

Royal Oaks Hospital
Community Health Needs
Assessment
January 2026

Royal Oaks Hospital IRS Statement of Compliance

Royal Oaks Hospital (ROH) – IRS §501(r)(3) CHNA Compliance Statement

Purpose. This Community Health Needs Assessment (CHNA) was conducted for Royal Oaks Hospital (a hospital facility operated by Compass Health Network) to satisfy the federal requirements of Internal Revenue Code §501(r)(3) and Treasury Regulation §1.501(r)-3 for taxable years beginning after March 23, 2012 and as further interpreted in final regulations effective for tax years beginning after December 29, 2015. The CHNA was finalized in December 2025 and covers the facility’s next three-year implementation cycle.

Community Served. ROH defined its community by primary and secondary service areas based on 2022–2025 admissions patterns across Western, Central, Southern (Primary) and Eastern, ADAPT–St. Louis, and Jefferson (Secondary) Missouri regions.

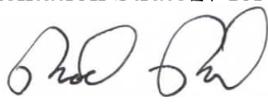
Process & Methods. ROH employed a mixed-method process that included analysis of Hospital Industry Data Institute (HIDI) inpatient and emergency department data (2022–2025), County Health Rankings & Roadmaps indicators, and U.S. Census data; and collection of primary data via leadership and stakeholder interviews, community surveys, and consumer focus groups, with a multi-disciplinary Steering Committee overseeing the work.

Required Community Input. ROH solicited and took into account input from persons representing the broad interests of the community, including those with special knowledge of public health (e.g., Missouri Department of Mental Health/Division of Behavioral Health, Missouri Hospital Association, Missouri Behavioral Health Council, Missouri Primary Care Association) and input from medically underserved, low-income, minority, rural and chronically ill populations (e.g., SMI clients, parents/caregivers, school/juvenile justice stakeholders).

Significant Health Needs & Prioritization. ROH identified significant community health needs and prioritized them using a formal matrix (importance × likelihood of impact). The final prioritized list is the basis for the accompanying Implementation Strategy.

Adoption & Public Availability. An authorized body of the hospital facility will adopt this CHNA and the related Implementation Strategy. The final CHNA and Implementation Strategy will be made widely available to the public on the organization’s website, and paper copies will be available free upon request. The Implementation Strategy will be adopted on or before the 15th day of the fifth month after the end of the taxable year in which the CHNA is completed.

Effective Period. This CHNA informs the Implementation Strategy for calendar years 2026–2028 (or the facility’s corresponding fiscal years).

Authorized Adoption. Adopted by:  (Authorized Governing Body) Date: 2/26/2026

Acknowledgements

The 2025 Royal Oaks Community Health Needs Assessment (CHNA) would not be possible without the kind and generous assistance and consultation of many contributors and stakeholders.

Many thanks to:

- Aadin Miller and Delaney Adler, of the Compass Health Research Institute, for their invaluable assistance conducting consumer focus groups and stakeholder interviews, thinking through analyses, framing and presenting these results. These two are incredible team members and always bring their A-game.
- Members of the Needs Assessment Steering Committee—Jon Bair, Al Greimann, Erica Jenkins, Donni Kuck, Tenea Lowman, Lauren Moyer, and Sandra Overton—for their guidance and helpful suggestions and edits to help ensure we are hitting the intended marks with this project.
- Tim Swinfard, Compass Health Network CEO, for his vision, wisdom, and insistence on running fast and jumping high, and always doing the right thing.
- Peter Lyskowski, Compass Health Network Chief Administrative Officer, for his good humor, intellect, insight, and most importantly, encouragement to do all things well.
- All stakeholders, internal and external to Royal Oaks, who responded to surveys, focus groups, interviews, and other requests, and who showed enthusiasm for the work here presented.
- Stephen Njenga (Director of Quality Measurement and Population Health Improvement) and Christy Hoehner (Senior Data Scientist) from the Missouri Hospital Association for their guidance and HIDI and secondary data support as we navigate IRS requirements.

Paul Thomlinson, Ph.D., Executive Director—Compass Health Research Institute

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Executive Summary

Royal Oaks Hospital 2025 Community Health Needs Assessment (CHNA)

Royal Oaks Hospital conducted its 2025 Community Health Needs Assessment (CHNA) to identify and prioritize the most significant health and behavioral health needs affecting children and adolescents across its service areas in Missouri. This assessment reflects Royal Oaks Hospital's mission to deliver high-quality inpatient psychiatric care while supporting broader community efforts to improve youth mental health outcomes.

Community Description

For the purposes of this CHNA, Royal Oaks Hospital (ROH) defined its community based on hospital admission patterns from 2022–2025. The **Primary Service Area (PSA)** includes Western, Central, and Southern Missouri regions (as designated by Compass Health Network, whose service area is comprised of the same regions as ROH), accounting for the vast majority of hospital admissions. The **Secondary Service Area (SSA)** includes Eastern, ADAPT (St. Louis), and Jefferson regions, representing the remaining major share of ROH admissions. These areas encompass rural, suburban, and urban communities with significant socioeconomic diversity and marked disparities in access to pediatric behavioral health services.

CHNA Process Overview

Royal Oaks Hospital followed a structured, mixed-methods CHNA process approved by executive leadership and overseen by a multidisciplinary Needs Assessment Steering Committee.

Timeframe: August 2024 – December 2025

Key Partners:

Royal Oaks Hospital leadership; Compass Health Network leadership; Compass Health Research Institute; Missouri Hospital Association (MHA); Hospital Industry Data Institute (HIDI); Missouri Division of Behavioral Health; Missouri Behavioral Health Council; Missouri Primary Care Association; and regional community leaders.

Public Health Input:

Public health input was obtained through statewide associations and agencies, regional leaders, and analysis of population-level secondary data.

Input from Medically Underserved, Chronically Ill, and Low-Income Populations:

Royal Oaks intentionally sought input from underserved populations through client surveys, focus groups, structured needs assessments for individuals with serious mental illness, low-literacy survey options, rural and urban outreach, and partnerships with community mental health centers and Federally Qualified Health Centers.

Secondary Data Sources:

- Hospital Industry Data Institute (HIDI) inpatient and emergency department data
- County Health Rankings & Roadmaps
- U.S. Census Bureau sociodemographic data

Primary Data Collection:

Primary data were collected through surveys, structured interviews, and focus groups involving clients, families, healthcare professionals, public agency leaders, and community stakeholders across service regions.

Identified Health Issues

Analysis of primary and secondary data identified the following community health issues:

- High prevalence of youth mental health disorders (anxiety, depression, bipolar disorder)
- Persistent and elevated rates of suicidal ideation and suicide attempts among youth
- Rising youth substance use, including opioids, tobacco/vaping, alcohol, and other drugs
- Significant regional disparities in access to behavioral health services
- High reliance on emergency departments for behavioral health crises
- Workforce shortages and fragmented service systems, particularly in rural areas

Prioritization Process

After compilation and analyses were completed and a list of identified needs generated, health issues and needs were prioritized using a structured rating process in which Compass Health Network leadership assessed each issue based on dimensions of importance and likelihood of impact. Issues rated high on both dimensions were selected to guide strategic and implementation planning.

Priority Health Issues for Action

Royal Oaks Hospital identified the following priority areas for action:

- Youth suicide prevention and crisis stabilization
- Access to inpatient and step-down psychiatric services for children and adolescents
- Early identification and treatment of youth mood and anxiety disorders
- Integrated treatment for co-occurring mental health and substance use disorders
- Reduction of regional access disparities through outreach, partnerships, and telehealth

Contact Information

For questions or involvement related to this CHNA, please contact:

Compass Health Research Institute

Attn: Paul Thomlinson, Ph.D., Executive Director

Compass Health Network

CEO Signature Page

Statement of Approval

This Community Health Needs Assessment was adopted by Royal Oaks Hospital to guide strategic planning and community benefit activities. The assessment reflects a comprehensive review of quantitative and qualitative data and incorporates input from community members, public health experts, and organizational leadership.

Royal Oaks Hospital remains committed to addressing the priority health needs identified in this assessment through collaboration with community partners and alignment with Compass Health Network's mission to inspire hope and promote wellness.



Al Greimann
Chief Executive Officer
Royal Oaks Hospital

Date: 2/26/2026

Community Health Needs Assessment: Process

The Royal Oaks Hospital Community Health Needs Assessment (CHNA) process follows a structured, step-by-step approach established and approved by executive leadership and a Needs Assessment Steering Committee. Each step is designed to ensure a comprehensive understanding of community needs to guide strategic decision-making and implementation planning. The process includes the following steps:

Step 1: Define the Community

Defining the community is a critical first step, as it sets the scope for the assessment and subsequent interventions. For Royal Oaks Hospital, the community is defined by the larger Compass Health Network's service area, which includes six internally designated regions—now expanded to include Jefferson County as a standalone region. Compass Health Network, the parent entity, is a large non-profit health services organization that includes both Federally Qualified Health Centers (FQHCs) providing primary care and oral health care services as well as a Certified Community Behavioral Health Clinic providing mental health, psychiatric, and substance use treatment services. Compass Health Network engages in a system-wide comprehensive needs assessment process periodically and is synchronizing its needs assessment cycle with Royal Oaks Hospital for which this will be the first standalone community health needs assessment conducted. Previously, Royal Oaks Hospital met IRS CHNA requirements by participating in a collaborative CHNA process and report with Golden Valley Memorial Hospital.

Primary and secondary service areas for Royal Oaks Hospital were designated based on a data analysis of admissions to Royal Oaks from 2022 through 2025. The admissions from the total primary service areas (PSA) included 16.4% from the Central region, 26.9% from the Southern region, and 50.2% from the Western region for a total of 93.6% for these three regions. Our secondary service area (SSA) makes up 6.4% of our admissions to Royal Oaks Hospital, from the Adapt (2.4%), Eastern (3.9%), and Jefferson (0.2%) regions.

Step 2: Identify and Engage Stakeholders

Engaging stakeholders is essential to capturing a holistic view of community needs. Royal Oaks Hospital involved both internal and external stakeholders, including leadership, Boards of Associates, patients, families, and other community representatives. This engagement was achieved through internal meetings, surveys, focus groups, and other collaborative efforts. A detailed summary of stakeholder input and voices is provided in the primary data section. The personnel involved in the planning and overseeing of the Royal Oaks Hospital CHNA includes the following: Al Greimann (CEO of Royal Oaks Hospital and Executive VP for Compass Health Network), Jon Bair (Administrator & VP of Inpatient Services for Royal Oaks Hospital), Tim Swinfard (CEO of Compass Health Network), Peter Lyskowski (Chief Administrative Officer of Compass Health Network), Aadin Miller (CCBHC Expansion Grant Project Evaluator) and Delaney Adler (Evaluation Research Coordinator) in the Compass Health

Research Institute, Erica Jenkins (CQI Coordinator for Royal Oaks Hospital), Donni Kuck (Vice President of Western Regional Corporate Services for Compass Health Network), Tenea Lowman (Vice President of Clinical Services for Royal Oaks Hospital), Lauren Moyer (Executive Vice President of Clinical Innovation for Compass Health Network, Saundra Overton (Chief Nursing Officer for Compass Health Network), and Dr. Paul Thomlinson (Executive Director of Compass Health Research Institute).

Step 3: Collect, Compile, and Analyze Primary and Secondary Data

This step involves gathering and analyzing both primary data (collected directly by Royal Oaks Hospital and with consultation provided by the Missouri Hospital Association) and secondary data (existing or archival data from other sources).

The primary data includes qualitative and quantitative findings from patient and community perspectives. Royal Oaks Hospital implemented a multi-tiered, mixed-methods approach to gather input from diverse stakeholders and target populations across its service area through surveys (Microsoft Forms), structured interviews (Microsoft Teams), and focus groups (onsite in clinical locations). The primary data were collected across urban and rural regions from August 2024 through November 2025. Together, these data provide a comprehensive picture of (a) existing and emerging health and behavioral health needs, and (b) the assets and resources available to address them. The goal was to ensure the voices of patients, community members, behavioral health professionals, leaders of public agencies, and underrepresented populations. The Royal Oaks Needs Assessment also employed the use of Missouri Hospital Association to provide Hospital Industry Data Institute (HIDI) information from Royal Oaks Hospital admissions for the years 2022-2025. The rationale for the use of these primary data sources is that reliable sources allow community representatives, including public health professionals and underserved populations, to validate their viewpoints and provide an objective basis for prioritizing needs. Collecting, analyzing, and leveraging the most authoritative data available fosters trust and accountability by demonstrating recommendations are evidence-based. This approach supports the IRS objective of improving community health outcomes through informed decision-making.

The secondary data includes county by county metrics on health and sociodemographic information at the national, state, primary and secondary service levels for Royal Oaks Hospital from the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps. Additionally, the Missouri Hospital Association provided population data compiled by the US Census Bureau. The rationale for the use of these secondary data sources is that hospitals are required by the IRS to rely on credible data sources when conducting Community Health Needs Assessments (CHNAs). Using trustworthy data ensures compliance with regulatory standards and helps maintain audit integrity. Accurate information enables hospitals to design actionable strategies to reduce health disparities, allocate resources effectively, and track progress over time.

Step 4: Select Priority Needs and Community Health Issues

Using the data compiled and analyzed in Step 3, ROH identified and prioritized the most pressing community health needs relevant to ROH's mission and service lines. While quantitative data highlights the scope and severity of specific issues, qualitative input from stakeholders adds context and urgency, ensuring prioritization reflects both data-driven insights and community voices. The method of prioritization included informing Compass Health Network leadership of a list of identified community health needs from the data whereupon they rated the identified needs along two dimensions: importance (necessity of the organization addressing the concern) and likelihood of impact (i.e. likelihood the organization can substantially impact that need). Prioritization is based on high importance and high likelihood of impact for implementation planning.

Step 5: Document and Communicate the Needs Assessment

The final step involves documenting the findings in this needs assessment report, which informs ROH's strategic and implementation planning. This report serves as a foundation for aligning resources, programs, and initiatives with the identified priorities to improve community health outcomes. The CHNA will be disseminated on the Compass Health Network website.

Royal Oaks Hospital: Community Defined

As noted above, Royal Oaks Hospital is not limited to serving patients from Compass Health Network’s service area although the majority of patients come from the overlapping service area. ROH serves individuals throughout Missouri and even across state lines. However, for the purpose of designating a primary service area (PSA) and secondary service area (SSA), ROH and CHN service areas are identical. The CHNA steering committee determined and designated the boundaries of the PSA and SSA. More specifically, PSAs and SSAs were designated based on admissions to Royal Oaks in 2022, 2023, 2024, and 2025 through September.

Primary service area:

- 16.4% from the Central region
- 26.9% from the Southern region
- 50.2% from the Western region

Total: 93.6% for these three regions

Secondary service area:

- 2.4% from the Adapt Region
- 3.9% from the Eastern region
- 0.2% from the Jefferson region

Total: 6.4% for these three regions

Rationale for Not Assigning a Single “At-Risk” Number

In the development of this Community Health Needs Assessment (CHNA), Royal Oaks Hospital made a deliberate decision not to assign a singular, numeric estimate of “at-risk” children and adolescents within our service areas. This decision reflects both methodological integrity and a commitment to context-sensitive analysis of complex behavioral health needs across diverse regions and populations. Below are explanatory factors framing this decision:

1. Risk is Multi-Dimensional

Behavioral health risk in youth is rarely attributable to a single variable or diagnosis. Instead, it is shaped by a constellation of interacting factors, including:

- Mental health diagnoses (e.g., depression, suicidal ideation)
- Social determinants (e.g., housing instability, trauma exposure)
- Access barriers (e.g., lack of providers, transportation, cultural mistrust)

- Environmental context (e.g., rural isolation, fragmented urban systems)

Assigning a single number would have oversimplified these nuanced interactions and potentially misrepresented the actual scope and nature of risk.

2. Variability Across Regions Undermines Use of a Static Estimate

Royal Oaks serves a large, geographically and socioeconomically diverse area, encompassing both rural (Primary Service Area) and urban/suburban (Secondary Service Area) communities. As the CHNA data show:

- The presentation of risk varies widely; rural youth often face access and isolation, while urban youth experience system fragmentation and high-acuity comorbidities.
- Service gaps, population demographics, and community infrastructure differ substantially, making a uniform risk figure misleading or even arbitrary.

Instead, we provided region-specific analyses to illustrate how and where youth are most vulnerable.

3. Primary and Secondary Data Reveal Risk Patterns More Accurately

Rather than relying on a synthetic numeric estimate, this CHNA used a triangulation of data sources to demonstrate risk in a deeper and more actionable way:

- Quantitative trends from diagnostic and emergency department encounter data
- Qualitative insights from clients, families, providers, and statewide experts
- Community-level input through surveys, interviews, and focus groups with those most directly affected

This approach allowed for a comprehensive, layered understanding of youth behavioral health risk across systems and identities.

4. Lack of Standardized Definitions Across Data Systems

Existing data systems—including hospital records, community mental health centers, schools, and juvenile services—do not share a unified definition of “at risk” youth. Variability in coding practices, diagnostic criteria, and documentation standards introduces inconsistency in reported figures, further reducing the validity of a single estimate.

5. Ethical and Practical Concerns in Labeling Youth as "At Risk"

Assigning a static "at-risk" label to youth—especially in a public-facing report—can inadvertently stigmatize or pathologize individuals and communities. By opting for data-informed narratives instead of numeric risk tagging, we aimed to:

- Highlight system-level gaps, not individual shortcomings
- Focus on needs and solutions, rather than deficit-based classification

So, in sum, rather than offering a single quantitative estimate of "at-risk" youth, Royal Oaks Hospital has chosen to present risk and need through a multidimensional framework grounded in both data and community voice. This approach supports more equitable planning, avoids oversimplification, and provides actionable insights aligned with the hospital's mission to serve vulnerable children and adolescents with compassion and precision.

Primary Data (HIDI Data, Leadership and Community Interviews, Focus Groups, and Surveys)

The following section provides a diagnostic description of clients served by Royal Oaks Hospital with a discharge date between July 1, 2022 – June 30, 2025 using Hospital Industry Data Institute (HIDI). HIDI is the data division of the Missouri Hospital Association (MHA) and serves as a centralized repository for hospital discharge and emergency department data submitted by hospitals across Missouri. HIDI data include detailed, de-identified information on inpatient hospitalizations and emergency department encounters, such as patient demographics, diagnoses, procedures, payer types, and geographic indicators. These data allow for comprehensive analysis of health service utilization, disease prevalence, and health outcomes at the community level. Within this CHNA, HIDI data were used to identify patterns and trends in hospital and emergency department use, helping to assess the health status and healthcare needs of the population served. The data includes the primary and secondary service area outlined on page 9.

Royal Oaks Hospital, in collaboration with Compass Health Network, implemented a multi-tiered, mixed-methods approach to gather input from diverse stakeholders and target populations across its service areas. This approach included **surveys, structured interviews, and focus groups**, conducted across **urban and rural regions** from **August 2024 through November 2025**. The goal was to ensure the voices of **patients, community members, behavioral health professionals, leaders of public agencies, and underrepresented populations** were integrated into the 2025 Community Health Needs Assessment (CHNA). The interview template for leadership and community interviews can be found in Appendix A. The list of all individuals interviewed by their title and region is included in Appendix B. Included below is a summary of engagement methods and target populations.

Table 1: Summary of Engagement Methods by Type

Method	Population(s) Reached	When	Where
Leadership Survey	Compass Health executives, leaders (behavioral health experts)	2024	Online
Client Survey	Adults/youth in community MH system (low-income, medically underserved)	2025	Online, clinics, FB groups
SMI Survey	Clients with serious mental illness (low-literacy inclusive), lower socioeconomic status, medically underserved, chronically ill, racial and ethnic minorities,	2024-2025	Online, printed in wellbeing centers, private FB groups
Focus Groups	SMI clients from rural and urban wellbeing centers	2024	Raymore, Eldon, Rolla, Festus, St. Peters, & Adapt
Stakeholder Interviews	State leaders (DMH, MBHC, MHA, MPCA)	2024	Virtual and phone-based
Regional Leaders	Local health, school, law enforcement, housing leaders	2024	Across service regions

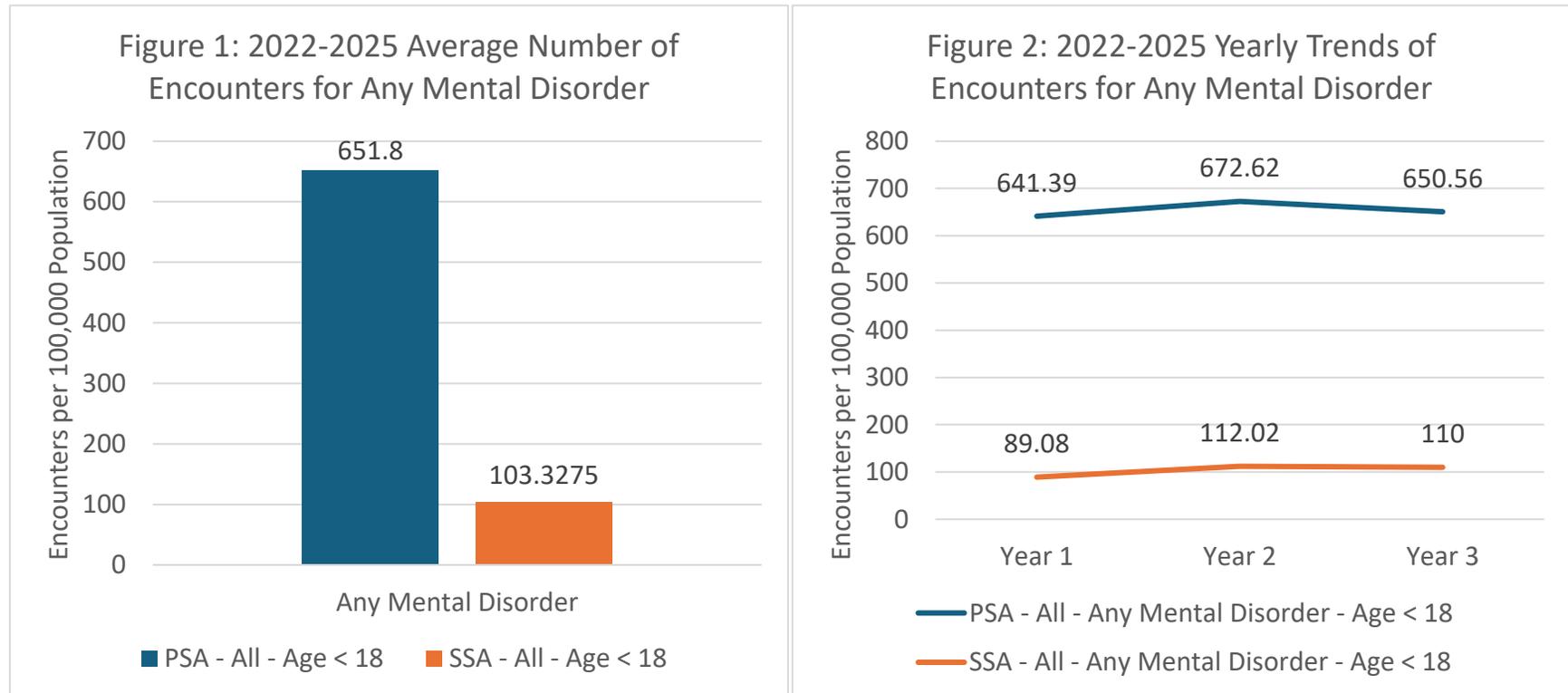
Populations Targeted (IRS-Compliant):

- **Lower socioeconomic status:** Focus groups, SMI surveys, client survey
- **Medically underserved:** Clients at FQHCs, SMI populations, rural areas
- **Chronically ill:** SMI clients, community-based input
- **Racial and ethnic minorities:** Urban stakeholder interviews and focus group themes
- **Youth and families:** School-focused stakeholders and Compass program data
- **Justice-involved clients:** Represented in SSA focus groups and regional leader feedback

Comparative Description of Compass Customers Served by Region

In this data set, “Any Mental Disorder” is defined by an individual having any of the following: anxiety disorders, bipolar disorders, depressive disorders, and schizophrenia disorders while “Any Mental Disorder in ED” is any of the previously mentioned disorder occurring in the emergency department. “Any Substance Use Disorder” is defined by an individual having any of the following: alcohol use disorders, drug use disorders, opioid use disorders, and tobacco use disorder. The following charts describe the relationship between the numerators and denominator. The numerator can be described as the number of encounters with Royal Oaks Hospital patients who live in the specified service area (either PSA or SSA). The denominator is defined as the total population of the service area during the years 2019-2023 under the age of 18. The other term necessary for understanding the charts is rate. The rate for these charts is ROH patients per 100,000 population. The charts below also use the terms of mental disorders and substance use disorders. For a full understanding of what diagnoses meet those qualifications, the full list can be found here <https://www2.ccwdata.org/web/guest/condition-categories-other>. To be counted as a patient with a mental or substance use disorder, the ICD-10 diagnosis code must be on any position in the claim.

2022-2025 Average and Yearly Trends for Behavioral Health Conditions

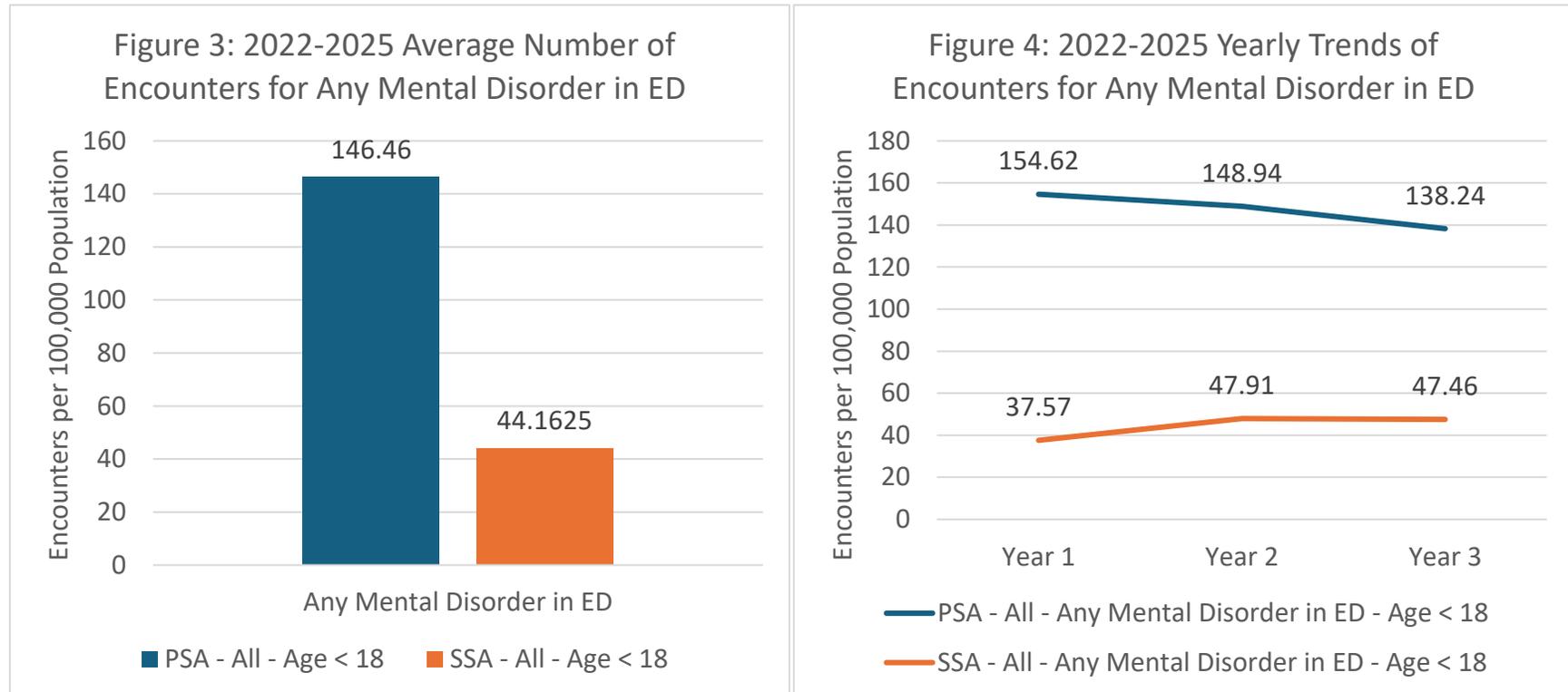


Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Mental Health Diagnoses (All Types)

- PSA youth had an average encounter rate of 651.8 per 100,000 population, compared to only 103.3 in the SSA.
- This equates to a 6.3x higher encounter rate in the PSA than SSA.
- Trend analysis shows:
 - Increase in encounters from Year 1 to Year 2.
 - Slight decrease in Year 3 but still ending higher than Year 1.

Implication: This suggests persistent and increasing psychiatric needs among youth in the PSA, particularly in rural or underserved areas where access to alternative services may be limited.



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Emergency Department (ED) Mental Health Encounters

Youth with mental disorders presenting to EDs in the PSA averaged 146.5 per 100,000, compared to 44.2 in the SSA. Trends in Figures 3 and 4 show:

- PSA: Declining ED visits year-over-year.
- SSA: ED visits increased from Year 1 to 2, followed by slight decline.

Implication: There may be improved access or use of non-ED psychiatric services in the PSA or improved triage efforts. The SSA's rise may reflect growing unmet need or limited inpatient beds in closer facilities.

CHNA Relevance and Implementation Plan Implications

- **High Demand for Youth Psychiatric Services in PSA:**
The consistently high encounter rates confirm the critical role Royal Oaks plays in providing mental health support for youth, particularly in rural counties of the Western, Central, and Southern Missouri regions.
- **Access Disparity Across Regions:**
The vast difference in encounter rates points to regional disparities in behavioral health access, especially among youth in SSA counties. This calls for community outreach, school-based interventions, and possibly satellite or telepsychiatry services to reduce inequity.
- **ED Utilization Trends Suggestive of System Stress Points:**
Although overall ED encounters in the PSA are decreasing, the still-high rates suggest continued reliance on acute crisis care, emphasizing the need for early intervention programs and expanded step-down or partial hospitalization services.
- **Need for Cross-System Coordination:**
The overlapping trends call for closer coordination between EDs, schools, primary care, and behavioral health providers to divert youth from crisis encounters toward preventive and community-based care models.

Implications for Royal Oaks Strategic Planning:

- Expand school and community partnerships to identify and treat mental health issues early.
- Invest in mobile or telepsychiatry outreach to serve remote counties.
- Develop aftercare and transition services for youth discharged from inpatient care.
- Address rural health disparities in the PSA by aligning with FQHCs and local health departments.
- Continue monitoring ED trends to adjust crisis response protocols and support alternative pathways.

Figure 5: 2022-2025 Average Number of Encounters for Bipolar Disorders

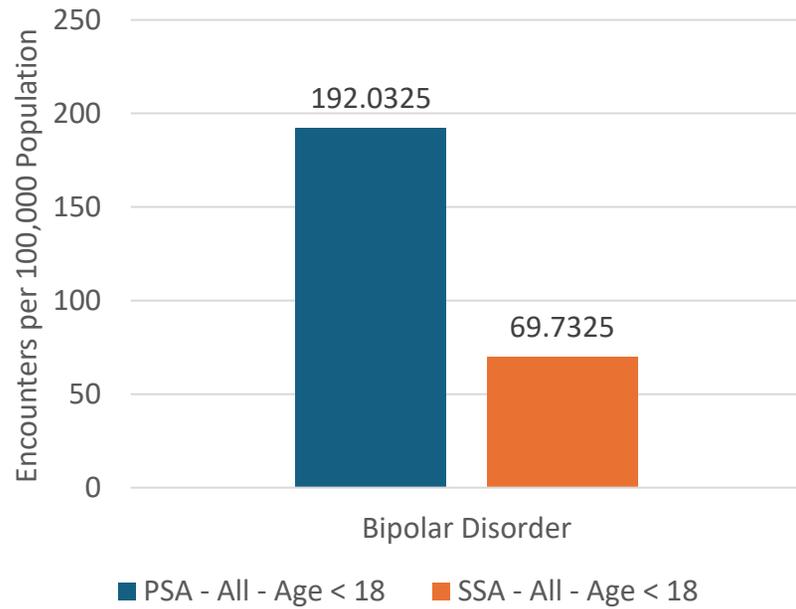
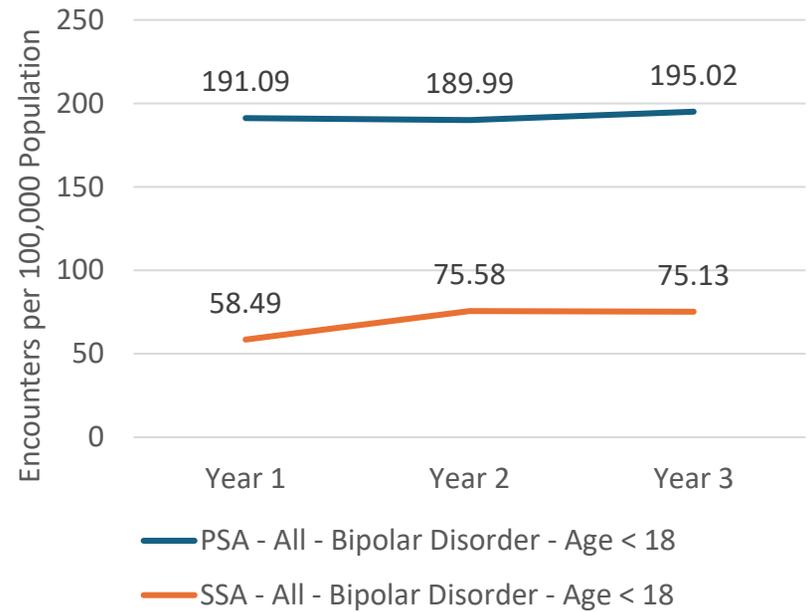
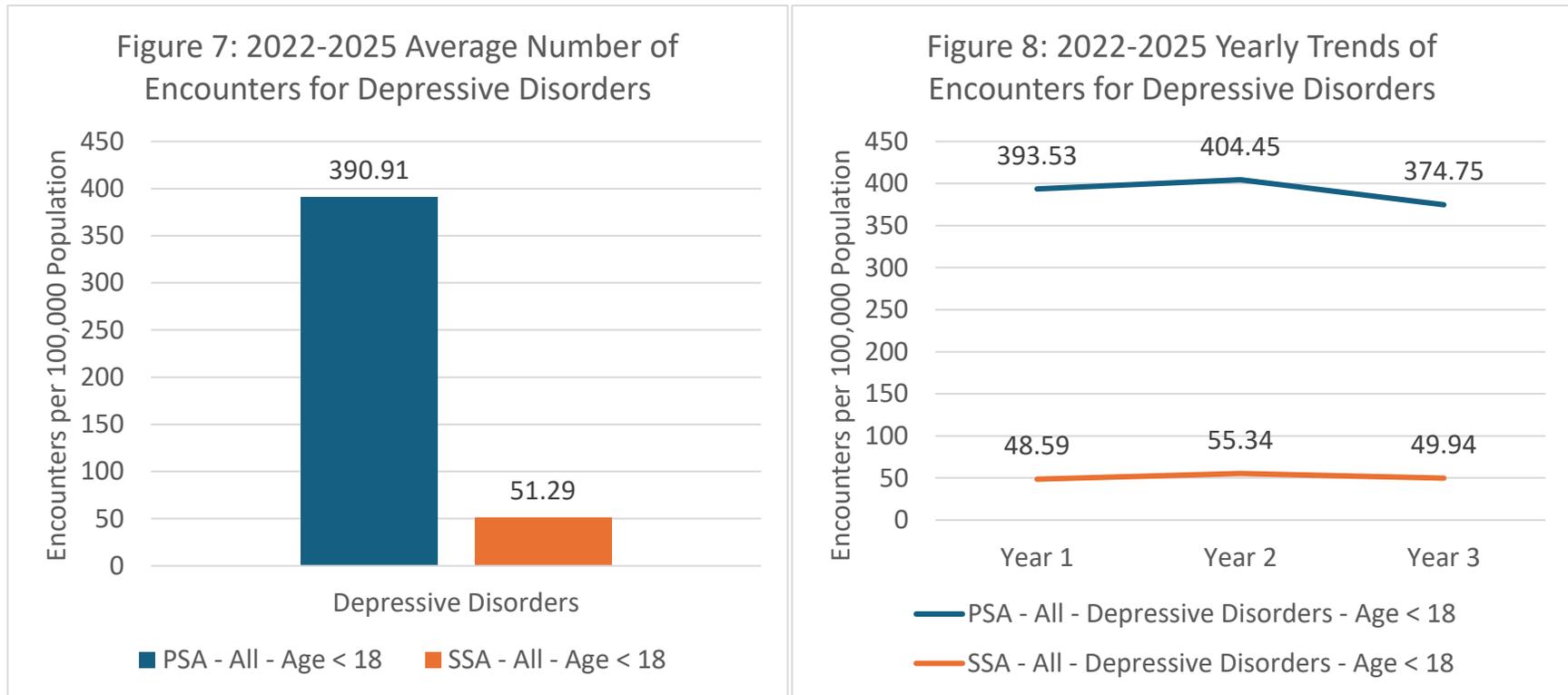


Figure 6: 2022-2025 Yearly Trends of Encounters for Bipolar Disorders

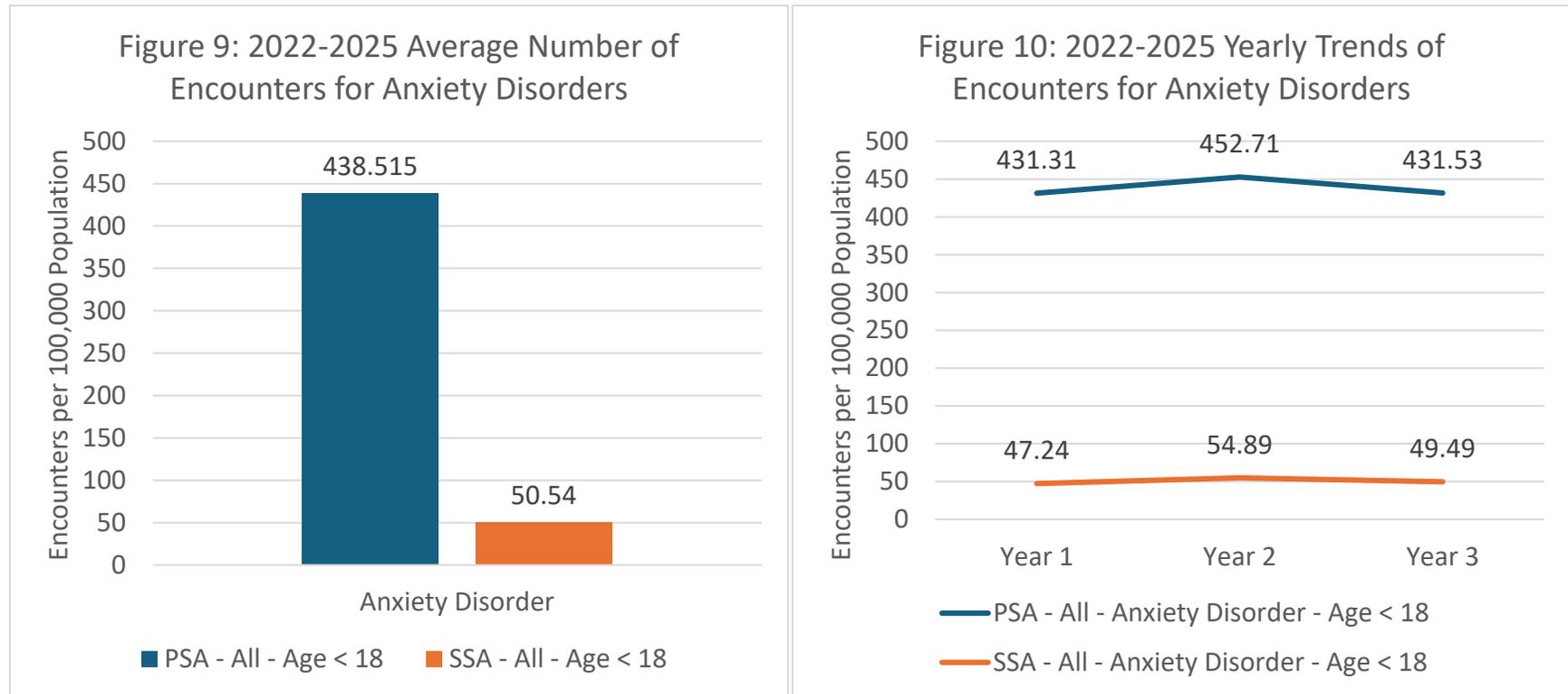


Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figures 5-8 above show the difference between the PSA and the SSA for the encounters with individuals experiencing Bipolar and Depressive Disorders. A possible explanation for the large differences between PSA and SSA is that more places can provide treatment in the SSA for youth experiencing depressive disorders, thus requiring less travel to Royal Oaks Hospital. The trend chart on the right shows that while the PSA saw a substantial decrease in total encounters from Year 2 to Year 3, the SSA was steady with only small increases or decreases over the period.



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

As shown in Figures 9 and 10, there is a large difference between the average number of encounters of the PSA and the SSA. The much smaller average number of encounters from individuals from the SSA might indicate a smaller need for youth to travel to be seen for anxiety disorders. The chart on the right shows the trends over years 2022-2025. Both service areas follow the same pattern of an increase from Year 1 to Year 2 followed by a decrease in Year 3. However, the initial increase for the PSA was 5% while the increase in the SSA over the same time was 16%.

Figure 11: 2022-2025 Average Number of Encounters for Schizophrenia Disorders

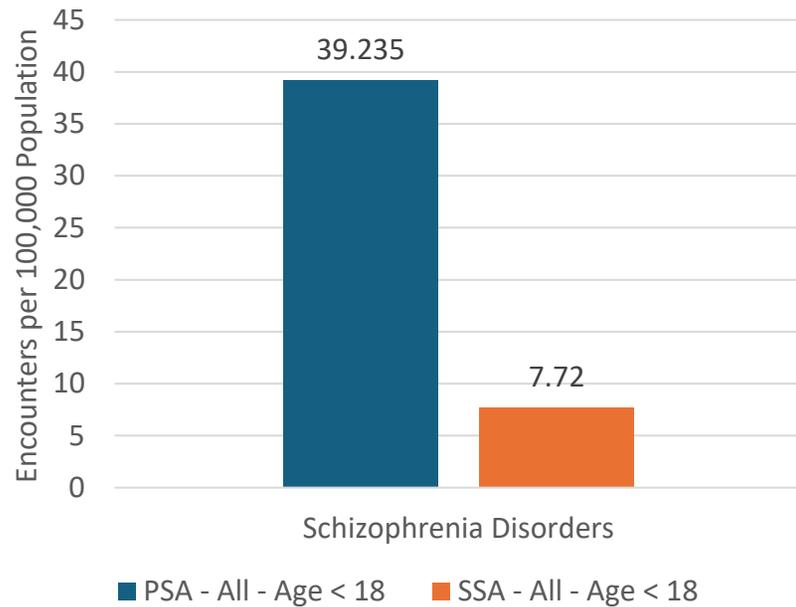
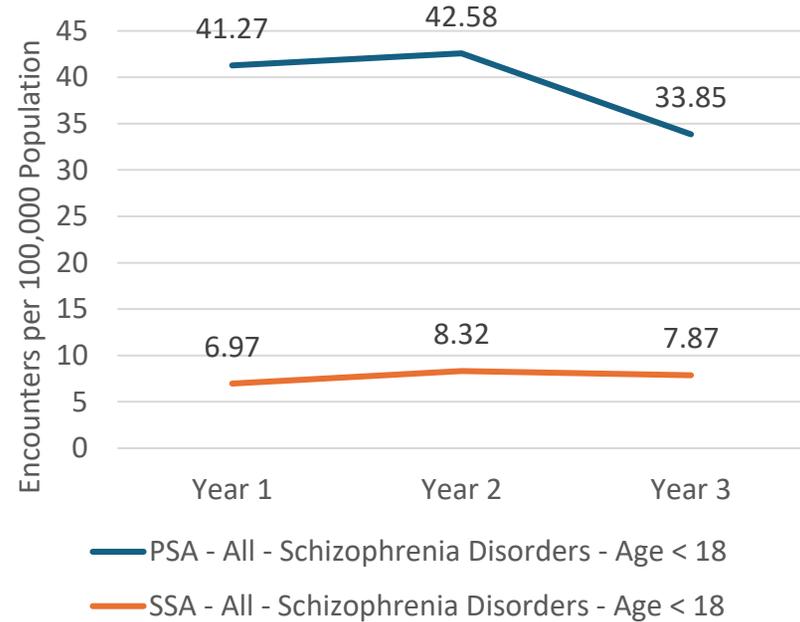


Figure 12: 2022-2025 Yearly Trends of Encounters for Schizophrenia Disorders



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figures 11 and 12 show the average number of encounters during this time is lower than any other Mental Disorder measured. The chart on the right shows the trends for the total number of encounters with individuals who have schizophrenia disorders. The SSA trends are overall very stable. The trend for PSA was a very slight increase from Year 1 to Year 2 followed by a very large (20.5%) decrease from Year 2 to Year 3.

Figure 13: 2022-2025 Average Number of Encounters for Suicide Attempt or Ideation

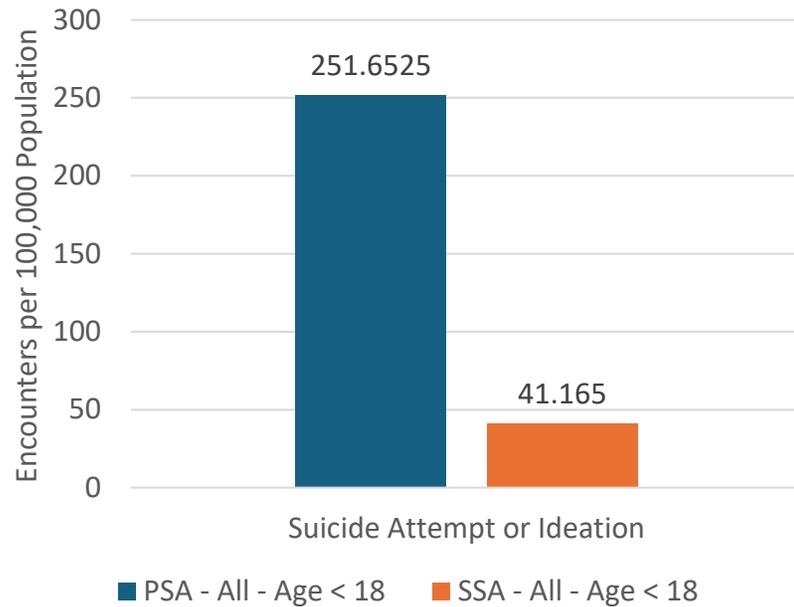
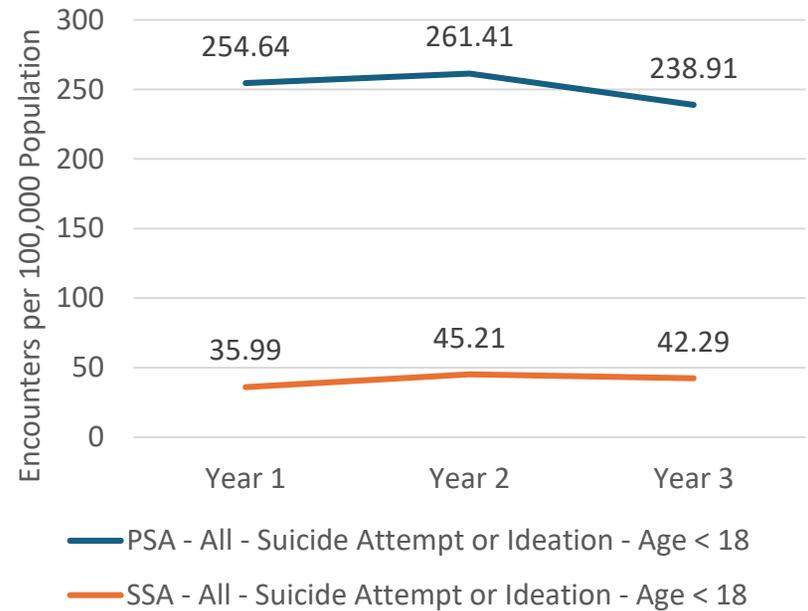


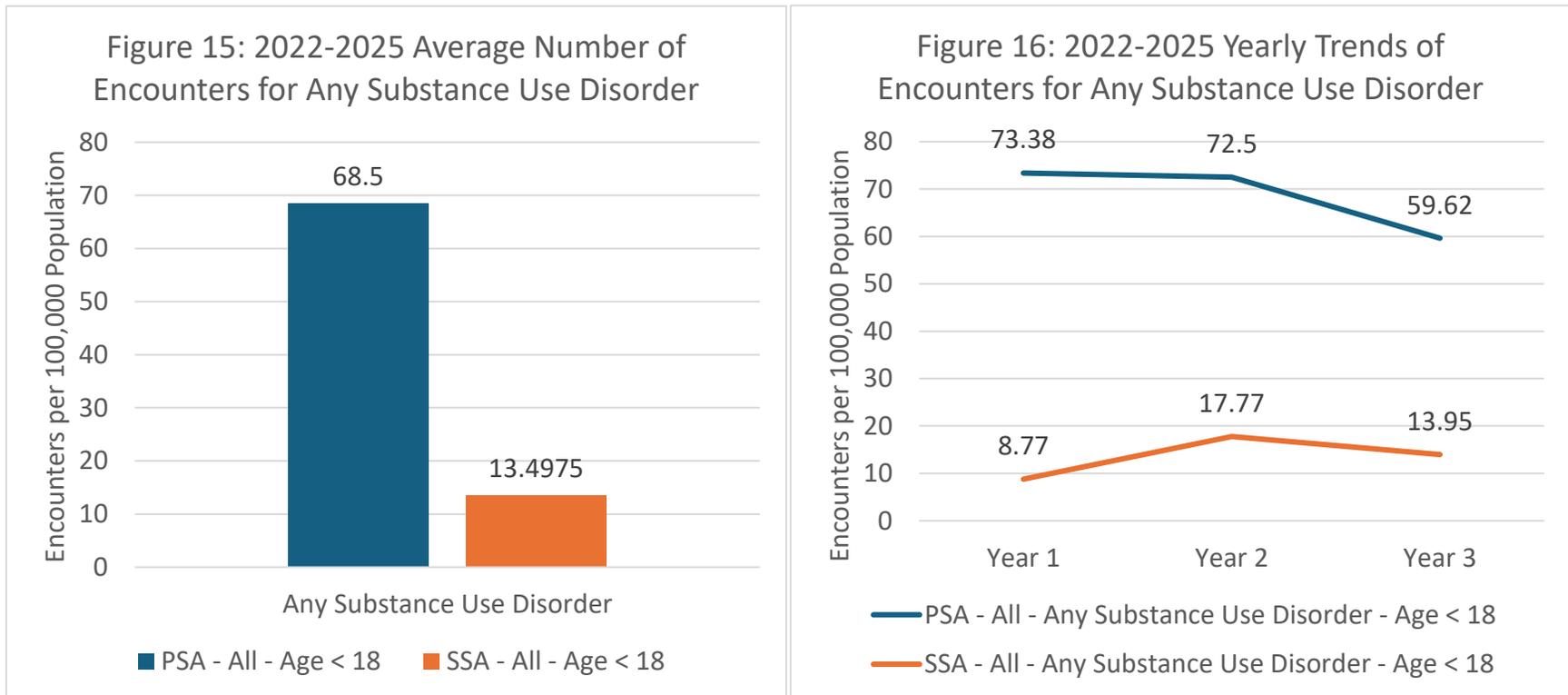
Figure 14: 2022-2025 Yearly Trends of Encounters for Suicide Attempt or Ideation



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

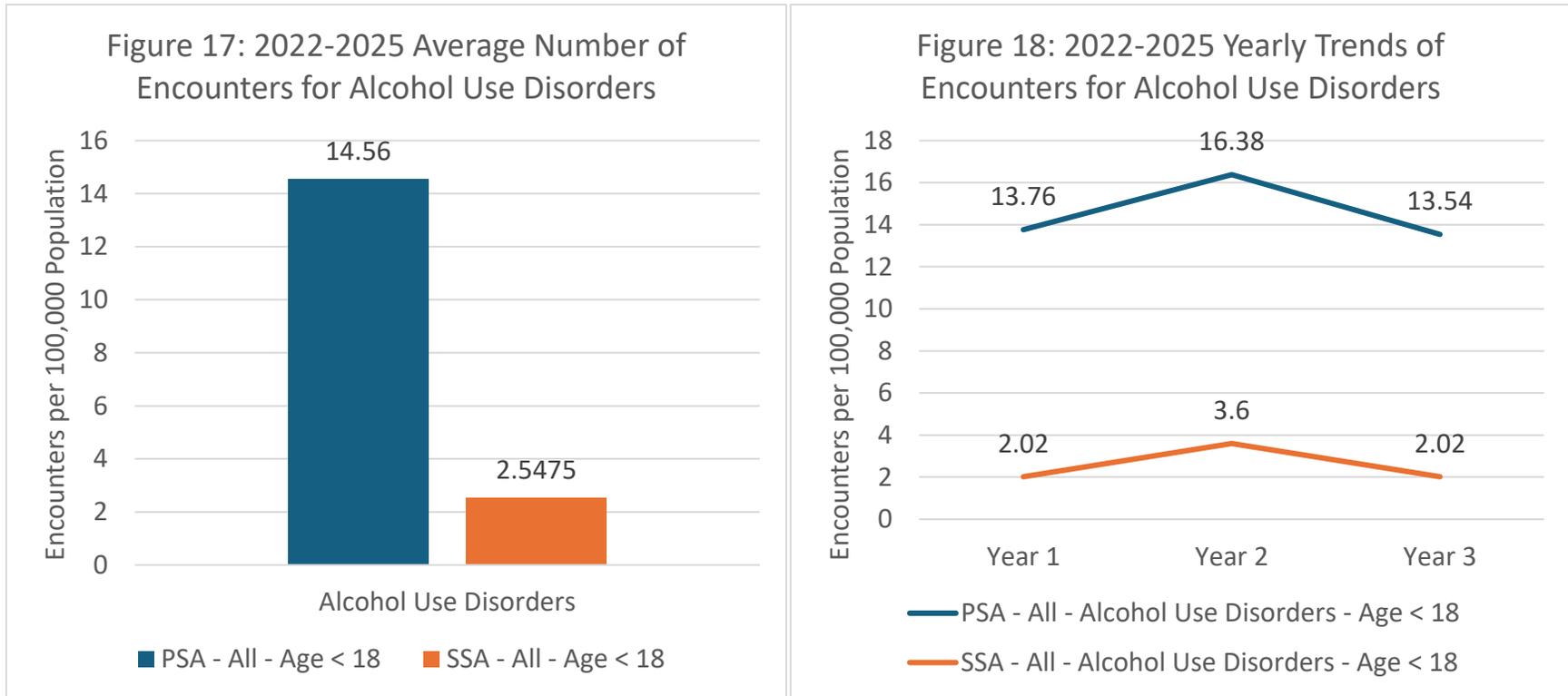
Figures 13 and 14 detail the encounters with patients who experienced Suicide Attempts or Suicidal Ideation defined as having one of the qualifying ICD-10 diagnosis code sets at any position on the claim: Suicide attempt or Suicide ideation. The difference between PSA and SSA average encounters with patients experiencing suicide attempts or suicidal ideation is consistent with other mental disorders. The trends are also very stable with not much change over the years of 2022-2025.

2022-2025 Average and Yearly Trends for Substance Use Disorders



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figure 16 shows the encounters trends from Year 1 to Year 2 nearly doubled for the SSA before decreasing in Year 3. However, the Year 3 encounter total remains 59% higher than Year 1.



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figure 17 shows the trends from Year 1 to Year 3. Both the PSA and the SSA have the same trend of an increase of alcohol use disorder encounters from Year 1 to Year 2 followed by a decrease in Year 3.

Figure 19: 2022-2025 Average Number of Encounters for Drug Use Disorders

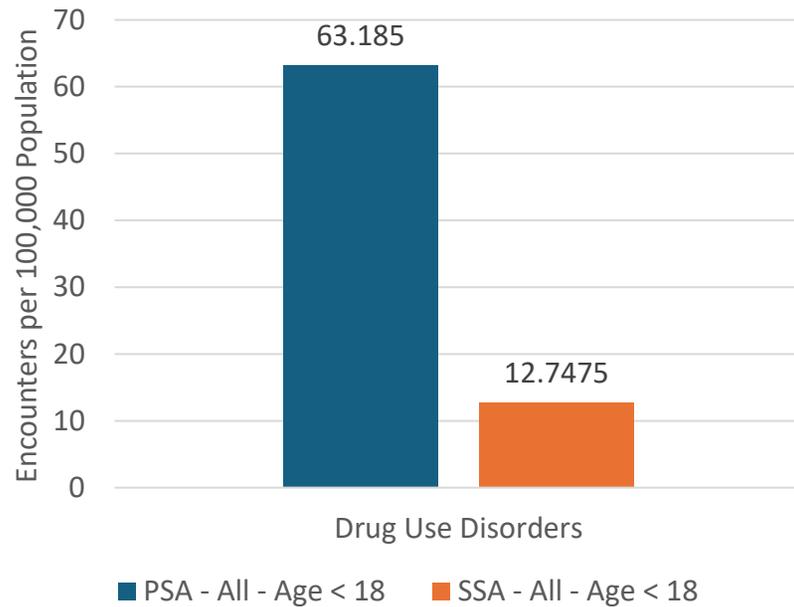
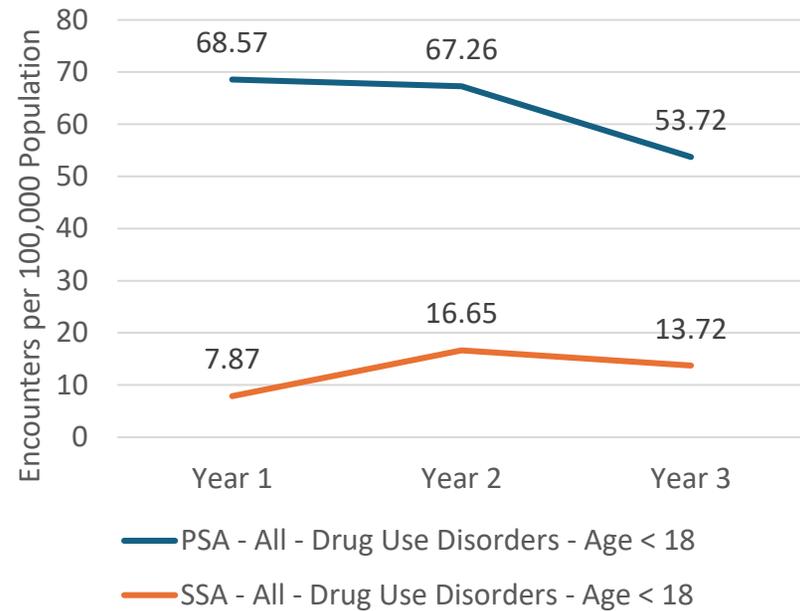
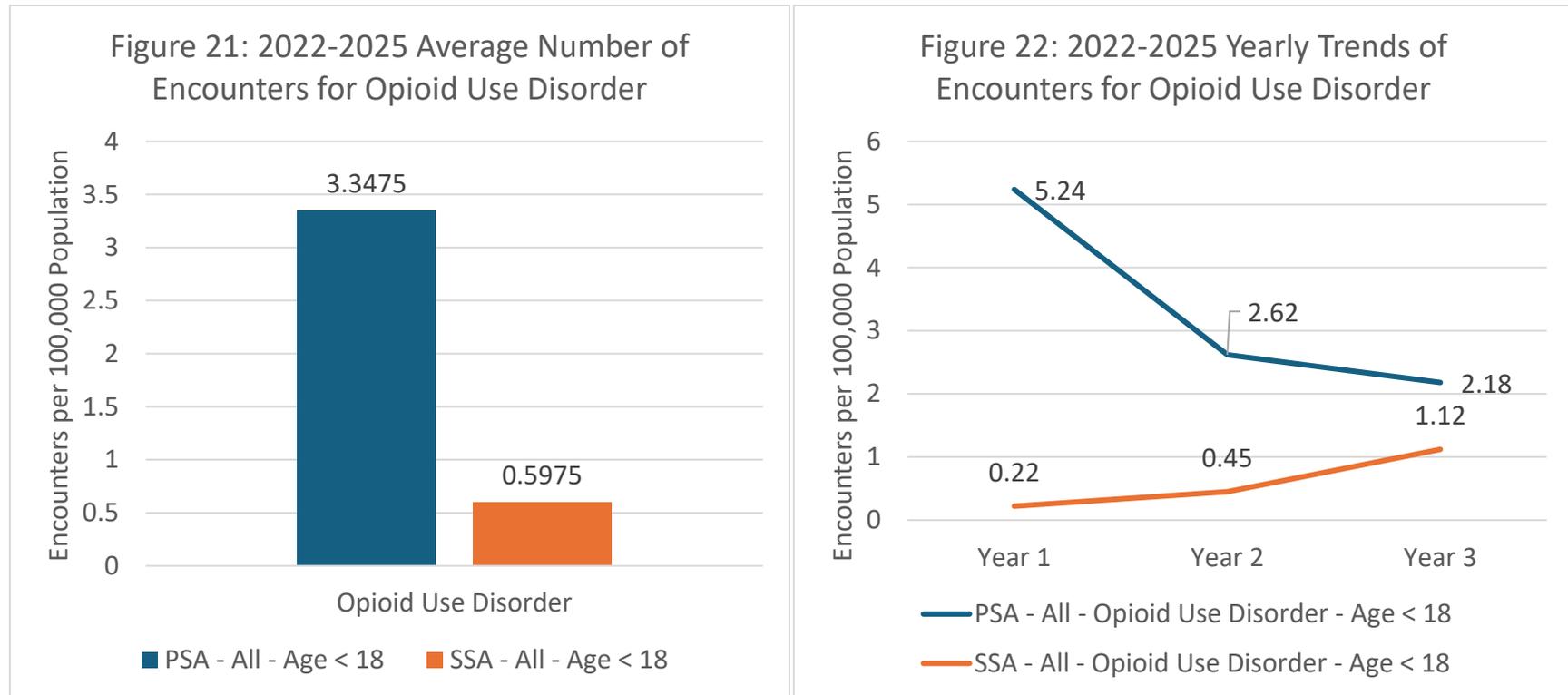


Figure 20: 2022-2025 Yearly Trends of Encounters for Drug Use Disorders



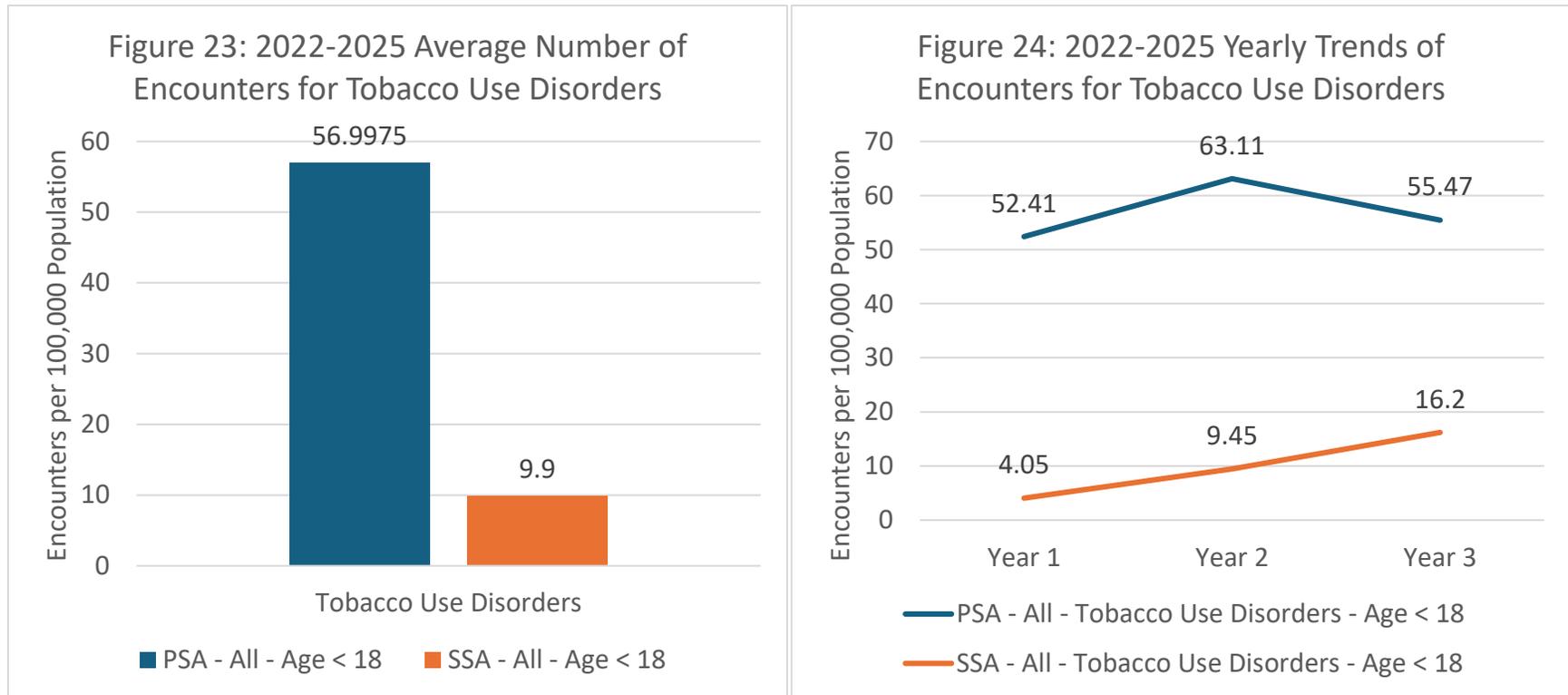
Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figures 19 and 20 above contain data for encounters with ROH patients who used a drug during the years of 2022-2025. Figure 20 shows that from Year 1 to Year 2 the SSA drug use encounters more than doubled while the PSA declined. From Year 1 to Year 3 the PSA drug use encounters declined by 21.6% while the encounters rose in the SSA by 74.3%.



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figures 21 and 22 contain data for encounters with ROH patients who used opioids during the years of 2022-2025. The chart on the right shows the trends for total encounters in the PSA compared to the SSA. The SSA saw an increase of encounters each year while the opposite was true for the PSA. In fact, the PSA saw a decline of 58% from Year 1 to Year 3 while the SSA experienced an increase of 409% during the same time.



Hospital Industry Data Institute. (2025). *Missouri Hospital Association*. <https://hidiadvantage.net/>. Retrieved: November 14, 2025.

Figures 23 and 24 contain data for encounters with ROH patients who used tobacco during the years of 2022-2025. The trend data on the right shows a dramatic increase in tobacco use each year for the SSA. The increase from Year 1 to Year 2 was 133% and the increase from Year 2 to Year 3 was 71%. The total increase for SSA tobacco use disorder encounters was 300%.

This section provides a summary of key data points from each of the data visualizations in Figures 1 through 24 above, focusing on specific behavioral health diagnoses in the PSA and SSA of Royal Oaks Hospital, along with interpretive summaries with potential relevance to this CHNA.

Bipolar Disorder

Key Data Points:

- PSA average encounter rate: 192.03 per 100,000
- SSA average encounter rate: 69.73 per 100,000
- 2.7x more common in PSA
- Trend: PSA remains steady; SSA shows a significant increase from Year 1 to Year 2.

Interpretative summary with implications for ROH CHNA:

Bipolar disorder encounters are significantly higher in the PSA, indicating either greater clinical need, better diagnosis, or limited local services leading to referrals to Royal Oaks. The SSA trend increase suggests rising recognition or unmet need. This supports the development of early intervention programs, and training for school personnel and PCPs in both areas to facilitate timely diagnosis and management.

Depressive Disorders

Key Data Points:

- PSA average: 390.91 per 100,000
- SSA average: 51.29 per 100,000
- 7.6x higher rate in PSA
- Trend: PSA saw a decline in Year 3; SSA stayed stable.

Interpretative summary with implications for ROH CHNA:

The extremely high rate in PSA highlights a major mental health burden in the region. The modest SSA levels may reflect limited access to care or underdiagnosis, not necessarily lower need. These trends highlight the need for expanded screening efforts in SSA and maintaining inpatient and crisis services in PSA. Integrated depression care in pediatric settings and post-discharge follow-up are crucial.

Anxiety Disorders

Key Data Points:

- PSA average: 438.52 per 100,000
- SSA average: 50.54 per 100,000
- 8.7x higher in PSA
- Trends: Both areas show increase Year 1 → Year 2, then decline Year 3.

Interpretative summary with implications for ROH CHNA:

Anxiety disorders represent the most frequently encountered condition at Royal Oaks. The sharp disparity implies a severe burden and possible gaps in outpatient management in the PSA. Strategies should include school-based cognitive-behavioral therapy (CBT) programs, telehealth triage, and parent education to reduce the need for inpatient care. SSA may benefit from expanded community-based supports to address rising trends.

Schizophrenia and Psychotic Disorders

Key Data Points:

- PSA average: 39.24 per 100,000
- SSA average: 7.72 per 100,000
- 5x higher in PSA
- Trend: PSA stable early, but sharp 20.5% drop in Year 3; SSA stable.

Interpretative summary with implications for ROH CHNA:

While schizophrenia diagnoses are less common overall, the consistent PSA demand underscores the importance of specialized inpatient services for complex psychiatric cases. The drop in Year 3 may reflect diversion to outpatient stabilization services or capacity constraints. CHNA recommendations should include longer-term youth psychiatric case management, first-episode psychosis interventions, and family-focused psychoeducation.

Suicidal Ideation / Suicide Attempts

Key Data Points:

- PSA average: 251.65 per 100,000
- SSA average: 41.17 per 100,000
- 6.1x higher in PSA
- Trend: Stable for both regions over 3 years.

Interpretative summary with implications for ROH CHNA:

Suicide-related encounters remain alarmingly high and consistent, particularly in the PSA. This strongly suggests the need for immediate prioritization in the hospital's strategic response in this regard. Recommendations may include:

- Use of existing youth behavioral health urgent care services in the PSA and surrounding areas
- School suicide prevention programming
- Post-attempt care coordination
- Zero Suicide framework adoption

SSA trends, while lower, suggest a need to monitor emerging risk, especially amid rising mental health challenges post-pandemic.

Substance Use Disorders (All Types)

Key Data Points:

- PSA average: 68.5 per 100,000
- SSA average: 13.5 per 100,000
- 5.1x higher in PSA
- Trend: PSA stable/slight decline; SSA nearly doubled from Year 1 to 2.

Interpretative summary with implications for ROH CHNA:

Youth substance use is an escalating concern, especially in the SSA where trends are climbing. PSA's sustained rates call for continued access to dual-diagnosis inpatient programs. CHNA planning should prioritize:

- Prevention education
- Family therapy integration
- Substance use screening in schools and primary care
- Co-occurring disorder treatment expansion

Alcohol Use Disorders

Key Data Points:

- PSA average: 14.56 per 100,000
- SSA average: 2.55 per 100,000
- Trend: Both increased from Year 1 to 2, then decreased Year 3.

Interpretative summary with implications for ROH CHNA:

Alcohol use among adolescents is often underreported but remains a persistent issue. Despite a decline in Year 3, the earlier increase signals risky behavior patterns. Interventions should include youth harm reduction education, family engagement models, and integration of alcohol screening tools in primary care and school settings.

Drug Use Disorders (Non-Alcohol)

Key Data Points:

- PSA average: 63.2 per 100,000
- SSA average: 12.75 per 100,000
- Trend: PSA steady decline; SSA rose by 74.3% from Year 1 to Year 3.

Interpretative summary with implications for ROH CHNA:

The SSA's sharp rise is a red flag for emerging drug use epidemics among youth in previously lower-burden areas. Rapid response may be warranted through:

- Youth-targeted substance use prevention
- Partnerships with juvenile justice and schools
- Medication-assisted treatment (MAT) readiness for older adolescents

Opioid Use Disorders

Key Data Points:

- PSA average: 3.35 per 100,000
- SSA average: 0.6 per 100,000
- Trend: PSA declined 58%; SSA increased 409%.

Interpretative summary with implications for ROH CHNA:

While rare, the growth in SSA opioid-related diagnoses is deeply concerning and consistent with national trends of rising youth opioid exposure. Efforts responsive to these CHNA findings could include:

- Naloxone availability in schools
- Education on fentanyl and counterfeit pills
- Monitoring youth prescription drug misuse

Tobacco Use Disorders

Key Data Points:

- PSA average: 57.0 per 100,000
- SSA average: 9.9 per 100,000
- SSA increased 300% from Year 1 to Year 3.

Interpretative summary with implications for ROH CHNA:

The steady and steep increase in tobacco use disorders in SSA reflects rising nicotine dependence among youth, likely from vaping products. Hospital and community strategies should likely involve:

- Vape cessation support groups
- School-based prevention campaigns
- Inclusion of tobacco screening in all intake processes

Table 2: Summary Table Across Data Trends Identified Above

Diagnosis	PSA > SSA	Trend in SSA	Implementation Planning/ Strategic Need
Bipolar Disorder	2.7x	Rising	Early ID, care coordination
Depressive Disorders	7.6x	Stable	Screening, follow-up
Anxiety Disorders	8.7x	Peaked in Year 2	School CBT, telehealth
Schizophrenia	5x	Stable	First-episode interventions

Suicide Attempts/Ideation	6.1x	Stable	Crisis response, prevention
Substance Use (Any)	5.1x	Sharp rise Year 2	Integrated treatment models
Alcohol Use Disorders	5.7x	Peaked Year 2	Youth harm reduction
Drug Use Disorders	5x	Rose 74.3% in 3 yrs	School/Juvenile justice partnerships
Opioid Use Disorders	5.6x	Rose 409% in 3 yrs	Fentanyl education, naloxone
Tobacco Use Disorders	5.8x	Rose 300% in 3 yrs	Vaping cessation campaigns

These findings underscore the critical importance of regionalized behavioral health planning that targets the unique diagnostic trends in the PSA and SSA areas. They also support expanding Royal Oak Hospital’s preventive, early intervention, and inpatient stabilization capacities, particularly for youth facing mood disorders, suicidality, and substance use challenges.

Top Five Data-Based Trends Informing CHNA & Implementation Planning

1. Persistent and High Volume of Psychiatric Diagnoses in Primary Service Area (PSA)

Across all major psychiatric categories—depressive disorders (390.9 per 100k), anxiety (438.5), bipolar (192.0), and suicidal ideation/attempt (251.6)—encounters are 5x to 8.7x higher in the PSA compared to the Secondary Service Area (SSA). This indicates a sustained and urgent need for inpatient psychiatric services in the PSA, likely driven by a combination of limited outpatient access, social determinants (e.g., rurality, poverty), and lack of early intervention options.

Implications for planning:

- Maintain or expand inpatient capacity in PSA.
- Develop upstream interventions like school-based therapy and trauma-informed outpatient care.
- Improve access to community mental health navigation for at-risk youth.

2. Rising Mental Health Needs in the Secondary Service Area (SSA)

SSA rates, while still much lower than PSA, are showing a year-over-year increase in ED-related mental health diagnoses, bipolar disorder, and substance use (especially opioids and tobacco). For example:

- Opioid encounters rose 409% from Year 1 to 3 in SSA.
- Tobacco-related diagnoses rose 300% over the same period.
- SSA drug use disorder encounters increased 74.3%.

Previously lower-need counties in SSA are showing alarming increases in behavioral health crisis indicators, suggesting emerging hotspots of risk that are underserved and under-monitored.

Implications for planning:

- Prioritize SSA counties for outreach, early screening, and mobile mental health units.
- Deploy telepsychiatry and school-partnerships in rising-risk SSA communities.
- Coordinate with regional EDs and primary care clinics to divert non-emergency psychiatric crises.

3. Emergency Department (ED) Use Reflects System Strain and Gaps

Encounters for mental health crises presenting in EDs average:

- 146.5 per 100k in PSA
- 44.2 per 100k in SSA

Trends in PSA are declining, while SSA is increasing, which is a concerning reversal. ED use is a key indicator of system overload or lack of “upstream” access. It also may highlight the reactive nature of care delivery in many SSA counties.

Implications for planning:

- Explore partnerships with EDs to implement mental health diversion pathways.
- Integrate crisis stabilization units or youth mobile crisis teams, especially in SSA.
- Expand education on when and how families can access non-ED support.

4. Substance Use Disorders Emerging as a Rising Threat in Youth

What the data shows: PSA shows stable but concerning rates in drug, alcohol, and tobacco use.

SSA shows steep increases, especially in:

- Opioids: +409%
- Tobacco: +300%
- Drugs (non-alcohol): +74.3%

Substance use in youth is a leading indicator of future psychiatric crisis, suicide risk, and long-term health burden. The rise in SSA suggests a quiet escalation of risk in underserved regions.

Implications for planning:

- Incorporate early substance use screening and education in school and pediatric partnerships.
- Offer co-occurring disorder treatment pathways.
- Develop community-based harm reduction initiatives, especially targeting vaping and opioid exposure.

5. Disparity in Access and Utilization Between PSA and SSA

Across nearly all mental health diagnoses, PSA encounter rates are 5x to 8x higher than SSA. While this may partly reflect population differences, it could also be masking underutilization or access gaps in SSA rather than lower need. SSA youth may be missing care altogether or facing barriers to accessing Royal Oaks, including transportation, awareness, and availability of local mental health providers.

Implications for planning:

- Increase outreach and education to SSA pediatricians, schools, and juvenile justice agencies.

- Explore transportation partnerships or satellite clinics.
- Build SSA-specific referral pipelines and early identification networks.

Possible Sequenced Recommendations for Implementation Plan

Short-Term (0–12 months):

- Sustain high-capacity psychiatric services in PSA.
- Expand telehealth and virtual consultation models/services in SSA counties.
- Launch data-sharing partnerships with EDs and schools to monitor trends suggested here.

Medium-Term (1–2 years):

- Evaluate capacity to provide more behavioral health crisis services in geographic areas indicated here.
- Develop adolescent-specific substance use prevention curricula in SSA schools.
- Evaluate capacity and potentially embed more mental health clinicians in SSA primary care settings in collaboration with Compass.

Long-Term (2–3 years):

- Evaluate feasibility of additional outpatient or other need relevant programming in SSA hotspots.
- Assess and further develop regional behavioral health workforce development strategies.
- Build more cross-county coalitions to reduce suicide, overdoses, and psychiatric ED visits along geographic and population lines that make sense.

This synthesis highlights the intersection of clinical need, geographic disparity, and evolving trends in youth behavioral health. Although it is not chartered to provide all of the contemplated services necessary to address the needs identified in these data, Royal Oaks Hospital can, does, and should play a pivotal role in responding to these needs with evidence-based, geographically tailored strategies.

Needs Identified by Compass Health Leadership

This section of the report presents an analysis of leadership interviews with 52 Compass Health Network leaders (Compass is the Community Behavioral Health Organization serving all of ROH's service areas), focusing on regional differences between Primary and Secondary Service Areas. Compass Health staff members, primarily Executives, Senior Managers, and Directors, were asked in October and November 2024 to complete a structured hour-long interview via Microsoft Teams. Findings highlight systemic gaps and include data-based recommendations for ROH, an inpatient psychiatric hospital operating within the region. The target populations discussed include clients with serious mental illness (SMI), youth and families, rural and urban communities, and low-income populations. Initially 58 leaders were identified and 53 were available for interview for a response rate of 91.4%.

Primary Service Area (Western, Central, Southern)

Combined Findings

- Severe workforce shortages, especially in rural areas.
- Transportation barriers limiting client appointment access.
- Delays in psychiatric evaluations and higher-acuity placements.
- Lack of youth, co-occurring, and trauma treatment services.
- Limited local crisis stabilization or inpatient psychiatric units.
- Broadband and tech literacy issues limiting telehealth uptake.
- High ER usage due to lack of crisis alternatives.

Thematic Insights

- Access Crisis in Rural Communities.
- Overburdened Staff in multi-role capacities.
- Need for Localized Stabilization.
- Emerging Substance Use Trends (meth, polysubstance).

Secondary Service Area (Eastern, Jefferson, ADAPT)

Combined Findings

- Prevalence of complex dual-diagnosis and trauma cases.
- Crisis system gaps leading to overuse of ER and jail.
- Calls for racially diverse, culturally competent providers.
- Bottlenecks in inpatient and residential treatment access.
- Coordination issues across behavioral health, housing, and law enforcement.
- High-volume workloads and frequent staff turnover.

Thematic Insights

- Systemic Complexity and Fragmentation.
- Population-Specific Barriers (race, LGBTQ+, justice-involved).
- Crisis Bottlenecks and Inadequate Alternatives.
- Dual-Diagnosis Stabilization Needs.

Table 3: Comparative Summary Table

Dimension	Primary Service Area	Secondary Service Area
Workforce Challenges	Rural recruitment issues; multi-role burnout	Urban burnout; high turnover
Access to Services	Long waits, limited locations	Waitlists + system fragmentation
Crisis System Gaps	No local stabilization units	ER/police overuse; few alternatives
Cultural Competency	Not frequently mentioned	Strong equity-oriented care demands
Telehealth	Broadband limits; tech literacy issues	Better access but inconsistent continuity
Substance Use Needs	Meth + alcohol; limited beds	High dual-diagnosis + trauma overlap
Client Complexity	Youth/family, often uninsured	More comorbidities; justice-involved clients

Data-Based Recommendations for ROH (Inpatient Psychiatric Hospital)

Strengthen Rural Referral Partnerships

- Designate priority admission slots for rural clients.
- Develop a direct referral line for Compass clinicians.
- Coordinate transport assistance for rural admissions.

Create a Dual-Diagnosis Stabilization Track

- Offer detox + psychiatric stabilization for co-occurring disorders.
- Integrate MAT and peer support into inpatient programming.

Implement Trauma-Informed, Culturally Competent Care

- Train staff in trauma-informed practices.
- Develop gender-sensitive, culturally aligned care units.

Serve as a Regional Crisis Stabilization Anchor

- Partner with mobile teams to accept diverted crisis admissions.
- Explore 23-hour hold or observation unit models.

Enhance Discharge Coordination with Outpatient Teams

- Ensure 7-day follow-ups with Compass or other outpatient providers.
- Digitally share discharge plans and medication updates.

Share Data and Trends with Regional Partners

- Provide Compass with quarterly utilization reports.
- Participate in regional quality improvement collaborations.

Conclusion

Compass Health leadership identified serious structural barriers across both rural and urban regions. ROH is uniquely positioned to support the continuum by improving inpatient access, enhancing integration, and expanding culturally relevant stabilization care. Strategic alignment with community partners is essential to creating a responsive and effective behavioral health ecosystem.

Needs Identified by Clients

Needs were identified by clients through three means throughout the Royal Oaks Hospital CHNA process. A Microsoft Forms survey open from September through November 2025 asked questions directly related to Royal Oaks Hospital and the needs of the surrounding community. Additionally, six in-person focus groups were conducted in December 2024 with a follow up survey via Microsoft Forms being completed online and in-person in December 2024 and January 2025.

Royal Oaks Hospital Needs Assessment Community Survey

This section details the findings from the Royal Oaks Hospital CHNA community survey, focusing on needs most relevant to the charter and target population of the hospital. The survey (see instrument in Appendix C) was conducted across the service area, with respondents being invited to participate through flyers posted in waiting areas of Compass Health Network clinical locations, recruitment through social media accounts, and other direct solicitations of citizens in the service area from September through November 2025. These efforts yielded 79 community responses from Primary (n=67) and Secondary (n=8) Service Areas. Here, we focus on an analysis of over 70 survey questions, response comparisons across Primary and Secondary Service Areas, and Chi-Square statistical tests to determine significant differences in response patterns between the areas, highlighting the top five key findings with implications for pediatric psychiatry.

1. Critical Community Perception of Mental Health (Primary Area)

A large proportion of Primary Service Area respondents rated overall community mental health as "Poor", while Secondary Area respondents more often selected "Average" or higher.

- Consistently skewed distribution toward "Poor" in Primary Area charts for mental health ratings
- Chi-square trends suggest statistically distinct response patterns by service area (although not all reached $p < 0.05$)

There is a clear unmet need in Primary Areas—where families are concentrated—for accessible and youth-specific psychiatric services, particularly those addressing depression, anxiety, and trauma in minors.

2. High Awareness of Mental Health Problems, Low Awareness of Royal Oaks

While respondents showed high recognition of unmet mental health needs and service barriers, many skipped questions related to Royal Oaks Hospital's reputation, service quality, and outcomes—especially in Secondary Areas (likely due to lack of direct experience with the hospital).

- Significant drop-off in response rates in perception questions starting mid-survey
- Secondary Area had markedly more “No response” values on items like:
 - “They have a good reputation in the community”
 - “The symptoms that brought me to the hospital have improved”

The hospital's visibility and trust in the community—especially among families with children—may be limited. There's a missed opportunity to position Royal Oaks as a leader in youth psychiatric care. Stronger brand presence and partnerships with schools/pediatrics are likely needed.

3. Structural Family Needs: Larger Households, Young Caregivers, and Housing Instability

Primary Service Area respondents reported:

- Larger households (avg. 2.94 vs 2.13 in Secondary)
- More respondents in younger age groups (25–44)
- Diverse housing situations, including shared housing and rentals

Evidence:

- Chi-square test revealed significant difference in housing situations ($p = 0.034$) by service area
- Distribution charts show more variability and housing insecurity in Primary Areas

Royal Oaks should tailor youth inpatient services to include family housing instability, caregiver stress, and intergenerational trauma. Service expansion could include mobile outreach, family therapy, and wraparound discharge planning.

4. High Prevalence of Private Insurance but Access Gaps Persist

Most respondents reported having private insurance, yet still identified barriers to care, including:

- Long wait times
- Lack of child-specialized services
- Transportation and location

Evidence:

- Charts on insurance types show dominance of private plans
- Open-ended concerns and barrier rankings revealed gaps not caused by financial access, but by systemic and logistical challenges

Youth mental health programs should go beyond affordability and address:

- Geographic availability
- Culturally engaging services
- Crisis and emergency stabilization for youth

5. Positive Outcomes for Those Engaged in Care—But Few Engage

Among the smaller group who had experience with Royal Oaks:

- Most agreed or strongly agreed that care was effective, safe, and respectful
- Yet, many skipped these questions—indicating a limited number of families had accessed care

Evidence:

- High agreement in charts like “The staff is attentive to patient needs,” “I would recommend Royal Oaks”

- But low overall response counts beyond Primary Area indicate low patient volume awareness

The hospital has a solid service foundation but must broaden its reach to become a known and trusted resource for pediatric psychiatric care. Stronger referral partnerships with schools, juvenile justice, and child welfare systems are needed.

Table 4: Thematic Analysis and Key Insight Summary

Theme	Insight
Demographic Reach	Primary Areas are rich in family units and younger caregivers
Awareness Gap	Low visibility limits community engagement
Trust vs Access	Trust exists where care is accessed, but many families are unaware
Housing + Mental Health	Statistically linked, and key for treatment planning
Service Opportunity	Clear demand for trauma-informed, family-integrated psychiatric care

Recommendations for Strategic and Implementation Planning

1. School-Based Mental Health Liaison Program: Embed more staff in schools for screening, referral, and early intervention
2. Mobile Youth Assessment & Stabilization Teams: Support families who cannot access centralized care
3. Digital Awareness Campaigns for Parents: Use ZIP-code targeting to boost visibility in Primary Areas
4. Enhance Partnerships with Juvenile and Child Welfare Systems: Establish structured referral and intake processes
5. Post-Discharge Peer Support & Family Training: Equip families with tools to sustain improvements

Focus Group Findings

Six groups of Compass Health Network customers with serious mental illness were targeted for structured interviews/surveys in December 2024 as part of the 2025 needs assessment process. The groups, served by Compass at its Wellness Centers in Raymore (Cass County; Western Region), Eldon (Miller County; Central Region), Rolla (Phelps County; Southern Region), Festus (Jefferson County), St. Peters (St. Charles County; Eastern Region), and ADAPT (St. Louis City) were assessed using a questionnaire adapted from the focus group script used in the previous 2023 needs assessment process. It was streamlined significantly to focus on the theme of healthcare needs and suggestions for improvement, i.e., gaps in healthcare services, examples of unmet healthcare desires or needs, and possible solutions or alternatives presented by participants as ways to improve individual or community health or healthcare services for the medically underserved, low-income, justice-involved, and rural and urban SMI clients. A total of 54 customers (8 from Raymore, 9 from Eldon, 13 from Rolla, 12 from Festus, 8 from St. Peters, and 4 from ADAPT) provided responses, with roughly equivalent proportions of those identifying as males and females. It categorizes findings into Primary and Secondary Service Areas, presenting combined findings, thematic insights, and key differences to support strategic planning. The results, derived through iterative content analysis by independent raters, are described below.

Primary Service Area (Western, Central, Southern)

Combined Findings

- Long wait times for psychiatric care and therapy appointments.
- Rural clients face transportation barriers and limited clinic hours.
- Strong relationships with therapists and case managers are highly valued.
- Inconsistent psychiatric access and mixed feedback on medication management.
- Feelings of isolation; requests for peer groups and community support.
- Suggestions: more telehealth, expanded hours, and improved communication on treatment plans.

Thematic Insights

- Isolation and Rural Barriers: Geographic distance amplifies access and stigma challenges.
- Provider Trust: Relationship continuity is crucial for recovery and trust.
- Navigating the System: Clients often feel unsure about how to get help or what's available.
- Desire for Empowerment: Clients want to be more involved in their care decisions.

Secondary Service Area (Eastern, Jefferson, ADAPT)

Combined Findings

- High demand and waitlists, especially for psychiatry.
- Difficulty navigating systems and getting appointment follow-ups.

- Frustration with fragmented care and repeating history with each referral.
- Experiences of racial bias, language barriers, and mistrust in care.
- Negative experiences during crisis events, especially with 911/police.
- Suggestions: peer support programs, group therapy, drop-in clinics, culturally competent care.

Thematic Insights

- Systemic Distrust: Clients express a need for cultural safety and representation.
- Navigation Frustration: Urban systems are overwhelming and disconnected.
- Crisis Handling Gaps: Clients want non-law enforcement crisis response.
- Need for Cultural Relevance: Greater demand for diverse, culturally aligned services.

Comparative Summary

Table 5: Needs Identified by Service Area

Category	Primary Service Area	Secondary Service Area
Access Barriers	Transportation, rural availability, long waits	High demand, system navigation issues
Relationship with Staff	Generally strong; consistency is valued	Mixed; fragmentation across systems noted
Crisis Response	Desire for support groups and stabilization	Traumatic 911/crisis experiences common
Cultural Sensitivity	Less mentioned; rural stigma discussed	High priority; requests for diverse staff
Mental Health Literacy	Desire for clearer communication on treatment	Need for better orientation to system
Peer Support	Limited access, high demand	High demand, especially for trauma survivors

Conclusion

Both regions report significant mental health system gaps yet differ in context. Rural regions need improved access, transportation, and continuity, while urban regions require systemic integration, culturally competent care, and trauma-informed crisis systems. Common needs include expanded peer support, clear communication, and empowerment-focused services across all areas.

Structured Needs Assessment of Customers with SMI

The following data was collected using an online platform known as Microsoft Forms from December 2024 through January 2025 using a structured needs assessment questionnaire adapted from the Camberwell Assessment of Need Short Appraisal Schedule or CANSAS for short (Slade & Thornicroft, 2020). Some results also include printed surveys that were filled out by respondents and then keyed in by a member of the research team. The form collected no identifying information. The results are, therefore, anonymous. A link to the survey was also posted on a private Facebook page for certain wellbeing centers. These pages are only available for previous and current wellbeing center clients.

The results of the survey presented below in Figures 25 and 26 include 49 respondents that received services at the wellbeing center; these clients included individuals with SMI, disproportionately represented lower-income rural, and chronically ill populations. Each respondent had the choice to not answer any questions which made them uncomfortable or that they could not understand. Most of the respondents answered each question with only a few who skipped any questions. Only one question was skipped by more than one client, and it was not answered by two respondents. The question skipped by two respondents asked about needing help with thoughts about harming oneself. With a response rate of greater than 99% we conclude that this survey was understood and did not cause significant distress in respondents.

Figure 25: Areas of Need Identified in Structured Needs Assessment Adapted from CANSAS



Figure 26: Areas of Need Identified in Structured Needs Assessment Adapted from CANSAS Continued



Structured Needs Assessment Findings Applied to Royal Oaks Hospital CHNA

Summary of Source Findings

The structured needs assessment of adult clients revealed four domains of highest unmet need:

1. Literacy and comprehension (reading, writing, understanding information)
2. Transportation and mobility (getting to places they need to go)
3. Financial management (budgeting and expenses)
4. Benefits navigation (accessing and utilizing benefits)

The areas of least reported need were related to acute self-harm, aggression, or substance misuse — suggesting that ongoing treatment engagement and recovery supports were stabilizing risk behaviors but leaving significant functional and social needs unmet.

Rationale for Application of Findings to ROH Child and Adolescent Psychiatric Setting

Although this dataset derives from adult populations, its insights translate meaningfully to child and adolescent psychiatric care in several key ways:

1. **Intergenerational Continuity of Need:** Many functional deficits observed in adults with SMI reflect unaddressed developmental and social needs during youth. Early intervention to build literacy, financial, and life skills resilience can help prevent chronic dependency patterns observed in adult mental health clients.
2. **Social Determinants of Health (SDH) Across the Lifespan:** Domains such as transportation, comprehension, and navigation of systems correspond directly to family-based SDH barriers—the same families bringing children to ROH for care often face these same challenges, which affect treatment adherence and long-term outcomes.
3. **Translational Value for Discharge Planning and Continuity of Care:** The identified adult deficits indicate system-level gaps that, if addressed earlier in the treatment trajectory (e.g., during adolescent inpatient care and family planning), can enhance long-term recovery trajectories.

Actionable Implementation Items for Royal Oaks Hospital

Table 6: Literacy and Comprehension Support

Goal	Improve patient and family understanding of treatment plans and coping tools.
Action Steps	<ul style="list-style-type: none"> - Evaluate/develop simplified, age-appropriate educational materials on diagnosis, medication, and coping strategies. - Incorporate more visual learning tools and perhaps teach-back methods during discharge planning. - Evaluate and possibly provide more staff training on health literacy and communication for youth and families.
Responsible Team	Clinical Education Team; Nursing; Therapists
Measurement	Family comprehension scores or satisfaction survey on discharge understanding.

Table 7: Transportation Access

Goal	Reduce transportation barriers to follow-up care.
Action Steps	<ul style="list-style-type: none"> - Partner more closely with community-based transportation programs to provide youth/family vouchers or other transportation alternatives. - Integrate more telehealth or hybrid aftercare for families with travel barriers, as needed.

	- Identify and promote regional mobile follow-up services for rural families.
Responsible Team	Social Work; Case Management; Community Partnerships
Measurement	% of clients attending first outpatient appointment post-discharge.

Table 8: Budgeting and Financial Literacy (Family-Focused)

Goal	Empower families to manage treatment-related and daily living costs.
Action Steps	<ul style="list-style-type: none"> - Provide more family education sessions on accessing assistance (food, utilities, childcare). - Coordinate with local community resource navigators to connect families to budgeting supports. - Evaluate/further develop resource toolkit for families at time of discharge.
Responsible Team	Family Therapists; Case Management
Measurement	% of families connected to supportive resources within 30 days post-discharge.

Table 9: Benefits Navigation

Goal	Improve continuity of benefits and supports post-discharge.
Action Steps	<ul style="list-style-type: none"> - Ensure consistent assignment of benefits navigator or peer specialist to support Medicaid reactivation or SSI applications. - Evaluate/create effective pre-discharge coordination checklists to ensure continuity of benefits and community resources. - Offer additional family education modules on navigating children's mental health benefits in PSA and SSA.
Responsible Team	Social Work; Utilization Review; Peer Support
Measurement	Reduction in benefit lapse or loss of benefits.

Cross-Cutting Strategies

- Ensure adoption of family systems lens: Integrate findings from adult SMI populations to inform interventions that support whole-family wellness and skill-building.
- Develop/enhance a life course framework: Emphasize that prevention and skill development in youth reduce chronic need in adulthood.
- Integrate with community health partners: Ensure alignment of discharge and transition plans with DMH regional offices, schools, and local behavioral health providers.
- Monitor SDH Indicators: Track literacy, transportation, and socioeconomic risk factors in pediatric and adolescent populations using appropriate SDH tools.

Although derived from adult SMI data, these findings are relevant and valuable as they illuminate preventable trajectories—the same barriers that burden adults today can be mitigated through early, family-centered interventions provided at Royal Oaks Hospital. By embedding these actionable strategies into its CHNA Implementation Plan, ROH can position itself as a preventive psychiatric leader—building not just acute stabilization, but lifelong resilience for youth and their families.

Community Stakeholder and Partners Input

This section summarizes key stakeholder input from four critical Missouri-based health organizations (Missouri Department of Mental Health-Division of Behavioral Health, Missouri Behavioral Health Council, Missouri Hospital Association, and Missouri Primary Care Association). Interviews with these organizations occurred August through November 2024 over Microsoft teams for an hour-long structured interview per person. These entities are deeply familiar with Royal Oaks Hospital, its services, and the needs of Missouri and the ROH service areas. The populations represented includes the statewide population including Medicaid recipients, SUD clients, youth with trauma, and racial/ethnic minorities. This report includes individual summaries and a cross-cutting analysis of shared priorities and insights. The input provided here is from the entire service area, and these stakeholders did not provide more regional input due to their statewide footprint and responsibilities (though some individual interviewees did indicate particular hotspots or areas of concern).

Missouri Division of Behavioral Health (DBH)

In August and September 2024, structured interviews were conducted with 17 of 18 identified Division of Behavioral Health (DBH) leaders as part of a needs assessment for Compass Health Network for a response rate of 94.4%. The Division of Behavioral Health is a division within the state's Department of Mental Health (DMH). DBH oversees the management of Missourians with mental health and substance use issues. Typically, DBH contracts with outside organizations, like CHN, who then provide the services for those individuals in need. The services fall into the categories of prevention, education, evaluation, intervention, treatment, and rehabilitation. The interviews explored the strengths, challenges, and opportunities within the community's behavioral health services, focusing on Compass's role. The summary below reflects the insights gathered from these interviews:

- Crisis Continuum Development: Strong support for 988 response, mobile crisis units, and stabilization centers.
- Workforce Shortages: Critical provider shortages in rural areas. Support for loan repayment and peer workforce.
- Data Integration: Improved data sharing across systems, including law enforcement.
- SUD and Mental Health Parity: Advocates for equal attention and funding.

Missouri Behavioral Health Council (MBHC)

MBHC is a coalition of over 30 behavioral healthcare providers who work together to discuss, collaborate, solve problems, and make decisions on emerging issues in the field. MBHC members come together to advocate for public policy, educate each other on new and emerging

topics, and use data to improve the behavioral health of all Missourians. Two MBHC leaders were identified. One of those leaders was interviewed for a response rate of 50%. The summary below reflects the insights gathered from these interviews:

- Access Disparities: Strong regional inequities, especially in school and rural services.
- Payment Reform: Support for outcomes-based, value-driven payments.
- System Integration: Urges primary care, jail, school, and behavioral health alignment.
- Youth Behavioral Health: Early intervention and trauma-informed programs emphasized.
- Support for Technology: Telehealth expansion and system interoperability.

Missouri Hospital Association (MHA)

Two interviews were attempted and conducted with leaders from MHA for a response rate of 100%. MHA is a non-profit organization that partners with 137 hospitals and health systems across Missouri with the goal of enhancing the health of communities across the state. MHA focuses on data-driven insights, educational programs, membership collaboration, and research to educate the public, media, and policymakers on important topics in the healthcare industry.

- ER Boarding: Psychiatric patients held in ERs due to bed/stabilization shortages.
- Law Enforcement Burden: Police overuse in crisis. Support for drop-off centers.
- Health Equity Focus: Emphasizes racial, rural, and income disparities.
- Cross-sector Collaboration: Wants joint planning between health and housing sectors.
- Regulatory Flexibility: Telehealth parity and licensing streamlining recommended.

Missouri Primary Care Association (MPCA)

A single interview was attempted and conducted with a leader of MPCA for a response rate of 100%. As a private non-profit organization, MPCA partners with Community Health Centers to improve access to healthcare. MPCA collaborates with Missouri state agencies to expand access to comprehensive primary care services by helping Community Health Centers address barriers in their workforce, delivery of services, individual access, and outreach.

- Behavioral Health in FQHCs: Push for integration in primary care settings.
- Workforce Pipeline: Behavioral health rotations and training in FQHCs.
- SUD Treatment Access: Expand MAT availability, especially in rural settings.
- Population Health Focus: Shift from siloed care to whole-person approach.
- Screening and Prevention: Universal mental health and SUD screening in primary care.

Cross-Cutting Summary of Stakeholder Input

Table 10: Cross-Cutting Themes and Key Insights

Theme	Key Insights
Crisis System Expansion	Strong consensus on 988 response, mobile crisis teams, stabilization units, and diversion from ER/jail.
Workforce Crisis	Statewide shortage of behavioral health workers; support for loan repayment, training, peer models.
System Integration	Need for collaboration across health care, schools, law enforcement, and housing sectors.
Health Equity	Focus on racial, geographic, and income disparities. Call for cultural competency.
Youth Behavioral Health	Strong emphasis on school-based programs, trauma-informed care, and early intervention.
Telehealth and Technology	Support for telehealth, system-wide tech platforms, and interoperability.
Funding and Payment Reform	Move toward value-based models and sustainable funding structures.
SUD Services	Expand MAT, detox options, and access to trained providers for opioid and meth treatment.

Regional Community Leaders and Stakeholders

Community stakeholders from education, healthcare, criminal justice, housing, and behavioral health across both PSA and SSA were interviewed using structured, hour-long interviews over Microsoft Teams conducted from Fall 2024 to Spring 2025. The breakdown of interviews attempted and completed is as follows:

Tables 11 and 12: Interviews Attempted and Completed Rates

PSA	Completed	Attempted	Percent	SSA	Completed	Attempted	Percent
Western	8	13	61.5%	Eastern	13	20	65.0%
Central	10	13	76.9%	Jefferson	7	16	43.8%
Southern	10	16	62.5%	Adapt	3	3	100.0%
Total	28	42	66.7%	Total	23	39	59.0%

Populations represented included youth, justice-involved individuals, unhoused populations, uninsured families, and racial minorities. Key findings showed PSA-specific barriers of transportation, provider shortages, and stigma as well as SSA-specific issues of crisis system gaps, racial equity needs, and fragmented navigation, with shared priorities across both areas for expanded housing support, culturally relevant services, and workforce investment.

Primary Service Area (Western, Central, Southern)

Combined Findings

- Workforce shortages – severe challenges in attracting/retaining behavioral health professionals, particularly in rural counties.
- Transportation gaps – clients struggle to access care due to inadequate public transit in rural areas.
- Mental health and SUD (Substance Use Disorder) – increasing levels of depression, anxiety, trauma, and meth/opioid abuse reported.
- Youth services – unmet need for pediatric behavioral health providers; long waitlists for school-based services.
- Housing instability – shortage of transitional housing, supportive housing for people with mental illness, and crisis stabilization beds.
- High ER utilization – due to lack of 24/7 community-based crisis care or detox beds.
- Community collaboration – stakeholders value Compass Health's involvement but request more presence in schools and law enforcement.

Thematic Patterns

- Access Barriers: Transportation, provider shortage, stigma in small towns.
- Underserved Populations: Uninsured, youth with trauma, adults with SUD, and the unhoused.
- Emerging Trends: Post-pandemic trauma and youth suicide ideation are on the rise.
- System Navigation Challenges: Families are unclear on how to access available services.

Secondary Service Area (Eastern, Jefferson, ADAPT)

Combined Findings

- Increased complexity of cases – sharp rise in co-occurring disorders.
- Crisis stabilization needs – lack of community-based alternatives to jail or ERs for individuals in crisis.
- Pediatric mental health – major service gaps for early childhood and autism spectrum disorders.
- Cultural barriers – stigma, mistrust, and racial disparities in urban areas.
- Housing-first services – growing homeless population with behavioral health needs.
- Coordination gaps – fragmentation between health systems, schools, and behavioral health providers.

Thematic Patterns

- Disparities: Racial/ethnic minorities face access and trust barriers.
- Service System Fragmentation: Need for integration across sectors.
- Provider Fatigue and Burnout: Overwhelmed with high case volume.
- Crisis Response: Strong need for mobile crisis teams and diversion points.

Table 13: Cross-Regional Comparison Table

Category	Primary Service Area	Secondary Service Area
Behavioral Health Need	High in rural settings, long waitlists	High acuity and complexity in urban clients
Workforce Issues	Shortage of providers and telehealth capacity	Burnout and high turnover
Youth Mental Health	Lack of school-based support	Early childhood and autism spectrum gaps
SUD Services	Meth, alcohol, opioid focused	Dual-diagnosis and trauma-informed needs
Housing	Need transitional and supportive units	Emphasis on crisis shelters and housing-first
Transportation	Major rural barrier	Less prominent due to urban infrastructure

Crisis Response	ER misuse; need stabilization beds	Need police diversion and mobile crisis
System Navigation	Low awareness of services	Disconnected systems, poor coordination
Cultural Concerns	Rural stigma, privacy fears	Urban racial equity and trust gaps

Conclusion

Both service areas report significant behavioral health and systemic challenges. However, the nature of those challenges varies:

- Primary Service Areas are hindered by access issues, limited infrastructure, and rural isolation.
- Secondary Service Areas face high acuity, coordination failures, and cultural/structural inequities.

Region-specific, data-driven interventions will be essential to improve outcomes.

Cross-Cutting Analysis and Recommendations

This section integrates findings across all stakeholder groups and regions, identifying consistent themes and key issues particularly relevant to Royal Oaks Hospital (ROH), which serves children and youth in an inpatient psychiatric setting.

Key Systemic Themes Identified Across Sources

- Workforce shortages are consistently identified across all regions and stakeholders, with particular strain in rural areas and high turnover in urban ones.
- Clients and leaders alike report long delays for psychiatric care, crisis stabilization, and substance use treatment, especially for youth and families.
- Transportation barriers significantly limit access to care in the Primary Service Area, while urban areas struggle with system fragmentation and care coordination.
- Crisis response systems are underdeveloped in both service areas, with emergency rooms and law enforcement often used as substitutes for mental health stabilization.
- Youth mental health was prioritized in every stakeholder group, particularly around trauma, early intervention, autism, co-occurring substance use, and suicide risk.
- Housing instability, especially for youth and families affected by mental illness and substance use, was cited across interviews and survey data.

- There is strong demand for culturally competent, trauma-informed care, especially in the Secondary Service Area (urban) and among communities of color.

Potential Data-Based Recommendations for ROH

ROH clearly engages in many of the kinds of activities described in the recommendations below, and the list is intended to be a guide for current process and outcomes assessment as well as strategic and implementation planning for the coming three-year cycle.

1. Develop a Pediatric Crisis Stabilization Track

Create child- and adolescent-specific short-stay crisis stabilization beds for youth in acute distress to divert from ERs and law enforcement intervention.

2. Build Trauma-Informed, Culturally Competent Pediatric Care Models

All inpatient programming should integrate trauma-informed practices, family-centered models, and sensitivity to racial, cultural, and developmental needs.

3. Expand Discharge Planning and Step-Down Services for Youth

Create stronger discharge bridges to school-based, outpatient, and telehealth services. Prioritize continuity of care to reduce youth readmissions.

4. Implement Family Engagement and Peer Support

Offer parent/family education, youth peer mentorship, and family-involved treatment planning to support youth recovery and trust-building.

5. Partner in School-Based Behavioral Health and Crisis Diversion

Build formal agreements with schools and mobile crisis teams to receive youth in need of acute inpatient care, ensuring smooth admission workflows.

6. Use Data Sharing and Outreach with Community-Based Providers

Provide real-time discharge information and care coordination updates to community mental health and youth providers, including Compass Health.

7. Leverage Telehealth to Maintain Youth Psychiatric Engagement

Offer virtual consultations, post-discharge follow-ups, and family-involved telehealth for clients in rural or underserved areas.

Conclusion

Royal Oaks Hospital is positioned to address some of the most urgent behavioral health needs facing children and youth in Missouri. By prioritizing trauma-informed, accessible, and coordinated care strategies that reflect both rural and urban realities, ROH can serve as a vital stabilizing force in the statewide pediatric behavioral health ecosystem.

Discussion of Strengths and Limitations of Primary Data

Below is a discussion of both the successful approaches and the barriers/challenges/unsuccessful approaches used in primary data collection and community engagement during this CHNA process:

Successful Approaches & Identified Strategies

The following strategies contributed positively to the CHNA data collection process and enhanced community participation:

Partnership with Local Organizations

- Collaborated with trusted entities like local school districts, churches, and nonprofits to increase credibility and participation.
- Example: Faith-based organizations hosted focus groups and helped distribute surveys, enhancing reach into underserved communities.

Mixed Methods for Data Collection

- Utilized quantitative surveys, qualitative focus groups, and key informant interviews to gain layered insight.
- This triangulation helped validate trends and capture the voices of vulnerable populations.

Community Advisory Committee

- Formed a diverse group of local leaders and stakeholders to guide the process.
- They provided feedback on survey design and helped mobilize community input.

Accessible and Familiar Place-Based Focus Groups

Hosted sessions at familiar and accessible locations (e.g., schools, churches, libraries), reducing one of the most common barriers to participation.

Sociodemographic Targeting

Specific focus groups targeted youth, parents, statewide leaders, regional community stakeholders, community behavioral health leaders, and others, ensuring representation across demographics.

Leveraging Existing Community Events

Surveys and engagement tools were embedded into local events (e.g., clinical waiting rooms, regular stakeholder and consumer advisory council meetings), reaching respondents as organically as possible.

Digital & Paper-Based Surveys

Flexibility to use both paper and online forms accommodated preferences across age and tech-access gaps.

Barriers, Challenges & Unsuccessful Approaches

Despite the successes, several obstacles may have limited the scope and efficacy of the process:

Survey Fatigue

Many citizens report being over-surveyed in the current era, particularly post-COVID, leading to potential lower response rates in some segments.

Trust Deficit in Marginalized Groups

Historical inequities and perceived lack of follow-up from past assessments reduced willingness to participate among certain populations.

Limited Internet Access

Reliance on digital surveys excluded residents without stable internet or digital literacy, especially seniors and lower-income households.

Short Planning Window

Tight timelines sometimes hindered deeper community engagement, particularly with harder-to-reach populations requiring multiple touchpoints.

Language Access Gaps

While some materials were available in Spanish, other linguistic communities (e.g., Tagalog, Vietnamese) may have been underrepresented due to translation gaps.

Underutilization of Preferred Youth Feedback and Communication Channels

Although youth focus groups were held, there was limited use of digital platforms often preferred by younger populations (e.g., TikTok, Instagram).

Limited Evening or Weekend Options

Many working adults could not attend sessions due to lack of after-hours engagement opportunities.

Accessibility Barriers

Although necessary due to the rural nature of many of our communities, some focus groups were held in locations not easily (or at all) accessible via public transit which may have limited participation of some.

Summary of Implications for Current and Future CHNAs

- **What Worked:** Trust-based, flexible, multi-methods approaches, embedded in our community's rhythms and structures.
- **What Didn't:** Digital overdependence, short timelines, and some gaps in inclusive outreach methods.

Secondary Data (Description, Other Services, and Analysis)

The following section includes the secondary data collected for the ROH CHNA. It is comprised of unique community characteristics, other health services available in the community, description and analysis of the ROH service area, and county by county metrics on health and sociodemographic information at the national, state, primary and secondary service levels from the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps.

Below is the service area population data provided by the Missouri Hospital Association and compiled by the US Census Bureau. The table contains all counties considered to be in the primary (PSA) and secondary (SSA) service area as well as their zip codes, square miles, total population (Total Pop), and population density (Pop Density) region.

Table 14: Service Area Description

County	Zip Codes	Square Miles	Total Pop	Pop Density	PSA or SSA	Region
Audrain	65232, 63345, 63352, 65265, 65280, 65285, 63382, 65284, 65240, 65243, 65264, 63384, 63359	692.25	24688	36	PSA	Central
Bates	64720, 64722, 64723, 64730, 64725, 64742, 64788, 64770, 64724, 64780, 64752, 64779	836.7	16121	19	PSA	Western
Benton	65325, 65326, 65335, 65338, 65345, 65355	704.03	19887	28	PSA	Western
Boone	65284, 65240, 65243, 65010, 65203, 65215, 65255, 65201, 65202, 65039, 65256, 65279	685.55	185874	271	PSA	Central
Callaway	65240, 65264, 63384, 65201, 65202, 65039, 65231, 65251, 65043, 65262, 65059, 65063, 65067, 65077, 65080, 63388, 65101, 63361, 65069	834.57	44541	53	PSA	Central
Camden	65020, 65324, 65326, 65052, 65786, 65591, 65787, 65634, 65463, 65536, 65567, 65556, 65017, 65047, 65049, 65065, 65079, 65037	656.04	43416	66	PSA	Southern
Carroll	64622, 64623, 64624, 64633, 64638, 64639, 64643, 64668, 64682	694.62	8459	12	PSA	Western

County	Zip Codes	Square Miles	Total Pop	Pop Density	PSA or SSA	Region
Cass	64725, 64742, 64012, 64734, 64746, 64701, 64078, 64083 64739, 64034, 64147, 64082, 64080, 64747, 64061	696.61	109393	157	PSA	Western
Cedar	65635, 65640, 65649, 64756, 65674, 65785, 64744, 64784	474.47	14440	30	PSA	Western
Chariton	65236, 65261, 64660, 63558, 64676, 65281, 64681, 65286, 65254, 64628, 64658	751.18	7406	10	PSA	Central
Cole	65101, 65109, 65053, 65058, 65032, 65040, 65023, 65074	391.55	76924	196	PSA	Central
Cooper	65322, 65233, 65237, 65276, 65068, 65018, 65025, 65287, 65081, 65348, 65354, 65347	564.75	16835	30	PSA	Central
Crawford	65446, 65456, 65535, 65586, 65560, 65441, 63080, 65453, 6506665559, 65565, 65449	742.48	22890	31	PSA	Southern
Dent	65560, 65440, 63629, 65501, 65541, 65401, 65462	752.76	14506	19	PSA	Southern
Franklin	65441, 63080, 63013, 63037, 63039, 63055, 63056, 63060, 63061, 63073, 63077, 63084, 63089, 63090, 63014, 63068, 63091, 63015, 63041, 63072, 63069	922.68	105316	114	PSA	Southern
Gasconade	65453, 65066, 65559, 63014, 63068, 63091, 65014, 65041, 65051, 65061	519	14774	28	PSA	Southern
Henry	64788, 64770, 64739, 65323, 64735, 64726, 64733, 64761, 65360, 64740	696.94	22194	32	PSA	Western
Hickory	65634, 65674, 65650, 65668, 65724, 65732, 65735, 65767, 65779, 65774	398.81	8501	21	PSA	Western
Howard	65243, 65256, 65279, 65254, 65248, 65250, 65274, 65230, 65257	463.8	10141	22	PSA	Central
Iron	65565, 63620, 63621, 63623, 63636, 63656, 65566, 63650, 63624, 63631	550.26	9482	17	PSA	Southern

County	Zip Codes	Square Miles	Total Pop	Pop Density	PSA or SSA	Region
Jackson	64034, 64147, 64082, 64080, 64014, 64015, 64016, 64029, 64030, 64050, 64052, 64053, 64055, 64056, 64057, 64058, 64109, 64108, 64126, 64129, 64105, 64113, 64131, 64146, 64114, 64136, 64149, 64132, 64145, 64111, 64130, 64123, 64120, 64137, 64138, 64128, 64106, 64124, 64110, 64134, 64125, 64112, 64139, 64127, 64101, 64063, 64064, 64081, 64086, 64133, 64088, 64054, 64070, 64075	604.52	717021	1186	PSA	Western
Jefferson	63015, 63041, 63072, 63069, 63010, 63012, 63016, 63019, 63023, 63028, 63048, 63050, 63051, 63052, 63070, 63087, 63628, 63025, 63026, 63049, 63020	656.26	228227	348	SSA	Jefferson
Johnson	64747, 64061, 64726, 64733, 64761, 65360, 64070, 64019, 64040, 65305, 64011, 64076, 64093, 64020, 65332, 65336, 65351	829.26	54331	66	PSA	Western
Laclede	65463, 65536, 65567, 65556, 65632 65470, 65662, 65543, 65722, 65534	764.63	36245	47	PSA	Southern
Lincoln	63359, 63343, 63344, 63347, 63362, 63369, 63377, 63379, 63389, 63333, 63381, 63383	626.56	61636	98	SSA	Eastern
Linn	64628, 64658, 64630, 64631, 64651, 64653, 64659, 63557, 64674, 64688	615.59	11850	19	PSA	Central
Maries	65058, 65559, 65401, 65014, 65580, 65582, 65459, 65013	526.98	8435	16	PSA	Southern
Miller	65017, 65047, 65049, 65065, 65079, 65058, 65032, 65040, 65459, 65064, 65082, 65026, 65452	592.57	25081	42	PSA	Central
Moniteau	65023, 65074, 65018, 65025, 65287, 65081, 65050, 65034, 65084	415.03	15303	37	PSA	Central
Montgomery	65041, 63333, 63381, 63350, 63351, 63363	535.05	11422	21	PSA	Central
Morgan	65079, 65037, 65081, 65348, 65354, 65026, 65034, 65084, 65078, 65350	597.63	21430	36	PSA	Western
Osage	65101, 65058, 65076, 65014, 65051, 65061, 65013, 65024, 65035, 65048, 65054	606.58	13379	22	PSA	Central

County	Zip Codes	Square Miles	Total Pop	Pop Density	PSA or SSA	Region
Pettis	65347, 65360, 65332, 65336, 65351, 65350, 65335, 65337, 65301, 65340	682.24	43205	63	PSA	Western
Phelps	65560, 65559, 65449, 65401, 65462, 65459, 65529, 65461, 65550	671.79	44948	67	PSA	Southern
Pulaski	65556, 65534, 65459, 65452, 65461, 65550, 65473, 65584	547.11	53850	98	PSA	Southern
Randolph	65243, 65230, 65257, 65239, 65244, 65259, 65270	482.71	24524	51	PSA	Central
St. Charles	63332, 63341, 63366, 63368, 63373, 63301, 63303, 63376, 63385, 63386, 63357	560.5	409830	731	SSA	Eastern
St. Clair	64770, 64724, 64780, 65674, 65785, 64744, 64740, 65774, 64738, 64763, 64776, 64783	674.98	9451	14	PSA	Western
St. Francois	63650, 63624, 63087, 63628, 63637, 63640, 63036, 63653, 63601, 63626, 63630, 63648	451.89	66864	148	PSA	Southern
St. Louis	63069, 63025, 63026, 63049, 63011, 63021, 63134, 63144, 63044, 63005, 63017, 63128, 63126, 63141, 63131, 63135, 63031, 63033, 63038, 63040, 63042, 63140, 63122, 63124, 63043, 63121, 63129, 63034, 63132, 63114, 63146, 63138, 63074, 63127, 63088, 63123, 63137, 63105, 63136, 63125, 63143, 63133, 63117, 63120, 63130, 63119	507.99	996618	1962	SSA	Eastern
Saline	65347, 64020, 65351, 65321, 65340, 65330, 65339, 65344, 65349	755.51	23177	31	PSA	Western
Vernon	64752, 64779, 64744, 64784, 64783, 64728, 64741, 64750, 64767, 64771, 64772, 64778, 64790	826.39	19713	24	PSA	Western
Warren	65041, 63381, 63383, 63351, 63363, 63357	428.59	36467	85	SSA	Eastern
Washington	65441, 63080, 65565, 63624, 63631, 63628, 63020, 63626, 63630, 63648, 63622, 63030, 63660, 63664, 63071	759.87	23483	31	PSA	Southern
St. Louis city	63147, 63116, 63111, 63108, 63139, 63101, 63107, 63110, 63109, 63118, 63104, 63103, 63102, 63115, 63106, 63113, 63112, 63123, 63137, 63105, 63136, 63125, 63143, 63117, 63120, 63130, 63119	61.72	293109	4749	SSA	Adapt

County	Zip Codes	Square Miles	Total Pop	Pop Density	PSA or SSA	Region
Lafayette	64075, 64011, 64076, 64093, 64020, 64001, 64021, 64022, 64037, 64067, 64071, 64074, 64096, 64097, 65321	628.28	32974	52	PSA	Western

United States Census Bureau. (2025, August 28). *Data 2020*. Census.gov. <https://www.census.gov/data.html>. Retrieved: November 14, 2025.

Summary of Key Information from Table 1

Population density in select counties representing the PSA and SSA of Royal Oaks Hospital demonstrates a stark contrast between rural and urban regions. Most rural counties, such as Chariton, St. Clair, and Maries, have extremely low densities, reflecting large land areas with sparse populations. A significant number of counties fall into the low-to-moderate range, including Audrain, Benton, and Pettis, which suggests small towns and agricultural communities dominate these areas. Mid-density counties like Franklin, Cass, and Jefferson indicate suburban growth, often near metropolitan hubs. Urban centers show dramatic spikes: St. Charles County, Jackson County, and St. Louis County are major population clusters, while St. Louis City stands out with an exceptionally high density of 4,749 people per square mile, underscoring its urban core. Boone County, home to Columbia and the University of Missouri, also ranks high due to concentrated development. Overall, Missouri's average density of 90 people per square mile is slightly below the U.S. average of 94, highlighting its predominantly rural character with pockets of intense urbanization. These patterns reveal strong urban-suburban concentration along major highways and economic corridors, contrasting with vast rural expanses that dominate much of the state.

Unique Community Characteristics

The counties in Royal Oaks Hospital's service area form a tapestry of regional anchors where colleges, state institutions, and community campuses shape local culture and economies. University towns like Columbia (Boone County), county seats such as Jefferson City (Cole County), and metropolitan hubs in Kansas City (Jackson County) and St. Louis bring research, healthcare, arts, and startup energy that ripple into neighboring counties. Smaller four-year colleges and community colleges—found across Johnson, Phelps, Pettis, Randolph, Linn, and others—provide workforce training, cultural programming, and steady demand for housing, retail, and hospitality. Many counties also host military-linked economies (near Fort Leonard Wood), light manufacturing, and food processing clusters that sustain rural service centers and regional labor markets.

Outside the big campuses and metros, recreation and heritage tourism are major draws: the Lake of the Ozarks region and counties like Camden, Benton, Miller, and Morgan depend on boating, marinas, and seasonal lodging, while Iron, Dent, and Crawford attract hikers and geology tourists to state parks and unique rock formations. Historic river towns, wineries, and German frontier festivals in places such as Franklin, St. Charles, Gasconade, Warren, and Washington support small-scale hospitality and agritourism. Across the rest of the state, agriculture, county fairs, and rural manufacturing are a stable part of daily life, even as suburban growth in St. Louis and Kansas City expands and community college partnerships slowly diversify local economies and open new opportunities for remote work, tourism, and entrepreneurship.

Other Health Services Available in the Community

The focus of the following section is on identifying other health services available in the same community area as the Royal Oaks Hospital. Because of this, the focus will only be on the county primary service area that Royal Oaks Hospital serves instead of the entirety of its service area.

For a more comprehensive list of available resources in the community that includes existing health care facilities, specialty services, and other resources available to meet the community's identified and prioritized health needs, please refer to Appendix D.

Table 15: Other Health Services Available in Area

Federal Designations for Medically Underserved	Community Health Centers	Other Hospitals, Specialty Providers
Arthur Center	Bates County Health Center	Bates County Memorial Hospital
Central Ozarks Medical Center	Benton Community Care Center	Belton Regional Medical Center
Clarity Healthcare	Benton County Health Department	Boone Hospital Center
Community Health Center of Central MO	Boone/Columbia County Public Health & Human Services	Bothwell ENT Clinic
Compass Health	Bothwell Regional Health Center- Sedalia, MO	Bothwell Walk-In Clinic
Four Rivers Community Health Care	Callaway County Health Department	Callaway Community Hospital
Golden Valley Memorial Healthcare	Carroll County Health Department	Capital Region Medical Center
Great Mines Health Center	Cass County Health Department	Cass Regional Medical Center
Health Care Collaborative (HCC) of Rural MO	Cedar County Health Department	Cedar County Memorial Hospital
Jordan Valley Community Health Center	Chariton County Health Department	Compass Health Family Dental Center
Katy Trail Community Health	Cole County Health Department	Crossroads Family Ministries
KC CARE Clinic	Henry County Health Center	Ellet Memorial Hospital
Missouri Highlands Health Care	Hickory County Health Department	Fitzgibbon Hospital
Ozark Community Health Center	Jackson County Health Department	Golden Valley Dental Clinic
Samuel U. Rodgers Health Center	Johnson County Community Health Services	Golden Valley Memorial Hospital
Swope Health Services	Lafayette County Health Department	Golden Valley Urgent Care
	Miller County Health Department	Harry S. Truman VA Hospital
	Morgan County Health Center	Heartland Behavioral Health
	Osage County Health Department	Lafayette Regional Health Center
	Pettis County Health Center	Lake Regional Hospital
	Pulaski County Health Center	Moberly Regional Medical Center
	Randolph County Health Department	Nevada Regional Medical Center
	Saline County Health Department	North Kansas City Hospital
	St. Clair County Health Center	OCHC Hermitage Dental Office
	Vernon County Health Department	Ozarks Community Health Center
		Phelps Health Hospital
		Research Medical Center
		Sedalia Dental Center
		Sedalia Urgent Care
		SSM Health
		University of Missouri Hospital
		Warrensburg Dental Group
		Warsaw Dental Center
		Western Missouri Medical
		Western Missouri Medical Center Urgent Care

Sociodemographic and Health Status Analysis of ROH Service Areas

The indicators selected for this profile were chosen after a compilation process from multiple sources (see Appendix E), yielding several hundred potential indicators. That field was sifted through and winnowed down to a manageable and meaningful set of indicators most predictive of, or related to, length of life, quality of life, health risk, and social determinants of health. The tables beginning on page 67 present selected indicators averaged or tabulated across the Royal Oaks Hospital regions (i.e., county level data are the individual unit of analysis). All indicators were subjected to appropriate statistical analyses to check for significant differences (i.e., t-tests, Mann-Whitney test, ANOVA, using SPSS statistical software) by primary and secondary service area as well as state and national data, whereupon any indicator showing statistically significant differences between those defined areas (meaning the differences are unlikely to be attributable to chance or random error, using a significance level of .05) were further analyzed to determine where any significant differences occurred. A look at the tables below (beginning on the next page) indicates the following differences across regions, which may suggest the need for targeted approaches to better understand and address the identified concerns:

Health Indicators and Sociodemographic Profile of Compass Regions

Table 16: Health Indicators and Sociodemographic Profile of ROH Regions, National, and State

	National	Missouri	Primary	Secondary
Quality and Length of Life				
Premature death (years of potential life lost rate)	8,744	9,970	10,635	9,978
Poor or fair health	17%	17%	20%	18%
Poor physical health days	3.9	4.2	4.8	4.3
Poor mental health days	5.2	5.5	5.8	5.6
Low birth weight	8.4%	8.8%	7.8%	8.9%
Health Behaviors				
Adult smoking	14.2%	17.8%	21.0%	18.3%
Adult obesity	34.1%	36.7%	39.3%	37.4%
Food environment index	7.4	6.6	7.2	8.2
Physical inactivity	22.8%	24.2%	27.2%	24.4%
Access to exercise opportunity	80.9%	77.0%	55.6%	79.3%
Excessive drinking	19.7%	21.9%	20.7%	22.2%
Sexually Transmitted Infection (Chlamydia)	484.9	523.6	312.2	500.3
Teen births	16	19	23	16
Clinical Care Factors and Availability				
Uninsured	9%	10%	12%	9%
Primary care physicians	1329:1	1421:1	4085:1	5502:1
Dentists	1441:1	1596:1	3399:1	2829:1
Mental health providers	324:1	382:1	1246:1	715:1
Preventable hospital stays	2,605	2,938	2,845	3,147
Mammography screening	45%	46%	41%	45%
Flu vaccinations	47%	47%	40%	51%
Social & Economic Factors				
High school graduation	91%	92%	89%	92%
Unemployment	3.3%	3.1%	3.3%	3.0%
Children in poverty	15%	15%	18%	13%
Children w single parents	24%	24%	20%	25%
Social associations	10.6	11.4	12.1	8.7
Injury deaths	91	104	102	123
Severe housing problems	15%	13%	11%	12%
Other Health and QOL Indicators				
Frequent physical distress	12%	13%	15%	13%
Frequent mental distress	17%	18%	20%	19%

	National	Missouri	Primary	Secondary
Diabetes prevalence	10%	10%	10%	10%
HIV prevalence	326	254	119	286
Food insecurity	13%	15%	16%	13%
Limited access to healthy food	7%	7%	8%	5%
Drug Overdose mortality	32	34	32	50
Motor vehicle crash death rate	13	16	21	16
Insufficient sleep	36%	38%	39%	38%
Clinical Care				
Uninsured adults	10%	12%	14%	10%
Uninsured children	5%	6%	7%	5%
Social & Economic Factors				
Disconnected youth	7%	7%	12%	7%
Median household income	\$77,593	\$68,484	\$59,372	\$79,029
Residential segregation black/white	63	71	53	52
Homicides	7	11	7	16
Suicides	16	19	22	18
Firearm fatalities	15	22	21	24
Demographics				
Population	334,914,895	6,196,156	2,021,870	2019,207
% below 18 years of age	21.6%	22.1%	22.0%	22.0%
% 65 and older	18.2%	18.0%	20.6%	17.5%
% Non-Hispanic Black	11.3%	11.5%	3.3%	13.3%
% Amer Indian and Alaska Native	2.1%	0.6%	0.8%	0.4%
% Asian	4.9%	2.3%	0.9%	2.3%
% Native Hawaiian/Other Pacific Islander	0.4%	0.2%	0.2%	0.1%
% Hispanic	13.3%	5.3%	3.7%	3.9%
% Non-Hispanic white	66.1%	77.8%	89.3%	78.2%
% Not proficient in English	2.63%	0.85%	0.44%	0.67%
% Females	50.36%	50.55%	49.41%	50.57%
% Rural	27.0%	30.5%	71.44%	31.23%

University of Wisconsin Population Health Institute. (2025). *Health Data*. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data>. Retrieved: November 19, 2025.

The comparisons explained below allow us to evaluate patterns of specific needs within the ROH service area for this CHNA.

Insights from Sociodemographic and Health Indicators

Statistical Significance (T-Test Results):

Independent sample t-tests were conducted comparing the PSA and SSA with each other and with Missouri and National data where possible. However, many tests returned as null, due to very small sample sizes in Missouri or National groups (i.e., single case summaries), or values being identical or nearly identical, leading to invalid t-test assumptions. As a result, we conducted more robust analyses of these indicators by combining county-level data into state/national averages (instead of treating them as single-row categories), and using non-parametric tests (i.e., Mann-Whitney U) for better reliability with small/non-normal samples.

Aggregated Averages (State/National)

Instead of comparing to a single-row summary (Missouri, National), we used county-level data to compute accurate group averages for Missouri and National indicators. These aggregated statistics are more representative of real-world distributions across regions.

Mann-Whitney U Tests (Non-parametric)

This test does not assume normality and is ideal for comparing non-normal or unequal-sized samples.

Highlights of Results:

Table 17: Key Statistical Insights from Sociodemographic Data

Indicator	Stat. Difference vs Missouri	Stat. Difference vs National
Years of Potential Life Lost	✗ Not significant	✗ Not significant
Physically Unhealthy Days	✗ Not significant	⚠ Marginal (p = 0.050)
% Low Birth Weight	✗ Not significant	✗ Not significant
% Fair or Poor Health	✗ Not significant	✗ Not significant
% Flu Vaccinated	✗ Not significant	✗ Not significant

✓ Significance often means $p < 0.05$

⚠ "Marginal" means $p = 0.05$ to 0.1

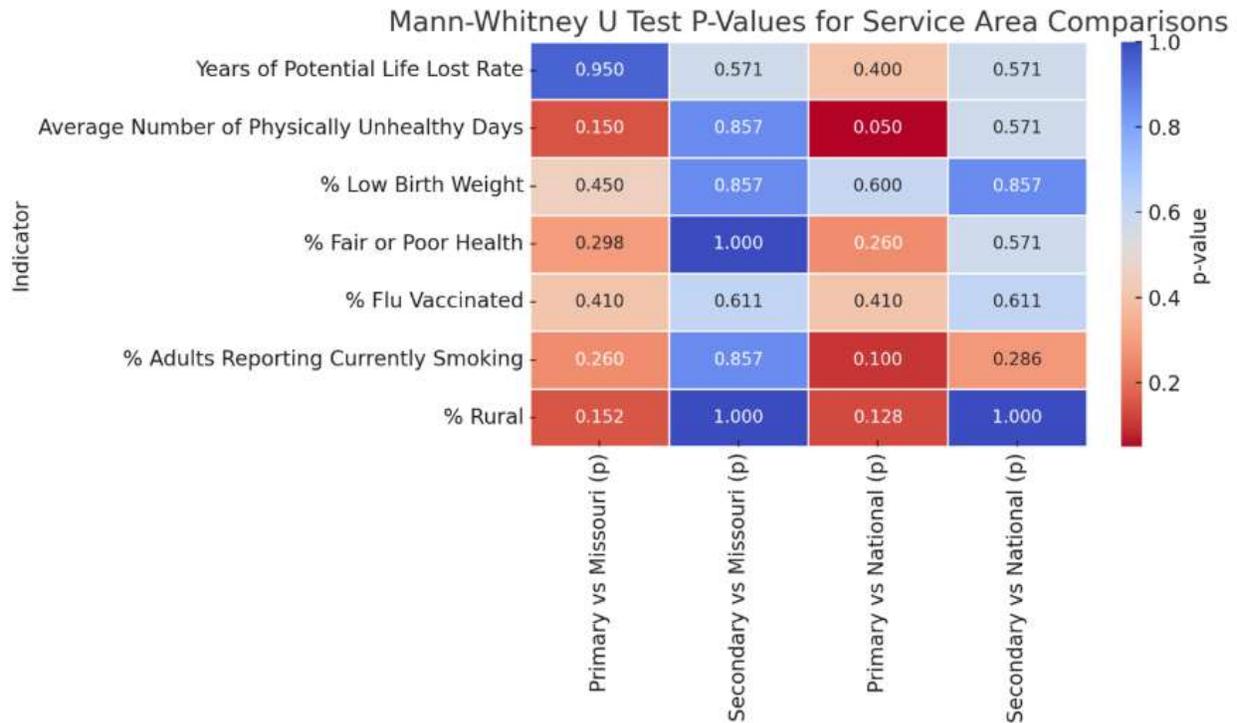
Interpretation:

No indicators showed strong statistically significant differences between Primary/Secondary areas and the broader Missouri/National groups. However, physically unhealthy days showed a difference between Primary and National areas ($p = 0.05$), making it worthy of further investigation.

Below is a heatmap of p-values for visual emphasis. This color-coded matrix visualizes the **statistical significance** of differences between Primary vs Missouri/National and Secondary vs Missouri/National

- ◆ **Darker colors** = smaller p-values
- ◆ Cells closer to 0 indicate more significant differences

Figure 29: Mann-Whitney U Test P-Values for Service Area Comparisons



Top Mean Differences

We ranked indicators based on the largest absolute difference in means, showing where Primary and Secondary service areas differ most from state/national averages.

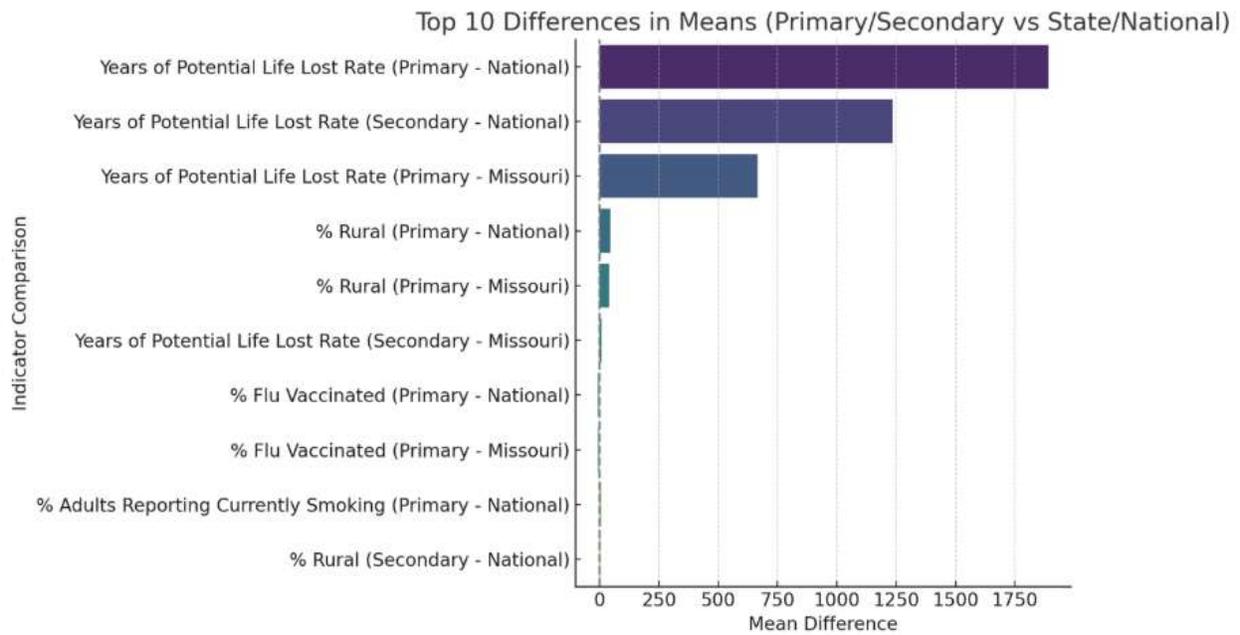
Table 18: Largest Differences by Key Indicator

Indicator	Largest Differences
Years of Potential Life Lost	Primary +1,891 over National
% Rural	Primary +44.4 over National
% Rural	Primary +40.9 over Missouri

These are substantial differences—even if not statistically significant in some cases, they are health needs and policy-relevant and could reflect key structural disparities in the Royal Oaks Hospital service area.

Bar Chart: Top Differences in Service Area Indicators

Figure 30: Top 10 Differences in Means



Top Differences in Service Area Indicators

The bar chart above highlights the top 10 largest mean differences between Primary/Secondary service areas and Missouri/National averages.

Key Insights:

- Years of Potential Life Lost shows the largest disparity, with Primary areas having ~1,891 more YPLL than the national average.
- % Rural is significantly higher in Primary areas vs both Missouri and National. This reinforces the strong association between rurality and health outcome disparities.

Possible Recommendations Based on the Analyses of Regional Differences:

1. Targeted Rural Health Investments

- Improve primary care access via mobile clinics and telehealth in rural zones.
- Partner with FQHCs (both Compass and other partnering FQHC organizations) to provide preventive services and chronic care.

2. Address Underlying Drivers of Premature Mortality

- Develop community-based interventions that reduce preventable causes of YPLL (e.g., opioid misuse, suicide, accidents).
- Implement trauma-informed care approaches and cross-sector mental health partnerships.

3. Local Data Integration for Equity Monitoring

- Use county-level YPLL as a core metric to evaluate health equity over time.
- Track disparities in chronic disease, injury, and maternal-child health outcomes specifically in Primary zones.

Conclusion: Prioritized Needs to Guide Strategic and Implementation Planning

This section synthesizes the findings from the comprehensive needs assessment conducted across ROH's service areas. As described above, the assessment utilized a variety of methodologies, including quantitative data analysis, qualitative interviews, focus groups, and stakeholder input, to identify and prioritize the most pressing health and behavioral health needs. The following sections discuss synthesis of qualitative and quantitative data, identify the most pressing health and behavioral health needs, categorize these needs into overarching themes, prioritize them based on their prevalence and impact, and provide actionable recommendations for addressing them.

Across quantitative and qualitative sources, the assessment surfaced a concentrated burden of youth behavioral health need in the Primary Service Area (PSA) (Western, Central, Southern Missouri) with markedly higher encounter rates across depressive disorders, anxiety, bipolar disorder, suicidal ideation/attempts, and related ED use when compared with the Secondary Service Area (SSA). For example, average youth encounter rates per 100,000 in the PSA substantially exceeded the SSA across diagnoses—e.g., depressive disorders ~391 vs ~51, anxiety ~439 vs ~51, bipolar ~192 vs ~70, suicidal ideation/attempt ~252 vs ~41—indicating persistent, system-level need for inpatient psychiatric care for children and adolescents within the PSA. ED mental-health presentations also remained higher in the PSA, reflecting crisis-driven pathways and gaps in lower-acuity alternatives.

Qualitative inputs from leadership, statewide partners, regional leaders, clients, and community surveys converge on several cross-cutting issues: workforce shortages; long delays for psychiatric, crisis stabilization, and SUD services; rural transportation barriers; fragmented urban systems; and low community awareness of how to access services—even where care exists. Youth-specific needs include limited school-based/early-childhood supports, long waits, and rising youth suicide risk. Housing instability and family stressors (larger households, younger caregivers) amplify risk and complicate discharge planning.

Taken together, these data show:

- High, sustained pediatric psychiatric morbidity in the PSA, with growing complexity in the SSA.
- Ongoing system strain and ED utilization patterns that point to gaps in timely access, step-down options, and community stabilization resources for youth and families.
- Social determinants (rurality, poverty, transportation, housing) shaping both access and outcomes.

Prioritization of Need

The prioritization of needs is based on the following criteria:

1. **Prevalence and Impact:** The number of individuals affected by the need and the severity of its impact on their health and well-being.
2. **Disproportionate Impact of Need:** The extent to which the need disproportionately affects specific populations or geographic regions.

3. **Alignment with ROH Mission and Capacity:** The degree to which addressing the need aligns with the hospital’s mission, strategic priorities, and existing resources.
4. **Feasibility:** The availability of evidence-based interventions and the potential for successful implementation within the ROH service area.
5. **Stakeholder Input:** Consideration of the perspectives and priorities of ROH leadership, Compass Health leaders, community partners, and patients/families.

Additionally, ROH applied a structured, leadership-guided prioritization sequence after compiling and analyzing mixed-methods results. The list of identified needs were presented to Compass Health Network and ROH leaders, who rated each need on two dimensions: (1) Importance (the necessity that ROH/CHN address the issue) and (2) Likelihood of Impact (the degree to which ROH/CHN can meaningfully improve the issue). Needs with high importance and high likelihood of impact being advanced for implementation planning.

This 2-factor rating functioned as a **prioritization matrix** (importance × impact), enabling consistent comparison across diverse needs and aligning selections with ROH’s mission (child and youth inpatient psychiatry), capabilities, and partnerships. The intent and effect here is to prioritize the many identified needs into a list that ROH (along with partners) sees as important and likely to be impacted by system efforts.

Priority Health Issues Identified (with rationale)

1. **Timely access to acute inpatient psychiatric care for youth in the PSA**
Prioritization rationale: Highest encounter rates and persistent volume across diagnoses among PSA youth, indicating sustained demand for ROH’s core service. Addressing throughput, bed availability, care pathways, and referral clarity will directly benefit high-need rural communities.
2. **Crisis stabilization and ED diversion for youth**
Prioritization rationale: ED use reflects system strain and limited alternatives. Enhancing crisis triage, brief stabilization, and step-down/partial programs can reduce ED dependency and smooth transitions into—or out of—inpatient care.
3. **Suicide prevention and post-discharge safety/aftercare for youth**
Prioritization rationale: Elevated PSA rates of suicidal ideation/attempts among youth call for integrated inpatient safety planning, rapid follow-up, and family-inclusive aftercare models to reduce readmissions and risk.
4. **Family-centered care addressing housing instability and caregiver capacity**
Prioritization rationale: Community data highlight structural family stressors (housing, younger caregivers). Embedding family-integrated, trauma-informed supports and robust discharge coordination (including housing/navigation partnerships) improves inpatient outcomes and reduces revolving-door utilization.
5. **Youth SUD co-occurrence and early intervention**
Prioritization rationale: Stakeholders report rising youth SUD risk; dual-diagnosis needs

complicate inpatient courses and discharge plans. Integrating SUD screening/treatment and school/community links strengthens continuity of care.

6. Workforce stabilization and access equity (rural/urban)

Prioritization rationale: Workforce shortages (rural recruitment/retention; urban burnout) and transportation barriers in rural regions are cross-cutting constraints on access and quality. Prioritizing recruitment pipelines, tele-psychiatry, and transportation solutions will lift all other priorities.

7. Community awareness and navigation support for families

Prioritization rationale: Low awareness of ROH and confusion about how to access services were repeatedly noted; improving referral clarity, school/law-enforcement interfaces, and outreach will increase timely engagement.

Note on regional tailoring: PSA priorities emphasize capacity, transportation, and stabilization; SSA actions emphasize coordination across fragmented systems and rising acuity/complexity, including equity considerations in urban areas.

Examples of how the priorities could translate into ROH-specific strategies:

- Expand/refine inpatient flow for youth (admissions criteria clarity, LOS management, rapid discharge coordination).
- Develop/strengthen crisis diversion pathways with regional EDs, mobile crisis partners, and step-down/partial options for youth.
- Standardize suicide-focused care bundles (safety planning, lethal-means counseling, 7-day post-discharge follow-up) for pediatric inpatients.
- Integrate family-centric care planning, with housing and social supports embedded in discharge processes for high-risk families.
- Embed youth SUD screening/brief treatment and warm handoffs into inpatient episodes; link to school and community services post-discharge.
- Pursue workforce pipeline partnerships and tele-psychiatry expansion to mitigate rural access constraints; coordinate with schools and law enforcement.
- Increase community awareness and navigation supports (family-friendly referral guides, school-based liaisons, and community outreach).

Rationale for health issues not selected for immediate ROH action

Consistent with IRS expectations, some identified needs will **not** be addressed directly by ROH in the implementation plan for the following reasons:

1. Outside ROH scope of services

Needs primarily focused on general medical/surgical care, adult-only services, or non-behavioral health specialties fall outside ROH's inpatient child/youth psychiatric mission and licensure. These will be referred to appropriate partners (e.g., acute care hospitals, FQHCs), including the larger Compass Health Network which is the major provider of many of these contemplated services in the PSA and SSA.

2. Lower likelihood of ROH impact

Where needs are substantial but ROH's ability to change outcomes is limited (e.g., broad community housing inventory, transportation infrastructure), ROH will support and

advocate through partnerships while concentrating its direct resources on high-impact inpatient and immediate post-discharge levers.

3. Adequately addressed by others/duplication risk

In geographies where robust programs already exist (e.g., housing-first in specific urban areas, specialty outpatient autism services) ROH will coordinate and refer rather than duplicate, focusing its investments on gaps most relevant to inpatient youth psychiatry.

4. Resource constraints and phasing

Some valid needs require multi-year investments or external funding. ROH will sequence efforts, starting with the priorities above (importance × impact) and re-examining deferred needs in future CHNA cycles.

Even when certain health issues rank as high priorities in the assessment, Royal Oaks Hospital and Compass Health may not have direct control or the ability to influence these factors independently. In such situations, the hospital will actively seek partnerships with organizations that have the expertise, resources, or jurisdiction to address these concerns effectively. Collaboration becomes essential when tackling complex health challenges that extend beyond the hospital's immediate scope of services. For a more comprehensive list of available resources in the community that includes existing healthcare facilities, specialty services, and other resources available to meet the identified and prioritized community's health needs, please refer to Appendix D.

Additionally, some identified needs, while not appearing among the top priorities in this Community Health Needs Assessment, remain significant to overall community well-being. The hospital acknowledges their importance and is committed to ensuring these issues are not overlooked. Rather than excluding them, these needs will be incorporated into broader regional strategies through coordinated efforts with local organizations, public health agencies, and community stakeholders. This approach leverages collective strengths, allowing multiple entities to pool resources, share knowledge, and align efforts toward common goals. By fostering partnerships and maintaining an inclusive strategy, Royal Oaks Hospital and Compass Health aim to create a comprehensive framework for improving health outcomes. This collaborative model ensures that all critical health challenges receive attention, even if they are not the primary focus of the current implementation plan. Ultimately, this commitment reflects a long-term vision of community health improvement, emphasizing shared responsibility, sustainability, and measurable progress through joint action.

Summary statement:

The data clearly demonstrate that ROH's greatest opportunity to improve community health is to strengthen timely access to pediatric inpatient psychiatry in the PSA, reduce ED dependence through crisis alternatives and coordinated pathways, hard-wire suicide-prevention and aftercare for youth, and address family-level barriers that shape safe discharge and recovery. Doing so—while investing in workforce solutions, equity-minded coordination in the SSA, and clear navigation for families—aligns with ROH's mission and the prioritization matrix used by leadership, ensuring high-importance, high-impact action over the next implementation cycle.

Bridging the Previous Joint CHNA with the Current ROH-only CHNA

Summary of Joint CHNA Activity with GVMH and Henry County Health Department (2023–2025)

Royal Oaks Hospital (ROH), in partnership with Compass Health Network, Golden Valley Memorial Healthcare (GVMH), and the Henry County Health Department, has demonstrated a robust commitment to behavioral health, prevention, substance use response, and social determinants of health across its service area. The following summary highlights significant initiatives (not exhaustive) implemented between 2023–2025 under the previous Joint CHNA and pursuant Implementation Plan(s):

1. Behavioral Health Prevention, Education, and Youth Engagement

- *Evidence-Based Trainings*: Provided Mental Health First Aid (MHFA), QPR (Question, Persuade, Refer), ASIST, and Signs of Suicide (SOS) across school systems and communities.
- *Youth Programs*: Implemented *Catch My Breath* (vaping prevention), “Addiction Is Real” bedroom simulation events, *Too Good for Drugs*, and parent/teacher trainings in Benton, Henry, and Clinton-area schools.
- *School-Based Therapy (SBT)*: Accepted dozens of internal referrals and sustained monthly outreach to students, families, and teachers, including post-trauma debriefings.
- *Community Trauma Education*: Trauma 101 trainings conducted in partnership with GVMH, the Chamber of Commerce, pastors, and employers across Henry County.

2. Substance Use Disorder (SUD) Response & Opioid Prevention

- *RCORP Grant Activities*: Funded Narcan distribution, fentanyl education, and safe disposal efforts across six counties. Events and supplies reached hundreds, including emergency responders.
- *Medication-Assisted Treatment (MAT)*: Suboxone-based MAT services expanded at Compass clinics in Clinton and Warsaw.
- *Tobacco Cessation Integration*: Patients in the SUD program screened for tobacco use and offered targeted interventions by trained specialists.
- *Zero Overdose Collaborative*: Compass selected to participate in this national initiative; a mobile SUD unit launched in 2025.

3. Access, Transportation & Social Determinants of Health

- *ToRCH Grant Services*: Funded transportation, home meal delivery, extermination, and basic needs for Medicaid-eligible clients in Henry County.
- *New Growth Transit & OATS*: GVMH contributed over \$67,000 to support free medical transportation through June 2025. Multiple services supported round-trip travel for vulnerable residents.
- *Housing Outreach & Coalitions*:
 - Two active housing coalitions emerged in 2024–2025, one focused on shelter, the other on long-term strategy.

- Compass participated in Point-In-Time counts and formed partnerships with MoDOT and Salvation Army to provide homeless outreach in underpasses and encampments.
- Clinton initiated a formal **housing study** in 2024 to guide future grant funding.

4. Clinical Enhancements & Care Coordination

- *Primary Care Integration:* Extended clinic hours (7:30 AM – 6:00 PM), same-day access, and weekend urgent care (via GVMH) expanded regional access to behavioral and medical care.
- *Secure Transport Services:* ROH maintained transport teams for inpatient admissions and discharges.
- *PDMP Integration:* Prescribers began systematically reviewing the Prescription Drug Monitoring Program (PDMP) with documentation in clinical notes.
- *Clinical Provider Recruitment:* Royal Oaks added several providers across its hospital and outpatient programs, retaining all current staff without using recruiters.

5. Partnerships and Public Health Collaboration

- *CHART & ToRCH Coalitions:* Monthly meetings maintained with Compass, GVMH, and other partners addressing prescription assistance, resource sharing, and grant-funded services.
- *Collaboration with Law Enforcement & Fire Departments:*
 - Compass Health delivered Narcan training and resources to rural fire personnel in Warsaw.
 - Ongoing Crisis Intervention Team (CIT) training in partnership with Henry County law enforcement.
- *Community Events & Outreach:*
 - Hosted “Project Connect” in Clinton to link residents with health and social services.
 - Conducted multiple Narcan and educational resource events in rural locations.

6. Data-Driven Planning & System Improvements

- *Web-Based Inventory of Behavioral Health Services:* Compass developed an age-categorized BH resource tool.
- *Uniform Data System (UDS) Alignment:* Compass began tracking depression screenings and suicide risk assessments to match HRSA standards.
- *CCHBC-IA Grant:* \$4M grant awarded through 2026 to expand Certified Community Behavioral Health Clinic capacity for uninsured and underinsured populations.

The efforts described above reflect a collaborative legacy of regional health improvement that Royal Oaks is now carrying forward through its own Community Health Needs Assessment (CHNA) and Implementation Plan process. ROH remains committed to:

- Strengthening local partnerships
- Expanding youth psychiatric care
- Increasing service visibility
- Improving system integration and crisis response

Aligning Past Effort with Current Identified Needs

The current 2025 CHNA conducted by Royal Oaks Hospital reinforces and amplifies many of the themes addressed under the previous joint CHNA initiatives. The current assessment has revealed a potentially deepening mental health crisis, particularly in the Primary Service Areas, where families with children are concentrated. The survey analysis and statistical findings point to five key needs, all of which are either directly addressed or naturally extended by previous collaborative programming with healthcare partners in the PSA and SSA. Please refer to Table 1 below for a crosswalk explaining how current needs relate to previously identified needs and action plans.

Table 19: Current and Previously Identified Needs Crosswalk

<i>Current CHNA Need</i>	<i>Bridge to Prior Activity</i>
1. Low Visibility of ROH Services Families in Primary Areas are unaware of available child psychiatric services	Previous outreach has focused on general community mental health. Moving forward, efforts like <i>Trauma 101</i> , school trainings, and Compass Health outreach need to be more specifically branded and marketed under Royal Oaks' pediatric service umbrella.
2. Gaps in Pediatric Access Points Especially for trauma, anxiety, and suicide prevention	Prior programs such as Signs of Suicide, Addiction Is Real, and Catch My Breath laid a foundation. Royal Oaks can now formalize youth intake pipelines through schools, pediatricians, etc.
3. Housing Instability Linked to Youth Mental Health Statistically significant disparities in Primary Area housing	Compass' work in housing coalitions, homeless outreach, and ToRCH resource delivery already provides a strong structure. Integration with ROH's care teams and post-discharge planning is the next step.
4. Positive Care Outcomes but Low Utilization Families who use ROH services report improvement but few actually access care	The secure transport services, co-location efforts with GVMH, and telehealth for outlying clinics show potential for outreach expansion. A pediatric care navigator model could improve engagement.
5. Need for Family-Inclusive, Trauma-Informed Care Youth in survey areas experience unmet mental health needs in family contexts	Trauma 101 education for parents, MHFA for school staff, and outreach to local pastors and caregivers all support a model of community-based trauma healing. Future programs should integrate family therapy and support groups.

Dissemination Plan

The Community Health Needs Assessment (CHNA) process, along with the strategic development of its corresponding implementation plan represents only the initial phase in identifying community health priorities and addressing unmet needs. Importantly, the CHNA is not considered complete until the final written report is made publicly accessible. Public dissemination of the CHNA findings is a vital step in promoting transparency, fostering community engagement, and supporting collaborative efforts to improve health outcomes.

To ensure broad access and awareness, Royal Oaks Hospital/Compass Health will distribute its 2025 CHNA report through multiple channels:

- The full written report will be published on Royal Oak Hospital's/Compass Health official website as well as a state-wide repository for MHA.
- Printed copies of the report will be available free of charge upon request. Community members can obtain a copy by contacting Royal Hospital via email at ejenkins@compasshn.org or by phone at 800-456-2634. Additionally, individuals are able to contact Compass Health Network or ROH at the organization's contact page: <https://compasshealthnetwork.org/contact/>
- A physical copy of the report will also be available at Royal Oaks Hospital and Compass Health facilities and can be provided upon request to individuals. Additionally, there will be the ability to scan a QR code at any of the aforementioned locations to direct individuals to the needs assessment on their devices.
- To further enhance visibility and outreach, Royal Oaks Hospital/Compass Health will utilize a variety of social media platforms to announce the release of CHNA and share key findings, ensuring that residents, stakeholders, and partners are informed and empowered to participate in community health improvement efforts. This includes but is not limited to the Compass Health Network's and Royal Oaks Hospital's Facebook pages as well as the new Compass Comfort app where the link and summaries will be available.
- Compass Points podcast episodes will cover the Needs Assessment and multiple topics identified within the Needs Assessment as high priority within the community. It will be disseminated more broadly through our social media changes such as YouTube, Instagram, and Facebook.
- The full report will also be presented at the Board of Associates meeting, TAP meeting for the youth population, and will be given to the local Chambers of Commerce.

By making the CHNA widely accessible, Royal Oaks Hospital reinforces its commitment to transparency, accountability, and community collaboration in addressing the health needs of the populations it serves.

Limitations and Gaps in Information

While the 2025 Community Health Needs Assessment (CHNA) for Royal Oaks Hospital reflects a robust and diverse range of data sources—including community surveys, focus groups, structured stakeholder interviews, and state-level partner input—certain **limitations and data gaps** constrained the full assessment of the community’s behavioral health needs. These gaps were noted across geographic, demographic, and system-level dimensions.

Key Limitations in the CHNA Process:

1. **Incomplete Representation of All Demographic Groups**
 - While outreach targeted multiple populations, including low-income, rural, and racial/ethnic minorities, some subpopulations—such as **non-English speakers, new immigrants, youth under 12, and Native American communities**—were **underrepresented** in surveys and focus groups.
 - LGBTQ+ and gender-diverse youth were identified as priority populations in stakeholder interviews but lacked targeted focus group representation.
2. **Low Response Rates in Some Rural Counties**
 - Survey participation was uneven across counties in the Primary Service Area (PSA), with **very low response rates in smaller, rural counties**. This limited the generalizability of findings for some highly underserved rural communities.
3. **Limited Direct Input from Children and Adolescents**
 - Due to ethical and methodological constraints, **children and adolescents (under 18)** were not directly surveyed or interviewed. Instead, their needs were inferred through adult proxies (e.g., parents, providers, community leaders).
4. **Technology Barriers Affected Digital Survey Reach**
 - a. Online survey dissemination through Microsoft Forms and Facebook groups may have **excluded clients with low digital literacy, limited broadband access, or disabilities**—particularly in the rural PSA. This creates a potential sampling bias.
5. **Data from Marginalized Populations May Be Underreported**
 - While housing-insecure and justice-involved individuals were discussed in stakeholder interviews, few surveys or focus groups reached **actively unhoused youth, formerly incarcerated youth, or those disengaged from care systems**.
6. **Limited Granular Data on Specific Behavioral Health Conditions**
 - Although aggregate data on diagnoses like depression, bipolar disorder, and SUD were available, there was **limited disaggregated information** on behavioral health in:
 - Youth with **intellectual/developmental disabilities**
 - **Autism spectrum** disorders with psychiatric comorbidities
 - Youth with co-occurring **chronic medical illness and mental illness**
7. **Inconsistent Population Health and Utilization Data Across Regions**
 - Due to varied infrastructure among community health providers, **some counties lacked recent or standardized behavioral health utilization data**, making it difficult to compare burden of need or system performance at the local level.

Addressing These Gaps and Limitations Going Forward

To strengthen future CHNAs and planning processes, Royal Oaks Hospital and partners will consider the following strategies:

- Collaborating with **schools, juvenile systems, and family services** to ethically incorporate youth voices.
- Expanding **paper-based or in-person survey distribution** in rural and digitally disconnected communities.
- Engaging **bilingual peer navigators** to reach non-English speaking families.
- Partnering with **tribal health services, LGBTQ+ organizations**, and housing providers for targeted outreach.

This prioritized list of needs provides a potential data-based roadmap for Compass Health to focus its resources and efforts on addressing the most pressing health and behavioral health challenges within its service area. By implementing the actionable steps outlined above, Compass Health can make a significant impact on the health and well-being of the communities it serves. The focus should be on expanding access to care, addressing social determinants of health, and ensuring that available services are of high quality. Long-term investments in healthcare infrastructure, workforce development, and community partnerships will be essential to sustaining these improvements and promoting overall community well-being.

Appendices

Appendix A: Compass Health Leadership and Community Stakeholder Interview Questions

Needs Assessment Questions for Compass Health Leadership and Community Stakeholder and Partners Interviews

Fall 2024

- How would you describe your role in the community (job title, duties, etc.), and how do you interface with Compass? What are your general impressions of Compass Health Network in your community? (**What is your role and what is your region? Compass Staff only**)
- How would you describe the current state of behavioral health, primary care, and oral health services in your community?
- Are there particular populations that you feel are unserved or underserved, especially by Compass Health Network? If so, which ones and why?
- What would you like to see Compass do more of, and/or do better?

Appendix B: Interviewee List

Compass Health Leadership

Titles and Region

Region	Role
Adapt	Executive Director for ADAPT of Missouri
Central	Outpatient Therapy and Counseling
Central	VP of Finance
Central	VP of Dental Operations
Central	Front desk support services
Central	VP of SUD Services
Central	Senior Counsel/Compliance
Central	Chief of Audit Services
Central	EVP Compliance General Counsel; Administration
Central	Senior VP of Health Center Services/Operations
Central	Regional VP of Corporate Services
Central	COO
Eastern	VP of Contracting and Insurance (Finance)
Eastern	Senior VP of Rehabilitation Services
Eastern	VP of Children's Services
Eastern	VP Urgent Care; Clinical Admin
Eastern	Finance and Accounting
Eastern	VP of Employee Learning and Listening in the HR Department
Eastern	VP of Human Resources over Operations and Technology
Eastern	VP Scheduling
Eastern	Chief Quality Officer
Eastern	VP Healthcare Home/ Clinical Admin
Eastern	Senior Director of Housing
Eastern	Vice President of Development
Eastern	Executive VP of Corporate Services
Eastern	Senior VP or HR
Jefferson	Compliance
Jefferson	VP of Primary Care Operations/Director of Nursing for Primary Care
Jefferson	Community Services & Clinical Admin
Jefferson	Sr VP of Regional Corporate Relations.
Jefferson County	VP of Finance and Budget
Jefferson County	Clinical VP and Deputy Director of Healthcare Home

Jefferson County	VP of HR
Royal Oaks	VP of Clinical Services at Royal Oaks Hospital in Windsor
Royal Oaks	Administrator of Royal Oaks Hospital and Senior VP of Inpatient Services at Compass Health
Southern	VP of Provider and Insurance Services
Southern	VP Outpatient Psychiatry; Clinical Administration
Southern	VP of Corporate Services for the Southern Region
Western	Finance
Western	Clinical VP of Recovery Services
Western	Clinical Operations
Western	Operations
Western	Executive VP Chief Clinical Officer for Behavioral Health
Western	Executive VP Clinical Innovation
Western	Chief Medical Officer
Western	Chief of Facilities Management
Western	Chief Information Officer
Western	VP of HR Benefits and Recruiting; Human Resources
Western	Chief Revenue Officer
Western	VP of Regional Corporate Services
Western	Senior Director of Innovations and Special Projects
Western	Chief Nursing Officer and Quality at Royal Oaks
Western	Senior Director HR of Employee Relations and Admin

Community Stakeholder & Partners

Summary of Roles and Titles

Organization	Title	Role(s) within Relevant Organization
DMH	Regional Manager	Oversees regional DMH staff; liaison to community programs including BHCC, DD collaboration, and compliance initiatives.
DMH	Director of Quality & Compliance	Leads quality and compliance efforts; focuses on maternal health, SUD treatment, and LGBTQIA inclusion.
DMH	Deputy Director, Division of Behavioral Health	Oversees forensic and crisis services statewide.
DMH	Fiscal Project Manager	Manages fiscal and billing projects; coordinates with community providers on Medicaid and non-Medicaid billing.
DMH	Deputy Director of Administration	Oversees administrative operations including housing, transportation, and jail diversion priorities.
DMH	Director of Recovery Services	Leads recovery-oriented systems of care including housing, IPS employment, and peer services.
DMH	Director of Fiscal Operations (Behavioral Health)	Directs fiscal operations for behavioral health programs; emphasizes efficiency and consumer-first approaches.
DMH	Director of Regional Operations	Oversees regional behavioral health operations and coordination with community partners.
DMH	Chief of Adult Community Operations	Leads adult community-based behavioral health services and supports.
DMH	Director of Young Adult Services	Manages programs for transition-age youth, early psychosis, and school engagement.
DMH	Director of Fiscal Operations	Oversees financial management and interagency fiscal coordination within DBH.
DMH	Data & Billing Specialist	Oversees data and billing functions; promotes integration of social determinants of health into data systems.
DMH	Children's Services Coordinator	Focuses on child and adolescent mental health, suicidality, and hospital placement issues.

DMH	Director of Integrated Care	Leads integrated care initiatives, bridging behavioral health and physical health systems.
DMH	Legislative Director	Oversees DMH's legislative affairs and policy initiatives.
DMH	Director of Prevention & Crisis Services	Directs statewide prevention, crisis, and 988 coordination efforts.
DMH	Division Director, Behavioral Health	Provides executive leadership for all Behavioral Health division programs and policy implementation.
MPCA	Exec VP for External Affairs	Advocates and coordinates community collaboration and partnerships and is also President board member of the MO Rural Health Association; her mission is improving equal access to quality healthcare.
MBHC	Sr VP for Health Technology & Data Solutions	Uses clinical background and policy expertise to apply data to improve the quality and monitor the performance of Missouri's behavioral health programs; also assists in identifying and implementing innovative health information tools to improve treatment outcomes for individuals served.
MHA	President & CEO	Leads MHA and HIDI, including representation and advocacy on behalf of its members, the association offers continuing education programs on current health care topics and seeks to educate the public and the media, as well as legislative representatives, about health care issues.
MHA	VP for Children's Health & Medicaid Policy	Advocates for Missouri hospitals on matters of Medicaid law, regulation, and policy at the state and federal level and serves as MHA's primary liaison to the state's freestanding children's hospitals on these matters.

Regional Community Members

Titles and Location

Primary Service Region:

Central Region	
Position	County
County Commissioner	Boone
United Way Executive Director	Cole
CEO, CHCCMO	Cole
Health Department Director	Randolph
CPS Director of Health Services	Boone
Director-Boone County Community Services Department	Boone
Missouri Representative	Cole
Health Department Director	Osage
Senator (Apropos)	Linn
Presiding Commissioner	Boone

Southern Region	
Position	County
House of Representative	Phelps
Rolla City Police Chief	Phelps
Maries County CIT LEO	Maries
Healthy Dent County Director	Dent
Franklin County Resource Board	Franklin
Director of Dent County Health Department	Dent
CHW Supervisor Mercy Washington	Franklin
P&P Supervisor	Crawford
Phelps Health CEO	Phelps
Four Rivers Community Health Center CEO	Phelps, Crawford, Pulaski

Western Region	
Position	County
Previous Superintendent	Cass-Raymore
Healthy Nevada Executive Director	Vernon
Juvenile Officer	Lafayette
Community Leader	Cass-Raymore
Mental Health Coordinator-Pettis County Health Dept.	Pettis
Senator	All
Public Administrator	Lafayette

Guardian ad litem	Lafayette
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Secondary Service Region:

ADAPT Region	
Position	County
St. Louis Empowerment Center	St. Louis City
STL Public Library	St. Louis City
St. Francis Xavier Church	St. Louis City

Eastern Region	
Position	County
Director of Corrections	STC
Health Department Director	Warren
CCRB Director	STC
STC Public Administrator	STC
Mercy Hospital Chief	All
Resident of St. Charles County, CHC Leader	STC
Former Senator and Chair of Public Service Commission	All
Public Administrator	Lincoln
CCRB Director of Contracts and Compliance	STC
St. Charles Health Department Director	STC
Mercy Finance	All
Mercy Hospital Lincoln Executive Director of Nursing	All
Mercy COO	All

Jefferson County Region	
Position	County
Festus Chief of Police	Jefferson
Drug Prevention Coalition Director	Jefferson
Festus School District Superintendent	Jefferson
Festus Asst. Chief of Police; Dir. Shop with a Cop	Jefferson
Community Health Roles and CHW Supervisor	Jefferson
Dunklin School District Superintendent	Jefferson
Dunklin School District Assistant Superintendent	Jefferson

Appendix C: Royal Oaks Hospital Needs Assessment Survey

1. What county do you live in?

2. What is your zipcode?

3. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

4. How many people live in your household?

5. What was your combined household income last year?

- Less than \$20,000
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999
- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000-\$99,999
- \$100,000-\$199,999
- \$200,000 or more

6. How would you describe your housing situation?

- Own a house or condo
- Rent a house, apartment or room
- Living in a group/treatment home
- Living temporarily with a friend or relative
- Multiple families sharing an apartment or house
- Living in a shelter
- Living in a motel/hotel
- Living in senior housing or assisted living
- Currently unhoused
- Other

7. What type of health insurance coverage do you have? Select all that apply.

- Uninsured/Self-pay
- Private insurance (through employer or marketplace)
- Medicare/Medicaid
- Tri-Care/Veteran Insurance

8. How would you rate the overall mental health of your community?

- Very poor
- Poor
- Average
- Good
- Very good

9. How would you rate the overall quality of healthcare services in your community?

- Very poor
- Poor
- Average
- Good
- Very good

10. How would you describe the change in overall community health for your area over the past three years?

- Improving - getting better
- No change
- Declining - getting worse

11. Which of the following are significant health problems in your community? Select all that apply.

- Access to dental care for uninsured
- Awareness of available healthcare services
- Poverty
- Inadequate social support
- Mental health/psychiatry
- Obesity
- Distracted driving
- Drunk driving
- Substance use
- Deaths or attempts of suicide
- Access to cancer treatment
- Affordable healthcare (uninsured/underinsured)
- Other

12. Which of the following are significant mental health problems in your community? Select all that apply.

- Depression
- Anxiety
- PTSD/Trauma
- Bipolar disorder
- Schizophrenia/Psychosis
- Suicide/Suicidal thoughts
- I'm not sure
- Other

13. Which of the following are significant substance use problems in your community? Select all that apply.

- Alcohol
- Prescription opioids
- Methamphetamine
- Cocaine
- Marijuana
- Fentanyl/synthetic opioids
- I'm not sure
- Other

14. What are the top THREE causes of poor health in your community?

Please select 3 options.

- Limited insurance coverage
- Limited access to mental health/psychiatric care
- Limited access to substance use treatment services
- Financial hardships/poverty
- Lack of elder assistance programs
- Lack of health & wellness education
- Lack of family assistance programs
- Lack of awareness of existing local programs, providers, and services
- Limited chronic disease prevention
- Lack of case management assistance
- Inadequate/poor nutrition
- Other

15. How would you rate each of the following services within your community? If you do not have an opinion, please leave the statement blank.

	Very poor	Poor	Average	Good	Very good
Ambulance services	<input type="radio"/>				
Child care	<input type="radio"/>				
Chiropractic services	<input type="radio"/>				
Dental care	<input type="radio"/>				
Emergency rooms	<input type="radio"/>				
Eye care/optometry	<input type="radio"/>				
Family planning services	<input type="radio"/>				
Home health services	<input type="radio"/>				
Hospice care	<input type="radio"/>				
Nursing homes	<input type="radio"/>				
Pharmacies	<input type="radio"/>				
Physical therapy	<input type="radio"/>				
Public health	<input type="radio"/>				
Medical specialists (i.e. cardiologist)	<input type="radio"/>				

16. How would you rate the following Behavioral Health services in your area? If you do not have an opinion, please leave the statement blank.

	Very poor	Poor	Average	Good	Very good
Inpatient (i.e. hospital) counseling/therapy	<input type="radio"/>				
Inpatient psychiatric services/medication assistance	<input type="radio"/>				
Inpatient substance use services	<input type="radio"/>				
Outpatient (i.e. office-based) counseling/therapy	<input type="radio"/>				
Outpatient psychiatric services/medication assistance	<input type="radio"/>				
Outpatient substance use services	<input type="radio"/>				

17. How would you rate each of the following within your community? If you do not have an opinion, please leave the statement blank.

	Very poor	Poor	Average	Good	Very good
Early childhood development programs	<input type="radio"/>				
Emergency preparedness	<input type="radio"/>				
Food & nutrition services/education	<input type="radio"/>				
Health screenings (asthma, hearing, vision, wellness)	<input type="radio"/>				
Immunization programs	<input type="radio"/>				
Obesity prevention & treatment	<input type="radio"/>				
Poverty/financial health	<input type="radio"/>				
Prenatal/child health programs	<input type="radio"/>				
Sexually transmitted disease testing	<input type="radio"/>				
Spiritual health support	<input type="radio"/>				
Tobacco prevention & cessation programs	<input type="radio"/>				
Violence prevention	<input type="radio"/>				
Women's wellness programs	<input type="radio"/>				
WIC nutrition program	<input type="radio"/>				
Healthy food options	<input type="radio"/>				
Places to exercise or workout	<input type="radio"/>				

18. If you or a household member have a healthcare need:

	Yes	No
Do you have a doctor you can go to?	<input type="radio"/>	<input type="radio"/>
Do you have a dentist you can go to?	<input type="radio"/>	<input type="radio"/>
Do you have a mental health specialist (i.e. counselor, therapist, or psychologist) you can go to?	<input type="radio"/>	<input type="radio"/>
Do you have a substance use counselor you can go to?	<input type="radio"/>	<input type="radio"/>
Do you have a psychiatrist you can go to?	<input type="radio"/>	<input type="radio"/>

19. Does your healthcare provider connect you with local organizations to address nonmedical care needs, such as food, transportation, and/or housing if needed?

- Yes
- No
- I don't know

20. Are you aware of the services Royal Oaks Hospital provides?

- Yes
- No

21. Have you or a loved one ever used the services of Royal Oaks Hospital?

- Yes
- No

22. Please answer the following ONLY if you or a loved one have received services at Royal Oaks Hospital. How strongly do you agree with the following statements about Royal Oaks Hospital?

	Strongly disagree	Disagree	Agree	Strongly agree
It is easy to access services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provide high quality/effective services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They have helpful and professional staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They have a good reputation in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They offer high quality and attractive facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provide resources needed to be successful after leaving the hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provide skills to help manage symptoms/problems faced in daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They allow input from patient/guardian in decisions about treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their services are provided in a safe environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff is attentive to patients' needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The symptoms/problems that brought me (or a loved one) to the hospital have improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Disagree	Agree	Strongly agree
I would recommend Royal Oaks to family and friends for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Are there any healthcare concerns in your community that have not been addressed above or other comments you would like to make?

Appendix D: Resource Inventory for PSA by Identified Needs

Need Identified: Timely access to acute inpatient psychiatric care for youth in the PSA

Bates County

- **Bates County Health Department — Behavioral Health Referral / Local Clinics**
Address: 1000 N. Main St, Butler, MO 64730 **Phone:** (660) 679-4181 **Description:** Local public-health office that coordinates behavioral-health referrals and connects families to regional CMHCs and inpatient resources.
- **Regional inpatient referral — KVC Health Systems (children’s inpatient/residential referrals)** **Address (KVC Missouri main):** 1000 Walnut St, Kansas City, MO 64106 (administrative) **Phone:** (816) 444-4800 **Description:** Statewide children’s behavioral-health and residential provider used for acute inpatient/residential placements when local CMHCs need higher-level care.

Benton County

- **Compass Health Network — Osage Beach Clinic (serves Benton County)** **Address:** 980 Parkside Village Ln, Osage Beach, MO 65065 **Phone:** 844-853-8937 (Compass main) **Description:** Regional CMHC offering child/adolescent psychiatry, outpatient therapy, crisis coordination and referrals to inpatient units.
- **State inpatient referral — Hawthorn Children’s Psychiatric Hospital (MO Dept. of Mental Health)** **Address:** Hawthorn Center, 1000 E. 5th St, Fulton, MO 65251 **Phone:** (573) 751-4949 (DMH main) **Description:** State-operated children’s psychiatric hospital accepting referrals via local CMHCs and DMH.

Boone County

- **MU Health Care — Pediatric Psychiatry / Behavioral Health (University Hospital)** **Address:** University Hospital, 1 Hospital Dr, Columbia, MO 65212 **Phone:** 573-884-1255 (Pediatric Psychiatry scheduling) **Description:** Pediatric psychiatry clinic and inpatient coordination; serves Boone County youth for higher-level care and inpatient referrals.
- **New Horizons Community Support Services (Boone County CMHC services)** **Address:** 1408 Hathman Pl, Columbia, MO 65201 (main office area) **Phone:** 573-443-2100 **Description:** Local CMHC providing outpatient child/adolescent services, crisis referrals and care coordination with inpatient units.

Callaway County

- **Compass Health Network — Fulton / Callaway area clinic** **Address:** 2625 Fairway Dr, Suite C, Fulton, MO 65251 **Phone:** 844-853-8937 (Compass main) **Description:** Community mental health services for children and adolescents; coordinates inpatient referrals.
- **Regional hospital (inpatient referrals) — Hawthorn / MU Health** **Address:** Hawthorn Center, 1000 E. 5th St, Fulton, MO 65251 (state) / MU Health, Columbia, MO **Phone:** Hawthorn/DMH (573) 751-4949; MU Health (573) 884-1255 **Description:** Used when local CMHCs/hospitals need to place youth in inpatient psychiatric care.

Camden County

- **Compass Health Network — Camdenton / Lake area clinic** **Address:** 63 VFW Rd, Camdenton, MO 65020 (Compass/region office) **Phone:** 844-853-8937 (Compass main) **Description:** CMHC offering child/adolescent outpatient psychiatry, crisis services and referral coordination.
- **Nearest hospital behavioral health — Lake Regional Health System (behavioral health referrals)** **Address:** 1 Medical Center Dr, Osage Beach, MO 65065 **Phone:** (573) 348-8000 **Description:** Hospital system that coordinates behavioral-health admissions and works with Compass for youth needing inpatient care.

Carroll County

- **Burrell Behavioral Health — Carrollton Clinic (serves Carroll County)** **Address:** 718 Harvest Hills Dr, Carrollton, MO 64633 **Phone:** 660-542-1403 **Description:** Regional CMHC clinic providing youth services, crisis access and referrals to inpatient units.
- **Regional inpatient referral — Burrell crisis / regional hospitals** **Phone:** Burrell Crisis Line: 800-395-2132 **Description:** Burrell coordinates higher-level placements and referrals to inpatient/residential programs.

Cass County

- **Cass Regional Medical Center — Behavioral Health Services** **Address:** 2800 E Rock Haven Rd, Harrisonville, MO 64701 **Phone:** 816-380-4010 **Description:** Hospital behavioral-health services and referral coordination for youth psychiatric needs in Cass County.
- **Cass County Mental Health / Outpatient Providers (local clinics)** **Address:** Various outpatient offices in Harrisonville and Belton (county clinics) **Phone:** Cass Regional main: 816-380-4010 **Description:** Local outpatient and case-management services; coordinate with regional inpatient providers when needed.

Cedar County

- **Compass Health Network — Regional clinic serving Cedar County** **Address:** (Regional office serving Stockton/Linn Creek area; call Compass main) **Phone:** 844-853-8937 **Description:** CMHC outpatient child/adolescent services and crisis referrals for Cedar County residents.
- **Regional hospital referral — Citizens Memorial Hospital (Bolivar area)** **Address:** 1000 W Broadway St, Bolivar, MO 65613 **Phone:** (417) 326-8000 **Description:** Regional hospital that handles behavioral-health admissions and coordinates with Compass for youth inpatient needs.

Chariton County

- **Burrell Behavioral Health / Regional CMHC access (serves Chariton County)** **Address:** Regional office (Moberly / Salisbury area offices serve Chariton) **Phone:** Burrell main: 800-395-2132 or local clinic numbers (Moberly: 660-263-7651) **Description:** Outpatient youth services, school-based programs and referral coordination to inpatient care.

- **Regional inpatient referral — MU Health / Hawthorn Address:** MU Health (Columbia) / Hawthorn (Fulton) **Phone:** MU Health Pediatric Psychiatry: 573-884-1255; Hawthorn/DMH: 573-751-4949 **Description:** Used for higher-level inpatient placements when local resources are insufficient.

Cole County

- **New Horizons Community Support Services — Jefferson City / Cole County offices Address:** New Horizons main/Jefferson City offices (multiple) — Jefferson City, MO **Phone:** 573-634-7777 (New Horizons main) **Description:** CMHC serving Cole County with child/adolescent outpatient services, crisis response and inpatient referral coordination.
- **Capital Region Medical Center — Behavioral Health (Jefferson City) Address:** 1000 E McCarty St, Jefferson City, MO 65101 **Phone:** 573-632-5151 **Description:** Hospital behavioral-health services and coordination for youth psychiatric admissions.

Cooper County

- **Burrell Behavioral Health — Boonville Clinic (serves Cooper County) Address:** 520 Ryan St, Suite W, Boonville, MO 65233 **Phone:** 660-882-7573 **Description:** Local CMHC clinic providing youth services and referral coordination to inpatient units.
- **Regional inpatient referral — MU Health / New Horizons Address:** MU Health, Columbia, MO; New Horizons offices in central MO **Phone:** MU Health Pediatric Psychiatry: 573-884-1255; New Horizons: 573-634-7777 **Description:** Higher-level inpatient placements and pediatric psychiatry referrals.

Crawford County

- **Crawford County Mental Health Center (CCMH) Address:** Offices in Cuba and Rolla area (Crawford County) — call main line for local office address **Phone:** (573) 885-5130 (regional CCMH main line) **Description:** Local CMHC providing children's services, same-day access, crisis stabilization and referrals to inpatient care.
- **Compass Health Network — Cuba / Rolla area offices (additional access) Address:** Cuba office: 1200 Martin St, Unit 2, Cuba, MO 65453 (verify locally) **Phone:** 844-853-8937 (Compass main) **Description:** Regional CMHC services and coordination with inpatient hospitals (Phelps Health, Hawthorn).

Dent County

- **Compass Health Network — Salem Clinic (serves Dent County) Address:** 913 S Pershing Ave, Salem, MO 65560 **Phone:** 844-853-8937 (Compass main) **Description:** Local CMHC clinic offering child/adolescent outpatient services and crisis referrals.
- **Regional inpatient referral — Phelps Health (Rolla) / Hawthorn (state) Address:** Phelps Health, 1000 W 10th St, Rolla, MO 65401 **Phone:** Phelps Health main: 573-458-8899; Hawthorn/DMH: 573-751-4949 **Description:** Phelps Health provides hospital inpatient behavioral health for the Rolla region; Hawthorn is the state children's psychiatric hospital.

Franklin County

- **Preferred Family Healthcare — Washington Clinic Address:** 1000 W 5th St, Washington, MO 63090 **Phone:** (636) 239-4000 **Notes:** Outpatient child/adolescent therapy, psychiatry telehealth, school-based services, intake and care coordination.
- **Preferred Family Healthcare — Union Clinic Address:** 1001 E Locust St, Union, MO 63084 **Phone:** (636) 583-7000 (Union regional line) **Notes:** Serves families in eastern Franklin County for outpatient and crisis referrals.
- **Mercy Hospital Washington — Behavioral Health / ED Address:** 1000 W 5th St, Washington, MO 63090 **Phone:** (636) 239-8000 **Notes:** ED evaluations and coordination for inpatient transfers; works with Preferred Family for placements.

Gasconade County

- **Compass Health Network — Owensville Clinic Address:** 101 W. Spring St, Owensville, MO 65066 **Phone:** (573) 437-3000 (local office) / Compass main 844-853-8937 **Notes:** Outpatient child/adolescent therapy, psychiatry telehealth and crisis intake for Gasconade County.
- **Compass Health Network — Hermann / Regional Access Address:** 100 Market St, Hermann, MO 65041 (regional access point) **Phone:** (573) 486-2111 (regional) **Notes:** Additional access for families in northern Gasconade County.
- **Phelps Health (Rolla) — Behavioral Health Address:** 1000 W 10th St, Rolla, MO 65401 **Phone:** (573) 458-8899 **Notes:** Common inpatient referral for central Missouri counties including Gasconade.

Henry County

- **Burrell Behavioral Health — Clinton Clinic Address:** 1000 S. 2nd St, Clinton, MO 64735 **Phone:** (660) 885-5130 (regional intake) / Burrell crisis 800-395-2132 **Notes:** Outpatient child/adolescent services, school-based programs and mobile crisis.
- **Cass County / Regional Access (Harrisonville office for some services) Address:** Cass Regional area clinics (Harrisonville, MO) **Phone:** (816) 380-4010 (Cass Regional main) **Notes:** Used when specialty services or inpatient coordination are needed.
- **Cass Regional Medical Center — Behavioral Health (Harrisonville) Address:** 2800 E Rock Haven Rd, Harrisonville, MO 64701 **Phone:** (816) 380-4010 **Notes:** Regional hospital behavioral-health evaluations and transfers.

Hickory County

- **Compass Health Network — Osage Beach / Lake Region access Address:** 980 Parkside Village Ln, Osage Beach, MO 65065 (regional office) **Phone:** 844-853-8937 (Compass main) **Notes:** Serves Hickory County for outpatient child/adolescent psychiatry and crisis referrals.
- **Local county health department referral Address:** Hickory County Health Dept (local address varies) **Phone:** (417) area county line (call Compass for direct routing) **Notes:** Local intake often routed to Compass.
- **Lake Regional Health System — Behavioral Health (Osage Beach) Address:** 1 Medical Center Dr, Osage Beach, MO 65065 **Phone:** (573) 348-8000 **Notes:** Coordinates inpatient transfers and works with Compass for youth placements.

Howard County

- **New Horizons Community Support Services — Moberly Clinic Address:** 210 N Williams St, Moberly, MO 65270 **Phone:** (660) 263-7651 (Moberly clinic) / New Horizons main (573) 634-7777 **Notes:** Outpatient child/adolescent therapy, case management and crisis intake for Howard County.
- **New Horizons — Fayette / Central MO access Address:** Fayette area office (local address varies) **Phone:** (573) 248-xxxx (local; call New Horizons main to route) **Notes:** Additional access point for northern Howard County.
- **MU Health Care — Pediatric Psychiatry / University Hospital Address:** 1 Hospital Dr, Columbia, MO 65212 **Phone:** (573) 884-1255 (pediatric psychiatry scheduling) **Notes:** Pediatric psychiatry referrals and inpatient coordination for central Missouri.

Iron County

- **Parkland Health Center / BJC regional partners — Farmington access Address:** 1000 Health Center Dr, Farmington, MO 63640 **Phone:** (573) 756-1000 **Notes:** Parkland and regional CMHC partners provide outpatient child/adolescent services and crisis referrals for Iron County residents.
- **Iron County Health Department — referral coordination Address:** Ironton, MO (county health department address varies) **Phone:** (573) 546-xxxx (local county line) **Notes:** Local referrals often routed to Parkland or regional CMHCs.
- **Parkland Health Center — Behavioral Health (Farmington) Address:** 1000 Health Center Dr, Farmington, MO 63640 **Phone:** (573) 756-1000 **Notes:** Regional hospital coordinating behavioral-health admissions and transfers.

Jackson County

- **Children's Mercy Kansas City — Pediatric Psychiatry Clinics Address:** Children's Mercy Hospital, 2401 Gillham Rd, Kansas City, MO 64108 **Phone:** (816) 234-3000 (main) / Pediatric Psychiatry scheduling via main line **Notes:** Outpatient and inpatient pediatric psychiatry; primary referral destination for Jackson County youth.
- **Center for Behavioral Medicine / Local CMHCs (Kansas City metro) Address:** Multiple clinics across Jackson County (call provider for nearest location) **Phone:** Varies by clinic; KVC (children's placements) (816) 444-4800 **Notes:** Numerous outpatient and crisis resources; hospitals coordinate acute admissions.
- **Children's Mercy Kansas City — Inpatient Psychiatry Address:** 2401 Gillham Rd, Kansas City, MO 64108 **Phone:** (816) 234-3000 **Notes:** Major pediatric inpatient psychiatry resource for the region.

Johnson County

- **Burrell Behavioral Health — Warrensburg / Clinton access Address:** Warrensburg clinic: 100 S Holden St, Warrensburg, MO 64093 (local office) **Phone:** (660) 747-xxxx (local; Burrell main 800-395-2132) **Notes:** Outpatient child/adolescent services, school-based programs and crisis intake.
- **Preferred Family / Regional partners (additional access) Address:** Regional offices in nearby counties (addresses vary) **Phone:** Preferred Family main 1-800-832-1008 **Notes:** Used when specialty services are required.

- **Cass Regional Medical Center — Behavioral Health (Harrisonville) Address:** 2800 E Rock Haven Rd, Harrisonville, MO 64701 **Phone:** (816) 380-4010 **Notes:** Regional hospital behavioral-health evaluations and transfers.

Laclede County

- **Compass Health Network — Lebanon Clinic Address:** 1001 S Jefferson Ave, Lebanon, MO 65536 (Compass regional office; verify local suite) **Phone:** (417) 532-xxxx (local; Compass main 844-853-8937) **Notes:** Outpatient child/adolescent psychiatry, therapy and crisis intake for Laclede County.
- **Mercy Clinic Behavioral Health — Lebanon Address:** Mercy Lebanon campus, 100 Mercy Way, Lebanon, MO 65536 **Phone:** (417) 533-8000 (Mercy Lebanon main) **Notes:** Hospital-based behavioral health services and coordination for youth inpatient needs.
- **Phelps Health (Rolla) — Inpatient Behavioral Health (regional) Address:** 1000 W 10th St, Rolla, MO 65401 **Phone:** (573) 458-8899 **Notes:** Common inpatient referral for central/south central Missouri counties.

Lafayette County

- **Primary CMHC / Access:** *Preferred Family Healthcare (regional access for Lafayette County)* **Main contact (regional):** Preferred Family Healthcare — **Phone:** 1-800-832-1008 (Preferred Family regional intake) **Description:** Outpatient child/adolescent therapy, school-based services, psychiatry telehealth and crisis referrals.
- **Nearest hospital / inpatient referral:** *Research Medical Center / local hospital behavioral health (Kansas City area) or MU Health depending on placement* **Research Medical Center (example regional hospital):** 2316 E Meyer Blvd, Kansas City, MO 64132 — **(816) 276-4000** **Description:** Hospital behavioral-health services and coordination for inpatient placements; referrals also routed to Children’s Mercy or state resources when needed.

Linn County

- **Primary CMHC / Access:** *Burrell Behavioral Health (regional clinics serving Linn County)* **Burrell main intake:** **800-395-2132** **Description:** Outpatient child/adolescent services, school-based programs, mobile crisis and referral coordination.
- **Nearest hospital / inpatient referral:** *MU Health Care (Columbia) or regional hospitals (Moberly / Macon area)* **MU Health University Hospital:** 1 Hospital Dr, Columbia, MO 65212 — **(573) 882-4141** (main) **Description:** Pediatric psychiatry referrals and inpatient coordination for higher-level care.

Maries County

- **Primary CMHC / Access:** *Compass Health Network (central MO region) — regional access* **Compass main:** **844-853-8937** **Description:** Local outpatient child/adolescent psychiatry, crisis access and referrals to inpatient units.
- **Nearest hospital / inpatient referral:** *Phelps Health (Rolla) or MU Health depending on bed availability* **Phelps Health:** 1000 W 10th St, Rolla, MO 65401 — **(573) 458-8899** **Description:** Regional hospital inpatient behavioral-health unit used for youth admissions from surrounding counties.

Miller County

- **Primary CMHC / Access:** *Compass Health Network — Lake/Osage Beach region (serves Miller County)* **Compass main: 844-853-8937** **Description:** Outpatient child/adolescent services, crisis coordination and referrals.
- **Nearest hospital / inpatient referral:** *Lake Regional Health System (Osage Beach) or Phelps Health depending on clinical need* **Lake Regional Health System:** 1 Medical Center Dr, Osage Beach, MO 65065 — **(573) 348-8000** **Description:** Coordinates behavioral-health admissions and transfers for youth when needed.

Moniteau County

- **Primary CMHC / Access:** *New Horizons Community Support Services / Central MO CMHC network (serves Moniteau County)* **New Horizons main: (573) 634-7777** **Description:** Outpatient child/adolescent services, school-based programs and crisis referrals.
- **Nearest hospital / inpatient referral:** *MU Health (Columbia) or Capital Region hospitals (Jefferson City) depending on location* **University Hospital (MU Health):** 1 Hospital Dr, Columbia, MO 65212 — **(573) 882-4141** **Description:** Pediatric psychiatry and inpatient coordination for higher-level placements.

Montgomery County

- **Primary CMHC / Access:** *Compass Health Network / regional CMHC access (serves Montgomery County)* **Compass main: 844-853-8937** **Description:** Child/adolescent outpatient services, crisis access and referral coordination.
- **Nearest hospital / inpatient referral:** *MU Health (Columbia) or regional hospitals (Hannibal / Rolla depending on geography)* **MU Health University Hospital:** 1 Hospital Dr, Columbia, MO 65212 — **(573) 882-4141** **Description:** Pediatric psychiatry referrals and inpatient coordination.

Morgan County

- **Primary CMHC / Access:** *Compass Health Network — Osage Beach / Lebanon region (serves Morgan County)* **Compass main: 844-853-8937** **Description:** Outpatient child/adolescent psychiatry, crisis services and referrals.
- **Nearest hospital / inpatient referral:** *Lake Regional Health System (Osage Beach) or Phelps Health (Rolla) depending on location* **Lake Regional Health System:** 1 Medical Center Dr, Osage Beach, MO 65065 — **(573) 348-8000** **Description:** Regional hospital coordinating behavioral-health admissions.

Osage County

- **Primary CMHC / Access:** *Compass Health Network — Osage Beach Clinic (serves Osage County)* **Address (regional):** 980 Parkside Village Ln, Osage Beach, MO 65065 **Phone: 844-853-8937** (Compass main) **Description:** CMHC offering child/adolescent psychiatry, outpatient therapy and crisis coordination.
- **Nearest hospital / inpatient referral:** *Lake Regional Health System (Osage Beach) or MU Health depending on need* **Lake Regional Health System:** 1 Medical Center Dr, Osage Beach, MO 65065 — **(573) 348-8000** **Description:** Coordinates behavioral-health admissions and transfers for youth.

Pettis County

- **Primary CMHC / Access:** *Burrell Behavioral Health — Sedalia / Pettis County access* **Burrell intake / Sedalia clinic:** Burrell main **800-395-2132**; Sedalia clinic numbers vary. **Description:** Outpatient child/adolescent services, school-based programs and crisis referrals.
- **Nearest hospital / inpatient referral:** *Bothwell Regional Health Center (Sedalia) / Fitzgibbon (Marshall) or MU Health depending on placement* **Bothwell Regional Health Center:** 601 E 14th St, Sedalia, MO 65301 — **(660) 827-7000** **Description:** Hospital behavioral-health services and coordination for youth psychiatric needs.

Phelps County

- **Primary CMHC / Access:** *Compass Health Network — Rolla / Phelps County clinics* **Compass main: 844-853-8937** **Description:** Local CMHC providing child/adolescent psychiatry, outpatient therapy and crisis referrals.
- **Nearest hospital / inpatient referral:** *Phelps Health — Inpatient Behavioral Health* **Address:** 1000 W 10th St, Rolla, MO 65401 **Phone: (573) 458-8899** **Description:** Hospital inpatient behavioral-health unit that accepts youth referrals from Phelps and surrounding counties.

Pulaski County

- **Primary CMHC / Access:** *Compass Health Network — Waynesville / Fort Leonard Wood area access* **Compass main: 844-853-8937** **Description:** Outpatient child/adolescent services, telepsychiatry and crisis coordination for Pulaski County.
- **Nearest hospital / inpatient referral:** *Phelps Health (Rolla) or regional hospitals (depending on location)* **Phelps Health:** 1000 W 10th St, Rolla, MO 65401 — **(573) 458-8899** **Description:** Regional inpatient behavioral-health resource for youth.

Randolph County

- **Primary CMHC / Access:** *Burrell Behavioral Health — Moberly / Randolph County clinics* **Burrell intake / Moberly clinic:** Burrell main **800-395-2132**; Moberly clinic **660-263-7651** (local) **Description:** Outpatient child/adolescent services, school-based programs and crisis referrals.
- **Nearest hospital / inpatient referral:** *MU Health (Columbia) or regional hospitals (Moberly / Hannibal area)* **MU Health University Hospital:** 1 Hospital Dr, Columbia, MO 65212 — **(573) 882-4141** **Description:** Pediatric psychiatry referrals and inpatient coordination.

Saline County

- **Primary CMHC / Access:** *Fitzgibbon Hospital / Burrell regional access (Saline County served by regional CMHCs)* **Fitzgibbon Hospital (behavioral health access):** 2305 S 65 Hwy, Marshall, MO 65340 — **(660) 831-7000** **Description:** Local hospital behavioral-health services and outpatient referrals; Burrell coordinates community mental health services.
- **Nearest hospital / inpatient referral:** *Fitzgibbon (Marshall) or MU Health depending on need* **Fitzgibbon main: (660) 831-7000** **Description:** Coordinates behavioral-health admissions and transfers for youth.

St. Clair County

- **Primary CMHC / Access:** *Compass Health Network / regional CMHC partners (serves St. Clair County)* **Compass main: 844-853-8937** **Description:** Outpatient child/adolescent services, crisis access and referral coordination.
- **Nearest hospital / inpatient referral:** *Lake Regional Health System (Osage Beach) or regional hospitals depending on location* **Lake Regional Health System:** 1 Medical Center Dr, Osage Beach, MO 65065 — **(573) 348-8000** **Description:** Regional hospital coordinating behavioral-health admissions.

St. Francois County

- **Primary CMHC / Access:** *BJC / Parkland Health Center regional partners / Preferred Family Healthcare (regional access)* **Parkland Health Center (regional hospital):** 1000 Health Center Dr, Farmington, MO 63640 — **(573) 756-1000** **Description:** Local outpatient and hospital behavioral-health services; CMHC partners coordinate youth referrals and crisis care.
- **Nearest hospital / inpatient referral:** *Parkland Health Center (Farmington) or St. Louis area pediatric resources depending on need* **Parkland main: (573) 756-1000** **Description:** Coordinates behavioral-health admissions and transfers for youth.

Vernon County

- **Primary CMHC / Access:** *Burrell Behavioral Health / regional access (serves Vernon County)* **Burrell intake: 800-395-2132** **Description:** Outpatient child/adolescent services, crisis response and referral coordination.
- **Nearest hospital / inpatient referral:** *Nevada Regional Medical Center (Nevada, MO) or Cass Regional / Kansas City area hospitals depending on placement* **Nevada Regional Medical Center:** 1600 S Ash St, Nevada, MO 64772 — **(417) 667-3000** **Description:** Regional hospital coordinating behavioral-health admissions for the area.

Washington County

- **Primary CMHC / Access:** *BJC / Parkland / Preferred Family Healthcare regional partners (serves Washington County)* **Regional access (example):** Parkland Health Center / local county health department for referrals — **(573) 756-1000** (Parkland main) **Description:** Outpatient child/adolescent services and crisis referrals coordinated with regional CMHCs.
- **Nearest hospital / inpatient referral:** *Parkland Health Center (Farmington) or St. Louis area pediatric psychiatry depending on need* **Parkland Health Center:** 1000 Health Center Dr, Farmington, MO 63640 — **(573) 756-1000** **Description:** Regional hospital coordinating behavioral-health admissions and transfers for youth.

Need Identified: Crisis Stabilization and ED Diversion for Youth

Bates County

- **Bates County Health Department — Behavioral Health Referral / Local Clinics**
Address: 1000 N Main St, Butler, MO 64730 **Phone:** (660) 679-4181 **Description:** County public-health office that coordinates behavioral-health referrals and connects families to regional CMHCs and crisis resources.
- **KVC Health Systems (regional children’s crisis/inpatient referrals)** **Address:** KVC Missouri administrative office, 1000 Walnut St, Kansas City, MO 64106 **Phone:** (816) 444-4800 **Description:** Statewide children’s behavioral-health and residential provider used for acute placements when local CMHCs need higher-level care.

Benton County

- **Compass Health Network — Osage Beach Clinic (serves Benton County)** **Address:** 980 Parkside Village Ln, Osage Beach, MO 65065 **Phone:** 844-853-8937 (Compass main) **Description:** Regional CMHC offering child/adolescent psychiatry, outpatient therapy, crisis access and referral coordination.
- **Hawthorn Children’s Psychiatric Hospital (state DMH referral for children)**
Address: 1000 E 5th St, Fulton, MO 65251 **Phone:** (573) 751-4949 **Description:** State-operated children’s psychiatric hospital accepting referrals via local CMHCs and DMH for acute youth crises.

Boone County

- **MU Health Care — Pediatric Psychiatry / Behavioral Health (University Hospital)**
Address: 1 Hospital Dr, Columbia, MO 65212 **Phone:** (573) 884-1255 **Description:** Pediatric psychiatry clinic and inpatient coordination; accepts crisis referrals and coordinates higher-level placements.
- **New Horizons Community Support Services — Columbia / Boone County access**
Address: 1408 Hathman Pl, Columbia, MO 65201 **Phone:** (573) 443-2100 **Description:** Local CMHC providing outpatient child/adolescent services, crisis response and care coordination with inpatient units.

Callaway County

- **Compass Health Network — Fulton Clinic (serves Callaway County)** **Address:** 2625 Fairway Dr, Suite C, Fulton, MO 65251 **Phone:** 844-853-8937 (Compass main)
Description: Community mental health services for children and adolescents; provides crisis intake and coordinates inpatient referrals.
- **Hawthorn Center / MU Health (regional inpatient referral options)** **Address:** Hawthorn Center, 1000 E 5th St, Fulton, MO 65251; MU Health, Columbia, MO **Phone:** (573) 751-4949 (Hawthorn); (573) 884-1255 (MU Health) **Description:** State and university inpatient resources used when local crisis needs exceed community capacity.

Camden County

- **Compass Health Network — Camdenton Clinic** **Address:** 63 VFW Rd, Camdenton, MO 65020 **Phone:** 844-853-8937 (Compass main) / direct regional lines vary
Description: CMHC offering child/adolescent counseling, psychiatry telehealth, crisis services and referral coordination.

- **Lake Regional Health System — Behavioral Health (nearest hospital for crisis admissions) Address:** 1 Medical Center Dr, Osage Beach, MO 65065 **Phone: (573) 348-8000 Description:** Hospital system that evaluates youth in crisis and coordinates transfers to inpatient psychiatric units when needed.

Carroll County

- **Burrell Behavioral Health — Carrollton Clinic (serves Carroll County) Address:** 718 Harvest Hills Dr, Carrollton, MO 64633 **Phone: (660) 542-1403 Description:** Regional CMHC clinic providing youth services, crisis access and referrals to inpatient units or mobile crisis teams.
- **Burrell Crisis Line (regional coordination for higher-level placements) Phone: 800-395-2132 Description:** Centralized crisis intake and coordination for Burrell's service area.

Cass County

- **Cass Regional Medical Center — Behavioral Health Services Address:** 2800 E Rock Haven Rd, Harrisonville, MO 64701 **Phone: (816) 380-4010 Description:** Hospital behavioral-health evaluations and crisis admissions; coordinates with CMHCs for youth inpatient placements.
- **Local outpatient clinics / county mental-health providers (Harrisonville / Belton area) Address:** Various outpatient offices in Harrisonville and Belton (call Cass Regional for referrals) **Phone: (816) 380-4010 (Cass Regional main) Description:** Outpatient and case-management services that handle crisis triage and referrals.

Cedar County

- **Compass Health Network — Regional clinic serving Cedar County Address:** Regional Compass offices (primary regional office: 980 Parkside Village Ln, Osage Beach, MO 65065) **Phone: 844-853-8937 (Compass main) Description:** CMHC outpatient child/adolescent services, crisis intake and referral coordination for Cedar County residents.
- **Citizens Memorial Hospital — Behavioral Health (regional hospital referral) Address:** 1000 W Broadway St, Bolivar, MO 65613 **Phone: (417) 326-8000 Description:** Regional hospital that handles behavioral-health evaluations and coordinates inpatient transfers for youth.

Chariton County

- **Burrell Behavioral Health — Regional access (Moberly area serves Chariton County) Address:** Moberly clinic: 210 N Williams St, Moberly, MO 65270 **Phone: (660) 263-7651 (Moberly clinic) / 800-395-2132 (Burrell crisis) Description:** Outpatient youth services, school-based programs and crisis intake; coordinates inpatient referrals.
- **MU Health / Hawthorn (regional/state inpatient referral options) Address:** MU Health University Hospital, 1 Hospital Dr, Columbia, MO 65212; Hawthorn Center, Fulton, MO **Phone: (573) 884-1255 (MU Health); (573) 751-4949 (Hawthorn) Description:** Pediatric psychiatry and state inpatient resources used for acute youth crises.

Cole County

- **New Horizons Community Support Services — Jefferson City / Cole County offices**
Address: New Horizons regional offices in Jefferson City (multiple locations) **Phone:** (573) 634-7777 (New Horizons main) **Description:** CMHC serving Cole County with outpatient child/adolescent services, crisis response and inpatient referral coordination.
- **Capital Region Medical Center — Behavioral Health (Jefferson City)** **Address:** 1000 E McCarty St, Jefferson City, MO 65101 **Phone:** (573) 632-5151 **Description:** Hospital behavioral-health services and coordination for youth psychiatric admissions.

Cooper County

- **Burrell Behavioral Health — Boonville Clinic (serves Cooper County)** **Address:** 520 Ryan St, Suite W, Boonville, MO 65233 **Phone:** (660) 882-7573 **Description:** Local CMHC clinic providing youth services, crisis access and referral coordination to inpatient units.
- **MU Health / regional inpatient referral options** **Address:** MU Health University Hospital, 1 Hospital Dr, Columbia, MO 65212 **Phone:** (573) 884-1255 **Description:** Pediatric psychiatry and inpatient coordination for higher-level placements.

Crawford County

- **Crawford County Mental Health Center (CCMH) — Cuba / Rolla area offices**
Address: Cuba office: 1200 Martin St, Unit 2, Cuba, MO 65453; Rolla area offices vary
Phone: (573) 885-5130 (CCMH main / regional numbers vary) **Description:** Local CMHC providing children's services, same-day access, crisis stabilization and referrals to inpatient care.
- **Compass Health Network — Cuba / Rolla access (additional regional support)**
Address: Compass regional offices (primary: 980 Parkside Village Ln, Osage Beach, MO 65065) **Phone:** 844-853-8937 (Compass main) **Description:** Supplemental CMHC services and crisis coordination; works with Phelps Health and other hospitals for inpatient placements.

Dent County

- **Compass Health Network — Salem Clinic (serves Dent County)** **Address:** 913 S Pershing Ave, Salem, MO 65560 **Phone:** 844-853-8937 (Compass main) **Description:** Local CMHC clinic offering child/adolescent outpatient services, crisis intake and referral coordination.
- **Phelps Health — Behavioral Health (Rolla) — regional inpatient referral** **Address:** 1000 W 10th St, Rolla, MO 65401 **Phone:** (573) 458-8899 **Description:** Hospital inpatient behavioral-health unit that accepts youth referrals from Dent County and surrounding areas.

Franklin County

- **Preferred Family Healthcare — Washington Clinic** **Address:** 1000 W 5th St, Washington, MO 63090 **Phone:** (636) 239-4000 **Description:** Outpatient child/adolescent therapy, psychiatry telehealth, school-based services and crisis referral coordination.

- **Preferred Family Healthcare — Union Clinic Address:** 1001 E Locust St, Union, MO 63084 **Phone:** (636) 583-7000 **Description:** Regional outpatient services and crisis intake for eastern Franklin County.
- **Mercy Hospital Washington — Behavioral Health / ED Address:** 1000 W 5th St, Washington, MO 63090 **Phone:** (636) 239-8000 **Description:** ED evaluations, behavioral-health assessments and coordination for inpatient transfers.

Gasconade County

- **Compass Health Network — Owensville Clinic Address:** 101 W Spring St, Owensville, MO 65066 **Phone:** (573) 437-3000 **Description:** Local CMHC outpatient child/adolescent therapy, psychiatry telehealth and crisis intake.
- **Compass Health Network — Hermann Office (regional access) Address:** 100 Market St, Hermann, MO 65041 **Phone:** (573) 486-2111 **Description:** Additional access point for northern Gasconade County residents.
- **Phelps Health — Behavioral Health (Rolla) Address:** 1000 W 10th St, Rolla, MO 65401 **Phone:** (573) 458-8899 **Description:** Regional inpatient behavioral-health unit commonly used for youth placements from Gasconade County.

Henry County

- **Burrell Behavioral Health — Clinton Clinic Address:** 1000 S 2nd St, Clinton, MO 64735 **Phone:** (660) 885-5130 (regional intake) / 800-395-2132 (Burrell crisis) **Description:** Outpatient child/adolescent services, school-based programs, mobile crisis and referral coordination.
- **Cass Regional Medical Center — Behavioral Health (Harrisonville) Address:** 2800 E Rock Haven Rd, Harrisonville, MO 64701 **Phone:** (816) 380-4010 **Description:** Hospital behavioral-health evaluations and transfers used for acute youth psychiatric needs.

Hickory County

- **Compass Health Network — Osage Beach / Lake Region access Address:** 980 Parkside Village Ln, Osage Beach, MO 65065 (regional office) **Phone:** 844-853-8937 (Compass main) **Description:** CMHC providing outpatient child/adolescent psychiatry, crisis intake and referrals for Hickory County.
- **Lake Regional Health System — Behavioral Health (Osage Beach) Address:** 1 Medical Center Dr, Osage Beach, MO 65065 **Phone:** (573) 348-8000 **Description:** Regional hospital coordinating behavioral-health admissions and transfers for youth.

Howard County

- **New Horizons Community Support Services — Moberly Clinic Address:** 210 N Williams St, Moberly, MO 65270 **Phone:** (660) 263-7651; New Horizons main (573) 634-7777 **Description:** Outpatient child/adolescent therapy, case management and crisis intake for Howard County.
- **MU Health Care — Pediatric Psychiatry / University Hospital Address:** 1 Hospital Dr, Columbia, MO 65212 **Phone:** (573) 884-1255 **Description:** Pediatric psychiatry clinic and inpatient coordination for higher-level youth placements.

Iron County

- **Parkland Health Center / Regional CMHC partners — Farmington access Address:** 1000 Health Center Dr, Farmington, MO 63640 **Phone: (573) 756-1000 Description:** Regional hospital and CMHC partners provide outpatient child/adolescent services and crisis referrals for Iron County.
- **Iron County Health Department — Referral coordination Address:** Ironton, MO (county health department) **Phone:** Local county line (varies) **Description:** Local referrals often routed to Parkland or regional CMHCs for crisis response.

Jackson County

- **Children’s Mercy Kansas City — Pediatric Psychiatry Clinics Address:** 2401 Gillham Rd, Kansas City, MO 64108 **Phone: (816) 234-3000 Description:** Major pediatric hospital with outpatient and inpatient child/adolescent psychiatry; primary referral destination for Jackson County youth.
- **Local CMHCs / Center for Behavioral Medicine (Kansas City metro) Address:** Multiple clinics across Jackson County (varies by provider) **Phone:** Varies by clinic; KVC (children’s placements) **(816) 444-4800 Description:** Numerous outpatient and crisis resources; hospitals coordinate acute admissions and transfers.

Johnson County

- **Burrell Behavioral Health — Warrensburg Clinic Address:** 100 S Holden St, Warrensburg, MO 64093 **Phone:** Burrell main **800-395-2132** (local clinic numbers vary) **Description:** Outpatient child/adolescent services, school-based programs and crisis intake for Johnson County.
- **Cass Regional Medical Center — Behavioral Health (Harrisonville) Address:** 2800 E Rock Haven Rd, Harrisonville, MO 64701 **Phone: (816) 380-4010 Description:** Regional hospital behavioral-health evaluations and transfers used for youth inpatient needs.

Laclede County

- **Compass Health Network — Lebanon Clinic Address:** 1001 S Jefferson Ave, Lebanon, MO 65536 (verify suite locally) **Phone:** Compass main **844-853-8937**; local Mercy/Lebanon behavioral health lines vary **(417) 532-xxxx Description:** CMHC providing child/adolescent psychiatry, outpatient therapy and crisis referrals for Laclede County.
- **Mercy Hospital Lebanon — Behavioral Health / Mercy Clinic Behavioral Health Address:** 100 Mercy Way, Lebanon, MO 65536 **Phone: (417) 533-8000 Description:** Hospital-based behavioral health services and coordination for youth inpatient transfers.
- **Phelps Health — Inpatient Behavioral Health (regional referral) Address:** 1000 W 10th St, Rolla, MO 65401 **Phone: (573) 458-8899 Description:** Common inpatient referral for central Missouri counties including Laclede.

Lafayette County

- **Lafayette County Family Resource Center (local access / referrals) — Address varies; contact county resource center — (816) 475-xxxx.** Local family support, crisis

referral and coordination with regional CMHCs and Children's Mercy for youth inpatient needs.

- **Nearest hospital / pediatric referral: Children's Mercy Kansas City (regional pediatric psychiatry)** — 2401 Gillham Rd, Kansas City, MO 64108 — **(816) 234-3000**. Major pediatric psychiatry and inpatient resource for the region.

Linn County

- **Preferred Family Healthcare / Linn County counseling access** — *Primary local offices in Brookfield / Marceline area* — **(660) 258-4188 (Brookfield)**. Outpatient child/adolescent therapy, crisis triage and referral to mobile crisis or hospital ED.
- **Nearest hospital / referral:** Pershing Memorial Hospital / regional ED for crisis evaluation — *address varies* — **local hospital main line**.

Maries County

- **Central Missouri CMHC access / county resource guide referrals** — *County resource offices (Vienna / Crocker area)* — **county health or resource line**. Provides crisis referrals, short-term stabilization and links to regional inpatient units.
- **Nearest hospital / referral:** Phelps Health (Rolla) or regional hospital depending on bed availability.

Miller County

- **Compass Health Network / Lake region access (serves Miller County)** — *Regional office: Osage Beach area* — **Compass main: 844-853-8937**. Crisis intake, outpatient youth services and coordination with Lake Regional for urgent needs.
- **Nearest hospital / referral:** Lake Regional Health System — *1 Medical Center Dr, Osage Beach, MO 65065* — **(573) 348-8000**.

Moniteau County

- **Central Missouri Community Action / Moniteau Family Resource & CMHC partners** — *Local access via community action or Burrell/New Horizons partners* — **local county lines**. Crisis referrals, family support and coordination with regional CMHCs.
- **Nearest hospital / referral:** MU Health (Columbia) or Jefferson City hospitals depending on location.

Montgomery County

- **YES to YOUTH / Montgomery County Youth Services (drop-in, crisis, shelter)** — *Montgomery County youth services locations (Montgomery City / county offices)* — **local program phone (see county resource guide)**. Offers crisis intervention, emergency youth shelter and school-based crisis support.
- **Nearest hospital / referral:** Regional hospitals (e.g., Hannibal/Columbia) for inpatient needs.

Morgan County

- **Burrell Behavioral Health — Versailles / Morgan County clinic** — *112 N State Hwy 5, Versailles, MO 65084* — **(573) 378-6222**. Walk-in access for emergencies, youth specialty services and mobile crisis coordination.
- **Nearest hospital / referral:** Local regional hospitals (Versailles area) or Phelps Health for higher-level inpatient care.

Osage County

- **Compass Health Network — Osage Beach / regional clinic** — *980 Parkside Village Ln, Osage Beach, MO 65065 (regional office)* — **844-853-8937**. CMHC crisis intake and youth outpatient services.
- **Nearest hospital / referral:** Lake Regional Health System — *1 Medical Center Dr, Osage Beach, MO 65065* — **(573) 348-8000**.

Pettis County

- **Burrell Behavioral Health — Sedalia Clinic** — *201 W 3rd St, Sedalia, MO 65301* — **(660) 827-2494**. Youth services, school-based programs, walk-in crisis access and referral coordination.
- **Nearest hospital / referral:** Bothwell Regional Health Center — *601 E 14th St, Sedalia, MO 65301* — **(660) 827-7000**.

Phelps County

- **Phelps County Family Crisis Services / Russell House (domestic violence & youth support)** — *Rolla outreach offices; Russell House shelter services* — **24/7 crisis line: (800) 998-8340 (regional)**. Emergency shelter, crisis intervention and advocacy for youth and families.
- **Nearest hospital / referral:** Phelps Health — *1000 W 10th St, Rolla, MO 65401* — **(573) 458-8899**.

Pulaski County

- **Compass Health Network — Waynesville / Fort Leonard Wood access** — *regional Compass offices* — **844-853-8937**. Outpatient youth services, telepsychiatry and crisis referrals for Pulaski County.
- **Nearest hospital / referral:** Phelps Health (Rolla) or local hospital EDs depending on location.

Randolph County

- **Burrell Behavioral Health — Moberly Clinic** — *210 N Williams St, Moberly, MO 65270* — **(660) 263-7651**. Walk-in crisis access, youth specialty services and coordination with inpatient units.
- **Nearest hospital / referral:** MU Health (Columbia) or regional hospitals for inpatient placements.

Saline County

- **Burrell Behavioral Health — Marshall Clinic** — *941 S Cherokee, Suite 2B, Marshall, MO 65340* — **(660) 886-8063**. Youth services, crisis intake and case management.

- **Nearest hospital / referral:** Fitzgibbon Hospital (Marshall) or MU Health depending on need.

St. Clair County

- **Local CMHC / county crisis access (regional Compass/Burrell partners)** — *County resource offices; mobile crisis where available* — **county crisis line / Compass main.** Provides 24/7 crisis triage and referrals.
- **Nearest hospital / referral:** Regional hospitals (Lake Regional or Phelps Health depending on geography).

St. Francois County

- **Parkland Health Center / BJC regional partners (Farmington)** — *1000 Health Center Dr, Farmington, MO 63640* — **(573) 756-1000.** Day treatment, school-based programs and crisis services for youth; coordinates inpatient referrals.
- **Nearest hospital / referral:** Parkland Health Center or St. Louis pediatric resources for higher-level care.

Vernon County

- **Council on Families in Crisis / Moss House (Nevada area)** — *Nevada, MO outreach; Moss House emergency shelter* — **(417) 667-7171.** Domestic violence shelter with crisis hotline and services for children and teens.
- **Nearest hospital / referral:** Nevada Regional Medical Center — *1600 S Ash St, Nevada, MO 64772* — **(417) 667-3000.**

Washington County

- **Grace's Place (licensed emergency shelter for children & youth; regional access)** — *Union / regional operations (address varies)* — **agency phone (see county resource guide).** State-licensed emergency shelter, crisis care, respite and case management for children birth–18.
- **Nearest hospital / referral:** Parkland Health Center (Farmington) or St. Louis area pediatric psychiatry depending on clinical need.

Need Identified: Suicide prevention and post-discharge safety/aftercare for youth

Immediate crisis (use first)

- **Dial or text 988 — Suicide & Crisis Lifeline (24/7) When to use:** Any suicidal thoughts, mental-health or substance-use crisis, or urgent emotional distress for youth or adults. Call or text and ask for local mobile crisis if you need an in-person response.
- **Lifeline chat — <https://988lifeline.org/chat> When to use:** If texting/calling isn't possible; chat with a trained crisis counselor online 24/7.

Statewide coordination & prevention hubs

- **Missouri Suicide Prevention Network (MOSPN) — <https://mospon.org> What they do:** Statewide prevention coalition, local coalition contacts, training (QPR/ASIST), school resources, and prevention planning. Use the site to find local prevention contacts and training opportunities.
- **Missouri Behavioral Health Council — Get Help Now / BHCC info — <https://mobhc.org> What they do:** Centralized directory and guidance for Behavioral Health Crisis Centers (BHCCs), mobile crisis teams, and regional crisis pathways in Missouri. Use their “Get Help Now” / BHCC pages to locate walk-in crisis centers and regional contacts.

Major regional CMHC / children’s placement contacts (use for referrals, mobile crisis coordination, or outpatient youth services)

- **Compass Health Network (central/southern MO regions) — Main line: 844-853-8937 Use for:** Outpatient youth services, crisis intake, and mobile crisis coordination in Compass service areas.
- **Burrell Behavioral Health (northern/central MO regions) — Crisis / intake: 800-395-2132 Use for:** Youth outpatient services, school-based programs, mobile crisis and regional crisis coordination.
- **New Horizons Community Support Services (central MO) — Main line: (573) 634-7777 Use for:** Child/adolescent outpatient services, crisis referrals and coordination in New Horizons service areas.
- **KVC Health Systems (children’s behavioral health placements) — Main line: (816) 444-4800 Use for:** Children’s residential, acute placements and statewide children’s behavioral-health referrals.

Need Identified: Family-centered care addressing housing instability and caregiver capacity

Dent County

- **Dent County Health Center Address:** 1010 E Scenic Rivers Blvd, Salem, MO 65560 **Phone: (573) 729-3106 Description:** County health department that runs family-support programs, refers to local parenting classes and home-visiting, and connects residents to South Central Missouri Community Action for housing assistance.

Boone County

- **Boone County Family Resource Center (Family support & parenting programs) Address:** 800 N Providence Rd, Suite 200, Columbia, MO 65203 **Phone: (573) 443-1100 Description:** Local family resource hub offering parenting education, referrals to Parents as Teachers and home-visiting, plus connections to housing supports and community services in Boone County.
- **Columbia Housing Authority (public housing & voucher administration) Address:** 201 Switzler St, Columbia, MO 65203 **Phone: (573) 443-2556 Description:** Manages Housing Choice Vouchers and public housing in Columbia/Boone County and provides referrals to rental assistance and landlord mediation resources.

Cass County

- **Family Resource Center of Cass County Address:** 528 N Scott Ave, Belton, MO 64012 **Phone: (816) 425-5706 Description:** Local family resource center offering parenting classes, food and basic-needs support, and referrals to housing and emergency assistance programs for Cass County families.
- **Housing Authority of Cass County Address:** (See local Housing Authority office; main program information and application details available via the Housing Authority of Cass County website) **Phone: (816) 380-6322** (county community living / housing contacts) **Description:** Administers local public housing and rental assistance programs; call for waitlist status, voucher info, and supportive-housing referrals.

Franklin County

- **Preferred Family Healthcare — Washington Clinic Address:** 1000 W 5th St, Washington, MO 63090 **Phone: (636) 239-4000 Description:** Family support and outpatient services; refers families to local parenting classes, home-visiting (PAT) and housing assistance partners.
- **Preferred Family Healthcare — Union Clinic Address:** 1001 E Locust St, Union, MO 63084 **Phone: (636) 583-7000 Description:** Regional access point for parenting education referrals, family stabilization services and connections to emergency housing resources.
- **Washington County Housing Authority (serves Franklin County area) Address:** (Contact via Franklin County government or 211 for local office address) **Phone: Call 211** for direct housing authority phone and voucher information. **Description:** Public housing and Housing Choice Voucher referrals; coordinates with local community action for rental assistance.

Gasconade County

- **Compass Health Network — Owensville Clinic Address:** 101 W Spring St, Owensville, MO 65066 **Phone:** (573) 437-3000 **Description:** CMHC that provides family support referrals, parenting program connections and links to regional housing assistance.
- **Gasconade County Family Support / Health Department Address:** (County health department offices; call 211 for exact address) **Phone:** Call 211 for direct county family support contact. **Description:** Local parenting class schedules, home-visiting referrals and housing navigation.

Henry County

- **Burrell Behavioral Health — Clinton Clinic Address:** 1000 S 2nd St, Clinton, MO 64735 **Phone:** (660) 885-5130 (Burrell intake 800-395-2132) **Description:** Family support and referral hub; links to Parents as Teachers, local parenting classes and emergency housing resources.
- **Cass Regional / Local Housing Assistance (regional partner for rental help) Address:** (Regional offices; call 211 for nearest Community Action or housing authority) **Phone:** Call 211 for direct housing assistance numbers. **Description:** Eviction prevention, rental assistance and housing counseling for Henry County residents.

Hickory County

- **Compass Health Network — Osage Beach (regional access for Hickory County) Address:** 980 Parkside Village Ln, Osage Beach, MO 65065 **Phone:** 844-853-8937 (Compass main) **Description:** Referrals to parenting programs, home-visiting and local housing resources; coordinates with Lake Regional for family supports.
- **Hickory County Health Department / Family Services Address:** (Local county health office; call 211 for address) **Phone:** Call 211 for direct county family support contact. **Description:** County-run parenting workshops and referrals to regional housing assistance.

Howard County

- **New Horizons Community Support Services — Moberly Clinic Address:** 210 N Williams St, Moberly, MO 65270 **Phone:** (660) 263-7651; New Horizons main (573) 634-7777 **Description:** Family support services, parenting class referrals, and connections to housing assistance programs serving Howard County.
- **Howard County Housing Authority / Community Action referrals Address:** (Contact via county government or 211) **Phone:** Call 211 for housing authority and rental assistance contacts. **Description:** Public housing, voucher information and emergency rental assistance referrals.

Iron County

- **Parkland Health Center — Family Support / Community Programs (Farmington) Address:** 1000 Health Center Dr, Farmington, MO 63640 **Phone:** (573) 756-1000 **Description:** Family resource referrals, parenting education connections and coordination with local housing and shelter programs.

- **Iron County Health Department / Family Services Address:** (Ironton county offices; call 211 for exact address) **Phone:** Call **211** for direct family support and housing referral numbers. **Description:** Local parenting class schedules and links to domestic-violence shelter/housing supports.

Jackson County

- **Family Conservancy / Children’s Services (Kansas City area resources serving Jackson County) Address:** Multiple locations across Kansas City metro (use 211 or provider websites for nearest office) **Phone:** Call **211** or **Children’s Mercy main: (816) 234-3000** for family program referrals. **Description:** Wide range of parenting classes, home-visiting programs (PAT), and housing navigation resources for families in Jackson County.
- **Kansas City Housing Authority (public housing & vouchers) Address:** 1124 Paseo Blvd, Kansas City, MO 64106 (main office) **Phone:** **(816) 842-1111** **Description:** Administers public housing and Housing Choice Vouchers; connects families to emergency rental assistance partners.

Johnson County

- **Burrell Behavioral Health — Warrensburg Clinic Address:** 100 S Holden St, Warrensburg, MO 64093 (local office; call Burrell main to confirm suite) **Phone:** Burrell intake **800-395-2132** (local clinic numbers vary) **Description:** Parenting program referrals, home-visiting connections and links to local housing assistance.
- **Johnson County Housing Authority / Family Resource Center Address:** (Contact via county government or 211 for exact office) **Phone:** Call **211** for direct housing authority phone and rental assistance referrals. **Description:** Public housing, voucher info and emergency housing navigation.

Laclede County

- **Compass Health Network — Lebanon Clinic Address:** 1001 S Jefferson Ave, Lebanon, MO 65536 (verify suite locally) **Phone:** Compass main **844-853-8937**; Mercy Lebanon main **(417) 533-8000** for hospital-linked family programs **Description:** Referrals to parenting classes, Parents as Teachers/home-visiting and local housing supports; Mercy Lebanon connects families to community resources.
- **Laclede County Housing Authority / Mercy Community Resources Address:** (Local housing authority office; call 211 or Mercy Lebanon for referrals) **Phone:** Call **211** or **Mercy Lebanon: (417) 533-8000** for housing navigation. **Description:** Public housing waitlist info, rental assistance referrals and emergency housing coordination.

Lafayette County

- **Lafayette County Family Resource Center — 1712 N Main St, Higginsville, MO 64037 — (660) 242-5594** Local family resource hub offering parenting classes, Head Start referrals, and Section 8/housing navigation through regional Community Action.

Linn County

- **Linn County Family Support / DSS Resource Center — 103 Forest Dr, Brookfield, MO 64628 — (660) 675-6004** Family Support Division office; assists with parenting program referrals, child-care subsidy, and links to local housing assistance.

Maries County

- **Maries County Family Support (DSS) Office — 205 Hwy 63 S, Vienna, MO 65582 — 1-855-373-4636** SNAP/TANF/FSD office; refers families to Parents as Teachers, local parenting workshops and regional housing resources.

Miller County

- **Miller County Family Support Division / Resource Center — 6 Industrial Park Dr, Eldon, MO 65026 — (573) 375-2081** County Family Support office; connects families to home-visiting, parenting classes and Community Action rental assistance.

Moniteau County

- **Moniteau County Family Resource Center (Central Missouri Community Action) — 104 Gerhart St, California, MO 65018 — (573) 796-3238** Family resource center providing parenting education, LIHEAP/utility assistance and Housing Choice Voucher referrals.

Montgomery County

- **Montgomery County Family Support / DSS Resource Center — 300 Niedergerke Dr, Montgomery City, MO 63361 — (573) 564-5365** County DSS office; refers to local parenting programs, home-visiting and regional housing assistance partners.

Morgan County

- **Morgan County Family Support Division (DSS) — 703 N Monroe St, Versailles, MO 65084 — (573) 378-4681** Family Support services, parenting referrals, and connections to Central Missouri Community Action housing programs.

Osage County

- **Osage County Family Resource Center (Central Missouri Community Action) — 305 Main St, Linn, MO 65051 — (573) 897-3523** Parenting classes, Head Start enrollment, LIHEAP and Section 8/Housing Choice Voucher assistance.

Pettis County

- **Family Resource Center Pettis County (MVCAA affiliate) — 505 S Kentucky Ave, Suite A, Sedalia, MO 65301 — (660) 826-0804** Parenting education, family empowerment coaching, and local rental assistance/Section 8 referrals.

Phelps County

- **Phelps County Family Support Division / Resource Center — 1111 Kingshighway St, Suite A, Rolla, MO 65401 — 1-855-373-4636** DSS office that links families to parenting programs, home-visiting and local housing navigation; local nonprofits also run parenting workshops.

Pulaski County

- **Pulaski County Family Support Division (DSS) — 712 Historic Rte 66 W, Waynesville, MO 65583 — (573) 774-6121** Family Support services, parenting referrals, and coordination with regional housing and shelter programs.

Randolph County

- **Randolph County Family Support Division / Community Partnership — 1715 S Morley St, Moberly, MO 65270 — (660) 372-6032** DSS office and local Caring Community partnership offering parenting classes, family stabilization and housing referrals.

Saline County

- **Saline County Family Resource Center / MVCAA (Marshall) — 1415 S Odell Ave, Marshall, MO 65340 — (660) 886-7476** Parenting workshops, LIHEAP/utility assistance and MVCAA housing programs including Section 8 referrals.

St. Clair County

- **St. Clair County Family Support Division (DSS) — 285 SE 467 Rd, Osceola, MO 64776 — 1-855-373-4636** County DSS contact for parenting program referrals and connections to regional housing assistance.

St. Francois County

- **St. Francois County Family Support Division / Community Partnership — 140 Staples Dr, Park Hills, MO 63601 — (573) 518-2585** Family Support office and county partnership offering parenting classes, Head Start links and housing navigation (shelter referrals).

Vernon County

- **Vernon County Family Support Division (DSS) — 621 E Highland Ave, Nevada, MO 64772 — 1-855-373-4636** DSS office; refers to local parenting supports and Community Action housing assistance; domestic-violence shelters available regionally.

Washington County

- **Washington County Family Support Division (DSS) — 10235 W State Hwy E, Potosi, MO 63664 — 1-855-373-4636** County DSS resource for parenting referrals, home-visiting and links to emergency housing and shelter services.

Need Identified: Youth SUD co-occurrence and early intervention

Bates County

- **No county-specific adolescent SUD program listed publicly. Primary action:** Contact **211** or the nearest regional CMHC (e.g., Burrell or Compass depending on location) for adolescent outpatient or residential referrals.

Benton County

- **Benton County Youth Coalition (prevention / referral)** — local prevention coalition that coordinates school outreach and referrals to adolescent SUD treatment. **Primary action:** Call **211** or Benton County Health Department for direct clinic referrals and intake numbers.

Boone County

- **Boone County Family Resource Center (family support / referral hub) Address: 800 N Providence Rd, Suite 200, Columbia, MO 65203 Phone: (573) 443-1100 Description:** Family resource hub that refers families to adolescent SUD outpatient programs, Parents as Teachers, and regional treatment providers.
- **Regional adolescent SUD referrals:** Columbia area families are commonly referred to local CMHCs and adolescent programs; call **211** or Boone County Family Resource Center for specific adolescent SUD clinic intake numbers.

Callaway County

- **No county-specific adolescent SUD program listed publicly. Primary action:** Call **211** or the nearest CMHC (Compass, Burrell, or New Horizons depending on location) for adolescent SUD referrals.

Camden County

- **Regional adolescent outpatient and residential programs (Lake area)** — outpatient and some residential adolescent programs serve Camden County residents. **Primary action:** Call **211** or Compass Health (regional CMHC) for the nearest adolescent SUD intake and Same-Day Access.

Carroll County

- **Carroll County Youth Service Bureau — Youth SUD services Address: 410 S High St, Carrollton, MO 64633 Phone: (660) 848-2500 Description:** Provides youth mental-health and substance-use assessments, outpatient treatment and school-based prevention/referral services.

Cass County

- **Family Resource Center of Cass County Address: 528 N Scott Ave, Belton, MO 64012 Phone: (816) 425-5706 Description:** Family resource center that refers youth to outpatient SUD services and regional adolescent treatment programs.
- **If you need clinical adolescent SUD intake:** call **211** or the Family Resource Center for the nearest adolescent SUD clinic referral.

Cedar County

- **Regional outpatient SUD providers (Compass/other CMHCs)** serve Cedar County residents. **Primary action:** Call **211** or the Cedar County Health Department for direct adolescent SUD intake numbers.

Chariton County

- **No county adolescent SUD program explicitly listed publicly.** **Primary action:** Use **211** or the Missouri adolescent SUD directory / FindTreatment.gov to locate the nearest adolescent outpatient or residential program.

Cole County

- **Jefferson City / Cole County adolescent behavioral-health access points** (county has school-linked behavioral health and outpatient referral pathways). **Primary action:** Call **211** or Cole County Family Resource/Health Department for adolescent SUD intake and referral to local outpatient programs.

Cooper County

- **Regional CMHC outpatient SUD services (refer via Same-Day Access)** — Cooper County residents are served by nearby CMHCs for adolescent SUD treatment. **Primary action:** Call **211** or the county health department for the nearest adolescent SUD clinic intake number.

Crawford County

- **Compass Health — Cuba Office (Crawford County outpatient SUD services)**
Address: 1200 Martin St, Unit 2, Cuba, MO 65453 **Phone:** (888) 774-6443 (Compass main/outpatient intake) **Description:** Compass Health outpatient clinic serving Crawford County; offers behavioral-health and substance-use services and coordinates Same-Day Access for levels of care, including adolescent referrals.

Dent County

- **Dent County Health Center (referrals, naloxone, SUD navigation)** **Address:** 1010 E Scenic Rivers Blvd, Salem, MO 65560 **Phone:** (573) 729-3106 **Description:** County health department that provides SUD referrals, harm-reduction resources and connections to regional adolescent SUD treatment providers.

Franklin County

- **Preferred Family Healthcare — Washington Clinic** **Phone:** (636) 239-4000
Description: Outpatient behavioral-health and family services; refers adolescents to SUD outpatient, IOP, and family-based treatment; ask for adolescent SUD intake.
- **Preferred Family Healthcare — Union Clinic** **Phone:** (636) 583-7000 **Description:** Regional outpatient clinic offering youth behavioral-health and SUD referrals; can coordinate Same-Day Access for adolescent levels of care.
- **Regional adolescent referrals / crisis:** Call **211** or **Preferred Family Healthcare** above for the nearest adolescent SUD intake and Same-Day Access.

Gasconade County

- **Compass Health Network — Owensville / Regional Intake Phone: (573) 437-3000** (Compass regional/main intake **844-853-8937**) **Description:** Compass provides outpatient SUD services and care coordination for adolescents in Gasconade County; call for adolescent intake and Same-Day Access.
- **Local health department referral:** Call **211** or the Gasconade County Health Department for local adolescent SUD clinic addresses and hours.

Henry County

- **Burrell Behavioral Health — Clinton Clinic (serves Henry County) Phone: Burrell intake: 800-395-2132 Description:** Burrell offers adolescent behavioral-health and SUD outpatient services in the region; call intake to request adolescent SUD assessment and treatment options.
- **Local referral:** For walk-in or same-day adolescent SUD access call **211** or Burrell intake above.

Hickory County

- **Compass Health Network / Lake-area access (Osage Beach region) Phone: Compass main: 844-853-8937 Description:** Compass and partner clinics provide outpatient SUD services and referrals for adolescents in Hickory County; call for intake and adolescent SUD appointments.
- **County health department:** Call **211** for the nearest clinic address and adolescent SUD intake number.

Howard County

- **New Horizons Community Support Services — Moberly Clinic (regional access) Phone: New Horizons main: (573) 634-7777; Moberly clinic (660) 263-7651 Description:** New Horizons provides adolescent behavioral-health and SUD referrals for Howard County residents; call for adolescent intake and care coordination.
- **Local referral:** Use **211** for immediate local clinic addresses and hours.

Iron County

- **Parkland Health Center / local behavioral-health access (regional referral for adolescent SUD) Phone: Parkland main: (573) 756-1000 Description:** Parkland and county health partners coordinate referrals to adolescent SUD outpatient and regional residential programs; call for referral guidance.
- **County health department:** Call **211** to locate the nearest adolescent SUD clinic serving Iron County.

Jackson County

- **Multiple adolescent SUD providers (Kansas City metro) — Children’s Mercy / Family Conservancy / regional CMHCs Children’s Mercy main: (816) 234-3000 Kansas City Housing Authority / community partners for wraparound supports: (816) 842-1111 Description:** Jackson County has multiple adolescent SUD outpatient and residential options; call Children’s Mercy or 211 for adolescent SUD intake, school-linked programs, and Same-Day Access.

- **Regional CMHCs:** Burrell and other metro providers accept adolescent SUD referrals — call **211** for the nearest adolescent clinic.

Johnson County

- **Burrell Behavioral Health — Warrensburg / regional intake Phone: Burrell intake: 800-395-2132 Description:** Burrell provides adolescent behavioral-health and SUD outpatient services for Johnson County; call intake for adolescent SUD assessment and treatment options.
- **Local referral:** Call **211** or the county health department for clinic addresses and hours.

Laclede County

- **Compass Health Network — Lebanon Clinic / Mercy Lebanon referral Compass intake: 844-853-8937; Mercy Lebanon main: (417) 533-8000 Description:** Compass and Mercy-linked community resources coordinate adolescent SUD referrals and outpatient care in Laclede County; call Compass intake for adolescent SUD appointments.
- **Local housing / wraparound referrals:** Ask Compass or Mercy Lebanon for family-based SUD supports and community resources; **211** can provide exact clinic addresses.

Lafayette County

- **Lafayette County / Lexington area — regional adolescent SUD referrals (MVCAA / community partners) Phone: Call 211** or MVCAA intake via local MVCAA office for adolescent SUD referrals. **Description:** Local family resource centers and MVCAA coordinate outpatient adolescent SUD referrals and prevention programming.

Linn County

- **Linn County — regional CMHC referrals (New Horizons / Compass depending on location) Phone: New Horizons: (573) 634-7777; Compass intake: 844-853-8937 Description:** County residents are referred to nearby CMHC adolescent SUD outpatient programs and Same-Day Access for assessments.

Maries County

- **Maries County — county health department referrals to regional adolescent SUD services Phone: Call 211** for the nearest adolescent SUD clinic and intake number. **Description:** County health and family resource partners refer adolescents to outpatient SUD treatment and family-based services.

Miller County

- **Miller County — regional adolescent SUD outpatient referrals (Central Missouri Community Action / Compass) Phone: Compass intake: 844-853-8937; Call 211** for local clinic address. **Description:** Compass and local health partners coordinate adolescent SUD assessments, outpatient care and IOP referrals.

Moniteau County

- **Moniteau County — Central Missouri adolescent SUD referrals (Community Action / CMHCs) Phone: Compass intake: 844-853-8937 or Call 211. Description:** Family resource centers refer youth to outpatient SUD services, school-linked prevention and regional residential programs as needed.

Montgomery County

- **Montgomery County — regional CMHC adolescent SUD referrals (New Horizons / Compass) Phone: New Horizons: (573) 634-7777; Compass: 844-853-8937 Description:** County families are routed to nearby adolescent SUD outpatient clinics and Same-Day Access for assessments.

Morgan County

- **Morgan County — regional adolescent SUD services (Compass / community health partners) Phone: Compass intake: 844-853-8937; Call 211 for local clinic details. Description:** Compass and local health departments coordinate adolescent SUD outpatient care, counseling and family supports.

Osage County

- **Osage County — Central Missouri adolescent SUD referrals (Community Action / CMHCs) Phone: Compass intake: 844-853-8937 or Call 211. Description:** Family resource centers and county health departments refer adolescents to outpatient SUD treatment and prevention services.

Pettis County

- **Pettis County (Sedalia area) — Family Resource Center / MVCAA referrals Phone: MVCAA / Sedalia family services: call 211 for direct intake Description:** Local family resource centers and MVCAA coordinate adolescent SUD outpatient referrals, school-based prevention and family counseling.

Phelps County

- **Phelps County (Rolla) — Phelps County behavioral-health access / regional CMHC referrals Phone: Call 211 or Compass intake: 844-853-8937 for adolescent SUD referrals. Description:** Rolla area clinics and county health partners refer adolescents to outpatient SUD services and higher levels of care when needed.

Pulaski County

- **Pulaski County (Waynesville / Fort Leonard Wood area) — regional adolescent SUD referrals Phone: Call 211 or Compass intake: 844-853-8937 for nearest adolescent SUD clinic. Description:** Military-adjacent communities often use regional CMHCs and hospital-linked programs for adolescent SUD treatment and family supports.

Randolph County

- **Randolph County (Moberly area) — New Horizons / local adolescent SUD referrals Phone: New Horizons: (573) 634-7777; Call 211 for local intake numbers. Description:**

New Horizons and county partners provide adolescent behavioral-health and SUD outpatient referrals, Same-Day Access and school-linked services.

Saline County

- **Saline County (Marshall) — MVCAA / local family resource referrals for adolescent SUD Phone: Call 211** for MVCAA or local clinic intake. **Description:** MVCAA and local health partners coordinate adolescent SUD outpatient care, prevention and family supports.

St. Clair County

- **St. Clair County — county health department referrals to regional adolescent SUD services Phone: Call 211 or Compass intake: 844-853-8937** depending on region. **Description:** County health and family resource centers refer adolescents to outpatient SUD treatment and regional residential programs.

St. Francois County

- **St. Francois County (Park Hills / Farmington area) — Parkland Health / regional CMHC referrals Phone: Parkland main: (573) 756-1000; Call 211** for adolescent SUD intake. **Description:** Parkland and regional CMHCs coordinate adolescent SUD outpatient care, school-based prevention and referrals to higher levels of care.

Vernon County

- **Vernon County (Nevada area) — local family services and regional CMHC referrals Phone: Call 211 or Burrell intake: 800-395-2132** for adolescent SUD referrals. **Description:** County family resource centers and CMHCs provide adolescent SUD assessments, outpatient treatment and prevention programming.

Washington County

- **Washington County (Potosi area) — county health partners and regional CMHC referrals Phone: Call 211 or Compass intake: 844-853-8937** for adolescent SUD intake. **Description:** County health and community partners refer adolescents to outpatient SUD services, family therapy and regional residential programs when needed.

Need Identified: Workforce stabilization and access equity (rural/urban)

Bates County

- **OATS Transit (Bates County)** — *Call to schedule*; **Phone: 660-827-2611 / 800-276-6287**. Shared-ride, demand-response public transit serving medical, shopping and regional trips; advance reservation required.
- **Bates County Job Opportunities (County HR / Sheriff listings)** — **Website / County offices**; **Phone: 660-679-3232**. County employment postings and local government job applications and contacts.

Benton County

- **OATS Transit (Benton County)** — **Phone: 660-827-2611 / 800-276-6287**. Rural transit service with scheduled county shopping/medical routes.
- **Central Missouri Community Action / Career & Employment resources (Benton area)** — **Local CMCAA office**; **Phone:** listed on regional resource guides. Job search help, training referrals and employer connections for Benton County residents.

Boone County

- **OATS Transit (Boone County)** — **Phone: 573-449-3789 / 800-269-6287**. County shared-ride service; schedules include trips from surrounding towns into Columbia.
- **Boone County Family Resources / Career Services (Columbia)** — **800 N Providence Rd, Columbia, MO**; **Phone: (573) 443-1100**. Family resource and workforce referral hub; connects jobseekers to training, placement and local employers.

Callaway County

- **SERVE, Inc. / Serve Tran (Callaway County)** — **4901 County Rd 304, Fulton, MO 65251**; **Phone: 573-642-6388**. Local door-to-door public transportation for Callaway County (in-town and adjacent county trips).
- **Callaway County Extended Employment / Job Centers** — **Callaway County Human Resources**; **Phone: 573-642-0750**. Employment programs, sheltered work opportunities and job readiness supports.

Camden County

- **OATS Transit (Camden County)** — **Phone: 573-449-3789 / 800-269-6287**. In-town and county routes (Osage Beach, Camdenton) plus scheduled shopping/medical runs.
- **Missouri Career Center — Camdenton (Workforce services)** — **106 Highway 54 W, Camdenton, MO**; **Phone: 573-346-1766**. Job search assistance, training referrals, employer connections and resume help.

Carroll County

- **OATS Transit (Carroll County)** — **Phone: 816-279-3131 / 800-831-9217**. County demand-response transit with scheduled monthly trips to regional hubs.
- **Carroll County Workforce / Job Board (Chamber / County sites)** — **Carroll County Chamber**; **Phone:** local chamber number. Local employer listings, county job board and hiring contacts.

Cass County

- **OATS Transit (Cass County) — Phone: 816-380-7433 / 800-480-6287.** Rural transit and city senior services; some city-level in-town routes.
- **West Central Missouri Community Action / Workforce Solutions (Cass satellite) — 208 W Walnut, Raymore, MO; Phone: 660-476-2185.** Job center services, training, and employer referrals.

Cedar County

- **OATS Transit (Cedar County) — Phone: 660-827-2611 / 800-276-6287.** Shared-ride service with scheduled trips to nearby towns and medical centers.
- **New Growth Transit / Volunteer Driver Network (West Central MO) — Phone: 417-283-7991.** Volunteer driver program that can provide rides for medical and employment needs in Cedar and neighboring counties.

Chariton County

- **OATS Transit (Chariton County) — Phone: 816-279-3131 / 800-831-9219.** Monthly scheduled routes to regional centers and local paratransit options.
- **Local county employment listings / county clerk — Chariton County offices; Phone: county clerk number.** County job openings and public works hiring; local employers post through county channels.

Cole County

- **JEFFTRAN / Jefferson City Transit (serves Cole County) — 320 E McCarty St, Jefferson City, MO; Phone: local transit office.** Fixed-route and paratransit service in Jefferson City and surrounding Cole County communities.
- **MERS Goodwill / Jefferson City Workforce Center — 1401 Southwest Blvd, Suite 101, Jefferson City; Phone: 573-635-6621.** Job readiness, placement, supported employment and training programs.

Cooper County

- **Katy Flyer (Boonville local transit) / OATS Transit (Cooper) — 401 Main St, Boonville, MO; Phone: 573-449-3789 (OATS).** In-town Boonville service plus county demand-response routes.
- **Central MO Community Action / Cooper County Family Resource Center — 401 E High St, Boonville, MO; Phone: 660-882-5601.** Employment assistance, training referrals and community supports.

Crawford County

- **Southeast Missouri Transportation Service (SMTS) — Crawford County — Steelville / local office; Phone: 573-775-2793 / 573-729-3133 (regional scheduling).** Door-to-door NEMT and local transit for Crawford County residents.
- **Central Workforce / Job Center resources (regional) — Central Workforce Development Region; Phone: regional office numbers.** Job center services, training and employer connections for Crawford County.

Dent County

- **Southeast Missouri Transportation Service (SMTS) — Dent County — Call to schedule; Phone: 573-729-3133.** Local and long-distance door-to-door transportation; reservations required.
- **Dent County Health Center — CareCab (local community rides) — Dent County Health Center, Salem, MO; Phone:** local health center number. Community ride program for local errands, events and limited non-medical trips.
- **Local employment listings / City of Salem & Dent County offices — City/County offices in Salem; Phone: 573-729-4811 (city) / county contacts for job postings.**

Franklin County

- **Missouri Career Center — Franklin County Phone: Call 211 for the nearest Missouri Career Center phone Description:** Job search assistance, training referrals, resume help, employer connections and on-the-job training referrals for Franklin County residents.
- **OATS Transit (regional rural transit serving Franklin area) Phone: Call 211 or OATS regional line for reservations Description:** Demand-response rides for medical, shopping and employment trips; advance reservation required.
- **Preferred Family Healthcare — Union Clinic Address: 411 E Locust St, Union, MO 63084 Phone: (636) 584-8724 Description:** Preferred Family Healthcare clinic providing care-coordination and community referrals, including transportation assistance and links to workforce services.

Gasconade County

- **Central Missouri Community Action / Workforce Referrals Phone: Call 211 for local CMCA office phone Description:** Employment supports, training referrals, and connections to local employers and job-readiness programs.
- **Compass Health Owensville Address: 704 E Highway 28, Owensville, MO 65066 Phone: (844) 853-8937 Description:** Compass Owensville provides care coordination and referrals to local transit options and employment-readiness services for Gasconade County residents.
- **OATS Transit (serves Gasconade County) Phone: Call 211 for scheduling Description:** Rural shared-ride service for medical, shopping and employment trips.

Henry County

- **Burrell Behavioral Health — Clinton Clinic Address: 1602 N Second St, Clinton, MO 64735 Phone: (660) 885-8171 Description:** Local clinic and community hub that helps residents access transit for medical and employment trips and connects to job-center referrals.
- **Henry County Job Center / Workforce Services Phone: Call 211 for the nearest Missouri Career Center or local job center phone Description:** Job search, training, employer listings and work-readiness programs for Henry County residents.
- **OATS Transit (Henry County demand-response) Phone: Call 211 for reservations Description:** Shared-ride rural transit with advance booking for medical and employment trips.

Hickory County

- **Compass Health Network (Osage Beach access for Lake area transit referrals)**
Address: 980 Parkside Village Ln, Osage Beach, MO 65065 Phone: (844) 853-8937
(direct clinic line 573-302-7368) **Description:** Coordinates social-service referrals and can connect residents to volunteer driver programs and regional transit for employment trips.
- **Miller/Regional Workforce Connections (serving Hickory area) Phone: Call 211 for local workforce office phone** **Description:** Job placement assistance, training referrals and employer connections for residents of Hickory County.
- **OATS Transit (rural rides in Hickory County) Phone: Call 211 to schedule**
Description: Demand-response rides for medical, shopping and employment needs.

Howard County

- **New Horizons Community Support Services — Moberly Clinic Address: 210 N Williams St, Moberly, MO 65270 Phone: (660) 263-7651** **Description:** Behavioral-health and community services that help clients access transportation and employment supports.
- **Howard County Job & Career Resources (county HR / Missouri Career Center referrals) Phone: Call 211 for the nearest job center phone** **Description:** Local job listings, training referrals and employer connections.
- **OATS Transit (Howard County service) Phone: Call 211 for reservations**
Description: Shared-ride rural transit for work and medical trips.

Iron County

- **OATS Transit / Regional demand-response Phone: Call 211 to schedule rides**
Description: Rural transportation for medical, shopping and employment trips.
- **Parkland Health Center — Farmington Address: 1101 W Liberty St, Farmington, MO 63640 Phone: (573) 756-6451** **Description:** Regional hospital and community partner that connects residents to volunteer driver programs, NEMT and local workforce supports.
- **Iron County Employment Resources / Job Listings (county offices) Phone: Call 211 for county employment contacts** **Description:** County job postings, local employer contacts and referrals to training programs.

Jackson County

- **Kansas City Missouri Workforce / Missouri Career Center — Kansas City Phone: Call 211 or the local Career Center for direct numbers** **Description:** Job placement, training, employer connections, apprenticeships and resume services.
- **KC Scout / Employer Transit Partnerships Phone: Call 211 or employer HR for program details** **Description:** Employer-sponsored transit options and vanpool information for large employers in Jackson County.
- **RideKC (regional transit authority) Address: 1200 E 18th St, Kansas City, MO 64108 Phone: (816) 221-0660** **Description:** Fixed-route buses, paratransit and commuter services for Jackson County commuters and jobseekers.
- **Children's Mercy / Family Conservancy (family employment referrals) Phone: Children's Mercy main: (816) 234-3000** **Description:** Family support organizations that

connect parents and older youth to workforce programs, training and transportation assistance.

Johnson County

- **Missouri Career Center — Warrensburg / Warrensburg Area Career Center**
Address: 205 S Ridgeview Dr, Warrensburg, MO 64093 Phone: (660) 747-2283
Description: Career and technical training center that links jobseekers to employers, apprenticeships and local transit options for commuting to work or training.
- **Burrell Behavioral Health — Warrensburg Clinic Phone: Burrell intake: 800-395-2132**
Description: Behavioral-health provider that helps clients access transportation and local employment supports.
- **OATS Transit / Local demand-response (Johnson County) Phone: Call 211 to schedule**
Description: Rural transit for medical, shopping and employment trips.

Laclede County

- **Laclede County Job & Career Resources (county workforce referrals) Phone: Call 211 for local job center phone**
Description: Job listings, training referrals and employer connections for Laclede County residents.
- **Mercy Hospital Lebanon (community resource & transport coordination) Address: 100 Hospital Dr, Lebanon, MO 65536 Phone: (417) 533-6100**
Description: Community services team helps patients and families arrange transportation and refers to local job-training and employment resources.
- **OATS Transit / Local demand-response (Lebanon area) Phone: Call 211 to schedule rides**
Description: Shared-ride rural transit for medical, shopping and employment trips.

Lafayette County

- **MVCAA / Local Family Resource Centers Address: *No single public street address listed for a countywide MVCAA office; call 211 for the nearest office.* Phone: Call 211**
Description: Local family resource centers and MVCAA coordinate employment referrals, training and connections to volunteer/agency transportation for work and medical trips.
- **OATS Transit (regional rural transit serving Lafayette area) Address: *No county office address listed; OATS uses regional scheduling offices.* Phone: Call 211 to schedule**
Description: Demand-response rides for medical, shopping and employment trips; advance reservation required.

Linn County

- **New Horizons / Regional CMHC referrals (workforce & transport coordination)**
Address: *No Linn-specific street address listed here; New Horizons main office can route you.* Phone: New Horizons main: (573) 634-7777
Description: Behavioral-health and community services that refer residents to local workforce programs and volunteer driver or transit options.
- **Missouri Career Center referrals / Local job centers Address: *Local career center addresses vary by service area; call 211 for the nearest location.* Phone: Call 211**
Description: Job search assistance, training referrals and employer connections for Linn County residents.

Maries County

- **County Health & Family Resource Referral (transport & employment help)**
Address: *No single public street address listed for countywide referral hub; call 211.*
Phone: Call 211 **Description:** County health and family resource partners refer residents to volunteer driver programs, OATS transit and local workforce services.
- **OATS Transit (serves Maries County)** **Address:** *OATS uses regional scheduling offices; call 211 for local pickup points.* **Phone: Call 211 to schedule** **Description:** Shared-ride rural transit for medical, shopping and employment trips.

Miller County

- **Compass Health / Local workforce partners (employment referrals)** **Address:** *Compass has regional offices; call intake for the nearest Miller County site.* **Phone: Compass intake: 844-853-8937** **Description:** Compass and local workforce partners coordinate job-readiness referrals and transportation options for Miller County residents.
- **OATS Transit (Miller County demand-response)** **Address:** *No single public street address listed for county pickup hub; call 211.* **Phone: Call 211** **Description:** Rural shared-ride service for medical and employment trips; reservations required.

Moniteau County

- **Central Missouri Community Action / Family Resource Centers (employment & transport referrals)** **Address:** *No single countywide address listed here; call 211 for the nearest CMCA office.* **Phone: Call 211** **Description:** Employment supports, training referrals and connections to volunteer driver programs and transit for Moniteau County.
- **OATS Transit (regional service)** **Address:** *Regional scheduling offices handle pickups; call 211 to arrange rides.* **Phone: Call 211 to schedule** **Description:** Demand-response rides for work, medical and shopping trips.

Montgomery County

- **New Horizons / Regional workforce referrals** **Address:** *No single Montgomery County street address listed here; call New Horizons for routing.* **Phone: New Horizons main: (573) 634-7777** **Description:** Referrals to job training, employer connections and transportation options for Montgomery County residents.
- **OATS Transit (serves Montgomery County)** **Address:** *No county pickup hub address listed; call 211.* **Phone: Call 211** **Description:** Shared-ride rural transit for employment and medical trips.

Morgan County

- **Compass Health / Local community action (transport & employment coordination)**
Address: *Compass routes through regional offices; call intake for the nearest Morgan County site.* **Phone: Compass intake: 844-853-8937** **Description:** Compass and community partners connect residents to workforce programs and volunteer/agency transportation for work.
- **OATS Transit (Morgan County)** **Address:** *Regional scheduling; call 211 for pickup locations.* **Phone: Call 211 to schedule** **Description:** Demand-response rides for medical, shopping and employment needs.

Osage County

- **Central Missouri Community Action / County referrals (employment & transport)** **Address:** *No single public address listed for countywide CMCA services; call 211.* **Phone: Call 211** **Description:** Family resource centers and county health departments refer residents to job-readiness programs and local transit options.
- **OATS Transit (serves Osage County)** **Address:** *OATS regional scheduling offices handle pickups; call 211.* **Phone: Call 211** **Description:** Rural shared-ride service for medical and employment trips; advance booking required.

Pettis County

- **MVCAA / Sedalia area family & workforce services** **Address:** *MVCAA has Sedalia-area offices; call 211 for the nearest MVCAA office address.* **Phone: Call 211** **Description:** MVCAA and local family resource centers coordinate employment referrals, training and transportation assistance for Pettis County residents.
- **OATS Transit / Local demand-response** **Address:** *No single public pickup hub address listed; call 211 to schedule.* **Phone: Call 211 to schedule** **Description:** Shared-ride transit for medical, shopping and employment trips.

Phelps County

- **Compass Health / Rolla area workforce referrals** **Address:** *Compass routes through Rolla area clinics; call intake for the nearest Phelps County site.* **Phone: Compass intake: 844-853-8937** **Description:** Rolla area clinics and county partners refer residents to job training, employer connections and transportation options.
- **OATS Transit (Phelps County service)** **Address:** *Regional scheduling; call 211 for pickup points and reservations.* **Phone: Call 211** **Description:** Demand-response rides for work and medical appointments.

Pulaski County

- **Compass Health / Waynesville & Fort Leonard Wood area referrals** **Address:** *Compass serves the military-adjacent communities via regional offices; call intake for exact office addresses.* **Phone: Compass intake: 844-853-8937** **Description:** Military-adjacent communities use regional CMHCs and hospital partners for employment referrals and transit coordination.
- **OATS Transit / Local demand-response** **Address:** *No single public address listed for county pickup hub; call 211.* **Phone: Call 211 to schedule** **Description:** Rural transit for medical, shopping and employment trips.

Randolph County

- **New Horizons / Moberly area workforce & transport referrals** **Address:** **210 N Williams St, Moberly, MO 65270** *(New Horizons Moberly clinic — regional hub for Randolph area referrals)* **Phone: (660) 263-7651** **Description:** New Horizons and county partners provide job-readiness referrals and help arrange transportation for work and training.
- **OATS Transit (Randolph County)** **Address:** *Regional scheduling offices handle pickups; call 211 for local pickup points.* **Phone: Call 211** **Description:** Shared-ride rural transit for employment and medical trips.

Saline County

- **MVCAA / Marshall area family & workforce services** **Address:** *MVCAA has a Marshall-area presence; call 211 for the nearest office address.* **Phone: Call 211** **Description:** MVCAA and local partners coordinate employment referrals, training and transportation assistance for Saline County residents.
- **OATS Transit (serves Saline County)** **Address:** *OATS regional scheduling; call 211 for pickup locations.* **Phone: Call 211 to schedule** **Description:** Demand-response rides for medical, shopping and employment trips.

St. Clair County

- **County Health & Family Resource Referrals (transport & employment)** **Address:** *No single countywide office address listed here; call 211 for local contacts.* **Phone: Call 211** **Description:** County health and family resource centers refer residents to volunteer driver programs, OATS transit and local workforce services.
- **OATS Transit (St. Clair County)** **Address:** *Regional scheduling offices handle pickups; call 211.* **Phone: Call 211** **Description:** Shared-ride rural transit for work and medical trips.

St. Francois County

- **Parkland Health / Regional workforce & transport referrals (Farmington / Park Hills)** **Address:** **1101 W Liberty St, Farmington, MO 63640** *(Parkland Health Center — Farmington)* **Phone: (573) 756-6451** **Description:** Parkland and regional CMHCs coordinate employment referrals and transportation options for residents of St. Francois County.
- **OATS Transit / Local demand-response** **Address:** *No single public pickup hub address listed; call 211 to schedule.* **Phone: Call 211 to schedule** **Description:** Rural transit for medical and employment trips.

Vernon County

- **Burrell Behavioral Health / Nevada area referrals (employment & transport)** **Address:** *Burrell serves the Nevada area via regional clinics; call Burrell intake for the nearest office address.* **Phone: Burrell intake: 800-395-2132** **Description:** County family resource centers and CMHCs provide employment referrals and help arrange transportation for work.
- **OATS Transit (Vernon County)** **Address:** *Regional scheduling; call 211 for pickup points and reservations.* **Phone: Call 211** **Description:** Demand-response rides for medical, shopping and employment trips.

Washington County

- **Compass Health / County health partners (Potosi area transport & employment referrals)** **Address:** *Compass routes through regional offices; call intake for the nearest Potosi-area address.* **Phone: Compass intake: 844-853-8937** **Description:** County health and community partners refer residents to workforce programs and coordinate volunteer/agency transportation for employment.

Need Identified: Community awareness and navigation support for families

Bates County

- **Bates County Health Center** — 501 N Orange St, Butler, MO 64730; **Phone: 660-679-6108**. Local public health clinic offering WIC, family-planning services, immunizations and pregnancy support.

Benton County

- **Benton County Family Support Division (MO Dept. of Social Services)** — 1661 Hilltop Dr, Warsaw, MO 65355; **Phone: 660-438-7357**. Family support office providing TANF/Medicaid assistance, contraception information and referrals to local family-planning resources.

Boone County

- **Planned Parenthood Great Plains — Columbia Health Center** — 711 N Providence Rd, Columbia, MO 65203; **Phone: 573-443-0427**. Comprehensive family-planning services (birth control, STI testing, pregnancy services) serving Boone and nearby counties.

Callaway County

- **Callaway County Health Department** — 4950 County Rd 304, Fulton, MO 65251; **Phone: 573-642-6881**. Local health department providing WIC, pregnancy testing, contraception referrals and maternal/child health services.

Camden County

- **Central Ozarks Medical Center (COMC — Osage Beach)** — 3870 Columbia Ave, Osage Beach, MO 65065; **Phone: 877-406-2662**. FQHC offering primary care, women's health and family-planning services (sliding fee scale; accepts Medicaid/Medicare).

Carroll County

- **Carroll County Family Support Division** — 1303 N US-65 Hwy, Carrollton, MO 64633; **Phone: 660-542-0656**. County DSS office providing reproductive-health screening referrals, contraception assistance and family support programs.

Cass County

- **Family Resource Center of Cass County** — 528 N Scott Ave, Belton, MO 64012; **Phone: 816-425-5706**. Community family-resource center providing parenting supports, referrals to family-planning and maternal services, and social-service navigation.

Cedar County

- **Cedar County Family Support Division (MO DSS)** — 112 RB Rd, Stockton, MO 65785; **Phone: 417-276-5113**. Local Family Support Division offering contraception information, Medicaid/TANF help and referrals to family-planning providers.

Chariton County

- **Chariton County Family Support Division (MO DSS)** — 121 E Jackson St, Keytesville, MO 65261; **Phone: 660-288-3293**. State family-support office providing contraception services, pap/HIV testing, TANF and child-care assistance referrals.

Cole County

- **Cole County Health Department** — 3400 W Truman Blvd, Jefferson City, MO 65109; **Phone: 573-636-2181**. County health clinic offering women's health services, pregnancy testing, immunizations, WIC and family-planning referrals.

Cooper County

- **Cooper County Public Health Center** — 17040 Klinton Dr, Boonville, MO 65233; **Phone: 660-882-2626**. County public-health clinic offering WIC, pregnancy testing, STD screening, family-planning and maternal-child services.

Crawford County

- **Lifeline Pregnancy Care Center (Cuba)** — 201 Lucia Ave, Cuba, MO 65453; **Phone: 573-885-3040**. Pregnancy resource center offering free pregnancy tests, counseling, parenting classes and referrals to prenatal care.

Dent County

- **Dent County Health Center** — 1010 E Scenic Rivers Blvd, Salem, MO 65560; **Phone: 573-729-3106**. Local health department providing Title X family-planning services (IUDs, implants, pills), STI testing/treatment and pregnancy support.

Franklin County

- **Family Planning Clinic of Franklin County** — 920 Plaza Dr, Ste L, Saint Clair, MO 63077; **Phone: (636) 629-0300**. Ambulatory family-planning clinic offering contraception, pregnancy testing, STI screening and counseling.

Gasconade County

- **Gasconade County Health Department** — 303 N First St, Owensville, MO 65066; **Phone: (573) 437-2371**. County health department providing WIC, immunizations, pregnancy testing, STD screening and referrals to family-planning services.
- **Gasconade County Family Support Division (MO Dept. of Social Services)** — 1008 W Highway 28, Owensville, MO 65066; **Phone: (573) 437-4188**. State family-support office offering Medicaid/TANF enrollment, child-care assistance and referrals to local reproductive-health providers.

Henry County

- **Henry County Health Center** — 111 N 3rd St, Clinton, MO 64735; **Phone: (660) 885-8193**. Community health center offering women's health services, pregnancy testing, WIC and referrals for family planning and prenatal care.
- **Henry County Family Support Division (MO Dept. of Social Services)** — 1661 N 2nd St, Clinton, MO 64735; **Phone: (660) 885-5531**. Local DSS office providing TANF, Medicaid enrollment, child-care assistance and referrals to family-planning clinics.

Hickory County

- **Hickory County Health Department** — 24885 Hwy 254, Hermitage, MO 65668; **Phone:** (417) 745-2138. County public-health clinic offering women's wellness clinics, pregnancy testing, contraception counseling and WIC services.
- **Hickory County Family Support Division (MO Dept. of Social Services)** — PO Box 186, Hermitage, MO 65668; **Phone:** (417) 745-6491. Family-support services including child-care assistance, Medicaid/TANF help and referrals to local reproductive-health resources.

Howard County

- **Howard County Health Department (WIC & maternal/child services)** — 600 W Morrison, Ste 7, Fayette, MO 65248; **Phone:** (660) 248-3100. Public-health services including WIC, pregnancy testing, STD screening and maternal-child health referrals.
- **Howard County Family Support Division (MO Dept. of Social Services)** — 103 Furr St, Fayette, MO 65248; **Phone:** (660) 372-6032. State family-support office offering Medicaid/TANF enrollment, child-care assistance and referrals to family-planning providers.

Iron County

- **Parkland Health Center (Farmington)** — 1101 W Liberty St, Farmington, MO 63640; **Phone:** (573) 756-6451. Regional hospital and outpatient clinics providing obstetrics/gynecology, family-planning counseling, prenatal care and referrals.
- **Iron County Family Support Division (MO Dept. of Social Services)** — (call local DSS for office location); **Phone:** local DSS line. Provides Medicaid/TANF enrollment, child-care assistance and referrals to local reproductive-health services.

Jackson County

- **Planned Parenthood Great Plains — Patty Brous Health Center (Kansas City)** — 1001 Emanuel Cleaver II Blvd, Ste 6, Kansas City, MO 64110; **Phone:** (816) 756-2277. Comprehensive family-planning services including contraception, STI testing, pregnancy services and counseling (serves Jackson County residents).
- **Jackson County Health Department** — 2345 Grand Blvd, Kansas City, MO 64108; **Phone:** (816) 513-6000. Public-health services including immunizations, STD testing, WIC and referrals to family-planning providers.

Johnson County

- **Johnson County Family Support Division (MO Dept. of Social Services)** — 505 N Ridgeview Dr, Ste B, Warrensburg, MO 64093; **Phone:** (660) 543-5083. Local DSS office offering Medicaid/TANF enrollment, child-care assistance and referrals to family-planning and maternal-child services.
- **Warrensburg area women's health clinics** — various local providers; **Phone:** call the Family Support Division above for referrals. Provide contraception counseling, pregnancy testing and prenatal referrals.

Laclede County

- **Mercy Clinic OB/GYN — Lebanon** — 120 Hospital Dr, Suite 300, Lebanon, MO 65536; **Phone:** (417) 533-6710. Hospital-affiliated OB/GYN clinic offering family planning, contraceptive services, prenatal care and women's health visits.
- **Laclede County Pregnancy Support Center (community resource)** — Lebanon area (call for current address and hours); **Phone:** local nonprofit line. Offers pregnancy testing, counseling, parenting classes and referrals to prenatal care.

Lafayette County

- **MVCAA / Family & Community Services** — Address: Call 211 for nearest MVCAA office; **Phone:** Call 211. Provides family-support programs, WIC referrals, parenting classes and connections to local family-planning providers.

Linn County

- **New Horizons / Regional Community Mental Health & Family Support Referrals** — Address: Call 211 for nearest New Horizons or county health office; **Phone:** New Horizons main (regional): (573) 634-7777. Refers residents to pregnancy support, WIC, family-planning clinics and parenting resources.

Maries County

- **Maries County Health & Family Support Referrals (county health department / WIC)** — Address: Call 211 for local health department address; **Phone:** Call 211. County public-health services offering WIC, pregnancy testing, immunization and referrals to family-planning services.

Miller County

- **Compass Health / Local Family Support & WIC Referrals** — Address: Call 211 for nearest Compass or county health office; **Phone:** Compass intake: 844-853-8937. Coordinates behavioral-health, maternal-child referrals and links to family-planning and prenatal care.
- **Miller County Health Department (WIC & maternal services)** — Address: Call 211 for local health department address; **Phone:** Call 211. Offers WIC, pregnancy testing, immunizations and referrals to family-planning providers.

Moniteau County

- **Central Missouri Community Action (CMCA) / Family Resource Services** — Address: Call 211 for nearest CMCA office; **Phone:** Call 211. Provides family-support navigation, parenting classes, and referrals to reproductive-health and prenatal services.
- **Moniteau County Health Department / WIC** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services including WIC and referrals to family-planning clinics.

Montgomery County

- **New Horizons / Regional Family Support & Referral Services** — Address: Call 211 for nearest New Horizons or county health office; **Phone:** New Horizons main: (573) 634-7777. Referrals for pregnancy support, family planning and parenting resources.

- **Montgomery County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. Offers WIC, pregnancy testing and referrals to family-planning providers.

Morgan County

- **Compass Health / Morgan County referrals (family support & maternal services)** — Address: Call 211 for nearest Compass or county health office; **Phone:** Compass intake: 844-853-8937. Connects residents to family-planning, prenatal care and parenting supports.
- **Morgan County Health Department / WIC** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals.

Osage County

- **Central Missouri Community Action / Family Resource Referrals** — Address: Call 211 for nearest CMCA office; **Phone:** Call 211. Family-support navigation, WIC referrals and links to local family-planning providers.
- **Osage County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. Offers WIC, pregnancy testing and referrals.

Pettis County

- **MVCAA / Sedalia Area Family & Support Services** — Address: Call 211 for nearest MVCAA/Sedalia office; **Phone:** Call 211. Provides parenting classes, WIC referrals, and connections to family-planning and prenatal care.
- **Pettis County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals to reproductive-health providers.

Phelps County

- **Compass Health / Rolla Area Family Support & Referrals** — Address: Call 211 for nearest Compass or county health office; **Phone:** Compass intake: 844-853-8937. Referrals to family-planning, prenatal care and parenting programs.
- **Phelps County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. Offers WIC, pregnancy testing and referrals.

Pulaski County

- **Compass Health / Waynesville & Fort Leonard Wood Area Referrals** — Address: Call 211 for nearest Compass or county health office; **Phone:** Compass intake: 844-853-8937. Family-support referrals for military-adjacent communities, pregnancy support and family-planning links.
- **Pulaski County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals.

Randolph County

- **New Horizons / Moberly Clinic (regional family support & referrals)** — 210 N Williams St, Moberly, MO 65270; **Phone:** (660) 263-7651. Regional behavioral-health

and family-support hub that also refers residents to pregnancy services, WIC and family-planning clinics.

- **Randolph County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals.

Saline County

- **MVCAA / Marshall Area Family & Workforce Services** — Address: Call 211 for nearest MVCAA/Marshall office; **Phone:** Call 211. Family-support navigation, parenting classes and referrals to family-planning providers.
- **Saline County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. Offers WIC, pregnancy testing and referrals.

St. Clair County

- **St. Clair County Health & Family Resource Referrals** — Address: Call 211 for local health department address; **Phone:** Call 211. County referrals to WIC, pregnancy support and family-planning services.
- **St. Clair County Family Support Division (MO DSS)** — Address: Call 211 for local DSS office; **Phone:** Call 211. TANF/Medicaid enrollment and referrals to reproductive-health providers.

St. Francois County

- **Parkland Health Center — Farmington (regional maternal & family services)** — 1101 W Liberty St, Farmington, MO 63640; **Phone:** (573) 756-6451. Regional hospital and outpatient clinics offering OB/GYN, family-planning counseling, prenatal care and referrals to community supports.
- **St. Francois County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals.

Vernon County

- **Burrell Behavioral Health / Nevada Area Family Support Referrals** — Address: Call 211 for nearest Burrell clinic; **Phone:** Burrell intake: 800-395-2132. Behavioral-health and family-support referrals including connections to pregnancy and family-planning services.
- **Vernon County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals.

Washington County

- **Compass Health / Potosi Area Family Support & Referrals** — Address: Call 211 for nearest Compass or county health office; **Phone:** Compass intake: 844-853-8937. Referrals to family-planning, prenatal care and parenting supports.
- **Washington County Health Department (WIC & maternal services)** — Address: Call 211 for local office; **Phone:** Call 211. County public-health services and referrals to family-planning providers.

Appendix E: Data Dictionary and Data Sources for Indicators

Measure	Data Elements	Description
Geographic identifiers	FIPS	Federal Information Processing Standard
	State	
	County	
Premature Death	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	Deaths	Number of deaths <75
	Years of Potential Life Lost Rate	Age-adjusted YPLL rate per 100,000
Poor or Fair Health	% Fair or Poor Health	Percentage of adults that report fair or poor health
Poor Physical Health Days	Average Number of Physically Unhealthy Days	Average number of reported physically unhealthy days per month
Poor Mental Health Days	Average Number of Mentally Unhealthy Days	Average number of reported mentally unhealthy days per month
Low Birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	% Low Birthweight	Percentage of births with low birthweight (<2500g)
Adult Smoking	% Adults Reporting Currently Smoking	Percentage of adults that reported currently smoking
Adult Obesity	% Adults with Obesity	Percentage of adults that report BMI \geq 30
Food Environment Index	Food Environment Index	Indicator of access to healthy foods - 0 is worst, 10 is best
Physical Inactivity	% Physically Inactive	Percentage of adults that report no leisure-time physical activity
Access to Exercise Opportunities	% With Access to Exercise Opportunities	Percentage of the population with access to places for physical activity
Excessive Drinking	% Excessive Drinking	Percentage of adults that report excessive drinking
Sexually Transmitted Infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
Teen Births	Teen Birth Rate	Births per 1,000 females ages 15-19

Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
Primary Care Physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	Primary Care Physicians Rate	Primary Care Physicians per 100,000 population
	Primary Care Physicians Ratio	Population to Primary Care Physicians ratio
Dentists	# Dentists	Number of dentists
	Dentist Rate	dentists per 100,000 population
	Dentist Ratio	Population to dentists ratio
Mental Health Providers	# Mental Health Providers	Number of mental health providers (MHP)
	Mental Health Provider Rate	Mental Health Providers per 100,000 population
	Mental Health Provider Ratio	Population to Mental Health Providers ratio
Preventable Hospital Stays	Preventable Hospitalization Rate	Discharges for Ambulatory Care Sensitive Conditions per 100,000 Medicare Enrollees
Mammography Screening	% with Annual Mammogram	Percentage of female Medicare enrollees having an annual mammogram (age 65-74)
Flu Vaccinations	% Vaccinated	Percentage of annual Medicare enrollees having an annual flu vaccination
High School Completion	# Completed High School	Adults age 25 and over with a high school diploma or equivalent
	Population	Adults age 25 and over
	% Completed High School	Percentage of adults age 25 and over with a high school diploma or equivalent
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
Children in Poverty	% Children in Poverty	Percentage of children (under age 18) living in poverty
Income Inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
Children in Single-Parent Households	# Children in Single-Parent Households	Number of children that live in single-parent households

	# Children in Households	Number of children in households
	% Children in Single-Parent Households	Percentage of children that live in single-parent households
Social Associations	# Associations	Number of associations
	Social Association Rate	Associations per 10,000 population
Injury Deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000
Severe Housing Problems	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	Severe Housing Cost Burden	Percentage of households with high housing costs
	Overcrowding	Percentage of households with overcrowding
	Inadequate Facilities	Percentage of households with lack of kitchen or plumbing facilities

Focus Area	Measure	Description	Source	Year(s)
HEALTH OUTCOMES				
Quality of Life	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021
HEALTH FACTORS				
HEALTH BEHAVIORS				
Diet and Exercise	Food Insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2021
	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021
Other Health Behaviors	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2020

CLINICAL CARE				
Access to Care	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2021
	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2021
	Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2023
SOCIAL & ECONOMIC FACTORS				
Education	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2020-2021
	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	American Community Survey, 5-year estimates	2018-2022
Income	Median Household Income*	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
Family and Social Support	Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	American Community Survey, 5-year estimates	2018-2022
Community Safety	Homicides*	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
DEMOGRAPHICS				
All	Population	Resident population.	Census Population Estimates Program	2022
	% Below 18 Years of Age	Percentage of population below 18 years of age.	Census Population Estimates Program	2022
	% 65 and Older	Percentage of population ages 65 and older.	Census Population Estimates Program	2022
	% Non-Hispanic Black	Percentage of population identifying as non-Hispanic Black or African American.	Census Population Estimates Program	2022
	% American Indian or Alaska Native	Percentage of population identifying as American Indian or Alaska Native.	Census Population Estimates Program	2022
	% Asian	Percentage of population identifying as Asian.	Census Population Estimates Program	2022
	% Native Hawaiian or	Percentage of population identifying as Native Hawaiian or Other Pacific Islander.	Census Population Estimates Program	2022

	Other Pacific Islander			
	% Hispanic	Percentage of population identifying as Hispanic.	Census Population Estimates Program	2022
	% Non-Hispanic White	Percentage of population identifying as non-Hispanic white.	Census Population Estimates Program	2022
	% Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than well.	American Community Survey, 5-year estimates	2018-2022
	% Female	Percentage of population identifying as female.	Census Population Estimates Program	2022
	% Rural	Percentage of population living in a census-defined rural area.	Decennial Census Demographic and Housing Characteristics File	2020

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