department of Elementary and Secondary Education (DESE)'s goal is to reduce the state's dropout rate to 3.0% by 2010.[5]

[4] The Annie E. Casey Foundation. KIDS COUNT Indicator Brief - Reducing the High School Dropout Rate. The Annie E. Casey Foundation, Baltimore, MD, July 2009.
[5] Missouri Department of Elementary and Secondary Education. Dropout Prevention. Available: http://dese.mo.gov/dropoutprevention/dop_about.htm. Accessed: July 2010

Figure 15. High-School Dropout Rate (%) by County, Missouri, 2008/09 School Year



Source: Missouri DESE

Table 12. Top Ten Counties with Highest High-School Dropout Rate, Missouri, 2008/09 School Year

County	High-School Dropout Rate (%), 2008/09	Ranking (1=highest)
Statewide	**4.1**	
St. Louis City	24.7	1
Butler	7.2	2
Crawford	7.1	3
Pemiscot	6.9	4
Perry	6.9	4
Dunklin	6.1	6
St. Clair	5.4	7
Jasper	5.3	8
Callaway	5.1	9
Ste. Genevieve	5.1	9

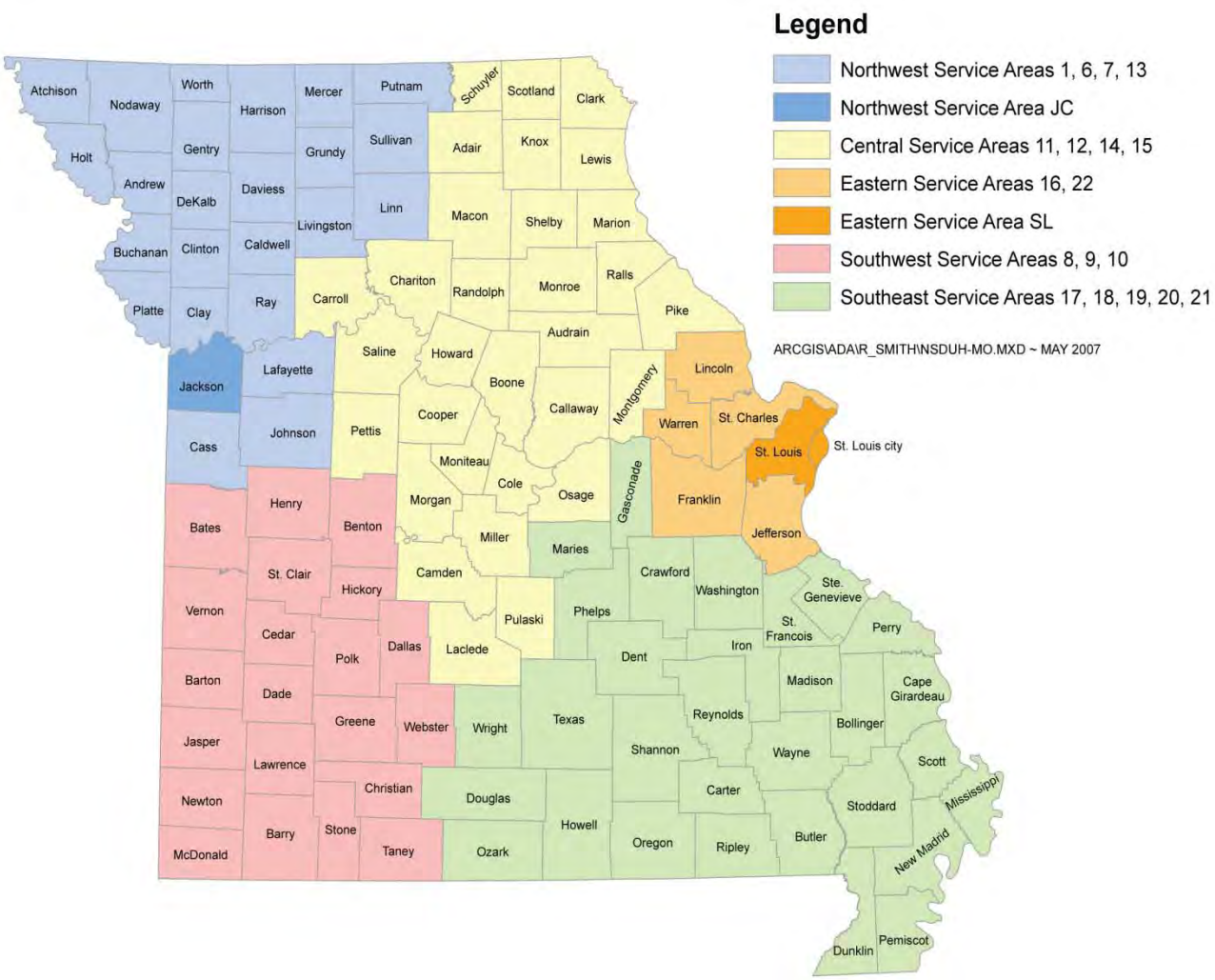
Source: Missouri DESE

2.2.8 Substance Abuse

2.2.8.1 Substance Abuse Prevalence

National Survey on Drug Use and Health (NSDUH) provides estimated prevalence of alcohol and drug abuse (ADA) at national level, state level, as well as ADA substate region. Figure 16 shows distribution of the ADA substate region in Missouri.

Figure 16. National Survey on Drug Use and Health - Sampling Areas for Missouri Substate Estimates



Source: Missouri Department of Mental Health (DMH), Division of Alcohol and Drug Abuse

Missouri's prevalence rates of alcohol use and illicit drug use are generally comparable with the national estimates (Table 13). One in four aged 12 years or older reported binge alcohol use in the past month in 2006-2008 (24.2%). At the sub-state level, prevalence of binge alcohol use tended to be higher in Eastern and Northwestern Missouri. Marijuana use in Missouri was 5.6%

compared to 6% in the US while illicit drug use other than marijuana in Missouri was 4% compared to 3.7% in the US. Overall illicit drug use is more predominant in Eastern Missouri, including St. Louis and surrounding counties. Rates of marijuana and cocaine use tend to be higher in portions of Eastern Missouri. Nonmedical use of pain relievers tends to be higher in Southwestern Missouri as well as portions of Eastern Missouri. Methamphetamine laboratories in Missouri are typically small-scale operations generating drugs for local use. In recent years, Missouri has led the nation in the number of methamphetamine laboratory seizures. At the sub-state level, areas of higher methamphetamine laboratory activity include rural areas surrounding St. Louis and Southwestern Missouri.

Table 13. Substance Abuse Prevalence among Population Aged 12 or Older, US and Missouri including ADA Sub state Region, 2006-2008

	Binge Alcohol Use () in Past Month	**Marijuana Use in Past Month**	**Nonmedical Pain Reliever Use in Past Year**	**Use of Illicit Drugs, Excluding Marijuana, in Past Month**
U.S.	**23.3%**	**6.0%**	**5.0%**	**3.7%**
Missouri	**24.2%**	**5.6%**	**4.8%**	**4.0%**
Central	22.8%	4.7%	4.9%	3.7%
Eastern	25.5%	6.7%	4.8%	4.2%
Eastern (St Louis City and County)	23.6%	6.6%	4.2%	3.8%
Eastern (excluding St Louis)	28.9%	6.9%	5.9%	4.9%
Northwest	24.7%	5.3%	4.5%	3.9%
Northwest (Jackson)	23.3%	6.2%	4.2%	3.7%
Northwest (excluding Jackson)	25.9%	4.5%	4.8%	4.0%
Southeast	23.3%	4.8%	4.9%	4.1%
Southwest	22.2%	5.1%	5.0%	3.8%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Note. Binge alcohol use defined as five or more drinks on the same occasion

2.2.8.2 Maternal Alcohol Use

Women who drink alcohol during pregnancy are at risk for having a child with fetal alcohol spectrum disorders (FASD) – a range of neurobehavioral and developmental abnormalities with lifelong consequences. Because no level of alcohol consumption during pregnancy has been proven to be safe, the American Academy of Pediatrics (AAP) recommends abstinence from alcohol use for women who are pregnant or planning to become pregnant. According to Missouri PRAMS 2007, the prevalence of alcohol use in the last three months of pregnancy in Missouri was 4.5%, which met the HP 2010 objective of 6%. However, more than half of

Missouri women (57.7%) reported alcohol use in the three months before pregnancy; this could reflect alcohol use in early pregnancy before pregnancy recognition.

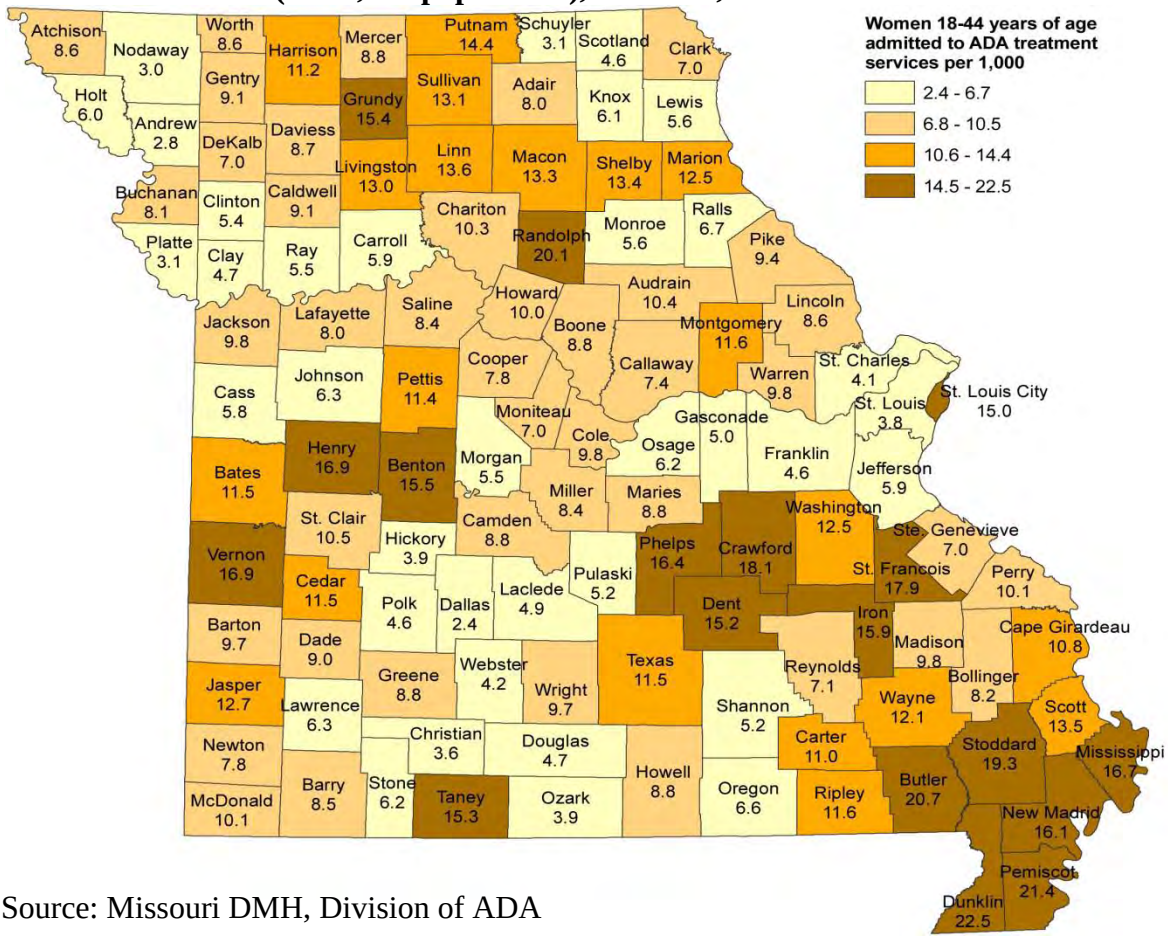
2.2.8.3 Alcohol and Drug Abuse Treatment Admissions

Data of substance use prevalence are not available at the county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri.

It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving alcohol and drug abuse treatment in the state and even a smaller portion of individuals with alcohol and drug abuse problems. In Fiscal Year (FY) 2009, there were 40,049 individuals aged 12 years or older admitted to Missouri DMH's ADA treatment services, including 8,876 (22.2%) women of reproductive ages 18-44 and 2,708 (6.8%) children ages 12-17. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need alcohol and drug abuse treatment receive treatment in Missouri.

Individuals Admitted to ADA Treatment by County. On average, about 8 per 1,000 women ages 18-44 were admitted to Missouri DMH's ADA treatment services in 2007-2009. The rate ranged from the lowest 2.4 per 1,000 in Dallas to the highest 22.5 per 1,000 in Dunklin. Counties with highest rates of women receiving ADA treatment were concentrated in the southeast region of Missouri (Figure 17), with five of the top ten counties with the highest rates located in that area (Table 14).

Figure 17. Number of Women 18-44 Years of Age Admitted to Missouri DMH's ADA Treatment Services (Per 1,000 population), Missouri, 2007-09



Source: Missouri DMH, Division of ADA

Table 14. Top Ten Counties with Highest Rate of ADA Treatment Admissions (per 1,000) among Women Aged 18-44 Years, Missouri, 2007-2009

County	Women Ages 18-44 Admitted to Alcohol and Drug Abuse Treatment (per 1,000), 2007-09	Ranking (1=highest)
Statewide	**8.3**	
Dunklin	22.5	1
Pemiscot	21.4	2
Butler	20.7	3
Randolph	20.1	4
Stoddard	19.3	5
Crawford	18.1	6
St. Francois	17.9	7
Vernon	16.9	8
Henry	16.9	8
Mississippi	16.7	10

Source: Missouri DMH, Division of ADA

2.2.9 Unemployment

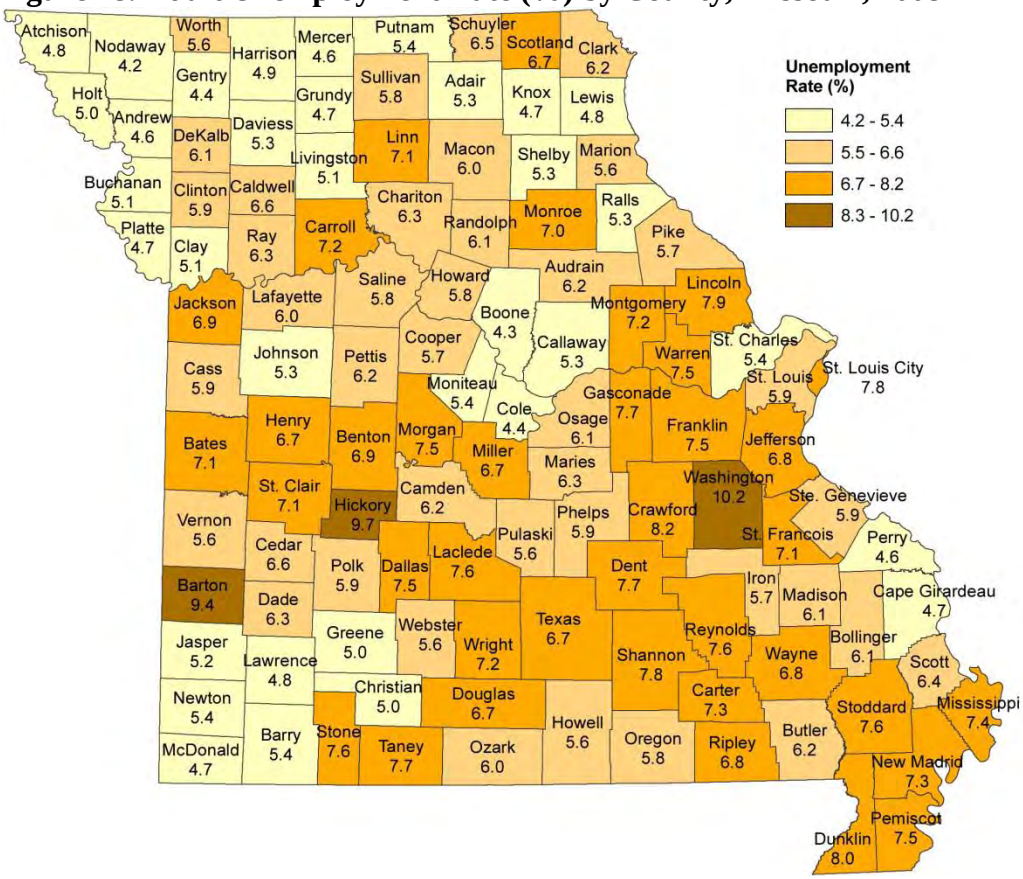
The 2008 economic recession that followed the housing bubble burst and crippled the nation with high unemployment rates did not spare Missouri either. Missouri's unemployment rate was between 4.5% and 6% (seasonally adjusted) between 2003 and 2007 but took a turn for the worse since the 2008 economic recession. Similar to the national unemployment rates (5.5% vs. 9.4%) Missouri's unemployment rate rose from 5.8% to 9% between May 2008 and May 2009. While Missouri's unemployment rate was comparable to the national rate since 2004, it is starting to show signs of improvement with assistance from public and private initiatives. In 2009 Missouri ranked 33rd (1=lowest) in the nation for unemployment rate.[6]

Similar to national trends and those observed in many other states, Missouri experienced a significant number of job losses in the manufacturing sector in the past decade. Employment in the manufacturing sector decreased by 11% between 2008 and 2009 – a net loss of 34,000 jobs. Missourians, especially those living in the rural areas of the state, relied heavily on the manufacturing sector for their livelihood. The increasing globalization along with the loss of manufacturing jobs has had a significant impact on the lives of rural Missourians. However, Missouri saw an increase of 8,500 jobs in education and health services over the last year. [6]

Unemployment Rate by County. Figure 18 shows unemployment rate by county in 2008. Statewide 2009 unemployment data has been included; however, county level data for 2009 is not yet available. Most counties with higher unemployment rates were located in the southeast area of Missouri. The top five counties with the highest unemployment rates in 2008 were Washington, Hickory, Barton, Crawford, and Dunklin (Table 15).

[6] MO Department of Economic Development. 2009 Missouri Economic Report. Accessed from http://www.missourieconomy.org/pdfs/MO_Econ_2007.pdf on February 2, 2010.

Figure 18. Adult Unemployment Rate (%) by County, Missouri, 2008



Source: Kids Count Data Center. Available: http://datacenter.kidscount.org/data/bystate/Default.aspx. Accessed: July 2010

Table 15. Top Ten Counties with Highest Unemployment Rates, Missouri, 2008

County	Unemployment Rate (%), 2008	Ranking (1=highest)
Statewide	**6.1**	
Washington	10.2	1
Hickory	9.7	2
Barton	9.4	3
Crawford	8.2	4
Dunklin	8.0	5
Lincoln	7.9	6
St. Louis City	7.8	7
Shannon	7.8	7
Taney	7.7	9
Dent	7.7	9

Source: Kids Count Data Center. Available: http://datacenter.kidscount.org/data/bystate/Default.aspx. Accessed: July 2010

2.2.10 Child Maltreatment

Child maltreatment can lead to various health problems, including physical injuries, and impact on early brain development, and functioning of the nervous and immune systems. Maltreated children are at higher risk for problems as adults such as alcoholism, depression, drug abuse, obesity, sexual promiscuity, smoking, suicide, and certain chronic diseases.[7] It is difficult to know the true magnitude of child maltreatment as it is underreported.

2.2.10.1 Child Abuse and Neglect Hotline Data

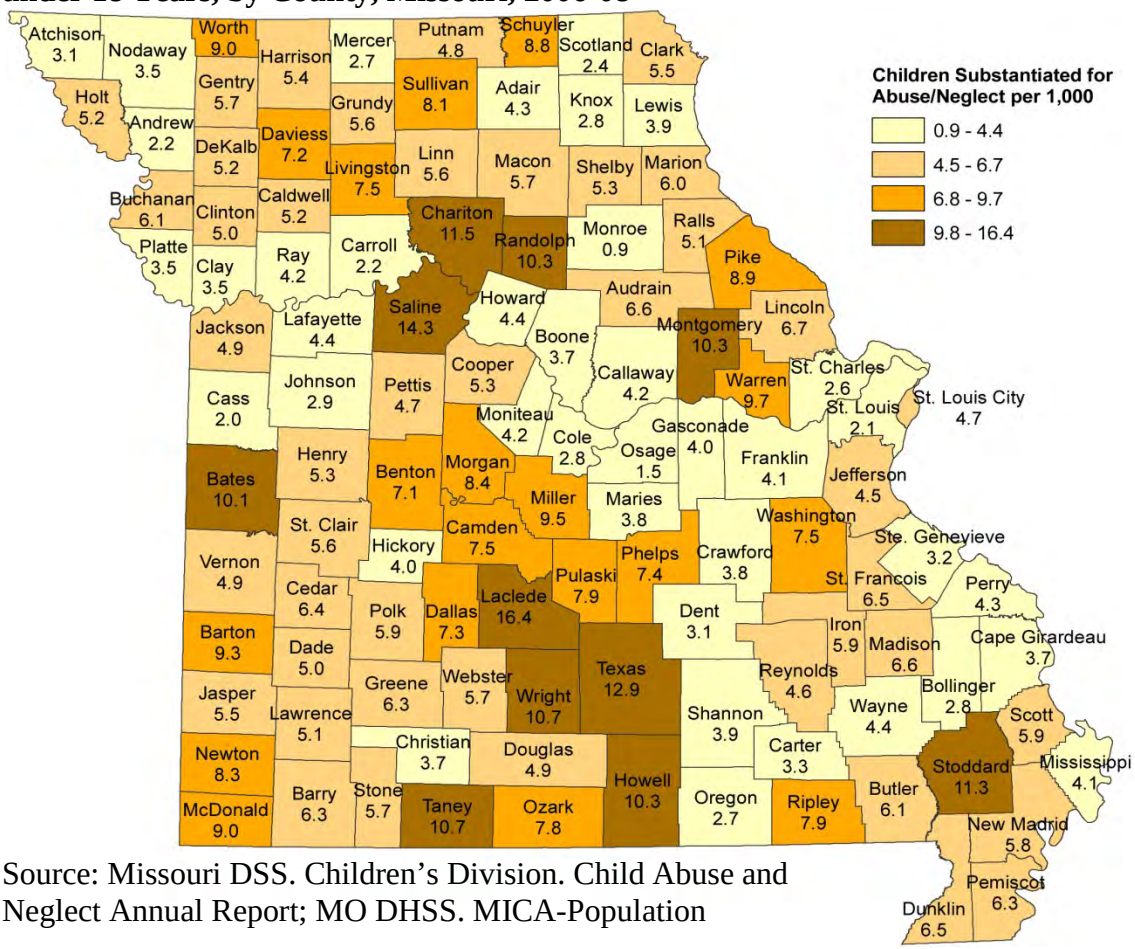
The Missouri Department of Social Services (DSS) Child Abuse and Neglect Hotline accepts confidential reports of suspected child abuse, neglect, or exploitation through a toll-free telephone line, which is answered seven days a week, 24 hours a day. A call to the hotline is referred to as a report or reported incident of child abuse/neglect. A report may involve one or more children. The number of reports/children involved gradually decreased by 9.9%/10.4% from 56,111/84,590 in 2004 to 50,565/75,781 in 2008.[8]

Children Substantiated for Abuse/Neglect by Subcategories. During 2008, there were 6,732 children substantiated for abuse or neglect in Missouri, representing 4.7 per 1,000 children population under 18. Of all substantiated cases, 38.8% were under 6 years of age. The most prevalent category of abuse/neglect cases was neglect (50.9%), followed by physical abuse (25%), and sexual abuse (22.9%). Of the 30 child abuse and neglect fatalities, 25 (83.2%) were under 6 years of age.[8]

Children Substantiated for Abuse/Neglect by County. The reported rate of children substantiated for abuse or neglect per 1,000 varied significantly by county, from the lowest 0.9 in Monroe to the highest 16.4 in Laclede in 2006-2008 (Figure 19). The higher reported rates tended to be concentrated in the southern central area of Missouri (Figure 19 and Table 16).

[7] CDC. Understanding child maltreatment – Factsheet 2009. Accessed from http://www.cdc.gov/violenceprevention/pdf/CM-FactSheet-a.pdf on January 29, 2010.
[8] Missouri Department of Social Services (DSS), Children's Division. Child abuse and neglect calendar year 2008 annual report. DSS, August 2009. Accessed from http://www.dss.mo.gov/re/pdf/can/cancy08.pdf on February 1, 2010.

Figure 19. Reported Children Substantiated for Abuse/Neglect per 1,000 Population Aged under 18 Years, by County, Missouri, 2006-08



Source: Missouri DSS. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population

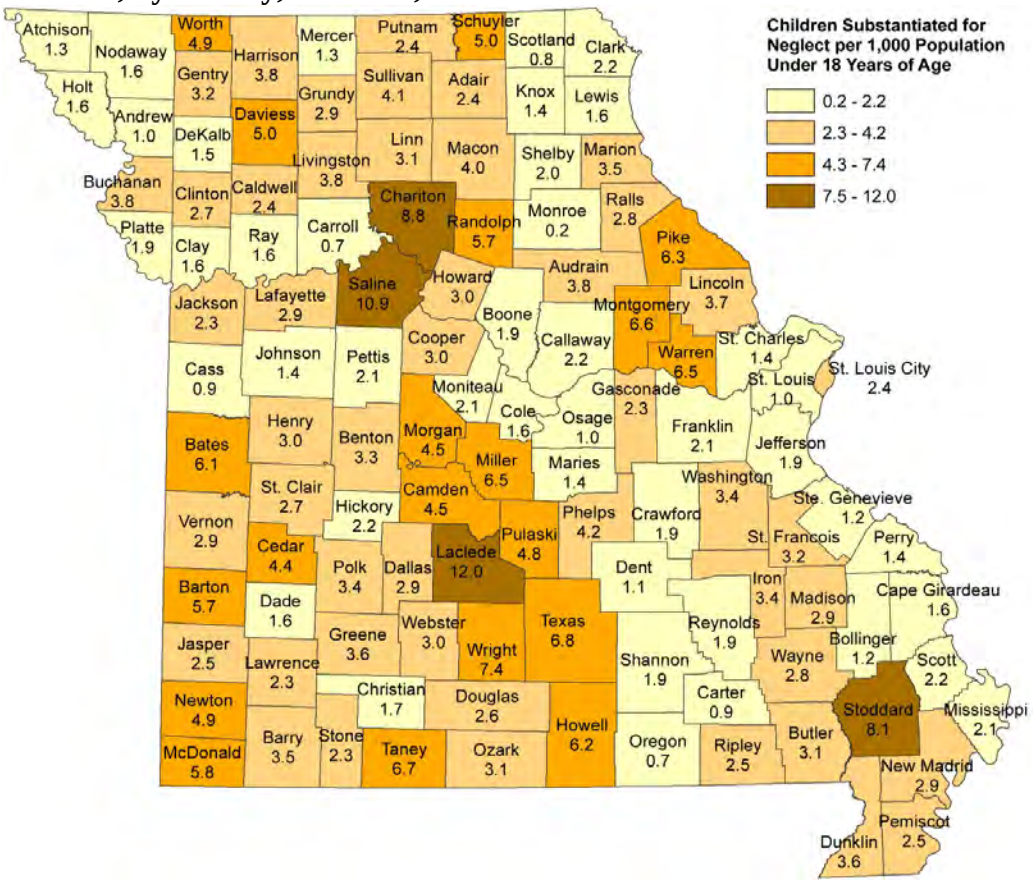
Table 16. Top Ten Counties with Highest Reported Rate of Child Abuse/Neglect, Missouri, 2006-2008

County	Children Substantiated for Neglect/Abuse (Per 1,000), 2006-08	Ranking (1=highest)
Statewide	**4.8**	
Laclede	16.4	1
Saline	14.3	2
Texas	12.9	3
Chariton	11.5	4
Stoddard	11.3	5
Taney	10.7	6
Wright	10.7	6
Howell	10.3	8
Montgomery	10.3	8
Randolph	10.3	8

Source: Missouri DSS. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population

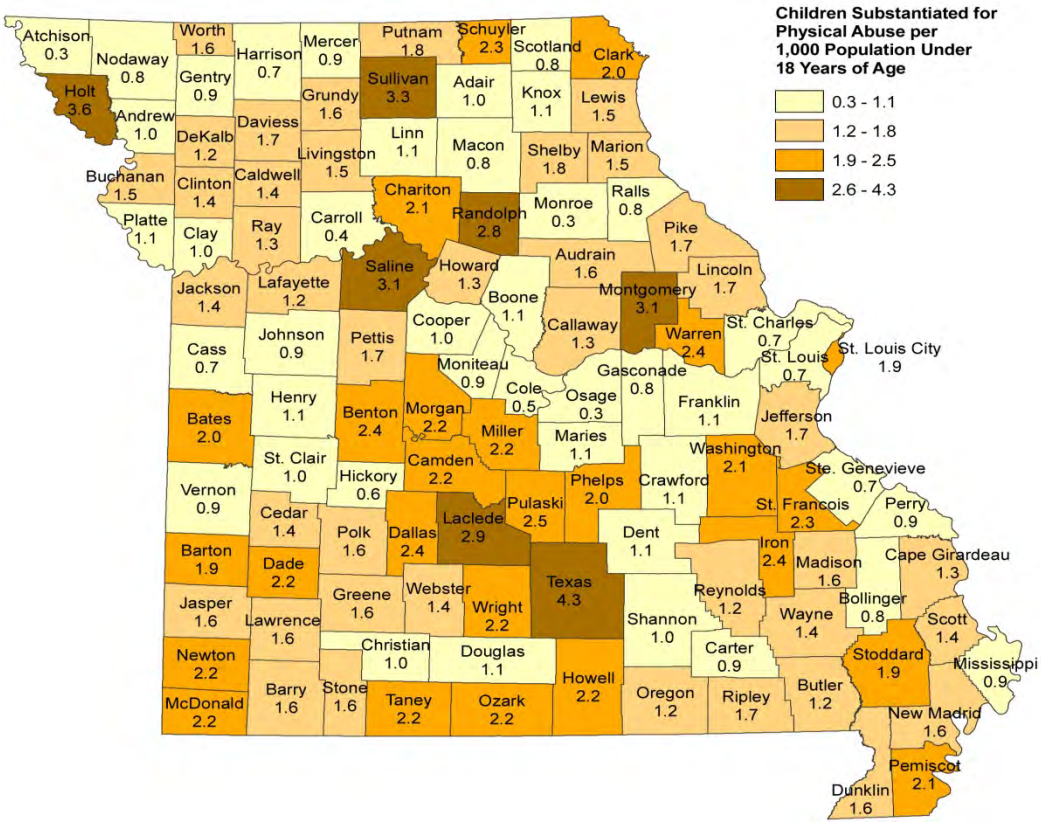
Children Substantiated for the Three Commonly Reported Types of Abuse/Neglect by County. As indicated above, neglect, physical abuse and sexual abuse are the three commonly reported categories of child abuse/neglect. Figures 20-22 show reported rate of substantiated cases for child abuse/neglect by county separately for the three types - neglect, physical abuse and sexual abuse. The maps (Figures 20-21) for neglect and physical abuse generally show a similar pattern by county to that observed for the overall rate for child abuse or neglect (Figure 19). The higher reported rates individually for child neglect and physical abuse also tended to be concentrated in the southern central area of Missouri. For the map of sexual abuse (Figure 22), counties with higher reported rates tended to spread across the southern area of Missouri.

Figure 20. Reported Children Substantiated for Neglect per 1,000 Population Aged under 18 Years, by County, Missouri, 2006-08



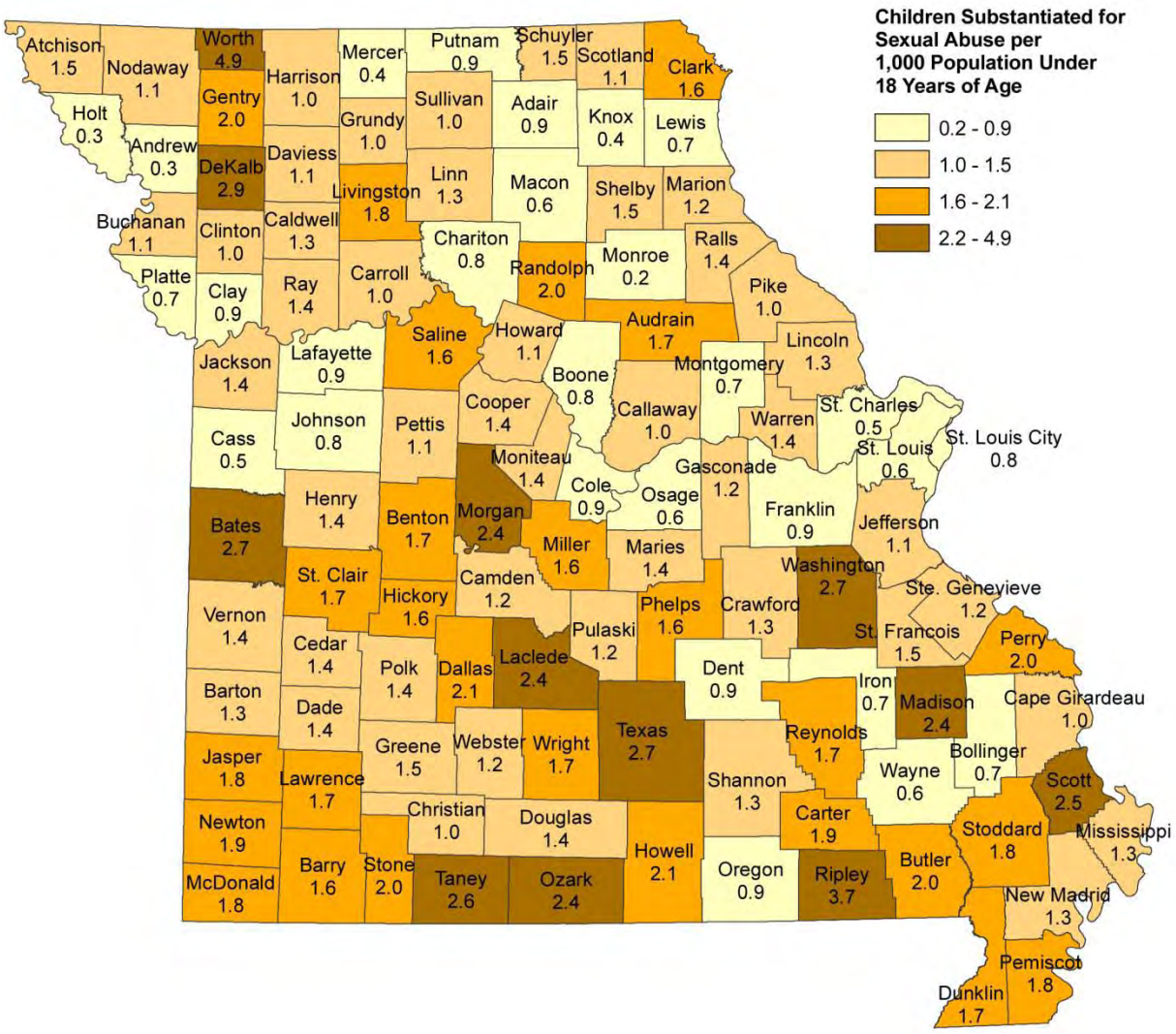
Source: Missouri DSS. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population

Figure 21. Reported Children Substantiated for Physical Abuse per 1,000 Population Aged under 18 Years, by County, Missouri, 2006-08



Source: Missouri DSS. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population

Figure 22. Reported Children Substantiated for Sexual Abuse per 1,000 Population Aged under 18 Years, by County, Missouri, 2006-08



Source: Missouri DSS. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population

2.2.10.2 Emergency Room Visits and Hospitalizations due to Child Maltreatment by Race

According to Missouri Injury MICA, there were 700 ER visits and hospitalizations due to abuse/neglect/rape for children under age 15 in Missouri in 2007, representing a rate of 59.9 per 100,000, essentially unchanged from 59.8 per 100,000 in 2004. African-American children were more than five times as likely as white children to have such ER visits and hospitalizations in Missouri in 2007 (182.3 vs. 35.4 per 100,000).

2.2.11 Other Indicators of At Risk Prenatal, Maternal, Newborn, or Child Health

2.2.11.1 Teen Birth and Pregnancy

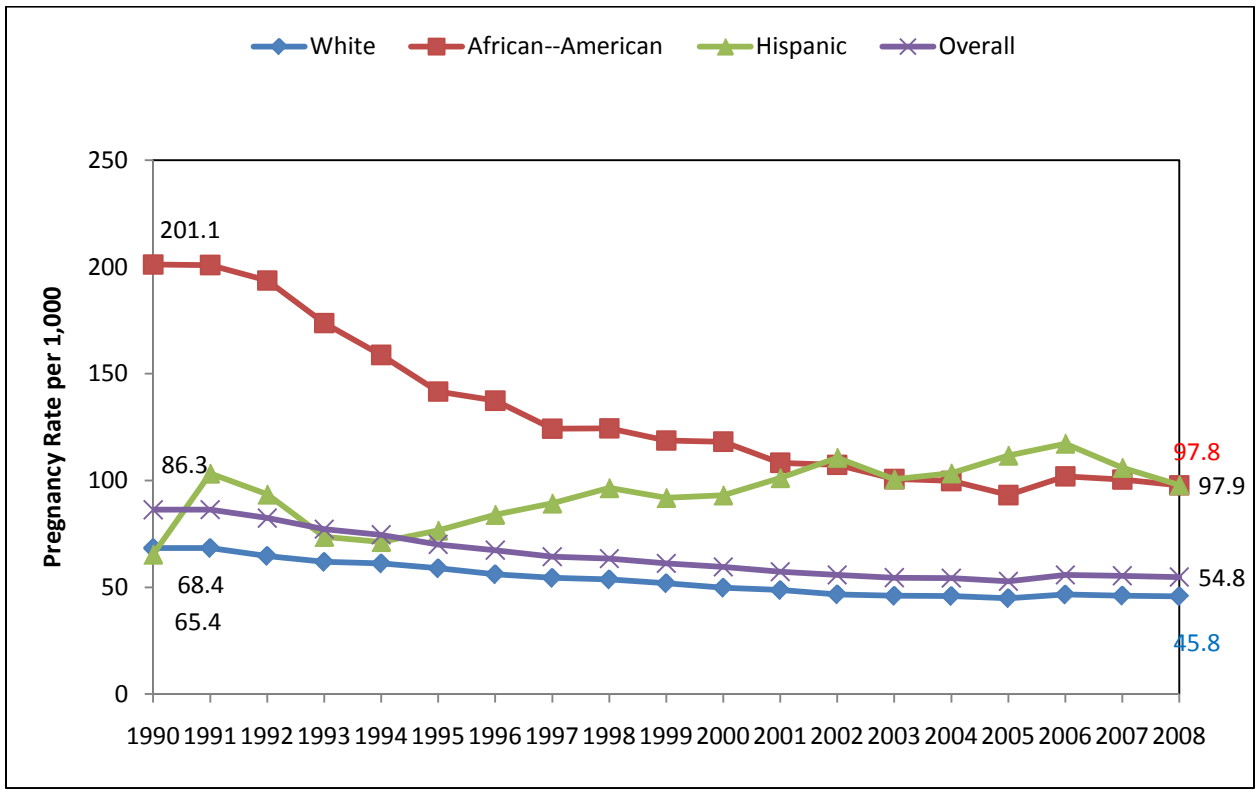
Teenage pregnancy including birth is a serious public concern in the US and Missouri. Teenage pregnancies are associated with an increased risk of poor social, economic and health outcomes for both the mother and the child. In 2008, more than one in ten pregnancies (11,193 or 12%) or births (9,246 or 11.4%) in Missouri was to teens under 20. Among 11,193 teen pregnancies reported in Missouri in 2008, four in five ended in live births, and one in six ended in induced abortions. Among Missouri teen pregnancies in 2008, 3,272 (29%) were to 15-17 year olds, and 156 (1%) were among 10-14 year olds. Of Missouri teen births in 2008, 1,484 (16%) are second births and 268 (3%) are a third or more child of that mother.

According to a report recently published by the National Campaign to Prevent Teen Pregnancy, taxpayer costs associated with teen childbearing are greatest for younger teens under 18. Births to teens under 18 account for more than 90% of the total costs associated with teen childbearing.[9]

Missouri ranked 17th highest in the nation for the teen birth rate among 15-19 year olds in 2006, with the teen birth rate being 45.7 per 1,000 in Missouri, compared to 41.9 per 1,000 in the US. Teen (15-19 years) pregnancy rate in Missouri declined by 36.5%, from 86.3 in 1990 to 54.8 in 2008 per 1,000 respectively. The rates steadily declined between 1990 and 2002, but tended to stall out around 55 per 1,000 since 2003 (Figure 23). Similar to the national trend in teen birth rate, after significant improvements in reducing Missouri teen birth rates in the 1990s and early 2000s, the rates have reached a plateau. Further improvements in reducing teen birth/pregnancy rates will require innovative solutions compatible with the 21st century world and technology.

[9] Hoffman, SD. By the Numbers: The Public Costs of Teen Childbearing. National Campaign to Prevent Teen Pregnancy, October, 2006

Figure 23. Teen (15-19 Years of Age) Pregnancy Rate by Race and Ethnicity, Missouri, 1990-2008



Source: Missouri DHSS. MICA-Fertility Rate

Teen Pregnancy Rate by Race/Ethnicity. The teen pregnancy rate among girls ages 15-19 in Missouri has been generally lower in whites than African-Americans and Hispanics. Between 1990 and 2008, the teen pregnancy rate declined by half for African-Americans and one-third for whites but increased by half for Hispanics (Figure 23). Since 2002, Hispanic teen pregnancy rates in Missouri have been close to or even slightly higher than the African-American rates (Figure 23). On the other hand, Hispanic teen birth rates in the nation have declined since 1990. Between 1990 and 2008, the teen female population (15-19 years) in Missouri more than doubled in Hispanics (2,736 vs. 7,244) and only increased by 10% in Non-Hispanics (NHs). Although the Hispanic population only accounts for 3% of the total population in Missouri, this rapid increase in Hispanic population across all age groups will require special attention in the years to come to meet their health care needs in a culturally competent manner.

Teen Births Associated with Adverse Health Outcomes and Behaviors. In addition to the social and economic challenges, teen mothers are also at an increased risk of adverse pregnancy and birth outcomes. According to Missouri PRAMS 2007, 78% or about four in five births to women < 20 years resulted from unintended pregnancy. Among all maternal age groups, women < 20 years had the highest percentages of not taking a daily multivitamin before pregnancy (93.5%), low-birth-weight deliveries (9.7%), infant exposure to cigarette smoke (20.6%), not breastfeeding (44.2%), and infant non-back sleep position (40%) (Table 17).

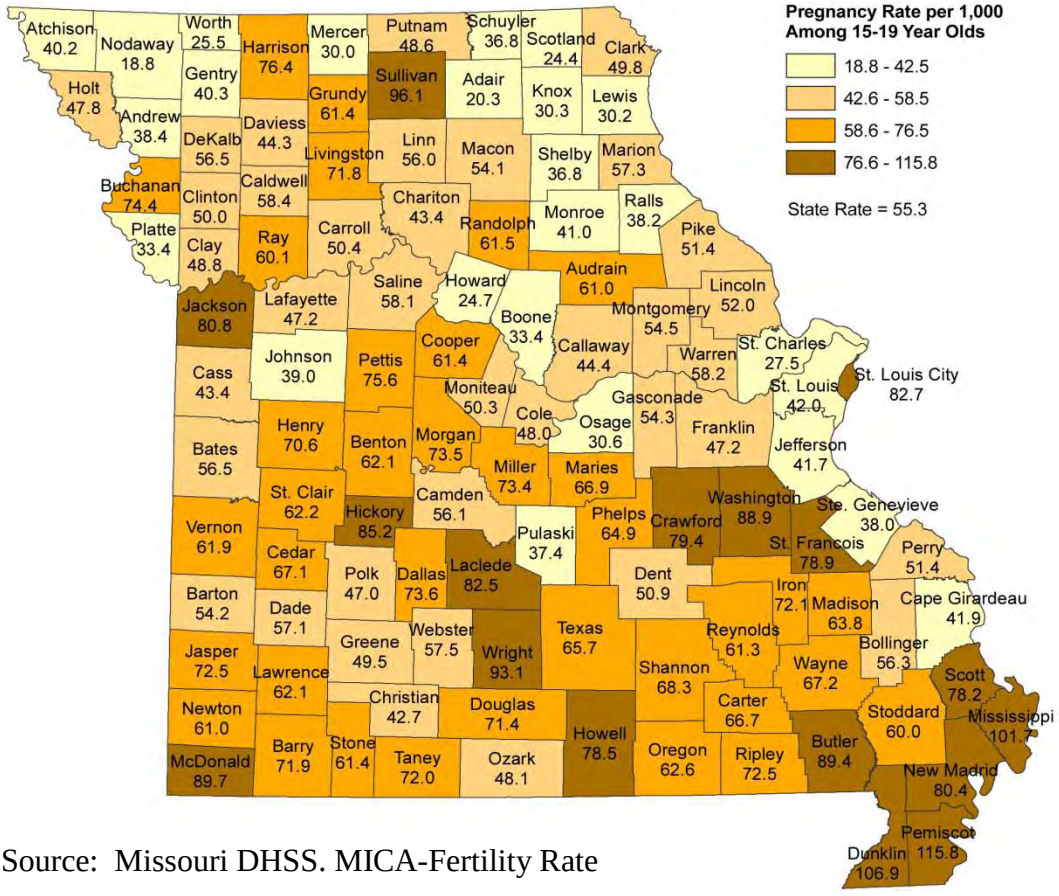
Table 17. Percentage (%) of Selected Maternal and Infant Health Outcomes and Behaviors by Maternal Age, Missouri PRAMS 2007

	Maternal age (years)			
	<20	20-24	25-34	35+
Unintended pregnancy	78	59.3	33.9	40.8
Not taking multivitamin daily pre-pregnancy	93.5	82.3	65.1	61.1
Low birth weight	9.7	8.2	5.5	8.2
Baby exposed to cigarette smoke	20.6	13.3	9.9	5.3
Not breastfeeding	44.2	33	24.5	19.3
Infant non-back sleep position	40	28.4	23	22.2

Source: CPONDER—CDC's PRAMS On-line Data for Epidemiologic Research

Teen Pregnancy Rate by County. The Missouri teen pregnancy rate among 15-19 year olds in 2006-2008 was 55.3 per 1,000, and the rate varied by county, ranging from 18.8 per 1,000 in Nodaway to 115.8 per 1,000 in Pemiscot (Figure 24). The teen pregnancy rate tended to be higher in the southeast region compared to other areas of Missouri. The top three counties with the highest teen pregnancy rates in 2006-2008 were located in the southeast region: Pemiscot, Dunklin, and Mississippi (Table 18).

Figure 24. Teen (15-19 years) Pregnancy Rate by County, Missouri, 2006-2008



Source: Missouri DHSS. MICA-Fertility Rate

Table 18. Top Ten Counties with Highest Teen (15-19 Years of Age) Pregnancy Rates, Missouri, 2006-2008

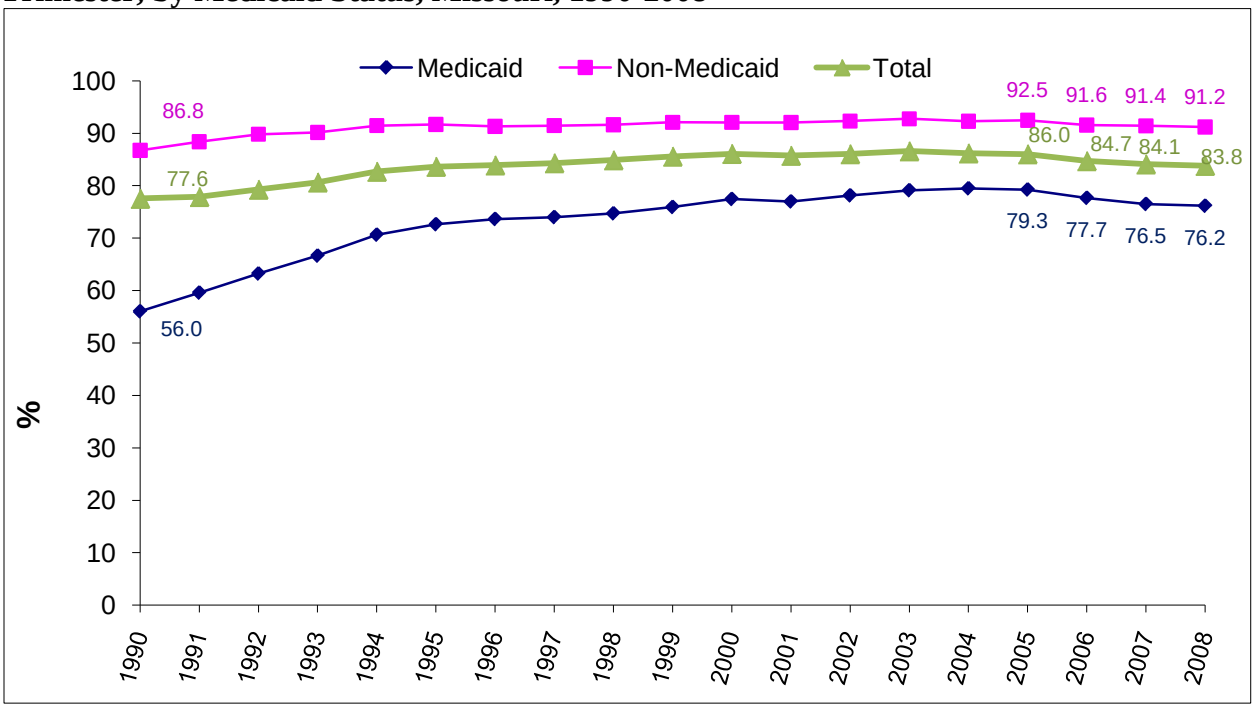
County	Teen (15-19) Pregnancy Rate Per 1,000, 2006-08	Ranking (1=highest)
Statewide	**55.3**	
Pemiscot	115.8	1
Dunklin	106.9	2
Mississippi	101.7	3
Sullivan	96.1	4
Wright	93.1	5
McDonald	89.7	6
Butler	89.4	7
Washington	88.9	8
Hickory	85.2	9
St. Louis City	82.7	10

Source: Missouri DHSS. MICA-Fertility Rate

2.2.11.2 Early Prenatal Care

During the past three decades significant progress was made in improving women's access to early and adequate prenatal care. The proportion of women with first trimester prenatal care in Missouri has been consistently higher than the nation and increased from 77.6% in 1990 to 83.8% in 2008. However, early prenatal care rates in Missouri stabilized around 86% between 2000 and 2005 and had shown a small but noticeable decline consistently since 2005, both among Medicaid and non-Medicaid women (Figure 25). The National Center for Health Statistics (NCHS) also reported a similar decline in early prenatal care rates nationwide since 2005.

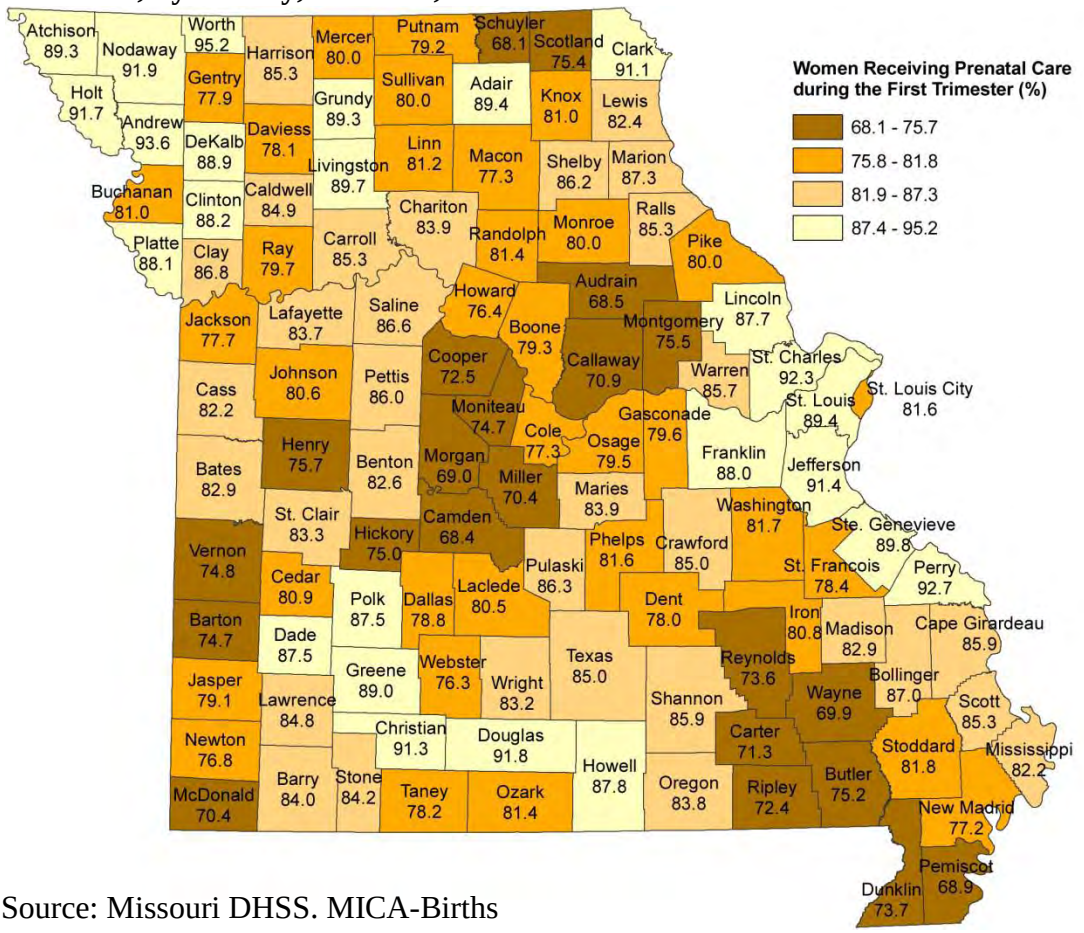
Figure 25. Percent of Infants to Women Receiving Prenatal Care Beginning in the First Trimester, by Medicaid Status, Missouri, 1990-2008



Source: Missouri Department of Health and Senior Services (DHSS), Vital Statistics – Births; CDC, NCHS. National Vital Statistics Reports

Early Prenatal Care by County. The rate of early prenatal care differed greatly by county, ranging from the lowest 68.1% in Schuyler to the highest 95.2% in Worth in 2008. Counties with lower rates of early prenatal care tended to be located in southeast and central areas of Missouri (Figure 26 and Table 19).

Figure 26. Percent of Infants to Women Receiving Prenatal Care Beginning in the First Trimester, by County, Missouri, 2008



Source: Missouri DHSS. MICA-Births

Table 19. Top Ten Counties with Lowest Rate of Early Prenatal Care, Missouri, 2008

County	Rate of Early Prenatal Care (%), 2008	Ranking (1=lowest)
Statewide	**83.8**	
Schuyler	68.1	1
Camden	68.4	2
Audrain	68.5	3
Pemiscot	68.9	4
Morgan	69.0	5
Wayne	69.9	6
McDonald	70.4	7
Miller	70.4	7
Callaway	70.9	9
Carter	71.3	10

Source: Missouri DHSS. MICA-Births

Prenatal Care Quality and Content. PRAMS provides unique information regarding quality and content of prenatal care that is not routinely collected by birth certificate data. According to Missouri PRAMS 2007, among Missouri women with late or no prenatal care, the three most commonly reported barriers for getting prenatal care were:

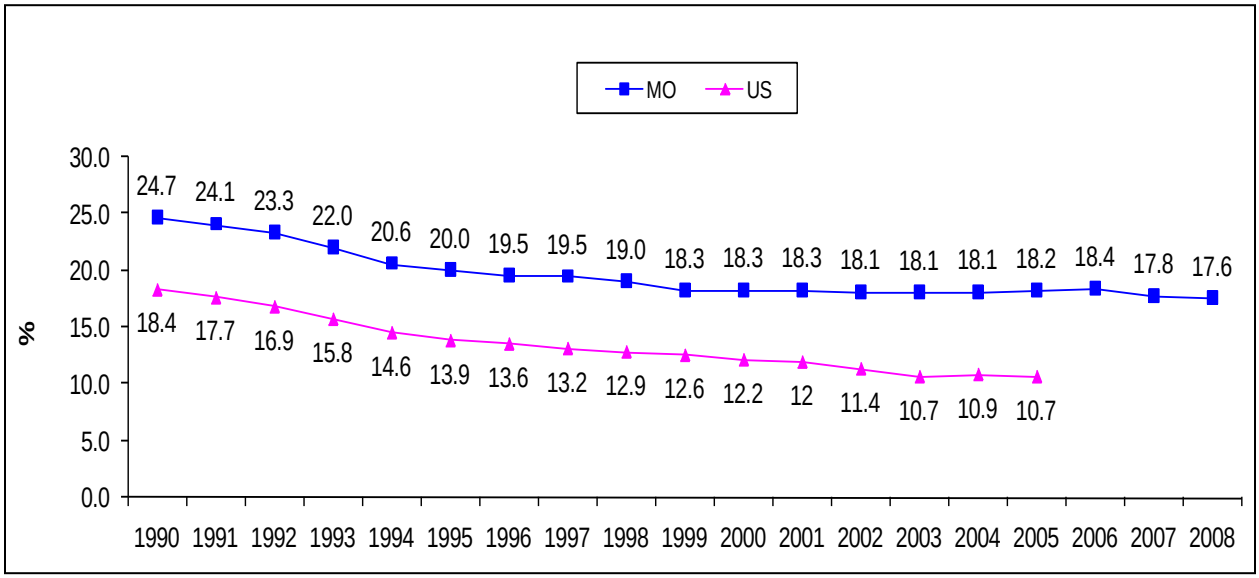
- *"Didn't have enough money or insurance to pay for visits"* (34.4%)
- *"Couldn't get appointment when I wanted one"* (27.9%)
- *"Didn't have Medicaid card"* (27.7%)

Another indicator of prenatal care content is the receipt of prenatal counseling on various health issues from health care providers. The lowest percentages of receiving counseling were found for topics about physical abuse by partners (51%) and seat belt use (55.9%).

2.2.11.3 Maternal Cigarette Smoking

Smoking during pregnancy is associated with a wide variety of adverse pregnancy and birth outcomes. The rates of smoking during pregnancy among Missouri women (17.6% in 2008) have been consistently higher than national rates (10.7% in 2005) (Figure 27). The *HP 2010* objective is 99% abstinence from smoking during pregnancy and Missouri has long way to go to reach this objective. The rates of smoking among Missouri women of childbearing age are also higher than national rates. Similar to national trends the rates of smoking during pregnancy among Missouri women decreased from 24.7% in 1990 to 18.3% in 1999, but remained around 18% since 1999 while the national rates declined to 10.7%. However, since 2007, the rates of smoking during pregnancy among Missouri women have shown a marginal decrease.

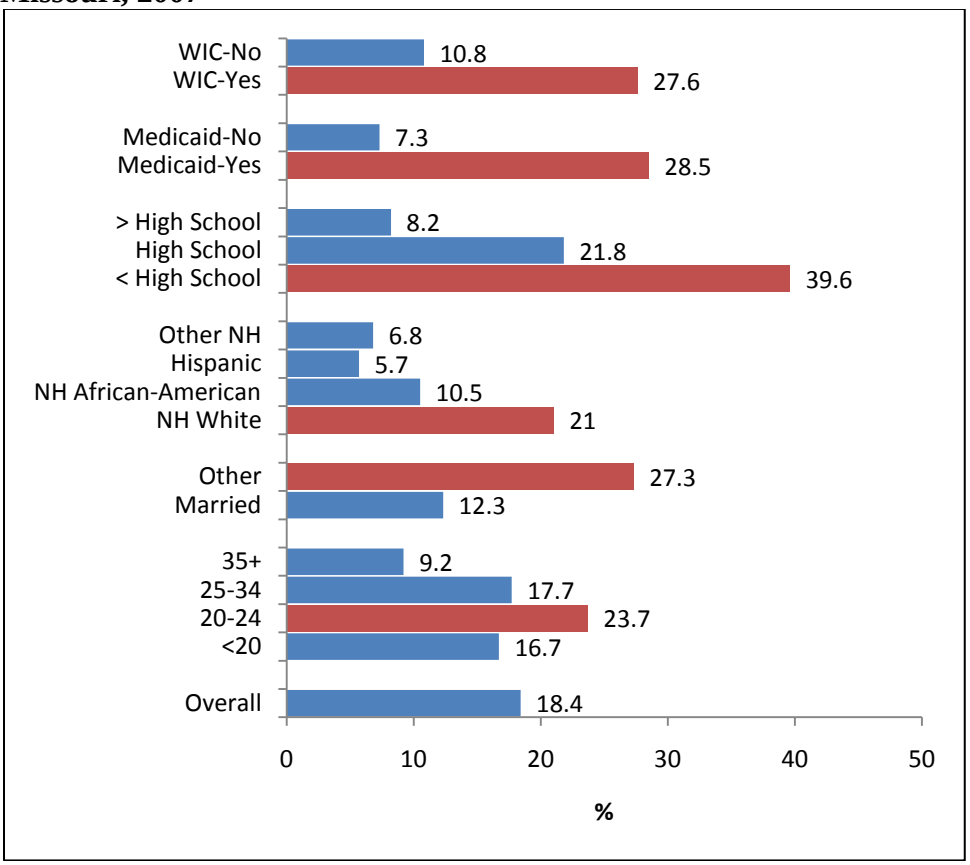
Figure 27. Percent of Infants to Women Who Smoked During Pregnancy, MO and US, 1990-2008



Source: Missouri DHSS. MICA-Births.

Missouri PRAMS provides data for smoking prevalence during the three months prior to pregnancy, the last three months of pregnancy, and after pregnancy respectively. According to Missouri PRAMS 2007, nearly one third of Missouri women smoked in the three months before pregnancy (31.7%). Although the rates of smoking during pregnancy decreased to 18.4%, the postpartum smoking prevalence was back to 25.9%. Similar to results from other studies, 43% of Missouri women who smoke quit upon realizing their pregnancy, however, more than half (56%) of them relapsed postpartum. The rates of smoking in the last three months of pregnancy varied significantly by maternal characteristics in Missouri; it was higher among younger women 20-24 years of age (23.7%), those unmarried (27.3%), NH whites (21%), those with less than 12 years of education (39.6%), and those on Medicaid (28.5%) or on WIC (27.6%) (Figure 28). In addition, the state of Missouri has the lowest state tobacco tax (17 cents per pack) in the nation further complicating smoking cessation efforts in the state.

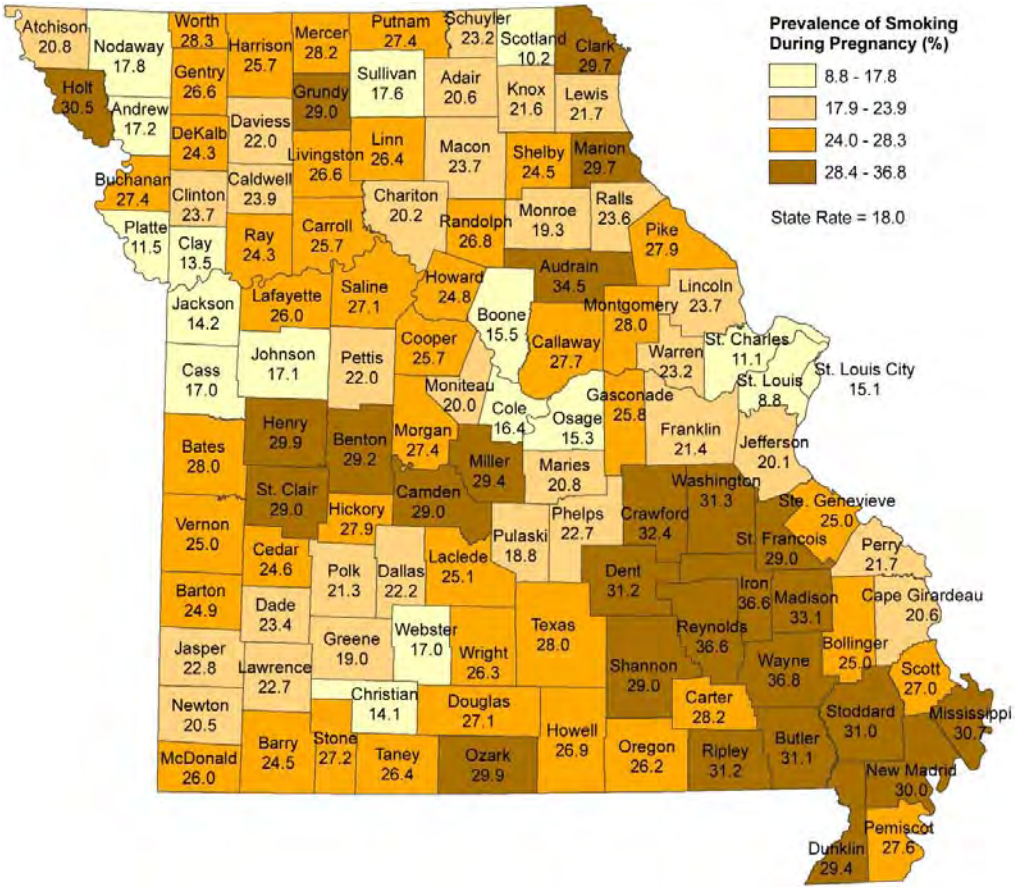
Figure 28. Prevalence (%) of Smoking During the Last Three Months of Pregnancy, Missouri, 2007



Source: CPONDER—CDC's PRAMS On-line Data for Epidemiologic Research.

Maternal Smoking By County. The Southeast region of Missouri tended to have a higher rate of maternal smoking. Maternal smoking during pregnancy in 2004-08 ranged from the lowest 8.8% in St. Louis County to the highest 36.8% in Wayne (Figure 29 and Table 20).

Figure 29. Percent of Infants to Women Who Smoked During Pregnancy, by County, Missouri, 2004-2008



Source: Missouri DHSS. MICA-Births.

Table 20. Top Ten Counties with Highest Rates of Maternal Smoking During Pregnancy, Missouri, 2004-2008

County	Maternal Smoking (%), 2004-08	Ranking (1=highest)
Statewide	**18.0**	
Wayne	36.8	1
Reynolds	36.6	2
Iron	36.6	2
Audrain	34.5	4
Madison	33.1	5
Crawford	32.4	6
Washington	31.3	7
Ripley	31.2	8
Dent	31.2	8
Butler	31.1	10

Source: Missouri DHSS. MICA-Births.

2.3 Justification of At-Risk Counties Based on Composite Ranking of 13 Indicators

As described in the method to identify at-risk community (subsection 2.1), a composite score was determined using the sum of the individual county ranks for each of the 13 key indicators. Then, the composite score was ranked by county and the top ten at-risk counties were identified as those with the lowest composite scores. Table 21 provides a list of the top ten at-risk counties.

Although the county rankings may vary across individual indicators, county maps of most indicators show similar geographic distribution patterns of areas at higher risk – southeast area and St. Louis City. The top ten counties based on the composite ranking reflected a similar pattern, and were all concentrated in the southeast area and St. Louis City.

The health of a community depends on many different factors, ranging from health behaviors, health outcomes, socioeconomic status, to quality of health care, community support, and the environment. The strength of a composite ranking process is to take into account impacts of multiple indicators from various focus areas and to provide a picture of overall health of a community. It should be recognized that results from any composite ranking module may depend on areas and indicators selected and weight incorporated in the ranking process.

Despite some of the limitations in data and the composite ranking method, at-risk counties identified from the present composite ranking process are consistent with the general knowledge of geographic distribution of overall health in Missouri. The Southeast area of Missouri and St. Louis City, where the top ten at-risk counties are located, are areas that have long been recognized to have challenges regarding health as well as socioeconomic status. In addition, the top eight of the ten identified at-risk counties are also among the top ten counties with poor overall health identified by the 2010 County Health Rankings for Missouri[10]

Table 21. Top Ten At-Risk Counties Based on Composite Ranking of 13 Indicators

County	Composite ranking based on 13 indicators
Pemiscot	1
Dunklin	2
Butler	3
Ripley	4
St. Louis City	5
Mississippi	6
New Madrid	7
Washington	8
Crawford	9
Scott	10

[10] Robert Wood Johnson Foundation, University of Wisconsin. 2010 County Health Rankings. Available from http://www.countyhealthrankings.org/missouri/overall-rankings. Accessed September 3, 2010

3.0 Data Report for Each of the Top Ten At-Risk Counties

According to the guidance of the home visiting needs assessment, this section provides data tables (Tables 22-31) separately for each of the top ten at-risk counties identified through the composite ranking process. Tables 22-31 were presented using the reporting template specified in Appendix A of the guidance.

- For indicators not available in the form indicated in the Appendix A of the guidance, an alternative indicator was provided, with a narrative explanation including a description of the strengths and limitations of the data entered under the column "Comments".
- For indicators not available at the county level, regional data were used instead for the individual at-risk county reports and explanations were provided under the column "Comments".
- State-level and county-level data for specified individual indicators were not available from CAPTA and Head Start. However, the program capacity portion of the needs assessment (**Section 4**) included discussions of some program-based data from these two data sources.

Table 22. Pemiscot County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	19.4	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	13.5	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	10.4	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	31.7	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	4,450.4	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.

Table 22. Pemiscot County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	275.9	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	604.3	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.
School Drop-out Rates - Percent high school drop-outs grades 9-12	6.9	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Pemiscot County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 22. Pemiscot County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Pemiscot County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21),

Table 22. Pemiscot County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						which includes Pemiscot County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Pemiscot County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	21.4	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri.

Table 22. Pemiscot County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	7.5	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	6.3	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.5	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	2.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported

Table 22. Pemiscot County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	1.8	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	115.8	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	68.9	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	27.6	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	17.4	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	11.2	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	11.2	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	25.0	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	3,287.3	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	125.8	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	237.0	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
School Drop-out Rates - Percent high school drop-outs grades 9-12	6.1	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Dunklin County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Dunklin County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Dunklin County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Dunklin County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	22.5	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	8.0	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	6.5	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	3.6	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.6	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	1.7	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	106.9	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	73.7	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.

Table 23. Dunklin County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Smoking during pregnancy - Rate of smoking during pregnancy	29.4	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	18.1	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	10.0	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	8.1	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	20.8	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	4,615.4	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						and is used to measure the magnitude of crime in the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	955.0	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	891.2	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						yet available, 2008 population estimate was used as a proxy for 2009.
School Drop-out Rates - Percent high school drop-outs grades 9-12	7.2	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Butler County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Butler County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Butler County.

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Butler County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	20.7	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	6.2	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	6.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	3.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.2	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	2.0	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.

Table 24. Butler County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	89.4	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	75.2	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	31.1	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	18.7	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	10.5	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	16.0	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	25.6	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime # of crime index offenses per 100,000 population	--	--	--	--	2,373.0	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	469.1	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence Domestic violence incidents per 100,000 population	--	--	--	--	622.3	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
School Drop-out Rates - Percent high school drop-outs grades 9-12	4.5	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Ripley County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Ripley County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Ripley County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Ripley County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	11.6	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri.

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	6.8	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	7.9	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.5	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.7	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	3.7	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	72.5	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.

Table 25. Ripley County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	72.4	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	31.2	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	18.7	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	11.8	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	10.6	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	23.5	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	10,507.1	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in the United States. Only eight major

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	6,385.0	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	729.1	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
School Drop-out Rates - Percent high school drop-outs grades 9-12	24.7	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.6	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Eastern Service Area St. Louis, which includes St. Louis City. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	6.6	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Eastern Service Area St. Louis, which includes St. Louis City. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.2	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Eastern Service Area St. Louis, which includes St. Louis City. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	3.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Eastern Service Area St. Louis, which includes St. Louis City. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	15.0	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri.

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	7.8	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	4.7	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.4	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.9	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	0.8	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	82.7	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.

Table 26. St. Louis City Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	81.6	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	15.1	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	16.4	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	11.7	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	4.2	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	26.1	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	2,843.6	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	273.1	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	1,160.2	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
School Drop-out Rates - Percent high school drop-outs grades 9-12	3.7	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Mississippi County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Mississippi County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Mississippi County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Mississippi County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	16.7	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	7.4	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	4.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	0.9	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	1.3	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	101.7	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	82.2	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.

Table 27. Mississippi County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Smoking during pregnancy - Rate of smoking during pregnancy	30.7	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	17.4	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	12.0	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	10.3	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	23.7	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	1,114.3	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						and is used to measure the magnitude of crime in the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	629.8	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	523.3	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
School Drop-out Rates - Percent high school drop-outs grades 9-12	2.5	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes New Madrid County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes New Madrid County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes New Madrid County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes New Madrid County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	16.1	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri.

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	7.3	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	5.8	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.9	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.6	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	1.3	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.

Table 28. New Madrid County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	80.4	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	77.2	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	30.0	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	13.4	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	10.1	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	8.7	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	24.1	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Crime - # of crime index offenses per 100,000 population	--	--	--	--	1,576.5	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	1,092.5	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	380.2	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.
School Drop-out Rates - Percent high school drop-outs grades 9-12	2.4	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Washington County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Washington County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Washington County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Washington County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	12.5	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	10.2	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	7.5	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	3.4	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	2.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	2.7	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 29. Washington County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	88.9	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	81.7	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	31.3	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	14.0	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	8.6	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	4.8	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	17.8	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	2,269.5	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						the United States. Only eight major offenses are included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	481.1	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	1,006.0	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
School Drop-out Rates - Percent high school drop-outs grades 9-12	7.1	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Crawford County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Crawford County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Crawford County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Crawford County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - # of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	18.1	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	8.2	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	3.8	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	1.9	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.1	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	1.3	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.

Table 30. Crawford County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	79.4	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	85.0	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.
Smoking during pregnancy - Rate of smoking during pregnancy	32.4	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth - Percent: # live births before 37 weeks/total # live births	14.1	--	--	--	--	Data Source: MO Department of Health & Senior Services (DHSS). Birth MICA (Missouri Information for Community Assessment), 2004-2008.
Low-birth-weight infants - Percent: # resident live births less than 2500 grams/# resident live births	8.6	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.
Infant mortality (includes death due to neglect) - # infant deaths ages 0-1/1,000 live births	7.3	--	--	--	--	Data Source: MO DHSS. Death MICA, 2004-2008.
Poverty - # residents below 100% FPL (poverty status)/total # residents	19.4	--	--	--	--	Data Source: U.S. Census Bureau. American Community Survey, Small Area Income & Poverty Estimates (SAIPE), 2008.
Crime - # of crime index offenses per 100,000 population	--	--	--	--	3,727.3	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. The Crime Index is the sum of eight major offenses and is used to measure the magnitude of crime in the United States. Only eight major offenses are

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						included in the Index because of their frequency of occurrence and the fact they are most likely to be reported to law enforcement agencies. These Index offenses are: murder, forcible rape, robbery, aggravated assault, burglary, theft, motor vehicle theft, and arson.
Crime - # crime arrests per 100,000 juveniles 0-19 years of age	--	--	--	--	288.8	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2008-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Crime arrests included Part I and Part II crimes. Categories included in Part II crimes are listed under *Subsection 2.2.5.1 Crime Index Offenses*
Domestic violence - Domestic violence incidents per 100,000 population	--	--	--	--	1,371.6	Data Source: MO State Highway Patrol. Uniform Crime Reporting (UCR) Statistical Analysis Website; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009.
School Drop-out Rates - Percent high school drop-outs grades 9-12	2.3	--	--	--	--	Data Source: Missouri Department of Elementary and Secondary Education (DESE), 2008-2009.

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Binge alcohol use in past month (%) [1]	--	--	--	23.3	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Scott County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Marijuana use in past month (%)	--	--	--	4.8	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Scott County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - Prevalence rate: Nonmedical use of prescription drugs in past month (%)	--	--	--	--	--	Data not available

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Nonmedical pain reliever use in past year (%)	--	--	--	4.9	--	Nonmedical pain reliever use in past year was used as an alternative for nonmedical use of prescription drugs in past month. Nonmedical use of pain reliever is the common type of nonmedical use of prescription drugs and can partially represent the nonmedical use of prescription drugs. However, the prevalence of nonmedical pain reliever use cannot accurately represent the prevalence of overall nonmedical use of prescription drugs. Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Scott County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Substance abuse - Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month (%)	--	--	--	4.1	--	Data is not available at the county level. Data is available regionally by Service Area, and there are seven major Service Areas. Data represented here is for the Southeast Service Area (areas 17, 18, 19, 20, 21), which includes Scott County. Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2006-2008.
Substance abuse - #of women ages 18-44 admitted for alcohol and drug abuse treatment (per 1,000)	--	--	--	--	13.5	Data Source: Missouri Department of Mental Health; MO DHSS. MICA-Population, 2007-2009. 2009 population estimate by county is not yet available, 2008 population estimate was used as a proxy for 2009. Data of substance use prevalence are not available at county level. Missouri DMH's ADA treatment data are used as an alternative data source for county-level substance abuse data, and can partially provide geographic distribution patterns of substance abuse burden in Missouri. It should be noted that Missouri DMH's ADA treatment data only account for a portion of total individuals receiving ADA treatment in the state

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						and even a smaller portion of individuals with ADA problems. Estimated by Missouri DMH, those admitted to the department ADA treatment services account for about 69% of those treated in Missouri. Estimated 63,000 Missourians or about 14% of those who need ADA treatment receive treatment in Missouri.
Unemployment - Percent: # unemployed and seeking work/total workforce	--	--	--	--	6.4	Data Source: KIDS COUNT Data Center; Missouri Department of Labor and Industrial Relations, Division of Employment Security, 2008.
Child maltreatment - Rate of reported substantiated maltreatment per 1,000 population under 18 years of age [2]	--	--	--	--	5.9	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008.
Child maltreatment - Rate of children substantiated for neglect per 1,000 population under 18 years of age	--	--	--	--	2.2	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Neglect is the most commonly reported type of child abuse/neglect and accounts for about half of substantiated cases statewide.

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Child maltreatment - Rate of children substantiated for physical abuse per 1,000 population under 18 years of age	--	--	--	--	1.4	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Physical abuse is the second most commonly reported type of child abuse/neglect. It accounted for 25% of substantiated cases statewide in 2008.
Child maltreatment - Rate of children substantiated for sexual abuse per 1,000 population under 18 years of age	--	--	--	--	2.5	Data Source: Missouri Department of Social Services. Children's Division. Child Abuse and Neglect Annual Report; MO DHSS. MICA-Population, 2006-2008. Sexual abuse is the third most commonly reported type of child abuse/neglect. It accounted for 23% of substantiated cases statewide in 2008.
Other indicators of at risk prenatal, maternal, newborn, or child health						
Teen pregnancy - Rate of pregnancy among 15-19 year olds (per 1,000)	78.2	--	--	--	--	Data Source: MO DHSS. Fertility Rate MICA, 2006-2008.
Early prenatal care - Rate of pregnant women receiving prenatal care during the first trimester	85.3	--	--	--	--	Data Source: MO DHSS. Birth MICA , 2008.

Table 31. Scott County Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Smoking during pregnancy - Rate of smoking during pregnancy	27.0	--	--	--	--	Data Source: MO DHSS. Birth MICA, 2004-2008.

[1] Binge drinking: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days.

[2] Substantiated: A type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. This is the highest level of finding by a State Agency.

4.0 Quality and Capacity of Existing Programs/Initiatives for Early Childhood Home Visitation

Home visiting programs have been implemented across the state for many years to support families. The goal of these programs overall is to improve maternal outcomes, birth outcomes, and child health and educational outcomes. Many of the programs provide parenting skills and self-sufficiency. As in other states, Missouri too has many different models of home visiting programs. An Early Childhood Home Visitation program in this needs assessment is defined as a program where home visiting is the primary service offered on a voluntary basis to pregnant women, expectant fathers, and parents and caregivers of children ages birth to kindergarten. Additional criteria that describe the programs are listed as follows:

- The majority of services are delivered through home visits.
- Staff are trained to deliver services and support through home visits.
- Program designs include a sustained and ongoing relationship with enrolled families over a period of time.
- The program serves women prenatally and postpartum and children within 0-5 years of age.

For the purpose of this needs assessment the programs and initiatives will be described in three categories. In category one, the programs will be described as programs that are funded by the state agencies with state or federal funds, as well as home visiting programs that are funded directly by the federal government. The second category will list other existing home visiting programs that are funded by other sources. The third category will describe in detail the known existing programs within the identified high-risk counties.

4.1 Category One: Statewide Home Visitation Programs (Models) Funded by State Agencies with State or Federal Funds and Programs Directly Funded by Federal Government

The importance of the development of an early childhood system is reflected in the Governor-appointed Coordinating Board of Early Childhood (CBEC). The membership of the CBEC has substantial expertise in early childhood systems; many are recognized and active at the national level and are key sources of information and networking. The Coordinating Board of Early Childhood's (CBEC) workgroup on home visiting initiated the compilation of the programs. The membership of the home visiting workgroup includes representatives from the state Office of Administration, Children's Trust Fund, that administers the Title II Child Abuse Prevention Treatment Act (CAPTA); Head Start State Collaboration Office; the Department of Elementary and Secondary Education (DESE) that administers the Individuals with Disabilities Education Act Part C and Part B; Department of Social Services, that administers the Child Care Development Block Grant funds; Department of Health and Senior Services (DHSS) which administers the Title V Maternal and Child Health Block Grant; and the Department of Mental Health. The list of programs was expanded through this grant's needs assessment process utilizing the work that was initiated by the workgroup. The programs listed may not be all inclusive, but information was obtained through various methods beyond the work of the workgroup, such as obtaining input from focus group meetings with the Maternal and Child Health Coalitions, statewide councils, and committees around the state. A template describing home visitation programs was also distributed to the stakeholders present at these meetings, as well as to share with other stakeholders to complete and submit to the CBEC and DHSS. Their information is included in this needs assessment.

Programs funded through state agencies are as follows:

4.1.1 Department of Health and Senior Services (DHSS)

The DHSS funds two home visiting programs: Building Blocks of Missouri and the Missouri Community Based Home Visiting Program. Both programs are federally funded through the Title V Maternal and Child Health Block Grant.

The Building Blocks of Missouri utilizes the Nurse Family Partnership® model which is an evidence-based home visiting program provided by registered nurses to first time pregnant women who are low-income and enter the program prior to the 28th week of pregnancy, continuing through age two of the index child to help women practice sound health-related behaviors; improve nutrition; help parents provide more responsible, competent care for their children; and improve families' economic self-sufficiency. The goals of the program are to improve pregnancy outcomes, promote healthy child development, and promote positive parental life course. In federal fiscal year 2009, 446 families were served. The program is available in 17 counties (Cass, Clay, Jackson, Johnson, Lafayette, Platte, and Ray counties in the Kansas City area; Bollinger, Cape Girardeau, Dunklin, Mississippi, New Madrid, Perry, Scott, Ste. Genevieve, and Stoddard; and St. Louis County) and the City of St. Louis.

The Missouri Community Based Home Visiting Program model utilizes nurses and paraprofessionals and provides intensive sustained home visits and community services over a period of two years, with a small number of families. The goals of this program are to 1) increase healthy pregnancies and positive birth outcomes; and 2) decrease child abuse and neglect through home-based services, which provide assessments, education, referrals, and case management for Missouri families most at risk. The target population is specific for each individual site, but addresses the needs of families in the specific geographic area who are most at risk of infant mortality or morbidity and child abuse or neglect. A multidisciplinary team of nurses and family support workers provide home visits in addition to visits by collaborative team members, including such agencies as Parents as Teachers, Department of Social Services (DSS), and the DHSS. A highly developed plan of care is developed for the individual families based upon risk factors and need. Services provided include, but are not limited to: physical and social assessments; parent education; referrals to providers as indicated; and case management. The MCBHV program currently provides services in the following counties: Boone, Clay, Greene, Jackson, Madison, Maries, Mississippi, New Madrid, Phelps, Platte, Randolph and St. Louis, and the City of St. Louis. In federal fiscal year 2009, the program served 815 clients. Beginning in federal fiscal year 2011, the program will use a standard evidence-based curricula "Partner for Healthy Baby" developed by Florida State University.

4.1.2 Department of Elementary and Secondary Education (DESE)

The DESE funds the Parents as Teachers Program which is a national home visiting model. The Early Childhood Development Act (ECDA) authorizes state funding to school districts that provide education programs and services to families expecting a child or have a child birth to kindergarten entry. Services include periodic development screening for all children birth to kindergarten entry, and parent education for all families prenatal to kindergarten entry. The goals of the program are to improve school readiness; improve parent knowledge; early detection of health/developmental detection; and child abuse and neglect prevention. In state fiscal year 2009, 84,979 families with

children prenatal to three years were served and 60,417 families with children ages three to kindergarten were served. Services are available in all 114 counties and the City of St. Louis.

4.1.3 Department of Social Services (DSS)

The DSS funds two models of home visiting programs utilizing state and federal funds. The federal funding is through the Early Childhood Development Education and Care Fund and the state funds are through general revenue. The two models of home visiting are the Stay at Home Parent Program and Child Abuse and Neglect Prevention Program. Both programs have similar approaches and purpose to support and encourage care that promotes positive brain development of children, provide services that lead children to school readiness, and ensure low-income children and children with special needs have equal access to care. Both programs incorporate protective factors and strategies identified in the *Strengthening Family Through Early Care and Education* as being those that most affect reducing child abuse and neglect. The target population for the Stay at Home Parent Program (SAHP) are families with a child less than three years of age in the home and household income under 185% of the federal poverty level and a parent that meets specific program requirements. The Child Abuse and Neglect Prevention Program (CANP) serves families with a child less than three years of age in the home, that may meet any of the criteria for the Stay at Home Parent Program but must be considered high risk, which includes but is not limited to: families living in poverty; teen parents; families in homeless or other crisis situations; or families with children with special needs. In fiscal year 2009, the SAHP served 1,509 families and 1,854 children, and the CANP served 453 families and 530 children. The programs are available in Barton, Cedar, Dade, Springfield/Greene, St. Louis County and City, Boone, Howard, Cooper, Kansas City, New Madrid and Mississippi, St. Charles, Lincoln, Warren, Franklin, Jefferson, Washington, Phelps, Pulaski, St. Francois and Ste. Genevieve, Reynolds, Iron, Wayne, Randolph, Andrew, Buchanan, DeKalb, Scott, Bollinger, Perry, Lafayette, Platte, Clay, Jasper, Newton, City of Joplin.

4.1.4 Office of Administration

The Children's Trust Fund resides within the Missouri Office of Administration, and is the administrator of the Title II Child Abuse, Prevention and Treatment Act funds (CAPTA) which funds the Community-Based Child Abuse Prevention program. The Children's Trust Fund provides funding to four projects:

- Barceda Families: T.E.A.M.S.-Together for Empowerment and Accountability to Maximize Self-Sufficiency. Approximately 40 children and families are estimated to be served in Polk, Dallas, and Hickory counties.
- The Alliance of Southwest Missouri: Project CARE. Approximately 35 families will be served in Jasper and Newton counties.
- Pemiscot County Initiative Network (PIN): Lower Bootheel Community-Based Child Abuse Prevention project in Dunklin and Pemiscot counties. Approximately 80 children and families are expected to be served.
- Jefferson County Community Partnership: Project COPE. Approximately 20 families are expected to be served in Jefferson County.

The target population is specific for each individual site, but addresses the needs of families in the specific geographic area who are most at risk of child abuse or neglect, and includes expectant and young parents 21 years of age or younger with education less than high school or GED, parents

mentally and/or physically challenged with young children; parents with severe psychological disorders or substance abuse problems with young children; families with young children who were prematurely born or have physical or developmental disabilities, and/or parents with a high child abuse potential measured by the Child Abuse Potential Inventory (CAPI) score greater than 200.

Programs that are Funded Directly by the Federal Government

4.1.5 Early Head Start and Head Start Programs

The Early Head Start (EHS) and Head Start (HS) Programs are mainly funded directly through the federal government, but some EHS programs are funded with state funds. There are 12 such home-based programs in the state. The programs are a home-based comprehensive child development program to promote positive educational, social, and health outcomes/development for children; and promote self-sufficiency for families through a home visiting model. The target population is families with income at or below 100% of poverty. The services are provided from prenatal to age 35 months of the index child for the EHS Program and three to five years of age for the HS Program. Curriculum used varies by program site. Curriculums used are The Florida Curriculum, Parents as Teachers, Partners for Healthy Baby, High Scope Infant and Toddler, Creative Curriculum, Born to Learn, an adapted version of the Creative Curriculum and HELP-Home Assessment. Ten percent of the participants are infants and toddlers with disabilities. In 2008-2009, the funded enrollment was 979 children. The programs are in the counties of Audrain, Callaway, Cole, Cooper, Boone, Howard, Moniteau, Osage, Pettis, Barton, Jasper, Newton, McDonald, Franklin, Jefferson, Saline, Johnson, Caldwell, Grundy, Harrison, Linn, Livingston, Mercer, Sullivan, Lincoln, Warren, Montgomery, St. Charles, St. Louis City, and if needed Daviess and Putnam.

4.1.6 Healthy Start Program

There are three Healthy Start programs in the state: the Mother and Child Coalition in Kansas City, the Maternal and Child Health Coalition in St. Louis, and the Missouri Bootheel Regional Consortium, Inc. in Southeast Missouri. These programs are funded through the Healthy Start Grant funded by Health Resources Services Administration (HRSA). The purpose of the Healthy Start programs are to improve health outcomes for participants through assessment, referral, education, and care coordination provided in the home by nurses and peers.

The St. Louis Healthy Start also seeks to identify and improve the community, environment, and systems issues that contribute to racial disparities in infant mortality. The target population is pregnant women, preferably in first or second trimester, who reside in the project area and have risk factors and children up to the age of two years. Eligibility requirements are that participants reside in a 3 ZIP code area at the time of enrollment and have a minimum of two medical or social risk factors. The program serves approximately 300 women each year.

The Kansas City Healthy Start (KCHS) is administered through the Maternal and Child Health Coalition (MCHC), doing business as Mother and Child Health Coalition. The program's primary purpose is to improve birth and infant outcomes in the areas of the bi-state greater metropolitan Kansas City area that currently have poor birth and infant outcomes. These areas also show disparities in birth and infant outcomes, especially among the African-American population which is a large percentage of the population in this area. KCHS aims to provide the core services of outreach and participant recruitment, case management, health education, screening and referral for perinatal depression, and

interconceptional continuity of care to all program participants. The target population is located in the selected ZIP codes of Jackson County, Missouri (64106, 64108, 64109, 64110, 64124, 64126, 64127, 64128 and 64130). A total of 237,016 persons live in these specified ZIP codes, 124,152 reside in the remaining areas of Jackson County, Missouri. The program also provides services in one county in Kansas. Any pregnant woman and/or any woman with a child under the age of two are eligible for the program's services. The program served 326 families in 2009.

The Missouri Bootheel Regional Consortium administers the Healthy Start program in the southeast region of the state and provides home visiting services to reduce the regional rate of infant mortality and to improve the health and well-being of infants and their families. Target population is at-risk African-American women who are between the ages of 15 and 44 and live in one of the following five Missouri counties: Dunklin, Mississippi, New Madrid, Pemiscot, or Scott. Participants must live in one of the above five counties and be pregnant or have a child under the age of two to be eligible for the program. In 2009, 252 families were served.

4.1.7 StartRight Teen MOMs Program

This is a federally-funded program through the Department of Health and Human Services (DHHS), Office of Adolescent Pregnancy Programs. The goal of the program is to provide a home visiting program to improve the quality of life of teen parents and their families as well as delay subsequent childbearing during the teen years. The target population is first time pregnant teens ages 13-18 years. Annually, the program serves over 90-100 teens. This program is only available in Jackson County.

4.1.8 Queen of Peace Center: Community-Based Doula Program

This program is a federally-funded program through the DHHS, Health Resources Services Administration. The program utilizes the Community-Based Doula Model: Health Connect One. The model is focused on improving maternal and infant outcomes for first time pregnant or postpartum women who are dependant/abusing substances. This program is implemented in St. Louis City and County. The program serves approximately 72 families annually.

4.1.9 Team for Infants Endangered by Substance Abuse (TIES) Program

TIES is a federally funded program through DHHS, Administration of Children and Families (ACF) Abandoned Infants Assistance Grant and COMBAT. Additional funds are provided by county sales tax and the Children's Mercy Hospital in Kansas City where the program is located. This is a comprehensive, multiagency model providing intensive home-based services to adult pregnant and postpartum women and their families affected by substance abuse and/or HIV. Individualized, culturally appropriate services include crisis intervention, support for substance abuse treatment, supportive counseling, child development, parenting education, and connection to other community services. Referrals are accepted up to six months of pregnancy. The goal of the program is to improve services to all drug-affected families by enhanced community collaboration, and specific benefits to enrolled families of decreased parental drug use, improved mental and physical health, increased positive parenting, more stable family income, and improved housing options. The program serves 70-80 families and approximately 200 children annually within Kansas City and Jackson County.

4.2 Category Two: Programs that are funded with other funds

4.2.1 Whole Kids Outreach

Whole Kids Outreach (WKO) is a faith-based not-for-profit home visitation program committed to the unmet wellness and developmental needs of children, youth, and pregnant women within their family structures who are low-income with low educational attainment. By working within the home and family structure, WKO's home visitation programs help address many of the social barriers to wellness that families living in these impoverished rural counties face. WKO provides its home visitation services through three core programs:

- The *Resource Mothers Program (RMP)* utilizes a lay health outreach model to promote access to perinatal care and education for pregnant mothers and newborns through home visits and center-based programs by trained childbirth educators from the communities.

- The *Family Enhancement Program (FEP),* also using a lay health outreach model, addresses the needs of children and youth who have witnessed family violence, have developmental delays, and/or experience any of the many problems associated with living in poverty. Services provided are parenting skills, immediate crisis intervention, ongoing support, education and/or skill building, along with recreational activities which help to improve such things as self-confidence, general health and wellness, and relationship/appropriate social skills.

- The *Maternal-Child Visiting Nurse Program (MCVNP*) works in collaboration with the Nurses for Newborns Foundation to provide visiting RNs to assess and promote health-related needs of pregnant and parenting mothers in conjunction with the two above-mentioned lay health advisor driven programs (RMP and FEP). The program attempts to diminish infant mortality and morbidity through assessment and well-baby education, and endeavors to reduce teen pregnancy and sexually transmitted diseases. Although not an exact replication of any single curriculum, WKO based its programmatic and curriculum design on the *Healthy Families America*—an evidence-based program in existence for over fifteen years. Services are provided in Butler, Carter, Iron, Reynolds, Shannon, and Wayne counties. Annually, approximately 399 adults and 441 children are served.

4.2.2 Home Visits to High-Risk Infants and Children

The Springfield-Greene County Health Department funds a home visitation program using public health nurses to provide community resource referrals, health and safety education, care, and nutrition education for infant/child to the parent and involving the significant grandparents. Eligibility is limited to Greene county residents and is voluntary. Children and families served are approximately 160 annually.

4.2.3 Doula Foundation of Mid-America, Inc

The community-based doula program uses a Community-Based Doula Model to mentor pregnant women during the months of her pregnancy, birth, and the immediate postpartum period (children ages 0-1). Services provided are culturally-sensitive pregnancy and childbirth education, early linkage to

health care, social services, labor coaching breastfeeding education, and parenting skills. The target population is first time mothers, particularly teens, single women, and low-income women having a higher risk of maternal and infant high-risk indicators. Counties served are Springfield/Greene and the surrounding areas. Annually, the program serves 200 women and children.

4.2.4 Family Support Network

This program is an in-home visitation program. The program is based on cognitive Behavioral Family Intervention™ and draws from other programs such as Active Parenting Families first™ and Parent Child Interactive Therapy™. The services provided are family counseling, case management, and parenting education to families at risk of child maltreatment with children ages birth to 13. Services are provided in St. Louis County and City, and annually 400 families and children are served.

4.2.5 WINGS (Women in Need Growing Stronger), International and Domestic Adoption Program

This in-home adoption program offers education, support, home study services, and post-placement and post-adoption services to families who are adopting internationally or through domestic programs. Services are provided in Columbia (Boone County), Cape Girardeau, Springfield, and St. Louis County. Annually, 600 families and children are served.

4.2.6 St. Louis County Department of Health Public Nursing

The program is designed to provide in-home assessments and education to the residents of St. Louis County, regardless of age or medical home. Nurses assess the client's health and environment, provide ongoing education in the form of literature and/or videos, and answer any questions clients and their families may have to promote and preserve the health of populations at risk for poor health outcomes. The program integrates the skills and knowledge of both professional nursing and public health. The services are free to all St. Louis County residents and to clients who utilize one of the three health centers. Referrals are made to community resources to address housing, child-care, transportation, food pantries, utility assistance, etc. On average, 400 families are served per month.

4.2.7 Parents Learning Together

The program is a family support program designed to strengthen families by teaching parenting skills and mentoring parents with intellectual and developmental disabilities. Parents Learning Together offers families instruction and guidance in two ways: in a group setting, where families learn together and from each other, and through individual mentoring. Parents learn about all areas of child development and household management and are assisted in securing additional resources they need. Though most children of people with developmental disabilities have no exceptional academic needs, families are also assisted in accessing appropriate educational and developmental services for their children. The program is open to residents of St. Louis City and County only and participants must be 18 years old or older, and may have a child living in their home or a child living elsewhere. Participants who are expecting a child are welcome to apply for the program; however, services will not begin until after the child is born. The program serves 125 families per month.

4.2.8 Nurses for Newborns

The program is a home visiting program for high-risk infants implemented by trained registered nurses. The program is funded through foundations and donations. The program also provides services through federally and state funded programs discussed under the Stay and Home Parent and Child Abuse and Neglect Prevention Programs. The goal of the program is to prevent infant mortality, child abuse and neglect, unintentional injuries, inappropriate emergency room use, to facilitate positive parenting, promote medical home use and connect with community resources. Target population is prenatal women to children up to 3 years of age, medically fragile infants, moms with mental illness/disability and teen parents. The program provides services to low-income families with one or more infant, maternal or environmental risk factors or by referral. The program serves 3,000 families annually. The program is available in St. Louis City and County, St. Charles, Lincoln, Warren, Franklin, Jefferson, Washington, Phelps, Pulaski, St, Francois, St. Genevieve, Reynolds, Iron, Wayne and Shannon.

4.3 Category Three: Early Childhood Home Visiting Programs in the Counties of Highest Risk (Pemiscot, Dunklin, Butler, Ripley, St. Louis City, Mississippi, New Madrid, Washington, Crawford, and Scott)

Name of Program	**Building Blocks of Missouri/A Nurse Family Partnership Program**
Home Visiting Model/Approach	Evidence-based Nurse Family Partnership Model of Nurse Home Visiting based on the David Olds Model of Nurse Home Visiting
Specific Services Provided	Provides home visiting services to pregnant and parenting women through age two of their index child at intervals prescribed by the model and using visit guidelines and facilitators developed by the Nurse Family Partnership using specially trained registered nurses. Additional visits are made outside the guidelines as indicated by client need.
Target Population	Low-income (185% of the federal poverty level or below), first time mothers (pregnant women who have delivered no live births), and their infants until the age of two. Enrollment is restricted to pregnant women prior to the 28th week of pregnancy.
Goals/Outcomes	The short-term goals for the program (a short-term goal is defined as one that can be measured and achieved on an annual and ongoing basis) include: 1. Decreased use of tobacco, alcohol, and illegal drug use by pregnant women; 2. Increased use of health and community services; 3. Improved nutrition during pregnancy; 4. Increased spacing between pregnancies; 5. Demonstrated ability of participating families to provide a safe and sanitary environment for themselves and their families by the end of their participation in the program; and 6. Decrease in physical punishment and restriction of infants, with an increase in the use of appropriate discipline for older children. The long-term goals for the program (a long-term goal is defined as one that requires multiple years to impact) include:

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Name of Program	**Building Blocks of Missouri/A Nurse Family Partnership Program**
	1. Increased spacing between pregnancies, with the result being fewer subsequent pregnancies; 2. Decrease in the number of verified incidents of child abuse and neglect; 3. Decrease in physical punishment and restriction of infants, with an increase in the use of appropriate discipline for older children; and 4. For those participating pregnant teens enrolled five months before gestation, a delay in subsequent pregnancies until education is complete.
Demographic Characteristics of participants (Entered program in FFY2009)	*St. Louis Region:* Age: <15 3%; 15-17 9%; 18-19 41%; 20-24 31%; 25-29 12.5%; >30 3% Marital Status: Unmarried: 93%; Married 7% Race: African American: 72%; White non-Hispanic:7%; Multiracial:7%; White Hispanic: 0%; Native American: 14% Education: High School Diploma 72%; Enrolled in school: 41% Employment: Unemployed: 65% *Southeast Region:* Age: <15 3%; 15-17 19%; 18-19 42%; 20-24 26%; 25-29 7%; >30 3% Marital Status: Unmarried: 86%; Married 14% Race: African American: 38%; White non-Hispanic:60%; Multiracial:0%; White Hispanic: 0%; Native American: 2% Education: High School Diploma 54%; Enrolled in school: 46% Employment: Unemployed: 54%
Number of Individuals/families served annually	In Federal Fiscal Year 2009 166 families were served by the program in Southeast Missouri and 141 families in the St. Louis Region.
Geographic Area Served	The Building Blocks program currently provides services in the high risk areas of: Dunklin, Mississippi, New Madrid, Scott Counties in Southeast Missouri through Southeast Missouri Hospital Home Health; and St. Louis City through the St. Louis County Department of Health.

Name of Program	**Missouri Community Based Home Visiting**
Home Visiting Model/Approach	Families at Risk Model developed at DHSS in collaboration with the University of Missouri, Sinclair School of Nursing

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Name of Program	**Missouri Community Based Home Visiting**
Specific Services Provided	The Family Support Worker (FSW) visits the client at least monthly during the prenatal period. The FSW teaches the mother about pregnancy, the infant's growth and development, and the importance of obtaining prenatal care from a medical provider. The FSW routinely visits the new mother and her family to: promote positive parenting skills; provide basic developmental education and support; and assist the parents in obtaining necessary immunizations and preventative care for the children. The FSW helps to link the family to: early education or other necessary financial and social support systems; acts as a client advocate; uses knowledge and experience to help mothers learn how to become independent and care for themselves and their children; helps the family learn about the system of resources within the community and to effectively access those resources; and helps their clients develop parenting, stress reduction, and problem-solving skills. The support that the worker gives is based on the needs and wants of the pregnant woman, mother, or family. Every client enrolled in the program receives a visit within at least thirty (30) calendar days of delivery in which a postpartum and newborn assessment is performed by a Registered Nurse. Further Registered Nurse visits are made based on client need either prenatal or postpartum.
Target Population	Low income pregnant women (185% of federal poverty level or less) who are at risk of adverse pregnancy outcomes, reside in the counties served by the program, and meet community established eligibility requirements.
Goals/Outcomes	1. Assessment of the health and nutritional status, psychosocial functioning, and environmental conditions of families with newborns. Identifies families at risk for infant mortality and child abuse and neglect; 2. Promotion of healthy growth and development of infants and children through periodic preventative health screenings, education, immunizations, and referrals; 3. Maximization of family health through education and promotion of healthy lifestyles for each family member (e.g., nutrition; exercise; or exclusion of tobacco, alcohol, and other drug use). Selection of a medical home; and 4. Increasing positive parent-child interactions and improvement of family functioning through education and linkage with needed
Demographic Characteristics of participants	FFY 09: *Mississippi County* Age: <15: 2%; 15-17: 2%; 18-19: 12%; 20-24: 46%; 25-29: 34%; 30+: 12%; Unknown: 2% Race: White: 47%; African American 49%; Unknown: 5% Marital Status: Unmarried: 72%; Married: 9%; Other or declined to

Name of Program	**Missouri Community Based Home Visiting**
	answer: 21% Grade level attained: Elementary School: 69%; High School: 0%; College: 21% ; Failed to answer: 10% Employment: Working full time: 5%; Working part time: 11%; Student: 39%; Homemaker: 24%; Unemployed: 21% *New Madrid County:* Age: <15: 0%; 15-17: 0%; 18-19: 3%; 20-24: 54%; 25-29: 29%; 30+: 14% Race: White: 49%; African American: 43%; Unknown: 8% Marital Status: Unmarried: 43%; Married: 0%; Other or declined to answer: 57% Grade level attained: Elementary School: 20%; High School: 0%; College: 0% ; Failed to answer: 80% Employment: Working full time: 32%; Working part time: 6%; Student: 9%; Homemaker: 15%; Unemployed: 29%; Remainder not reported. *St. Louis City\County:* Age: <15: 0%; 15-17: 14%; 18-19: 43%; 20-24: 43%; 25-29: 0%; 30+: 0%; Unknown: 2% Race: White: 6%; African American: 87%; Unknown: 14% Marital Status: Unmarried: 40%; Married: 3%; Other or declined to answer: 7% Grade level attained: Elementary School: 32%; High School: 0%; College: 0% ; Failed to answer: 68% Employment: Working full time: 0%; Working part time: 9%; Student: 68%; Homemaker: 0%; Unemployed: 23%
Number of Individuals/families served annually	Funding for 25 women per site annually. Mississippi served 98, New Madrid 35, and St. Louis City\County 79 in FFY09.
Geographic Area Served	High Risk areas, Mississippi and New Madrid Counties and St. Louis City.

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Name of Program	**Healthy Start in St. Louis**
Home Visiting Model/Approach	Provide a home visiting program by nurses and peers to assess, refer, educate, and provide care coordination.
Specific Services Provided	Assessment, referral, education and care coordination provided in the home by nurses and peers. The additional services are also to identify and improve the community, environment, and systems issues that contribute to racial disparities in infant mortality.
Target Population	Pregnant women, preferably in first or second trimester, who reside in the project area and have risk factors.
Goals/Outcomes	Participants will have better health outcomes in the following areas: Birth weight Infant mortality First trimester prenatal care Adequate prenatal care Medical home Immunization rate at one year
Demographic Characteristics of participants	95% of women served are low-income and African-American. 75% are under the age of 24. Most women enrolled have previous pregnancies. 90% of women in program were enrolled in Medicaid for pregnant women and their children are eligible for Medicaid.
Number of Individuals/families served annually	Approximately 300 women and children annually.
Geographic Area Served	St. Louis City and St. Louis County in a 3 ZIP code area.

Name of Program	**Missouri Bootheel Healthy Start**
Home Visiting Model/Approach	Provide a home visiting program by nurses and peers to assess, refer, educate and provide service coordination
Specific Services Provided	Assessment, referral, education and care coordination of pregnant women and their index child up to the age of two years.
Target Population	Target population is at-risk African-American women who are between the ages of 15 and 44 and live in one of the following five Missouri counties: Dunklin, Mississippi, New Madrid, Pemiscot, or Scott.
Goals/Outcomes	To reduce the regional rate of infant mortality and to improve the health and well-being of infants and their families.
Demographic Characteristics of participants	Pregnant women: 84.4% African American, 14.6% Caucasian and 1.0% other. Ethnicity 1.0% Hispanic Children: 79.5% African American, 15.3% Caucasian and 5.1% other Ethnicity: 2.4% Hispanic Income: 85.4% 100% FPL, 7.3% over 100% FPL and 7.3% Unknown
Number of Individuals/families served annually	Approximately 300 (GY09-10 served 252)
Geographic Area Served	Dunklin, Mississippi, New Madrid, Pemiscot, and Scott.

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Name of Program	**Capable Kids and Families**
Home Visiting Model/Approach	Home visitation through support group meetings, activities, referrals and one-of-a-kind resource lending program
Specific Services Provided	Home visitation through support group meetings, activities, referrals, and one-of-a-kind resource lending program
Target Population	Families of young children with disabilities and developmental delays
Goals/Outcomes	To reduce stress and isolation of families and meet developmental goals
Demographic Characteristics of participants	Not available
Number of Individuals/families served annually	110 families annually
Geographic Area Served	St. Louis City and County

Name of Program	**St. Louis Center for Family Development**
Home Visiting Model/Approach	Home Builders Program is an evidenced-based model which is an in-home crisis stabilization program for children, adolescents, and families. This is a mental health counseling 24/7 program to coach clients in distress.
Specific Services Provided	Same as above
Target Population	Children and adolescents that have an Axis I diagnosis and their families.
Goals/Outcomes	Skill development for the child/adolescent, maintaining the child in the home, and avoiding hospitalizations.
Demographic Characteristics of participants	Not available
Number of Individuals/families served annually	80 families annually
Geographic Area Served	St. Louis City and County

Name of Program	**New Madrid County Human Resources Council – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP) Program**
Home Visiting Model/Approach	Parents as Teachers/Born to Learn
Specific Services Provided	Home Visitation, Group Parenting Education, Group Social Networking, Family Resource Center and other referrals as necessary, “Play and Learn” area, lending library, developmental and social-emotional screenings of children, stressor assessment of parents, home safety checks, provision of safety kits and emergency supplies, development of a written family plan to identify goals, certificates for the purchase of developmentally-appropriate items, provision of age-appropriate books

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Name of Program	**New Madrid County Human Resources Council – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP) Program**
	to children in the home.
Target Population	SAHP – Parent who has a child less than 3 yrs of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing; e. A teen parent; f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect. CANP – The family may meet any of the above criteria for SAHP but must be a parent who has a child less than 3 yrs of age in the home and be considered a high risk population, which includes but is not limited to: a. Families living in poverty (based on yearly gross income in relation to the household unit size based on the most current federal poverty guidelines); b. Teen parents; c. Families in homeless or other crisis situations; d. Families with children with special needs (one who has a physical or mental incapacity, is under court-ordered supervision or alternative care, is eligible for and receiving services through the DMH, or receives SSI benefits based on one's own disability.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE. • 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week

Name of Program	**New Madrid County Human Resources Council – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP) Program**
	engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards. • 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years. Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	Low income (at or below 185% of the federal poverty level) stay-at-home parents and caregivers with ongoing physical custody of a child under the age of 3; priority is shown to high-risk families with multiple issues, families with special needs children, adolescent/teen parents, very low income families (at or below 100% poverty level), families in crisis, and large family units. Mississippi County is approximately 78% Caucasian and 21% African-American. New Madrid County is approximately 83% Caucasian and 15% African-American.
Number of Individuals/families served annually	<u>CANP</u> FY08 – Families = 83 Children = 105 FY09 – Families = 158 Children = 200 FY10 – Families = 100 Children = 135 <u>SAHP</u> FY08 – Families = 83 Children = 105 FY09 – Families = 116 Children = 149 FY10 – Families = 78 Children = 137
Geographic Area Served	New Madrid & Mississippi Counties

Name of Program	**Catholic Charities – Stay at Home Parent Program (SAHP) (Friends of MOMS Home Visiting Program)**
Home Visiting Model/Approach	Parents as Teachers/Born to Learn and Healthy Families America
Specific Services Provided	Home Visitation, Case Management, Group Parenting Education, culturally-sensitive services for parents, translation and interpretation services for non-English-speaking families, transportation, Group Social Networking, direct aid for homeless prevention, limited funding for

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Name of Program	**Catholic Charities – Stay at Home Parent Program (SAHP) (Friends of MOMS Home Visiting Program)**
	medical and transportation needs and other referrals as necessary, lead remediation and relocation assistance, if necessary, group play activities, volunteer activities, drug treatment programs, respite care for parents, residential care for children, domestic violence shelters, legal assistance for victims, family counseling, mental health care, cribs, lending library, cost assistance to attend water safety classes, developmental and social-emotional screenings of children, stressor assessment of parents, home safety checks, provision of safety kits and emergency supplies, development of a written family plan to identify goals, certificates for the purchase of developmentally appropriate items, provision of age-appropriate books to children in the home.
Target Population	SAHP – Parent who has a child less than 3 yrs of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing; e. A teen parent; f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE. • 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards.

Name of Program	**Catholic Charities – Stay at Home Parent Program (SAHP) (Friends of MOMS Home Visiting Program)**
	• 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years. Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	Low income (at or below 185% of the federal poverty level) stay-at-home parents and caregivers with ongoing physical custody of a child under the age of 3; priority is shown to high-risk families with multiple issues, families with special needs children, adolescent/teen parents, very low income families (at or below 100% of the federal poverty level), families in crisis, and large family units. Catholic Charities serves high-poverty ZIP codes in St. Louis City and north St. Louis County. The median income for the City of St. Louis was $27,156 per the 2000 Census, well below the state and national levels. While the north St. Louis County median income level is over the state and national levels, the poverty and unemployment rates are over twice those of surrounding county communities. The City of St. Louis and targeted St. Louis County communities (Pine Lawn, Pagedale, Wellston, Ferguson/Florissant and Moline Acres) have high infant mortality rates, high foster care percentages, and high child and teen pregnancy rates). While the Missouri norm for minorities within communities is 16.6% and 32.2 at a national level, the average within the targeted 36 ZIP codes is 52.2%.
Number of Individuals/families served annually	SAHP FY08 – Families = 107 Children = 166 SAHP FY09 – Families = 139 Children = 204 SAHP FY10 – Families = 210 Children = 272
Geographic Area Served	St. Louis City and north St. Louis County (ZIP Codes 63074, 63101, 63102, 63103, 63104, 63105, 63106, 63107, 63108, 63109, 63110, 63111, 63112, 63113, 63115, 63116, 63117, 63118, 63119, 63120, 63121, 63122, 63123, 63124, 63125, 63130, 63133, 63136, 63137, 63138, 63139, 63140, 63143, 63144, 63146, 63147)

Name of Program	**MERS/Goodwill Industries – Stay at Home Parent Program (SAHP)**
Home Visiting Model/Approach	Parents as Teachers/Born to Learn
Specific Services Provided	Home Visitation, Case Management, Group Parenting Education, Group

Name of Program	**MERS/Goodwill Industries – Stay at Home Parent Program (SAHP)**
	Social Networking, referrals as necessary, lending library, transportation, child care, developmental and social-emotional screenings of children, stressor assessment of parents, home safety checks, development of a written family plan to identify goals, certificates for the purchase of developmentally appropriate items, provision of age-appropriate books to children in the home.
Target Population	SAHP – Parent who has a child less than 3 years of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing; e. A teen parent; f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE. • 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental-level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards. • 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years. Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the

Name of Program	**MERS/Goodwill Industries – Stay at Home Parent Program (SAHP)**
	status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	Low income (at or below 185% of the federal poverty level) stay-at home parents and caregivers with ongoing physical custody of a child under the age of 3; priority is shown to high-risk families with multiple issues, families with special needs children, adolescent/teen parents, very low income families (at or below 100% of the federal poverty level), families in crisis, and large family units. MERS/Goodwill Industries serves St. Louis City and north St. Louis County, targeting (1) residents of the city and county of St. Louis, (2) persons living in high poverty areas, (3) children with special needs, and (4) parents with diagnosed physical, mental, behavioral, or sensorial disabilities. Twenty-one percent (21%) of the families in St. Louis City are below poverty level, while the level is 5% below in the County, with almost 12,000 families in the city and county receiving TANF and over 3,000 pregnant women receiving Medicaid. Almost 1 out of every 6 births in St. Louis City is to a teenage mother and over 70% of all births in the City are to unwed mothers. Over 5,000 cases of substantiated child abuse and neglect impacted over 7,000 children.
Number of Individuals/families served annually	SAHP FY08 – Families = 37 Children = 52 FY09 – Families = 60 Children = 84 FY10 – Families = 56 Children = 65
Geographic Area Served	St. Louis City and County

Name of Program	**Nurses for Newborns – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP)**
Home Visiting Model/Approach	Parents as Teachers/Born to Learn and Bright Futures Guidelines for Health Supervision of Infants, Children & Adolescents
Specific Services Provided	Home Visitation, development of a written family plan to identify goals, distribution of needed infant supplies, monitoring of risk issues, referrals as necessary, lending library, developmental and social-emotional screenings of children, Group Parenting Education, Group Social Networking, certificates for the purchase of developmentally-appropriate items, stressor assessment of parents, home safety checks, provision of age-appropriate books to children in the home.
Target Population	SAHP – Parent who has a child less than 3 years of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing;

Name of Program	**Nurses for Newborns – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP)**
	e. A teen parent; f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect. <u>CANP</u> – The family may meet any of the above criteria for SAHP but must be a parent who has a child less than 3 years of age in the home and be considered a high-risk population, which includes but is not limited to: a. Families living in poverty (based on yearly gross income in relation to the household unit size based on the most current federal poverty guidelines); b. Teen parents; c. Families in homeless or other crisis situations; d. Families with children with special needs (one who has a physical or mental incapacity, is under court-ordered supervision or alternative care, is eligible for and receiving services through the DMH, or receives SSI benefits based on one's own disability.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE. • 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards. • 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years.

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Name of Program	**Nurses for Newborns – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP)**
	Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	CAN per 1,000 (2004) – City – 50.2; County – 19.1; MO – 41 IMR per 1,000 (2002) – City – 12; County – 8.1; MO – 7.7 Children under 6 in poverty, % (2000) – City – 38.4; County – 10.7; MO – 17.7 Adult Unemployment, % (2004) – City – 9.1; County – N/A; MO – 5.7 Children in Single Parent Family, % (2000) – City – 23.3; County – 47.2; MO – 24.3 Children in Medicaid, % (2004) – City – 73.4; County – 27; MO – 38.5 Births to Teens, per 1,000 (2004) – City – 75.5; County – 26.2; MO – 43.4 Children under 3 in CD's custody (2005) – City – 320 (10%); County – 302 (9%); MO – 3,365
Number of Individuals/families served annually	CANP FY08 – Families = 26 Children = 26 FY09 – Families = 27 Children = 29 FY10 – Families = 32 Children = 34 SAHP FY08 – Families = 0 Children = 0 FY09 – Families = 5 Children = 5 FY10 – Families = 49 Children = 53
Geographic Area Served	St. Louis City and County

Name of Program	**St. Louis Crisis Nursery – Stay at Home Parent Program (SAHP)**
Home Visiting Model/Approach	Healthy Families America
Specific Services Provided	Home Visitation, distribution of developmentally appropriate toys and books and other necessities such as clothing, hygiene items, and household supplies, development of a written family plan to identify

Name of Program	**St. Louis Crisis Nursery – Stay at Home Parent Program (SAHP)**
	goals, monitoring of risk issues, referrals as necessary, lending library, developmental and social-emotional screenings of children, Group Parenting Education, Group Social Networking, certificates for the purchase of developmentally appropriate items, stressor assessment of parents, home safety checks, provision of age-appropriate books to children in the home.
Target Population	SAHP – Parent who has a child less than 3 years of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing; e. A teen parent; f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE. • 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards. • 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years. Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the

Name of Program	**St. Louis Crisis Nursery – Stay at Home Parent Program (SAHP)**
	status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	Families with young children who are experiencing a crisis situation, with emphasis placed on families in St. Louis City as they consistently have higher rates of children/families living in poverty, have higher infant mortality rates, higher rate of children in foster care and higher rates of teen pregnancy. Approximately 73% of those families served by the Crisis Nursery reside in urban, poor areas. The majority of Crisis Nursery families served are single parents (86%), low-income (over 85%), minorities (84%), and/or has special needs children (10%). Per the 2005 Vision for Children at Risk's "The Children of Metropolitan St. Louis" report, children residing in St. Louis City are disproportionately impacted by the risks examined in the report, with St. Louis City ranked 111th out of the 115 Missouri counties in regard to factors that erode family strength and community stability, translating to 72% of the City's ZIP codes have a severe risk ranking for the children that live in them.
Number of Individuals/families served annually	SAHP FY08 – Families = 77 Children = 107 FY09 – Families = 84 Children = 120 FY10 – Families = 88 Children = 133
Geographic Area Served	St. Louis City and County

Name of Program	**Southeast Missouri State University – Stay-at-Home Parent Program (SAHP)**
Home Visiting Model/Approach	Partners for a Healthy Baby Home Visiting Curriculum for New Families created by Florida State University Center for Prevention and Early Intervention Policy
Specific Services Provided	Home Visitation, provision of age-appropriate books to children in the home, developmental and social-emotional screenings of children, parent/caregiver assessment, home safety checks, stressor assessment of parents, Group Social Networking, Group Parenting Education, referrals as necessary, lending library, certificates for the purchase of developmentally appropriate items, transportation, development of a written family plan to identify goals.
Target Population	SAHP – Parent who has a child less than 3 years of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing; e. A teen parent;

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Name of Program	**Southeast Missouri State University – Stay-at-Home Parent Program (SAHP)**
	f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE. • 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards. • 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years. Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	Based on current data for Scott County provided at the time of application, there were 29 children age 0 to 36 months in Children's Division custody and 59 pregnancies to girls age 10-19. Twenty-four percent of the children in Scott County were living in poverty, the infant mortality rate was 11%, the foster care percentage was 4%, and the child abuse and neglect rate was 43%. Children made up 26% of the county's total population, with 21% of those being minority children and 27% being in single parent families.

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Name of Program	**Southeast Missouri State University – Stay-at-Home Parent Program (SAHP)**
Number of Individuals/families served annually	SAHP * FY08 – Families = 74 Children = 87 FY09 – Families = 56 Children = 71 FY10 – Families = 63 Children = 77 *The total number of families and children served are inclusive of counties covered by the SAHP contract.
Geographic Area Served	Scott & Mississippi Counties

Name of Program	**Nurses for Newborns – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP)**
Home Visiting Model/Approach	Parents as Teachers/Born to Learn and Bright Futures Guidelines for Health Supervision of Infants, Children & Adolescents
Specific Services Provided	Home Visitation, development of a written family plan to identify goals, distribution of needed infant supplies, monitoring of risk issues, referrals as necessary, lending library, developmental and social-emotional screenings of children, Group Parenting Education, Group Social Networking, certificates for the purchase of developmentally appropriate items, stressor assessment of parents, home safety checks, provision of age-appropriate books to children in the home.
Target Population	SAHP – Parent who has a child less than 3 years of age in the home and a household income under 185% of the federal poverty level and any one of the following: a. Unemployed but may be receiving TA or other income; b. Employed 20 hours of less per week; c. Participating in an education or job training program; d. Living in a shelter or temporary housing; e. A teen parent; f. Referred by the state agency as being "at risk" for physical, emotional, social, or educational abuse/neglect. CANP – The family may meet any of the above criteria for SAHP but must be a parent who has a child less than 3 yrs of age in the home and be considered a high risk population, which includes but is not limited to: a. Families living in poverty (based on yearly gross income in relation to the household unit size based on the most current federal poverty guidelines); b. Teen parents; c. Families in homeless or other crisis situations; d. Families with children with special needs (one who has a physical or mental incapacity, is under court-ordered supervision or alternative care, is eligible for and receiving services through the DMH, or receives SSI benefits based on one's own disability.
Goals/Outcomes	• 100% of children served are screened with the ASQ and ASQ-SE.

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Name of Program	**Nurses for Newborns – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP)**
	• 100% of children with identified deficiencies will be referred for further assessment and services. • 85% of children with social and emotional deficiencies will be enrolled in and begin receiving additional services and show advancement by the time they leave the program. • 95% of children referred for additional developmental level assessment and services will be enrolled in and begin receiving those services prior to leaving the program. • 95% of children enrolled in the program will not be a victim of substantiated child abuse/neglect. • 100% of parents enrolled in the program will have their stress levels measured by use of the Everyday Stressors Index. • 95% of the parent receiving services will demonstrate a reduction in stress when they leave the program. • 90% of teenage parents enrolled in the program will not become pregnant during participation in the program. • 100% of enrolled families have a minimum of four age-appropriate books for each child under the age of three in their home. • 85% of enrolled parents spend a minimum of four hours per week engaged in literacy-related activities with their children. • 100% of families enrolled in the program will have access to and an explanation of the MO DESE's Pre-K Early Learning Standards. • 85% of families participating in the SAHP program are also participating in Parents as Teachers. Post-program follow-up is conducted with families that successfully leave the program after their youngest child attains the age of 3 years. Contact is made at 30, 60, 90, 120, 180, and 365 days to check on the status and stability of the family and to make any needed referrals. No paid services may be provided unless funded by another source.
Demographic Characteristics of participants	Per data provided at time of application: Washington County fares much worse than its regional counterparts, with 27.9 percent of children under 6 living in poverty as compared to 17.7 percent statewide, unemployment, at a staggering 8.4 percent, substantially higher than the Missouri average of 5.7 percent, and the child abuse and neglect rate significantly above the statewide rate of 41, at 54.4 per thousand children. Families in these counties often lack even the most basic of services, such as public transportation, quality child care, appropriate preventative and emergent medical care, basic social services, and a host of other resources. Residents of outlying areas must often travel far from home to gain access to any supportive services.
Number of Individuals/families served annually	<u>CANP*</u> FY08 – Families = 25 Children = 26 FY09 – Families = 24 Children = 25

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Name of Program	**Nurses for Newborns – Stay at Home Parent Program (SAHP) and Child Abuse and Neglect Prevention (CANP)**
	FY10 – Families = 19 Children = 20 <u>SAHP*</u> FY08 – Families = 0 Children = 0 FY09 – Families = 2 Children = 2 FY10 – Families = 28 Children = 32 *The total number of families and children served are inclusive of the six counties covered by the SAHP contract.
Geographic Area Served	Lincoln, Warren, Franklin, Jefferson, St. Charles & Washington Counties

Name of Program	**Pemiscot County Initiative Network**
Home Visiting Model/Approach	Home Visiting services with a focus on creating friendships, strengthening parenting, crisis management, and referrals to services.
Specific Services Provided	
Target Population	Expectant young parents under age twenty-one with educational attainment less than high school or GED. A special focus on parents of children with special, parents on substance abuse, and parents with a Child Abuse Potential Inventory (CAPI) score greater than 200.
Goals/Outcomes	Reduction of child abuse and neglect
Demographic Characteristics of participants	64% African American 33% Caucasian 1% Hispanic 1% Native American 0.5% Asian/Pacific Islander 40% Rural, 60% Suburban 75% below FPL 25% at or 2x above FPL 55% Medicaid 40% Uninsured 5% Private insurance
Number of Individuals/families served annually	84 children 80 parents
Geographic Area Served	Pemiscot and Dunklin

Name of Program	**Youth in Need (Early Head Start/Head Start)**
Home Visiting Model/Approach	Home-Based Comprehensive Child Development Program. Curriculums used are Parents as Teachers (PAT), Born to Learn for Early Head Start, and PAT 3-5 for Head Start
Specific Services Provided	Support, guidance and information, and child development services to families in their homes for children ages 0 through 5 years of age.

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Name of Program	**Youth in Need (Early Head Start/Head Start)**
Target Population	90% of children served must be below 130% FPL and 55% must be below 100%
Goals/Outcomes	Promote positive education, social and health outcomes/development of children and promote self sufficiency for families
Demographic Characteristics of participants	Majority of participants are Caucasian and some African-American. There is a growing increase in participation among the Hispanic population.
Number of Individuals/families served annually	456 families
Geographic Area Served	St. Louis City, Lincoln, Warren, Montgomery, and St. Charles

Name of Program	**Parents as Teachers (PAT)**
Home Visiting Model/Approach	Home Visiting Program by peers and social workers using a Parents as Teachers curriculum
Specific Services Provided	Periodic development screening for all children birth to kindergarten entry; parent education for all families. Personal visits should be provided in the home. However, an exception can be made to provide services at other locations if families prefer.
Target Population	The PAT program provides services to families expecting a child or have a child birth to kindergarten entry. Priority is given to high need families
Goals/Outcomes	Promote school readiness; increased parent knowledge and confidence as well as, increased involvement in the educational development of their child; early detection of health and developmental delays; early establishment of positive partnerships between home and school; joint cooperation among school districts, agencies, and organizations in providing services to young children, thereby reducing duplication of services and increase cost. It is the goal of the program for the child to be present during the personal visit but there may be instances where this is not possible due to court-mandated participation by a parent who does not have direct contact with the child.
Demographic Characteristics of participants	Data provided in Attachment1.
Number of Individuals/families served annually	Total families served in high–risk counties Prenatal to Kindergarten (may be duplicates especially among the 3 year olds) Pemiscot-691 Dunklin-576 Butler -852 Ripley-202 New Madrid-725 Mississippi-436 Crawford-438 Washington-780 Scott 734 St. Louis City-3,253
Geographic Area Served	Program is in all the high-risk counties as well as statewide.

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Home Visiting Programs Funded by State or Federal Funds in the Ten Counties of High Risk

Program	Pemiscot	Dunklin	Butler	Ripley	St. Louis City	Mississippi	New Madrid	Washington	Crawford	Scott
Building Blocks		X			X	X	X			X
Community Based Home Visiting					X	X	X			
Head Start					X					
Early Head Start					X					
Community-Based Child Abuse Prevention	X	X								
Parents as Teachers	X	X	X	X	X	X	X	X	X	X
Healthy Start	X	X			X	X	X			X
Stay at Home Parent Program					X	X	X	X		X
Child Abuse and Neglect Prevention Program					X	X	X	X		
Queen of Peace					X					

As mentioned earlier in this document the early childhood system holds a high profile through the Governor-appointed Coordinating Board of Early Childhood (CBEC). The CBEC convened for the first time in January 2007, with specified representation from these sectors: the Governor's office; the Judiciary; Head Start State Collaboration Office; DHSS, DSS (includes state medicaid agency), DESE, and DMH, and additional representation to include business, civic and faith-based organizations, parent groups and early childhood service providers. The membership of the CBEC has substantial expertise in early childhood systems. In fulfillment of its responsibility to *"develop a comprehensive statewide long-range strategic plan for a cohesive early childhood system,"* the board created a home visitation workgroup to review the home visiting programs within the state, and their capacity and gaps. Prior to the formation of the CBEC, the state also received funds to develop an Early Childhood Comprehensive Systems (ECCS). The two groups are working together to establish a coordinated and comprehensive system. The Title V Maternal and Child Health Director within the Department of Health and Senior Services also coordinates quarterly meetings with the three Healthy Start Agencies that provide home visiting to high-risk and low-income individuals. These meetings serve as a means to coordinate efforts around the state among the various programs funded by the Maternal and Child Health Block Grant and the Healthy Start Programs. The Office of Minority Health within DHSS is also a strong collaborator with the Title V programs and has worked closely on the issues of infant mortality and low birth weight. Collectively the state is in the process of developing a framework to implement home visiting programs in an effective manner.

By identifying the top ten high-risk counties the state is able to review the programs within these counties and determine to some extent the degree to which they meet the needs of the eligible population. Given that the home visiting programs have different outcomes and eligibility requirements it is not easy to compare the programs. However, the programs can be looked at individually to see if they are meeting the needs of their population. The Building Blocks of Missouri program serves seven percent of the Medicaid population within the counties that have been identified at high-risk and six percent are served through the Community-Based Home Visiting program. The Healthy Start program in St. Louis has the capacity to serve 10 percent of the Medicaid population. The Healthy Start Program in the Bootheel region serves 6.7% of the eligible population in the counties they serve. The one Community-Based Child Abuse Prevention Program in the high-risk area serves 80 families. The Stay at Home Program and the Child Abuse and Neglect Prevention Program serve approximately 0.8% the eligible population.

Since some of the programs that serve in the high-risk communities identified through the needs assessment have no specific income eligibility criteria, the table provides data on all children under the age of six irrespective of their family income. However, it is important to note the following *caveat* while reviewing the data in the table below:

1. Each year approximately 50% of the births in Missouri are paid by Medicaid and they meet the at-risk qualification more than families who are not dependent on Medicaid for health care services. Since the guidance asks for programs that are present in the at-risk communities, all services/programs that are available in those communities have been listed irrespective of income criteria.
2. Some families may be receiving services from more than one program and this could potentially lead to the overestimation of the percentage of population served in the at-risk

communities. This could explain the higher percentage of population served than the actual number of children in these communities. For example: the table shows that Mississippi serves 107.7% of the population, however, it is unknown if some of the same families are also receiving services from other programs in the community.

3. Since home visiting is a comprehensive approach to life course development it is essential to identify specific families within the at-risk communities that could uniquely benefit from the services offered through this grant. The ensuing state plan will elucidate on the methods that will be employed to identify the specific at-risk families and reduce redundancies among services.
4. An assumption was also made that the programs served an equal number of families in each of the high risk counties.

Methodology:

The number of families with children under the age of 6 was extracted from Census 2000 for the ten counties in the study. For each at-risk county the number of families served by all the home visiting programs were calculated and given a percentage. As the table indicates, some counties either have overlapping services or there was an overestimation in some counties when the families were divided equally. Given the data available, this is a rough estimation but it provides a visual image that even though there are many services in some of the at-risk counties the programs are only serving an average of 37.27% of the overall population. Since it is known that 50% of births in Missouri are to families on Medicaid the actual percentage of families served who are at-risk is 18.63%.

Estimated Percentage of Families Served in the At-Risk Counties

At-Risk counties	Estimated Number Families with Children Under 6	Estimated Number of Families Served By HV Programs	Percentage Served
Butler	2,055	852	41.46%
Crawford	1,182	438	37.05%
Dunklin	1,779	685	38.50%
Mississippi	715	770	107.70%
New Madrid	1,023	966	98.82%
Pemiscot	1,163	781	67.15%
Ripley	663	202	30.47%
St. Louis	16,541	4,410	26.66%
Scott	2,288	784	34.27%
Washington	1,237	788	63.70%
Total	**28,646**	**10,676**	**37.27%**

Based on the information currently available, it appears that the programs serving the high-risk areas are only able to meet the needs of a small fraction of the eligible population. More emphasis needs to be placed within these areas to meet the needs of the populations at risk.

Through the needs assessment process a review was done on the home visitation programs within the high-risk areas and it appears that there is some overlapping of services; however, since many of the programs have different emphasis and strengths it appears that there needs to be a more coordinated effort in providing these services. Some agencies are providing multiple home visiting programs based on funding and may not necessarily provide one model of home visiting. This needs assessment provides an excellent opportunity to develop a plan to work intensively with the counties identified as high-risk and implement early childhood home visitation programs that not only meet the needs of the eligible population, but are part of a continuum for the family using the life course perspective. In order to accomplish this goal, four focus groups were conducted around the state to determine the gaps in services. The focus groups were conducted in the western region in Kansas City, eastern region in St. Louis, central region in Jefferson City, and southeast region in Portageville. The focus groups were arranged by the Maternal and Child Health Coalitions that work closely with the Title V Maternal and Child Health Programs. In Kansas City, the focus group was held at the Kansas City Health Department. The group utilized for the focus group was the Women's, Infants' and Children's Health Committee which is a sub-committee of the Kansas City Health Commission. There were 17 individuals present from various organizations that provide home visiting programs, hospitals, as well as some parents. Some of the gaps the group identified were as follows:

- Transportation-women were not able to attend parenting classes other than those who had home visitors.
- Child care- women were reluctant to take higher paying jobs because then they would not qualify for subsidized childcare and the higher salary was not sufficient for them to afford the childcare unsubsidized.
- Increased homelessness was a concern regarding providing services if these individuals did not have a home to receive home visitors.
- Inadequate Breastfeeding support- insufficient peer counselors to provide breastfeeding support. Information is not out there to tell moms about the resources available in the community.
- Home Visiting programs are confined to certain areas and thus are not readily available to all who need it.
- Mental Health - insufficient resources to meet the need.
- Attrition from the HV programs - inadequate funding to provide incentives initially to build rapport. In addition, it was brought out that many of the at risk population were also very mobile.

The focus group in Jefferson City was held in the Missouri Department of Health and Senior Services and was attended by members of the Early Childhood Comprehensive Systems State Team. There were 13 individuals who attended. Many of the same issues identified in Kansas City were voiced, however there were some additional concerns noted. The participants raised the concern that many of the home visiting programs served children up to two years of age and thus the three to five year olds were not getting the same services. They also voiced a concern of inadequacy of training of professionals. This is especially true in the current economic situation where state agencies are strapped for resources and are unable to provide the kinds of professional training that they have taken for granted. Another unique gap that was brought up

was that there were insufficient services for offenders and their families especially those that might reenter into society. In addition, there is no input from the incarcerated parents in the care for their children.

In St. Louis the focus group was held at a community center coordinated by the Maternal and Child Health Coalition and had representation from the organizations that worked with high risk families. There were 47 participants that attended and were members from the following organizations: Blankets of Hope; Planned Parenthood of St. Louis; Vision for Children at Risk; St. Louis Center for Family Development; Harmony Health Plans; St. Louis Crisis Nursery; St. Louis Children's Hospital; Missouri Primary Care Association; St. Louis County Health Dept; Lutheran Family and Children's Services; March of Dimes; Parents as Teachers; Battelle (National Children's Study); SIDS Resources; Beyond Housing; Missouri Care; SLU Community and Family Medicine; Missouri Foundation for Health; Nurses for Newborns Foundation; St. Louis ARC; Grace Hill Health Centers; LAMP (language assistance – translation services); St. Louis Regional Asthma Consortium; and Project ARK (perinatal HIV program). Gaps identified that were specific to the St. Louis area included enhancements to the services such as father oriented programs, mental health, interconception health and initiatives for chronic disease. The issue of increased asthma rates in children was discussed at length and in some ways is unique to St. Louis because of the lead-based paint in older homes in poor areas of the city. The issue that there are many home visiting programs but are unable to meet the needs of the population was underscored. Lack of services for the refugee and minority populations such as the Nepalese, Bosnian and Vietnamese was another gap identified. Additional areas of need were in five surrounding zip codes. 63115, 63112, 63121, 63147, 63133.

The focus group in the southeast region was held in the Office of the Missouri Bootheel Regional Consortium and was attended by members of the consortium, staff from other home visiting programs and consumers. Fifteen people attended the focus group. The group brought up the same concerns as the other regions; however, their biggest gap was that there was a lack of services beyond just home visiting services. The region is impoverished and there are no employment opportunities even if the parents are willing to make a better life for themselves or their children. Male involvement was another big gap that was discussed. The educational system appears to be failing the children especially the adolescent boys and so they are not only uninterested in education and employment but also not interested in being involved in their child's life. Without a change in the economic environment in this region most interventions are not likely to produce the desirable outcomes.

An annual report from the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) provided some information on domestic violence statistics. In 2009 individual served in the at-risk regions were as follows:

> In the St. Louis Metro region 746 women, 906 children and 3 men were provided shelter. Individuals receiving non-residential services were 20,695 and 8,168 individuals were turned away from full shelter. The St. Louis region has a total of 173 shelter beds. In the Southeast region, 506 women, 493 children and 1 male were provided shelter. 2,052 were provided non-residential services and 730 individuals were turned away from full shelter. The Southeast region has 192 shelter beds. This

gives a clear indication of the gaps of services due to lack of resources. Also, the high demand of individual seeking shelter underscore the need to have more evidenced-based home visiting programs that will support the family and provide the needed services.

It is apparent that even though there is much information about the programs within the counties of high risk it is imperative that more in depth analysis needs to occur within the counties that were determined to be at risk. There needs to be a determination if there are overlapping programs or a continuum of care. In the next phase a more extensive analysis will be conducted in the counties and the programs and services will be documented along with a coordination of efforts in all the agencies within the communities.

5.0 State's Capacity for Providing Substance Abuse Treatment and Counseling Services

5.1 Need for Treatment

An estimated 457,000 Missourians need substance abuse treatment or intervention services. This represents approximately 9.9 percent of the state's population age 12 or older (Table 32). This is somewhat higher than the comparable national rate of 9.1 percent. About 8.2 percent of Missourians have an alcohol problem, about 2.8 percent have an illicit drug problem, and 1.1 percent have both an alcohol problem and an illicit drug problem. [11]

5.2 State's Capacity

The Missouri Division of Alcohol and Drug Abuse (ADA) is the state authority responsible for developing and implementing a statewide response addressing substance abuse problems impacting Missouri families and communities. Through collaborative efforts, ADA works with other state and local agencies to ensure that the response is comprehensive and appropriate. The Division provides programming for prevention, intervention, treatment, and recovery management of substance abuse disorders through a statewide network of community-based service providers. The Division of ADA contracts with 44 treatment providers with a total of 239 service locations statewide. Annually, about 48,300 Missourians receive substance abuse treatment through the ADA network. Funding for these treatment services is from Medicaid, federal block grant, state general revenue, and other grants and funding sources. An estimated 14,500 Missourians receive substance abuse treatment outside of the ADA network of care.[12] This would include services provided by private providers, the Department of Veterans Affairs, the Department of Defense, and other governmental entities. In total, an estimated 63,000 Missourians or about 14% of those who need treatment receive treatment (Table 32).

[11] Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2007 and 2008.

[12] Based on data from the National Survey of Substance Abuse Treatment Services (N-SSATS).

Table 32. Need and Unmet Need for Missourians Aged 12 or Older with a Substance Abuse Problem

	Substance Abuse Problem (Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year) [1]		Number Served in ADA Treatment of outside of ADA Network		Needing but Not Receiving Treatment (d)	
	A	B	C	D	E	F
	Estimated Number	Prevalence (%)	Number Served in ADA Treatment [2]	Estimated Served Outside of ADA Network [3]	Estimated Number Needing but Not Receiving Treatment (A-C-D)	Proportion (%) (E/A)
Missouri	457,000	9.9%	48,383	14,515	394,102	86.2%
Central	63,447	8.9%	7,885	2,366	53,197	83.8%
Eastern	172,869	10.3%	14,070	4,221	154,578	89.4%
Northwest	110342	9.4%	11,519	3,456	95,367	86.4%
Southeast	49,654	10.0%	7,507	2,252	39,895	80.3%
Southwest	60,688	10.3%	7,402	2,221	51,065	84.1%

Source: Missouri DMH, Division of Alcohol and Drug Abuse

[1] Missouri FY 2011 SAPT Block Grant Application, using data from NSDUH 2006-2008.

[2] Missouri Department of Mental Health Consumer Information Management Outcomes and Reporting (CIMOR) system, Number Served in FY 2009.

[3] Estimates based on data from the National Survey of Substance Abuse Treatment Services (N-SSATS)

5.3 Treatment Services

The Division of ADA supports a continuum of treatment services. Detoxification services are available to provide withdrawal from addictive substances in a safe, supportive, and closely monitored environment. The types of publicly-funded detoxification programs available in Missouri are modified medical and social setting. During the course of detoxification, consumers are assisted in making arrangements for continuing treatment.

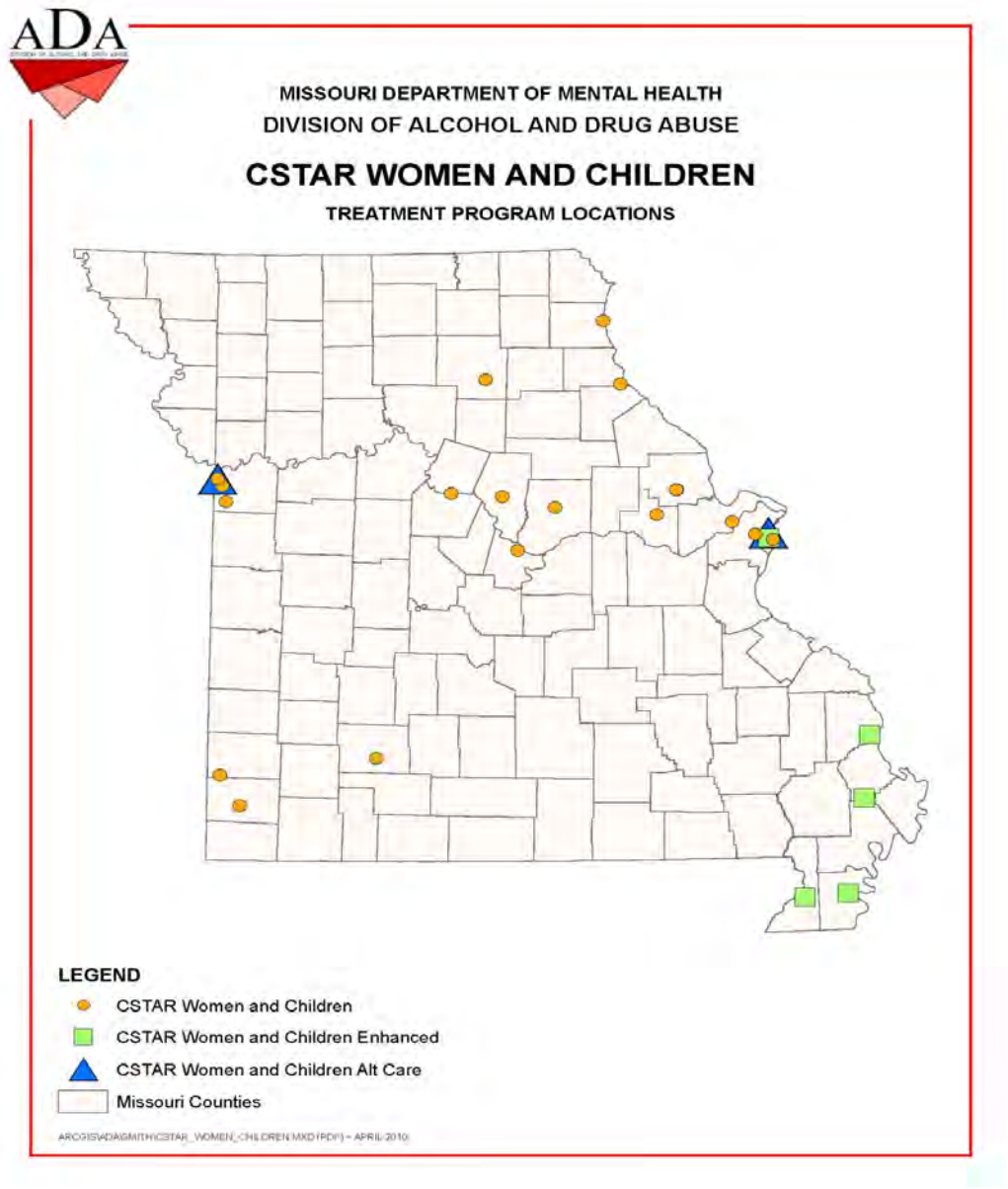
The Division of ADA has developed and maintained the Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) program. This program is the only Medicaid reimbursable substance abuse treatment program in the state. The CSTAR program offers a flexible combination of clinical and supportive services, to include temporary living arrangements when appropriate, that vary in duration and intensity depending on the needs of the

consumer. Available services include assessment; individual and group counseling; group education; community support; residential or housing support, as appropriate; trauma-specific individual counseling and group education; individual co-occurring disorders counseling; family therapy; medications, physician, and nursing services specific to medication-assisted treatment. In addition, families can also participate in individual and group codependency counseling.

There are four different types of CSTAR programs available in Missouri: women and children, adolescent, general population, and Opioid. All offer three graduated levels of care. All but the Opioid program offer a residential component for individuals needing that kind of structure and support. Consumers can enter the program at any level and move between levels depending on their assessed needs, problem severity and treatment progress.

Specialized CSTAR programs are offered for women and their children with programming that is tailored to this population. The Division of ADA contracts with 11 service providers to provide CSTAR women and children programming at 29 locations (Figure 30). Pregnant women and women with children in their care are prioritized populations. The CSTAR Women and Children's program address therapeutic issues that are relevant to women, addressing their specific needs. These issues include, but are not limited to: parenting; relationship issues; self-esteem/self-identification; domestic violence; sexuality; health; and spirituality. Group counseling is offered to allow consumers to explore emotional issues and work towards healthy self image, relationships, and lifestyles. Individual counseling allows for further exploration of issues and to promote the development of individualized treatment goals. Women are offered group education on a wide array of topics such as drug education, communication skills, anger management, coping with trauma, mental health education, and relapse prevention. In addition, daycare is provided to ensure childcare is not an obstacle to treatment participation. Alternative Care (Alt Care) is a more specialized type of women and children's program that resulted from a joint effort through ADA and the Missouri Department of Corrections. Alt Care is designed specifically for female offenders being released from correctional institutions and those under probationary supervision. There is one program in each of Missouri's two metro areas, St. Louis and Kansas City. About 5,300 women and 1,200 codependents are served in the CSTAR Women and Children's programs each year.

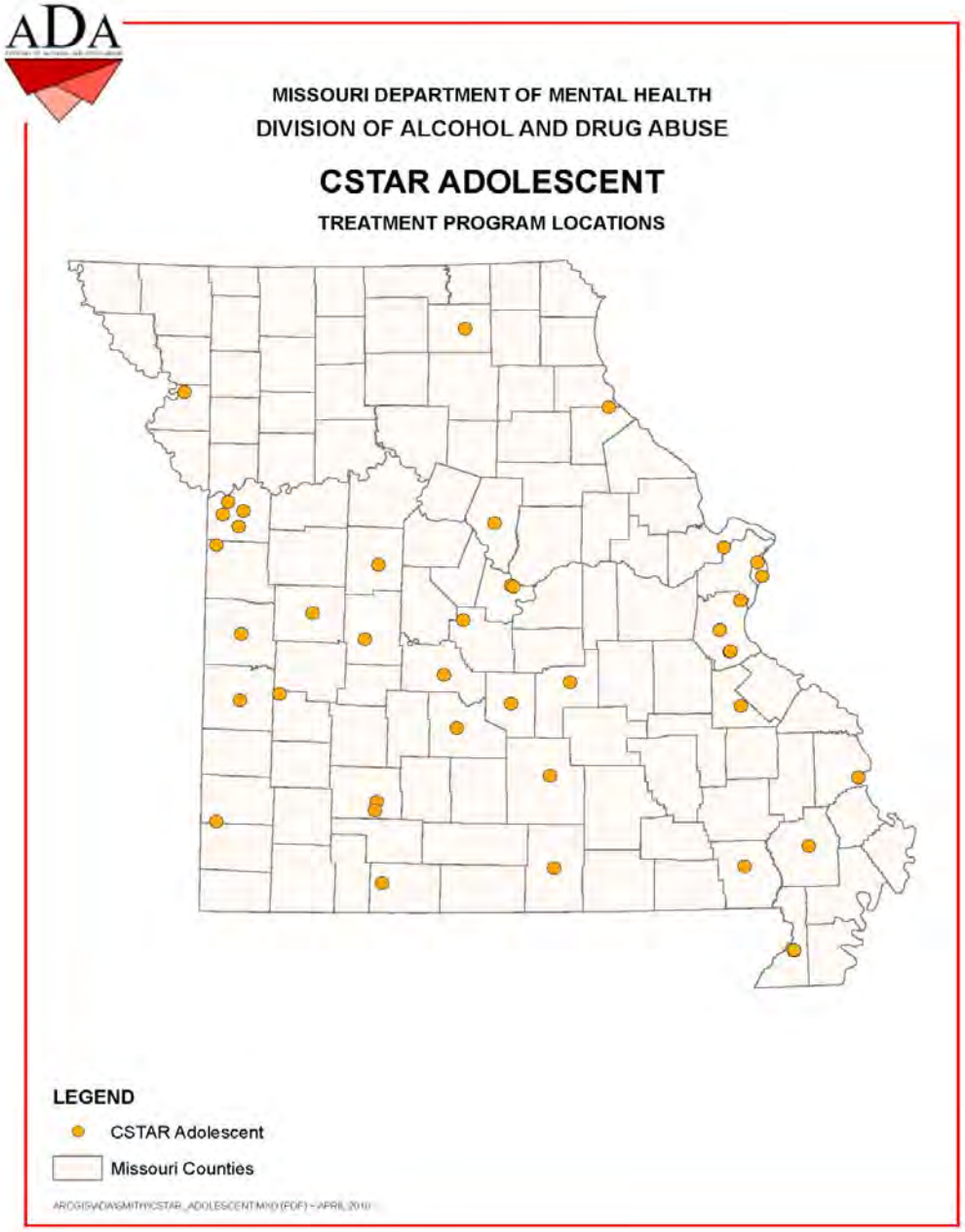
Figure 30. CSTAR Women and Children Treatment Program Locations, Missouri Department of Mental Health



Source: Source: Missouri DMH. Division of Alcohol and Drug Abuse

Adolescent CSTAR programs offer a full continuum of services provided by specifically trained staff to consumers 12 to 17 years of age. The Division of ADA contracts with 7 treatment providers to offer CSTAR Adolescent programs at 43 locations (Figure 31). Treatment focuses on issues relevant to this age group and is provided in settings that are programmatically and physically separate from adult programs. Consumers in residential settings are offered academic support services to minimize disruptions in their education. About 4,200 adolescents are served in the CSTAR Adolescent programs each year.

Figure 31. CSTAR Adolescent Treatment Program Locations, Missouri Department of Mental Health



Source: Missouri DMH. Division of Alcohol and Drug Abuse

The CSTAR Opioid programs utilize physician-prescribed methadone to assist opiate-addicted consumers to withdraw from heroin and other opiates while under medical supervision. Addiction treatment services are provided during and after the withdrawal protocol to help individuals develop life skills and a recovery-focused lifestyle. Missouri's CSTAR Opioid programs are located in Kansas City and St. Louis. About 1,600 consumers are served in the CSTAR Opioid programs each year.

The Division of ADA also provides the CSTAR General Population program for Medicaid adults and the Primary Recovery Plus (PR+) program for non-Medicaid adults. Missouri's PR+ programs offer a full continuum of services within multiple levels of care and are modeled after the CSTAR programs. Recovery support programs, funded through the federal Access to Recovery grant, supplement PR+ programs and expand access to an array of recovery support services including recovery coaching, spiritual counseling, peer support, family engagement, work preparation, and care coordination. Recovery support services are intended to help keep consumers engaged in treatment for longer periods of time by addressing issues that may otherwise serve as barriers to treatment completion and sustained recovery. Annually, about 5,000 are served in the CSTAR General Treatment programs and 30,100 are served in the PR+ programs.

In the ADA treatment programs, substance-abusing pregnant women and intravenous drug users (IVDU's) receive preferential admission to treatment. Each year, about 650 pregnant women and 6,300 IVDU's are admitted to treatment. Testing, pre-testing and post-testing counseling for Human Immunodeficiency Virus (HIV), tuberculosis (TB), sexually transmitted diseases (STDs), and Hepatitis are made available to individuals in substance abuse treatment.

5.4 Challenges

The Division of ADA cannot meet current treatment demand. The Division's treatment programs are providing services at their funded capacities. Placing substance abusers on waiting lists discourages many of them from seeking services, and the delays can result in a progression of their alcohol and drug dependencies and related problems. Declines in Missouri state revenues are forcing reductions in the number of individuals who can be treated for substance abuse. In total, an estimated 63,000 Missourians or about 14% of those who need treatment receive treatment.

Despite continuing efforts, the Division of ADA cannot meet current treatment demand. The Division's treatment programs are providing services at their funded capacities. Placing substance abusers on waiting lists discourages many of them from seeking services, and the delays can result in a progression of their alcohol and drug dependencies and related problems. Declines in Missouri state revenues are forcing reductions in the number of individuals who can be treated for substance abuse.

6.0 Summary of Missouri Home Visiting Needs Assessment

Home visiting for families, particularly for those at-risk, has been a longstanding intervention providing guidance to new and expectant mothers / families on parenting skills and early childhood health development. Home visiting services are delivered at home, where families are most comfortable, with an ultimate goal of improving the overall well being of the child in a family friendly environment. The long term benefits of home visitation services to both the family and the society have been well established, particularly among at-risk families. In addition to the positive personal impact home visiting programs have on individuals and families there is also a cost benefit to society as they promote the life course development of children into

successful members of the society. Recognizing the significance of home visitation programs on early childhood development, on March 23, 2010, President Obama signed the *Patient Protection and Affordable Care Act,* which included, among other critical provisions, $1.5 billion in mandatory funding over 5 years for high quality, evidence-based, voluntary early childhood home visitation services. This investment will significantly expand home visitation services, helping to ensure that more children have the opportunity to grow up healthy, safe, ready to learn and able to become productive members of society.

The Title V agency for Missouri (Missouri Department of Health and Senior Services [DHSS]/Division of Community and Public Health [DCPH]) was named as the lead agency by the Governor's Office that will be spearheading the efforts to implement evidence based early childhood home visitation programs in Missouri. Both quantitative and qualitative information was gathered for the needs assessment in order to identify at-risk communities, and the capacity of existing early childhood visitation programs, substance abuse treatment, and counseling services in the state. While the quantitative data with respect to individual communities (counties) in Missouri was collected from a variety of internal and external data repositories, the qualitative data was gathered from a series of stakeholder meetings conducted across the state. The stakeholders were presented county level data on indicators that were listed in the needs assessment to identify high risk communities. The qualitative data also relied on information gathered through a series of statewide focus groups conducted towards the 2010 Missouri Title V Needs Assessment. This needs assessment was coordinated with and took into account the needs assessment's performed by: (1) the Title V MCH Block Grant program; (2) the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; and (3) the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of Title II of CAPTA. Letters of Support were provided by the Director of the State's Title V Agency, Director of the State's Agency for Title II (CAPTA), Director of the State's Single State Agency for Substance Abuse Services and the Director of the State's Head Start State Collaborative Office. (Attachment 2)

Since the primary objective of this needs assessment is to identify high risk communities within the state that stand to benefit the most from early childhood home visitation services the following sections outline the summary of the processes / methodology used to identify these at-risk communities. The qualitative and quantitative information in conjunction the stakeholder input led to the identification of the top ten at-risk counties in Missouri that will be targeted over the next five years.

The process to identify at-risk communities involved a multi-pronged approach and collaborative efforts from a multitude of related programs and agencies. While the process (typical of any needs assessment) relied heavily on data to identify the at-risk communities, in recognition of state priorities, program planning, policy-making, and existing capacity, input was solicited from other agencies for optimal resource allocation and planning. In addition to the needs assessment guidance the process of identifying at-risk counties also included, but not limited to, the following sources:

- 2010 Missouri Title V MCH Needs Assessment and State MCH priorities
- Head Start and CAPTA Needs Assessments
- Data availability of selected indicators at state and community levels in a reliable and consistent manner through existing data repositories.
- Current program capacity and gaps to address the issues identified in at-risk communities
- Epidemiological and statistical analysis of data indicators listed in the guidance
- County level rankings from the Robert Wood Johnson Foundation
- Program relevance and policy implications
- Stakeholder meetings – St. Louis City (Eastern Region), Kansas City (Western Region), Jefferson City (Central Region) and Portageville (Southeast Region, also known as the Bootheel area). These meetings were conducted exclusively for the home visiting needs assessment and are different from the ones conducted for Title V needs assessment.

County-level data are available in Missouri for almost all the indicators specified in the guidance of the home visiting needs assessment, and henceforth counties were selected as "communities" to determine "at risk communities" in the Missouri home visiting needs assessment. In accordance with the home visiting needs assessment guidance the following 11 areas were used to determine at-risk counties (communities):

1. Premature birth;
2. Low-birth-weight infants;
3. Infant mortality, including infant death due to neglect;
4. Poverty;
5. Crime;
6. Domestic violence;
7. High rates of high-school drop-outs;
8. Substance abuse;
9. Unemployment;
10. Child maltreatment; and
11. Other indicators of at risk prenatal, maternal, newborn, or child health:
    - Smoking during pregnancy
    - Early prenatal care
    - Teen pregnancy

A total of thirteen indicators with data available at the county level were chosen to cover the 11 areas specified in the guidance to identify at-risk counties. In an effort to provide a comprehensive picture, in addition to the required indicators the needs assessment also discusses several other socio-economic indicators and disparities in demographic characteristics for selected indicators across all counties in Missouri. Individual ranking for each of the indicators was performed across all counties followed by a composite ranking for all counties based on the aggregate ranking scored by each county in the thirteen indicators. The top ten at-risk counties were identified based on the scores obtained in the composite ranking.

Although the county rankings may vary across individual indicators, county maps of most indicators show similar geographic distribution patterns of areas at higher risk – southeast (Bootheel) area and St. Louis City.

The top ten counties based on the composite ranking reflected a similar pattern, and were all concentrated in the southeast area and **St. Louis City**. Counties identified in the southeast area include **Pemiscot, Dunklin, Butler, Ripley, Mississippi, New Madrid, Washington, Crawford, and Scott**. The Southeast area of Missouri and St. Louis City are areas that have long been recognized to have challenges regarding not only their overall health but also their socioeconomic status. It is of significance to note that eight of the top ten counties identified as at-risk were also among the top ten counties identified by the 2010 County Health Rankings national study conducted by Robert Wood Johnson Foundation for Missouri with respect to adverse overall health outcomes and measures.

Missouri has one of the leading data infrastructure capabilities in the nation with the ability to link various existing data systems (birth and death certificates, newborn screening, immunization) within DHSS. The robust MCH data capabilities within DHSS are offset by lack of inter-agency data linkages and a coordinated use of these data sets for monitoring health status of communities and populations served. The following limitations need to be considered for the home visiting needs assessment process:

While some information systems, such as vital statistics, are capable of gathering community level data other population-based surveys such as PRAMS, BRFSS, and National Survey for Children's Health, only provide state-level data. This will limit the extent to which these data systems can be used to identify high risk communities for home visitation services.

The success of any home visiting program is dependent upon client participation for the intended duration of the program. However, attrition is a common occurrence in home visiting programs and the lack of sufficient data regarding the reasons for participant attrition might pose a unique challenge for the analysis of the home visiting programs.

The Missouri DHSS has multiple population based surveillance systems that collect data on a variety of health related indicators, particularly among high risk families. However, lack of data linkages between these data sets is a major limitation for performing a comprehensive needs assessment leading to unduplicated identification of at-risk communities. Also, lack of linkages to programmatic databases, even if for only a selected "sub-sample" of their participants, impedes the ability to perform an objective program evaluation. The ability of programs to monitor outcomes on a longitudinal basis is limited due to the lack of linkages between multiple data sets. While a variety of programs provide services to pregnant women and children, they do so only for a limited amount of time resulting in the inability to measure benefits of services over the long term.

Currently, there are multiple home visiting programs delivered in Missouri through a variety of agencies. However, a lack of integration among these multiple home visiting services, both from a programmatic and data stand point, is a barrier to reaching a larger portion of the at-risk population. In addition, there is a lack of consistency in delivery of home visiting services. Programs differ in their goals, objectives, population served and program delivery model. However, this can be a strength as different programs support a variety of needs of the family and when coordinated strategically could provide a continuum of care for the family. These fundamental differences may make it difficult to compare efficacy between programs.

Furthermore, lack of qualitative data with respect to the content and implementation of these varied home visiting services complicates program evaluation efforts.

Missouri intends to apply for the early childhood home visitation grant. Through this process the sstate would invest in evidence-based programs identified by the federal government in the high-risk communities. Prior to the implementation of the early childhood home visitation programs the state will conduct more extensive stakeholder meetings in the high-risk counties and determine the eligible population and services currently available and how best to coordinate the efforts in a more efficient and effective manner. With those additional meetings more in depth information can be obtained before the actual decision is made on how best to implement the evidence-based programs. The state is exploring the possibility of a focal point in the eastern and southeast regions to evaluate the needs of the eligible population and refer the individuals to evidence-based programs based on their individual family needs. The early child home visitation grant opportunity will enhance the state's ability to thoroughly review the existing systems and develop an infrastructure that could truly affect the population in need and drastically make a difference in the high-risk indicators.

While this needs assessment provided an objective framework to identify at-risk communities in Missouri for the allocation of early childhood home visiting grant funds, home visiting is only one of the several service strategies that promote early childhood development. It is essential to foster collaboration among various agencies that could impact not only the health but also the social and economic well being of at-risk communities and families. The persistent social and economic inequalities in these high-risk communities coupled with lack of infrastructure, health and non-health related, could adversely impact the life course development of children in these communities. Gains in the public health sector could be offset by losses in other sectors of the economy, fortifying the inseparable relationship between health and overall well being of families - the central theme of this early childhood home visitation funding opportunity.

DEMOGRAPHIC CHARATERISTICS OF THE PAT PROGRAM IN MISSOURI

County	District	county/ district code	Teen Parent	Child with disabilities	Parent with disabilities	Low educational attainment	Low income	Speakers of other lanugages	Single-parent household	Chemical dependencies	Foster parents	Court appointed legal guardians	Adoptive parents	Transient/numerous family relocations and/or homeless	Involvement with the corrections system	Low birth weight (less than 2500 g)	Involvement with mental health or social services agencies	Relative who is the primary person in the parent support system	Death in the immediate family	On-going health problem of child, parent, or sibling	Children with serious behavior concerns	Referred to PAT program because of suspected child abuse	Multiple children under the age of five	Military Family	Total Prenatal - 3 Yrs Families	Total 3 Yrs - Kindergarten Entry Families
*possible duplicate count of families with children prenatal -3 years old and 3 years old -kindergarten entry												**three year olds could be duplicated in each age group														
Butler	Neelyville R-IV	012-108	3	1	0	6	11	0	3	0	0	0	1	1	1	2	1	2	0	1	0	0	2	0	15	6
	Poplar Bluff R-I	012-109	79	30	60	182	456	10	268	27	15	14	15	105	71	54	314	58	23	122	58	45	21	15	370	200
	Twin Rivers R-X	012-110	11	4	2	22	82	0	17	0	2	0	0	0	6	4	5	0	2	9	0	0	0	0	63	39
	Total - Butler County		93	85	62	210	549	10	293	27	17	14	16	106	78	60	320	60	25	132	58	45	23	15	448	245
Crawford	Crawford County R-I	028-101	9	6	4	16	39	2	21	5	0	0	0	0	5	4	0	3	1	4	2	0	26	4	19	44
	Crawford County R-II	028-102	13	37	16	37	75	14	30	3	3	0	0	14	4	4	8	3	1	6	0	2	8	1	64	48
	Steelville R-III	028-103	9	36	3	26	61	0	20	1	6	6	2	2	5	2	17	2	2	1	2	11	4	2	34	80
	Total - Crawford County		31	79	23	79	175	16	71	9	9	6	2	16	14	10	25	8	4	11	4	13	38	7	117	172
Dunklin	Malden R-I	035-092	5	13	8	37	80	8	45	0	5	1	7	0	0	11	6	1	3	23	4	1	10	0	62	40
	Campbell R-II	035-093	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Holcomb R-III	035-094	11	0	0	30	55	7	23	0	2	2	2	7	0	10	12	4	0	1	0	0	0	0	50	30
	Clarkton C-4	035-097	0	1	0	4	20	4	13	1	1	1	0	1	1	0	1	0	0	0	0	1	0	0	9	11
	Senath-Hornersville C-8	035-096	7	2	11	23	60	7	15	5	0	5	3	5	1	3	11	10	0	4	2	0	6	1	36	29
	Southland C-9	035-099	0	0	0	2	9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	3
	Kennett 39	035-102	22	14	18	63	90	12	58	3	5	4	5	33	12	3	83	24	1	14	6	15	26	0	71	41
	Total - Dunklin County		45	30	37	159	314	38	155	9	13	13	17	46	14	27	113	39	4	42	12	17	42	1	237	154
Mississippi	East Prairie R-I	067-055	34	13	3	53	141	1	107	7	0	3	2	11	11	1	162	5	1	11	3	2	7	0	107	83
	Charleston R-I	067-061	43	5	3	34	133	1	115	7	3	6	1	2	12	5	21	2	0	6	2	9	16	0	110	38
	Total - Mississippi County		77	18	6	87	274	2	222	14	3	9	3	13	23	6	183	7	1	17	5	11	23	0	217	121
New Madrid	Risco R-II	072-066	0	0	0	12	18	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7	1	10	9
	Portageville	072-068	16	9	2	16	74	0	68	2	0	2	2	0	2	0	0	0	1	3	0	0	17	2	69	39
	Gideon 37	072-073	1	0	2	14	12	4	4	0	0	1	0	0	0	0	0	2	0	1	0	1	4	0	20	5
	New Madrid County R-I	072-074	97	9	18	150	432	0	280	3	3	4	3	15	17	14	4	70	6	30	4	4	14	2	359	106
	Total - New Madrid		114	18	22	192	536	4	359	5	3	7	5	15	19	14	4	72	7	34	4	5	42	5	458	159
Pemiscot	North Pemiscot County R-I	078-001	6	10	6	14	33	0	23	0	1	3	1	5	1	6	3	2	0	1	0	0	1	0	34	18
	Hayti R-II	078-002	36	2	7	33	118	0	139	0	4	7	3	0	3	2	2	6	4	0	0	2	11	2	58	86
	Pemiscot County R-III	078-003	3	1	4	4	13	0	6	0	0	0	1	0	0	0	2	1	0	0	0	0	0	1	12	9
	Cooter R-IV	078-004	11	2	2	1	17	0	15	0	0	0	0	0	0	0	1	9	0	2	0	0	0	0	12	13
	South Pemiscot County R-V	078-005	38	4	4	20	75	2	0	2	0	1	0	0	0	2	10	28	1	1	0	1	5	0	47	40
	Delta C-7	078-009	0	4	1	3	16	0	10	0	0	1	4	2	1	0	2	4	0	1	1	0	0	1	16	9
	Caruthersville 18	078-012	57	9	9	31	158	0	108	3	1	0	1	12	12	14	19	7	1	15	7	4	36	4	119	65
	Total - Pemiscot County		151	32	33	156	430	2	301	5	6	12	10	19	17	24	39	57	6	20	8	7	53	8	338	240
Ripley	Naylor R-II	091-091	1	1	0	0	5	0	5	0	0	1	0	0	0	2	0	2	0	0	0	0	0	0	4	6
	Doniphan R-I	091-092	30	11	10	29	120	0	73	2	0	4	2	19	9	8	112	5	3	3	3	10	6	1	96	40
	Ripley County R-IV	091-093	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ripley County R-III	091-095	0	0	3	4	12	0	6	0	0	0	0	0	0	1	0	0	1	0	0	0	6	0	7	13
	Total - Ripley County		31	12	13	33	137	0	84	2	0	5	2	19	9	11	112	7	4	3	3	10	12	1	107	59

DEMOGRAPHIC CHARATERISTICS OF THE PAT PROGRAM IN MISSOURI

County	District	county/ district code	Teen Parent	Child with disabilities	Parent with disabilities	Low educational attainment	Low income	Speakers of other lanugages	Single-parent household	Chemical dependencies	Foster parents	Court appointed legal guardians	Adoptive parents	Transient/numerous family relocations and/or homeless	Involvement with the corrections system	Low birth weight (less than 2500 g)	Involvement with mental health or social services agencies	Relative who is the primary person in the parent support system	Death in the immediate family	On-going health problem of child, parent, or sibling	Children with serious behavior concerns	Referred to PAT program because of suspected child abuse	Multiple children under the age of five	Military Family	Total Prenatal - 3 Yrs Families	Total 3 Yrs - Kindergarten Entry Families
Scott	Scott City R-I	100-059	8	1	3	4	27	0	14	0	0	0	2	0	2	0	36	4	0	4	0	0	2	0	34	17
	Cheffee R-II	100-060	1	0	0	0	11	0	2	0	0	0	0	0	0	0	12	1	1	0	0	0	1	1	10	3
	Scott County R-IV	100-061	1	1	0	1	12	0	7	0	0	0	0	2	1	1	0	0	0	1	0	0	0	0	10	3
	Scott County Central	100-062	0	1	0	0	5	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3	2
	Sikeston R-6	100-063	78	41	26	213	374	8	212	23	8	6	13	22	20	34	245	44	15	203	33	10	20	9	265	195
	Kelso C-7	100-064	1	0	0	1	2	0	2	0	0	0	0	0	0	1	4	0	0	1	0	2	0	0	5	2
	Oran R-III	100-065	0	0	3	4	12	0	6	0	0	0	0	0	0	1	0	0	1	0	0	0	6	0	7	13
	Total - Scott County		**89**	**44**	**32**	**223**	**443**	**8**	**243**	**23**	**8**	**6**	**15**	**24**	**23**	**38**	**297**	**49**	**17**	**209**	**33**	**12**	**29**	**10**	**334**	**235**
Washington	Kingston K-14	110-014	2	4	7	40	116	0	41	6	0	1	0	0	1	7	8	5	3	10	3	0	10	2	79	53
	Potosi R-III	110-029	71	22	11	116	403	5	209	0	9	8	5	11	16	17	9	9	4	80	1	2	34	1	328	180
	Richwoods R-VII	110-030	2	0	0	11	12	0	6	0	0	1	0	6	0	0	0	0	0	0	1	0	2	0	12	11
	Valley R-VI	110-031	0	0	0	0	8	0	5	0	0	0	0	0	0	4	1	0	0	1	0	0	0	0	9	8
	Total- Washington County		**75**	**26**	**18**	**167**	**539**	**5**	**261**	**6**	**9**	**10**	**5**	**17**	**17**	**28**	**18**	**14**	**7**	**91**	**5**	**2**	**46**	**3**	**428**	**252**
St. Louis City	St. Louis City	115-115	434	93	102	586	1467	295	1594	19	33	9	27	98	14	123	143	30	27	60	15	19	86	7	1335	923

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director

Jeremiah W. (Jay) Nixon
Governor

August 31, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

Dear Dr. Yowell:

The Missouri Department of Health and Senior Services (DHSS) is pleased with the Governor's designation of the Department as the state applicant for Phase Two: Needs Assessment of the "Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program." The statewide needs assessment will provide Missouri with a great opportunity to identify at-risk communities and assure high-quality, well-coordinated home visiting programs for families in these communities. This is a unique opportunity to build a comprehensive statewide early childhood home visiting system that will impact families and help build sufficient capacity within the state.

The DHSS has the ability and capacity to identify areas of greatest need, including collection and evaluation of data. The Title V Maternal and Child Health Block Grant program, within the DHSS, has also worked in a variety of collaborative projects and is eager to continue and to strengthen those efforts. It is exciting to be part of an innovative approach regarding evidence-based home visiting to assure that effective interventions are available through some of the most important years of a child's development.

Please be assured that the DHSS as the applicant will assure that all the related organizations will be involved in the planning and implementation of the needs assessment.

Sincerely,

Margaret T. Donnelly
Director

MTD:SVR:peg

Children's Trust Fund
Missouri's Foundation For Child Abuse Prevention

August 24, 2010

Margaret T. Donnelly
Director
MO Dept. of Health & Senior Services
PO Box 570
Jefferson City, MO 65102

Dear Ms.Donnelly:

The Children's Trust Fund (CTF) is pleased to support the Governor's designation of the Missouri Department of Health and Senior Services (DHSS) as the state applicant for Phase Two: Needs Assessment of the "Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program". The grant provides Missouri with a great opportunity to assure high-quality, well-coordinated home visiting programs for families in at-risk communities. This is a unique opportunity to assess the needs of the state and build a comprehensive statewide early childhood home visiting system that will impact families and help build sufficient capacity within the state.

CTF has worked with DHSS on many prevention initiatives over the years and welcomes this opportunity for on-going collaboration. As Missouri's foundation for child abuse prevention and recipient of CBCAP funding through CAPTA, CTF has long supported home-visitation programming in Missouri and recognizes the importance of the early childhood home visitation needs assessment and subsequent planning process to ensure adequate and essential continuation of services that will prevent future incidence of child abuse and neglect. It is exciting to be part of an innovative approach regarding home visiting to assure that interventions will begin during pregnancy and continue through some of the most important years of a child's development.

Please be assured that CTF fully supports your efforts and looks forward to working collaboratively with your agency to improve the health and well-being of vulnerable Missourians.

Sincerely,

Kirk Schreiber
Executive Director

Children's Trust Fund • P.O. Box 1641 • Jefferson City, MO 65102-1641
573-751-5147 • fax 573-751-0254 • www.ctf4kids.org • e-mail: ctf@oa.mo.gov

JEREMIAH W. (JAY) NIXON
GOVERNOR

KEITH SCHAFER, Ed.D.
DIRECTOR

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
1706 EAST ELM STREET
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102
(573) 751-4122
(573) 751-8224 FAX
www.dmh.mo.gov

MARK STRINGER
DIRECTOR
DIVISION OF ALCOHOL AND DRUG ABUSE
(573) 751-4942
(573) 751-7814 FAX

MARK STRINGER
ACTING DIRECTOR
DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES
(573) 751-8017
(573) 751-7815 FAX

BERNARD SIMONS
DIRECTOR
DIVISION OF DEVELOPMENTAL DISABILITIES
(573) 751-4054
(573) 751-9207 FAX

August 20, 2010

Margaret T. Donnelly, Director
Missouri Department of Health
and Senior Services
PO Box 570
Jefferson City, MO 65102-0570

Dear Ms. Donnelly:

The Division of Alcohol and Drug Abuse (ADA) is pleased to support the Governor's designation of the Missouri Department of Health and Senior Services (DHSS) as the state applicant for the Phase Two: Needs Assessment of the "Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program." The grant provides Missouri with a great opportunity to assure high-quality, well-coordinated home visiting programs for families in at-risk communities. This is a unique opportunity to assess the needs of the state and build a comprehensive statewide early childhood home visiting system that will impact families and help build sufficient capacity within the state.

ADA has worked with the Missouri DHSS in a variety of collaborative efforts and is eager to continue this relationship. It is exciting to be part of an innovative approach regarding home visiting to assure that interventions will begin during pregnancy and continue through some of the most important years of a child's development.

Please be assured that ADA fully supports your efforts and looks forward to working collaboratively with your agency to improve the health and well-being of vulnerable Missourians.

Sincerely,

Mark Stringer

Missouri Head Start-State Collaboration Project
University of Missouri-Columbia

Department of Human Development and Family Studies
1400 Rock Quarry Rd.
Columbia, MO 65211-3280
PHONE (573) 884-0650
FAX (573) 884-0598

August 23, 2010

Margaret T. Donnelly
Director
Missouri Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65102-0570

Dear Ms. Donnelly:

The Missouri Head Start-State Collaboration Office is pleased to support the Governor's designation of the Missouri Department of Health and Senior Services as the state applicant for the "Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program". The grant provides Missouri with a great opportunity to assure high-quality, well-coordinated home visiting programs for families in at-risk communities. This is a unique opportunity to build a comprehensive statewide early childhood home visiting system that will impact families and help build sufficient capacity within the state.

The Missouri Head Start-State Collaboration Office has worked with the Missouri Department of Health and Senior Services in a variety of collaborative efforts and is eager to continue this relationship. Additionally, we are pleased to work with the Department in linking to the Missouri Head Start and Early Head Start programs. It is exciting to be part of an innovative approach regarding home visiting to assure that interventions will begin during pregnancy and continue through some of the most important years of a child's development.

Please be assured that the Missouri Head Start-State Collaboration Office fully supports your efforts and looks forward to working collaboratively with your agency to improve the health and well-being of vulnerable Missourians.

Sincerely,

Stacey D. Owsley

Stacey D. Owsley, Director
Missouri Head Start-State Collaboration Office
1400 Rock Quarry Road
Columbia, MO 65211-3280
573-884-3080 (p)