MU police chief addresses letter to students, faculty

COLUMBIA, Mo. - In a letter to Mizzou students and faculty Wednesday, the campus police chief addressed the issue of campus-wide alert messages.

R. Douglas Schwandt says some are blaming the rise in number of alerts on more crime. Schwandt says expanding technology which allows for a wider reach is the real reason more alerts are being sent out. He further attributes to early alerts the fact that no one from the MU community was seriously hurt in recent crimes.

Schwandt also spoke about sexual assaults on campus, saying a mandate to report such incidents has prompted more reports to be made. He added that this doesn't mean more sexual assaults are happening.

The full text of Schwandt's letter is below:

"Dear students, staff and faculty,

As you leave campus for the summer, I want to make sure you are aware of some important facts.

· Recent emergency alerts have given the false impression that crime is rising in Columbia and on MU’s campus. Actually, crime in Columbia and on MU’s campus has not risen significantly over the past 20 years despite an increase in MU’s student population of more than 13,000 students.

· The recent increase in the number of emergency alerts from MUPD is not indicative of an increase in crime or emergency situations; rather the increase in alerts is due to an expansion of technology that allows us to communicate more quickly and thoroughly as we have been asked to do by our community.

· Getting information to our campus community in a timely way has increased our ability to identify and/or arrest offenders. During recent crimes, no one from the MU community was seriously harmed, except for the police officer who is recovering, and all of these crimes were solved quickly. We think those facts are attributable to early alerts."
· MUPD has continued to incorporate, refine and develop strategies over the years to help maintain our campus safety. Some of those steps, strategies and community policing efforts include:

· Increasing our University Police officer positions by 8 percent this past year;

· Assigning supplemental patrol officers in an overtime capacity to our core campus during evening and late-night hours.

The new mandate to report sexual assaults is having the desired effect of prompting more individuals to come forward to report allegations of sexual assault. However, this does not necessarily mean that such offenses are increasing on the MU campus.

We hope you all have a wonderful summer break. Please know that the University of Missouri Police Department remains committed and professional in the policing efforts of our campus. We will be working all summer to assure continuing safety on MU’s campus and we look forward to seeing you in the fall.

New MU police chief expands outreach, discusses MU Alerts

Watch story: http://www.komu.com/player/?video_id=28860&zone=2,5&categories=2,5

COLUMBIA - MU police chief Doug Schwandt, who has been in the top job for less than three months, is ramping up MUPD's outreach efforts to include one-on-one meetings with community members and expanded social media use.

The department has launched a program called "Chat with the Chief," which allows anyone to sign up for a one-on-one meeting with Schwandt to discuss issues, ideas or concerns with him.

Schwandt, who took over as interim chief in March after longtime chief Jack Watring retired, said the initiative has been in the works for a while and isn't in response to recent events which saw the university face criticism over its use of the MU Alert system.
"I knew that I wanted to create a forum for our campus community to have a direct line of communication with me," Schwandt said.

Schwandt said the department has reevaluated the MU Alert system and plans to be "more proactive" in issuing alerts, but does not want the community to become desensitized.

"We don't want our campus to be desensitized to emergency alerts, and that's what some of the fear is from departments that go through this," Schwandt said. "In some ways it's a double-edged sword, but we're going to try to take the course of action where we are going to err on the side of 'Let's get the safety message out'."

Schwandt said community policing has become even more of a priority for law enforcement agencies across the country after controversy over law enforcement's relationship with the community in Ferguson, Baltimore and elsewhere.

"We have a good relationship with our community," Schwandt said. "But we don't take that for granted."

Schwandt also plans to look at increasing MUPD's use of social media. The chief recently opened his own Twitter account to provide a "personal face to the department."

"We're probably a little behind the curve when it comes to that," Schwandt said. "We're finding that most of our campus is getting information and messaging [from Twitter]."

99 Lives Project at MU to Genetically Sequence 100 cats

Watch story: http://mms.tveyes.com/PlaybackPortal.aspx?SavedEditID=730f975c-fb91-4b38-a080-7befb2a16341
Teachers to be paid in full as lawsuit against MU closes

By Alan Burdziak

Wednesday, May 13, 2015 at 2:00 pm

Twenty-one former teachers who were part of a K-12 instructional program at the University of Missouri in 2009 and were fired before the end of their contracts will be paid in full as part of an agreement.

Boone County Circuit Judge Jodie Asel ruled in favor of the plaintiffs, the teachers, in an August breach-of-contract suit, which left only the amount the university owed each instructor unresolved. On Monday, Asel dismissed the case with prejudice at the plaintiffs’ request.

The case was filed in 2010, shortly after the teachers were among 45 people who lost their jobs partway through the 2009-10 school year after signing a yearlong contract with MU to join the Missouri Virtual Instructional Program, or MoVIP. The program provides supplemental education to rural K-12 students and homebound students with physical or cognitive impairments.

The teachers’ contracts began in August 2009, but the state cut funding for the program soon afterward, and some people were unemployed by the end of the calendar year.

David Brown, attorney for the teachers, said the parties came to an agreement on the damages instead of letting a judge or jury make a decision.

“The university was very good about working out a fair method to figure out what each teacher was owed,” Brown said.

Kelly Mescher, an attorney on the university’s general counsel who litigated the case, did not respond to a message seeking comment Wednesday morning.

The teachers are owed between $23,580.28 and $28,834.59, according to a motion Brown filed in February, though it is unclear exactly how much they will be paid. Barbara Peck, one of the plaintiffs, said she was told the teachers should receive checks by the end of the week.
Peck joined MoVIP in August 2009, and by October, she said, the funding was cut. She said she was working part time by November and was fired in February 2010. Peck blames the state because she and the other teachers were hired as an expansion of MoVIP and the state purchased more equipment in 2009, though “somebody in Jeff City knew this program was on the block to be chopped.”

“Unfortunately, we had to sue the university,” Peck said. “It was the state’s fault.”

MoVIP has since been scaled back and is now tuition-based. Though the court ruled in favor of the teachers and they will receive the remainder of their respective contracts, each party in the case has to cover their own court costs.

COLUMBIA MISSOURIAN

Free testing for sexually transmitted infections to be reduced at MU

Thursday, May 14, 2015 | 6:00 a.m. CDT
BY KYLE BROWN

COLUMBIA — Tucked behind a block of meeting rooms on the top floor of the MU Student Center is a suite of offices where students can get free, confidential screenings for sexually transmitted infections.

The confidential part is obvious. Dozens of orange Post-its cover the windows around the testing area. Students come in and out without appointments, spending 30 to 45 minutes voluntarily being tested for HIV, chlamydia and gonorrhea.

The Get Yourself Tested program has provided free screenings to students at the student center since 2010. Testing was initially offered once a semester, but since last fall, students have been able to get tested twice a month as part of a temporary increase in services.

Next fall, the free testing is likely to be offered just once a month due to budget constraints, said Ryan Hobart, communications director for the state Department of Health and Senior Services.

Hobart said the state's 2015 budget has earmarked a projected $681,352 for STI test kits. That funding will have to go toward kits for 174 sites across Missouri.
At MU, the number of students tested is so high now that the service has used a disproportionate share of the state's resources, said Susan Even, the executive director of the MU Student Health Center. On average, more than 100 students participate in each testing event.

As a result, the state is re-evaluating its priorities to direct more of the test supplies to people who are uninsured or don't have good access to health care.

To secure the future of the program, an online petition is being circulated asking the Student Health Center for financial support to ensure that it continues as a free service for students.

**High rate of STIs**

In 2013, Missouri's chlamydia and gonorrhea infection rates per capita were 1.7 percent and 18.1 percent higher than the national per capita rates, respectively, according to data from the Centers for Disease Control and Prevention.

According to the CDC, there were 1.4 million cases of chlamydia and 333,004 cases of gonorrhea in the U.S. in 2013, but the CDC's website says those numbers are underreported.

In Missouri for the same year, there were 27,328 cases of chlamydia and 7,546 cases of gonorrhea. Out of those, 19,538 of the chlamydia cases and 4,477 of the gonorrhea cases were contracted by Missourians between the ages of 15 and 24.

Young adults ages 15 to 24 are a high-risk population, according to the CDC. Although they make up 25 percent of the sexually experienced population, people in that range account for half of all new STIs.

In 2013, 56 percent of all gonorrhea infections and 67 percent of chlamydia infections reported were among people between 15 and 24, the CDC reported.

The CDC recommends that sexually active women younger than 25, or those who have risk factors such as new or multiple partners, get tested annually for chlamydia and gonorrhea. The CDC stresses that women get tested because out of all demographics, women between ages 15 and 24 are at the highest risk for contracting an STI.
Women between 15 and 19 get chlamydia at more than four times the rate of men of the same age and are twice as likely to have gonorrhea. And women between ages 20 and 24 are more than twice as likely to be infected with chlamydia than men of the same age and are 17.9 percent more likely to have gonorrhea, according to the CDC.

**Getting tested**

To sustain the Get Yourself Tested program, the MU Student Health Center partners with a nonprofit sexual health clinic called Rain-Central Missouri. Rain receives the test kits from the Department of Health and Senior Services and brings them to MU. On testing day at the student center, volunteers with a student group called Sexual Health Advocacy Peer Education greet students, ask them to fill out a set of forms and tell them to wait until their numbers are called.

Some students bring friends to chat with while they wait. Others check out the displays of male and female condoms. Volunteers pop in every now and then to remind everyone that the condoms are free.

When a number is called, the corresponding student goes behind a blue divider to do the HIV blood test — one prick of the finger and done. From there, volunteers give them a urine collection kit to test for chlamydia and gonorrhea.

Students deposit their urine samples in a separate room and then wait for their HIV test results — returned in about 15 minutes.

Several factors prompt college students to choose the service at the student center rather than a physician's office to get tested.

One problem is billing the screening to their parents' insurance. When students use Get Yourself Tested, the results are confidential.

In addition, students are often reluctant to admit to their parents that they have taken a risk with unprotected sex.

Although four other clinics in Columbia receive STI kits from the state, all have drawbacks for students — either a cost is involved, the clinics are only for women or the off-campus locations are inconvenient.
Boone County Public Health and Human Services on West Worley Street provides free HIV tests but charges Boone County residents $20 for STI testing.

My Life Clinic near Hickman High School only provides free tests to women between 15 and 24 if they have had at least one sexual partner in the past 12 months. It does not test men.

Planned Parenthood-Columbia Health Center near Douglass High School gives free chlamydia and gonorrhea tests, but HIV tests cost $20. The Rain-Central Missouri clinic on Wilkes Boulevard provides free and confidential STI tests for anyone, regardless of gender or insurance coverage, but it is not as close as the student center.

These obstacles can prevent students who live on campus or do not have a means of transportation for seeking help, said Sarah Billingsly, president of Sexual Health Advocacy Peer Education.

"In addition to that, if that's something you don't know about or are not comfortable with, again, you're going to reduce the likelihood that someone is going to seek out those services," Billingsly said. "When it comes to STI testing, it should be as easily accessible as possible, in my opinion."

**Importance of screening**
STI screening is important for identifying potential health complications that can occur with untreated infections. HIV can lead to AIDS and targets the immune system, leaving victims susceptible to other infections and infection-related cancers, according to the CDC.

Untreated chlamydia and gonorrhea can affect future fertility, particularly for women.

"So women may not be able to get pregnant, and that may be an important part of a woman's life at some point," Even said.

Since they are bacterial infections, both can be cured with the right treatment, she said. But it's impossible for people to know they need treatment if they haven't been tested.
According to the CDC, most people infected with chlamydia do not experience any symptoms. Additionally, women are less likely to show symptoms of gonorrhea than men.

Common symptoms in men for STIs is burning during urination or discharge from the urethra, noticeable problems that make men more likely to seek treatment without getting tested first, Even said.

"Something's wrong, I need to fix it, I'm going to go in and get this taken care of, one way or the other, most likely," she said.

When using barrier methods, such as condoms, there is still a chance the barrier could break, exposing someone to infection, Even said. So people should get tested based on their risk so they can prevent further transmission.

"When you have one of these infections, obviously because they're sexually transmitted, you got it from someone, and you could give it to someone," Even said.

Although HIV results are ready after just 15 minutes through Get Yourself Tested, urine samples are sent to the state health lab. From there, the results are given to Rain, which contacts students who test positive.

If a student tests positive, he or she can get free treatment medication provided by the state. Student Health Center physicians write a prescription for the treatment, which students can pick up at Rain or at MU pharmacies, Even said.

Students also receive partner notification cards so any partners who might be infected can get free testing and seek treatment if necessary.

Looking ahead
The state has tentatively agreed to support one testing event per month at MU next fall, but the future of the Get Yourself Tested program for 2016 and beyond is uncertain, Even said.

Keeping the testing at the student center makes students more likely to get tested, especially if they are new students who are unfamiliar with nearby health care resources.

"If the first test that they get is in a place that feels a little more comfortable, then that might be the stepping stone for them to feel a little more comfortable coming to Student
Health or other health-care providers to get that kind of testing and treatment," Even said.

The Get Yourself Tested program has been free to students thanks to outside support, but it's not clear how long that support will last. Eventually, students might have to pay $15 to cover the cost, said Cale Mitchell, executive director of Rain.

"I think, ultimately, it's going to come down to if the students value it, they're going to have to incur some of the costs," he said.

Even said the future of the program may depend on the investment of the community.

"It's up to more local entities to pick it up and make it more sustainable," she said. "This is a way to show, 'yeah, this is a program that has value for the safety and health of our students, so we need to sustain it.'"

Mizzou grad was engineer of Amtrak train in fatal crash

By Kim Bell

The engineer of the Amtrak train that derailed in Philadelphia, killing at least seven people, was a graduate of the University of Missouri, according to the man's LinkedIn page.

The engineer was identified by law enforcement officials as Brandon Bostian, 32, of Forest Hills, N.Y. Media reports say he is originally from Memphis.

Bostian earned a bachelor's degree in business administration from Mizzou in 2006, his LinkedIn page says. He also worked at the Target store in Columbia for his final year at the university. He was an Amtrak conductor from July 2006 to December 2010, and then became an engineer.

The crash on Tuesday evening killed at least seven people. The train carried 238 passengers and five crew members. Half of those on board were hospitalized. Bostian and the train's conductor survived the crash.

The train was traveling at 106 mph before it ran off the rails along a sharp curve where the speed limit drops to just 50 mph, federal investigators said Wednesday.

In an interview with ABC’s "Nightline," Bostian’s attorney, Robert Goggin, said Bostian recalls operating the controls but doesn’t remember what happened when the train slammed into a curve and jumped the tracks.
"The next thing he recalls is being thrown around, coming to, finding his bag, getting his cell phone and dialing 911," Goggin told the news program.

Bostian suffered a concussion and required 14 staples in his head as well as several stitches in his leg, Goggin said.

The New York Daily News reports that Bostian had a lawyer at his side when he met with police for five hours on Wednesday.

Friends of Bostian were posting notes of support on his Facebook page, including a fraternity brother from the Acacia chapter at Mizzou. Another man, who is an Amtrak engineer from California, wrote, "Hold your head up. What you know about yourself and those of us that know you is more important than anything being said in the media. Everyday we hold lives in our hands - 99.9% of the time it goes unappreciated and taken for granted. Yes, it happened to you but it could have been any one of us and you are not alone."

Engineer driving Amtrak in Philadelphia was a Mizzou graduate

POSTED 11:48 PM, MAY 13, 2015, BY STAFF WRITER

Watch the story: http://mms.tveyes.com/PlaybackPortal.aspx?SavedEditID=34df47c5-d7b1-4988-99c4-adc88845c646

PHILADELPHIA – According to CNN, the engineer driving the Amtrak train that derailed in Philadelphia was a University of Missouri-Columbia graduate. The accident killed seven passengers.

CNN say the engineer is Brandon Bostian, a Memphis native and a 2006 graduate of the University of Missouri.

Federal investigators say the train was going more than 100 miles an hour when it went around a curve and derailed.

The NTSB says the engineer applied the emergency brakes just before the crash.
The speed limit on the track prior to the curve is 70 miles per hour and 50 miles per hour through the curve.

Administrators to move back into Jesse Hall May 18

For students, May 18 is the first official day of summer, but for MU Administration, it is the day that they can move back into Jesse Hall.

Jesse Auditorium will be the first room to reopen. The Commencement Ceremony for graduates will be held May 15. After that, offices will reopen, starting with the Chancellor’s office on May 18.

“We’re looking forward to being back in Jesse with many of the other offices,” MU spokesman Christian Basi said. “It will be nice to see many familiar faces in the hallways.”

Jesse Hall has been undergoing improvements since July 2014, and there are many safety updates, Manager of Communications Karlan Seville said.

“We installed a sprinkler system (with about 1,400 sprinklers) and about 400 smoke alarms, upgraded the existing elevator and added an elevator to meet current ADA codes,” she said. “We also improved the HVAC system (heating and air condition), which will be more reliable and energy efficient.”

While these changes were being made, more than 600 administrators had to be relocated to other campus locations, such as Reynolds Alumni Center, North Residence Hall, McReynolds Hall, Rock Quarry Center, General Services Building and Ellis Library, she said.

Director of Libraries James Cogswell said that Ellis hosted a majority of the guests, with 100 people from offices like Financial Aid Office, Office of Admissions and the Registrar’s Office.

There are only 139 workers in Ellis normally, and Cogswell described adding the extra workers as a complication.

“This is a complex thing, moving 600 people out of the largest single office building on campus and then putting them in (multiple locations),” he said, “It has been disruptive in that sense.”

He said that these disruptions were felt more by students than faculty. Two major study rooms had to be used for office space, and a total of 400 study spaces were gone for the whole year. However, the library tried to add as much study spots as possible.
“We recouped about half that number that we lost,” Cogswell said. “If you walk around you’ll almost trip over things because we took almost every nook and cranny of the building and put a chair if it would fit and a table if we had one.”

Cogswell described the problems with faculty as “minimal.”

“The thing is we knew and the guests knew that we were going to have to make the best of a difficult year,” he said. “We’ve just accommodated one another and come to like each other.”

Now that the guests will be moving back into Jesse, the library has made plans for what they would like to do with the newly-available space.

“(We’re) reconstituting that space for students to study,” Cogswell said. “(We would like) renewed and renovated study places for people, we’d like more study alcoves for small groups.”

MU student assaulted near campus

An assault occurred on Williams Street and Paris Road just after 3:15 a.m. on May 9, according to Columbia Police Department dispatch records.

Officers were dispatched at 3:19 a.m., CPD Public Information Officer Latisha Stroer said. MU Alert did not notify students of the incident.

“Officers contacted a male victim, age 22, who had been assaulted by three males unsure of race,” Stroer said in an email. “The victim could not provide any suspect information.”

The victim was an MU junior and Phi Kappa Theta fraternity member. MU Hospital officials said he was treated and released in their emergency room May 9 at around 11:30 a.m.

The investigation is still ongoing, Stroer said.

Pediatricians get virtual expert help on how to care for children with autism

By Michele Munz
Mounting research shows intervening early can improve outcomes of children with autism, yet in Missouri and across the country, the wait to see physicians specializing in autism can be six months to a year.

**To alleviate this burden on specialists and families, the University of Missouri has created a way to share the expertise of specialists with primary care providers like pediatricians and nurse practitioners through bimonthly virtual training sessions.**

The training gives general practitioners tools to manage symptoms while patients are on waiting lists and aims to give the doctors confidence in treating typical medical issues in children with autism.

“We have to come up with different ways to alleviate the bottleneck and get kids help before they waste an entire year,” said Kristin Sohl, medical director for the university’s Thompson Center for Autism and Neurodevelopmental Disorders. “We can actually create a bigger system to take care of these children.”

Autism Spectrum Disorder is a group of developmental disabilities that cause mild to severe social, communication and behavioral challenges. Federal statistics show that 1 in 68 children in the U.S. are on the autism spectrum, a 30 percent increase since 2012. Most are diagnosed after age 4, though the disorder can be diagnosed as early as age 2.

Pediatricians are often the first to hear parents’ concerns, yet they spend less than a month of their residency learning about developmental disorders such as autism, Sohl said. Family doctors — the only doctor in many rural areas — spend even less time. Too often, she added, primary care providers refer straight-forward medical issues to specialists because they lack confidence in caring for children with autism. That, in turn, also increases waiting times.

Sohl leads a team of experts to train general practitioners across the state through interactive video conferencing.

During two-hour sessions held twice a month, physicians can discuss their patient cases with an expert panel and one another. The panel includes a child psychiatrist, psychologist, social worker, dietitian and a parent of a child with autism.

Participants also receive training in many common issues among children with autism such as sleep problems, constipation, poor diet and side effects of behavioral medications.

“Not every child with autism will present the same or have the same problems. Each child brings us unique challenges,” said Dr. Sandy McKay, a pediatrician at Mercy Hospital St. Louis who is participating in the training. “It gives me the opportunity to reach out to a group of providers to find out the best way of meeting patients’ needs.”

McKay knows it can take months before a patient she suspects of having autism to be evaluated and diagnosed by a specialist, but she can prescribe therapies to address concerns in the meantime.

“The last thing I want to see for one of my patients is that we could’ve been doing six months of speech therapy before they saw a specialist,” she said.

The virtual training is called ECHO Autism and is based on the successful ECHO (Extension for Community Healthcare Outcomes) model that began at the University of New Mexico as a way for specialists to share their expertise to doctors across the state in caring or patients with Hepatitis C. Now, several ECHO programs exist in areas such as addiction, HIV/AIDS, epilepsy and chronic pain. The Missouri-led ECHO is the first to focus on autism.

“When I found out about ECHO, I immediately thought of autism,” Sohl said. “The system is currently designed for primary care doctors to recognize the problem and then refer to an academic medical center.”
Yet, at the Thompson Center, she said, 350 patients are on the waiting list for a diagnostic evaluation. Families in rural areas travel as far as four hours one way for appointments, which means missing work and school. Medicaid, the public health insurance program for the poor, must cover the travel costs.

“One of the things that is most powerful is that you are moving knowledge rather than moving patients,” Sohl said. “ECHO moves specialists’ knowledge to them in their home community, and that is a cool way to think about it.”

The free bimonthly sessions began in March and will continue as long as funding is available, with surveys done every six months to measure effectiveness. Funding is provided by the state Medicaid program and Autism Speaks’ Autism Treatment Network, a collaboration of 14 autism specialty centers across the country, which includes the Thompson Center.

McKay said the training has helped her better understand the social and emotional needs of the parents of her patients, and learn more about other helpful services in the community.

She said, “When a family is in my office, they need help now; that’s why they are there.”

**NEED TO KNOW**

**For providers:**
ECHO Autism meets virtually every first and third Wednesday of the month from 11:30 a.m. to 1:30 p.m. Email mtn@health.missouri.edu or call 573.884.7958 to register.

**For parents:**
Talk to your doctor or nurse if by age 18 months, your child:

- Doesn’t point to show things to others
- Can’t walk
- Doesn’t know what familiar things are for
- Doesn’t copy others
- Doesn’t gain new words
- Doesn’t have at least 6 words
- Doesn’t notice or mind when a caregiver leaves or returns
- Loses skills once had

Also, call the Missouri public early intervention program, First Steps, at 1-866-583-2392 to see if your child qualifies for services. You do not need a doctor’s referral or a medical diagnosis to call.
MU Bridge Program Brings Mental Health Care to Mid-Missouri Schools

Listen to story: http://kbia.org/post/mu-bridge-program-brings-mental-health-care-mid-missouri-schools

When it comes to kids, physical health may be what sends them to the doctor. Scrapes and fevers may get students sent to the school nurse.

But studies from the National Institute of Mental Health show that half of all mental disorders start by age 14, and almost half of teens have a mental disorder.

According to Keisha Ross, secretary of the Missouri Psychological Association, part of the problem is that parents may not even be aware their child’s issues could be psychological.

“There still is a great deal of stigma that goes along with seeking mental health care,” Ross said. “Honestly sometimes people just don’t know and understand what they need to look for.”

Even if they know, it can still be difficult to get treatment due to issues of transportation, insurance or long wait times – which is why Ross said school intervention can be so impactful. And that is why school intervention is now being implemented in Columbia.

Dr. Laine Young-Walker is the director of the University of Missouri’s new Bridge Program, which has been at work since March to put child psychiatrists into the school setting.

“It’s any psychiatric issues that children and adolescents are facing that are impairing their functioning day-to-day, impairing their ability to do well in school,” Young-Walker said.

Currently, the program has three psychiatrists and two case managers working with 11 schools in Columbia and Boone County. It’s referral based – a parent or counselor or teacher can refer the child if they have concerns. Then the child will have an initial evaluation with the psychiatrist, with two or three follow up visits and either a prescription or a referral to outpatient therapy. The program also reaches out to children who are homeschooled or who aren’t in a district where the program is in place.

Dr. Ravi Shankar is another of the adolescent psychiatrists for the Bridge Program. He said that children are usually responsive.

“Kids, they’ve been very open,” Shankar said. “When I usually see most of the kids I see them for their first visit with families and individually and then with the entire team in the room. A lot of them have pretty good insight into, ‘Yes, I think I need help.’”
Young-Walker said that she has been working on getting the program running since around 2012, but the funding wasn’t available to make it work. They ran a trial program in 2014 both diagnosing kids and evaluating the effectiveness of the program. In 2015, they received funding through the Boone County Children’s Services Fund. And now that the money is there, Young-Walker plans on expanding the program this summer to include more psychiatrists and more hours in schools.

Carole Schutz is a case manager for the program and the point of contact for many families involved. She said that, for many families, the experience can be overwhelming at first. But that quickly changes.

“When they realize that we’re taking a team approach and they are part of our team, I see that they become more motivated,” Schutz said. “They take our calls more readily, they are more receptive to following up and following through on treatment for their children.”

And the program tries to keep the price of that treatment as low as possible. Psychiatrists choose medicines from a list of four-dollar prescriptions and the case managers will work to get families Medicaid or insurance if they don’t have it.

According to Ross, getting children diagnosed early is important for the long term, too.

“When they are able to get help early on, it can change the trajectory of their life,” Ross said. “For some kids it means being able to stay in school versus dropping out, because their symptoms might impair their functioning to the point that academically they can’t continue to function in school.”

The Bridge Program has funding for one year through the Boone County Children’s Services Fund, with the potential to renew for two more years. If the program continues to receive funding, Young-Walker said they aim to help 300 children in the first year, 450 in the second and 600 in the third.

After that, Young-Walker said they will search for funding to keep getting Missouri children easy access to mental health care.
How to edit and share video as a citizen journalist

LOS ANGELES—Raw clips may work for tornado videos, but a citizen journalist with bigger ambitions needs to know how to edit.

In part 1 of this series, we showed you how to shoot broadcast-quality video on your smartphone with tools like microphones, tripods and selfie sticks. With the availability of smartphones and tablets improved built-in cameras, anyone can now be a mobile journalist.

So now what? You want to take your raw clips, trim them, add titles and edit them in a quick masterpiece. And now we've all got portable computers in our pockets to do this, thanks to the smartphone.

Mobile editing will get the job done with the most basic of edits. I prefer to have the big screen and way more controls of the laptop, so I do most of my work there.

But that's me. **Judd Slivka, who teaches mobile journalism classes at the University of Missouri, has his students do all their shooting and editing on mobile tools to speed up the process. "It cuts 25% of the time it takes to shoot and edit and get it done," he says.**

**HOW TO GET THE CLIPS OFF**

Before we jump into mobile editing, let's take a quick minute to figure out where to find our footage, and how to get it off the devices.

On Apple devices, video clips are found in the "Camera Roll," or "Photo" app, while recent Androids house them in the "Photos" app.

Now say you want to shoot on the iPhone, but edit on the iPad. Or, you want to send your clips to a pal, who's an editor. Or, you bought a 16 GB iPhone, thinking it would have enough storage, only to realize that 8 GBs of it is taken up with the IOS operating system, and that there's just no room for your video files. You want to be able to move the files around.

Many think they can e-mail the clips, and that will save the day. Not true. To fit the clips in the e-mail, the resolution will be lowered and it won't be usable. One easy solution: a cloud service like Dropbox is a great workaround for anyone with an Apple phone, since there's a direct Dropbox link in the Photos app. Many Android phones have slots for memory cards so the footage can go direct onto the cards. That's something the iPhone doesn't have.

For iPhone and iPad users, Slivka recommends the $59.99 Air Stash drive to his students. This is a wireless device that allows for transferring of files from device to device.

Okay, let's edit:
**-SMARTPHONE:** Since you're shooting on the phone, the obvious first choice is to edit there. The limitations are the size of the screen--4 to 5.5 inches, and less computing power than a laptop or desktop. But it certainly can be done.

If you have an iPhone, you'll want to start with Apple's iMovie, ($4.95), which offers the basics--trimming, adding titles and a voiceover tool. There are many other decent options available now for either an automatic edit--sit back and let the computer do the work--or a more hands on, manual approach.

Pinnacle Studio ($7.95) has more controls and choices than iMovie. A new app, Fly (free, Apple, with in-app purchases) is one of the more intuitive of the mobile video editors I've found. For Android, there aren't as many serious options—VivaVideo is one of the most popular, while Windows Phones has the new Movie Creator.

The basics of the apps are the same: Open the programs, create a project, add your clips and make adjustments. When you're finished, you can save the file to your Camera Roll, and export it when you plug in your phone to the computer.

**--TABLET:** You can also edit video on tablets like the iPad, using iMovie again, or one of many other video editors. These include Pinnacle (which looks even better on the bigger screen), Magisto (for more simplistic edits) or Fly.

**--DESKTOP/LAPTOP:**

Here's where you get more power and screen real estate. And it won't cost you a fortune, as both Apple and Windows have free, entry-level programs available. Microsoft's Windows Movie Maker is very simple, while Apple's iMovie for the desktop is way more advanced.

And both let you do the simple edits, trims, transitions and open and closes. With iMovie, you can also add what we call B-roll--illustration shots that tell the story. But adding clips is limited.

The best full-service video editor I've found at a low price is Adobe's Premiere Elements, which works with both Windows and Apple, and sells for just under $70. I personally prefer Apple's Final Cut Pro X for my serious work, which is even more full-featured, quicker and a joy to use. It sells for $299.