

# School-based Programs Assessment

## A focus on the Mental Health Needs of Lincoln County Youth

### *Public Report*



*Lincoln County Resource Board*

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*June 2024*

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## Summary Findings

Fifty members of the school staff from four public school districts (Elsberry, Silex, Troy, and Winfield) and one private school (Immaculate Conception; with no responses from Sacred Heart and St. Alphonsus staff) in Lincoln County, Missouri, actively engaged in an evaluation of school-based behavioral health and mental health-focused programs. These initiatives were funded, either partially or entirely, by the Lincoln County Resource Board (LCRB). The survey link was disseminated in May 2024 to a diverse array of school staff, including superintendents/principals, counselors/social workers, teachers, and specialized positions within the school districts with expertise in student behavioral health issues (see Table 1).

**Table 1. Survey Respondents by School, Grade Level, and Role**

	Early Childhood	Elementary (K-5 or Pre-K-5)	Middle School (6-8)	High School (9-12)	Multiple grade levels	Total
<b>Immaculate Conception</b>					<b>1</b>	<b>1</b>
Superintendent/Principal					1	1
<b>Elsberry</b>	<b>1</b>		<b>2</b>	<b>2</b>		<b>5</b>
Counselor/Social Worker	1		1	1		3
Superintendent/Principal			1	1		2
<b>Silex</b>				<b>1</b>	<b>2</b>	<b>3</b>
Counselor/Social Worker				1		1
Superintendent/Principal					1	1
Unidentified					1	1
<b>Troy</b>		<b>18</b>	<b>6</b>	<b>9</b>	<b>4</b>	<b>37</b>
Assistant Principal		4	1			5
Counselor/Social Worker		6	1	4	2	13
Dean of Students				1		1
Dir. of Social Emotional Learning/Supports					1	1
Superintendent/Principal		3		2		5
Teacher		5	4	2	1	12
<b>Winfield</b>		<b>2</b>		<b>1</b>	<b>1</b>	<b>4</b>
Counselor/Social Worker		2		1	1	4
<b>Grand Total</b>	<b>1</b>	<b>20</b>	<b>8</b>	<b>13</b>	<b>8</b>	<b>50</b>

Here is a summary of the participants:

- The exclusive respondent for Immaculate Conception, overseeing multiple grade levels, was the principal.
- Elsberry School District was represented by five individuals, including two superintendents/principals (one each for high school and middle school levels) and three counselors (for early education, middle, and high school grades).
- Silex School District was represented by three individuals: one high school counselor, and a superintendent along with unidentified staff members covering multiple grade levels.
- Troy School District recorded a total of 37 completed surveys. Among these, thirteen counselors from Troy participated, distributed across pre-K/elementary (6), middle (1), high (4), and multiple grades (2). Additionally, five assistant principals took part, four from elementary grades and one from middle school grades. The dean of students represented the high school, and the director of teaching and learning supports represented various grade levels. Five superintendents/principals participated, representing pre-K/elementary (3) and high school (2) levels. Furthermore, 12 teachers participated, covering elementary (5), middle school (4), high school (2), and multiple grade levels (1).
- Winfield School District was represented by four staff members, all serving as counselors: two from elementary, one from high school, and one covering multiple grades.

### ***Most Critical Behavioral Health/Mental Health (BH/MH) Issues of Lincoln County Students***

School personnel were tasked with identifying the most pressing behavioral/mental health (BH/MH) issues perceived among students during May of the 2023-2024 school year (N = 50 respondents for this question). The findings underscored critical concerns across all grade levels, as delineated in Table 2A for May 2024 and Table 2B for December 2023 data:

- ❖ 1<sup>st</sup> Most Critical - “friend/peer relationships, social skills, problem solving, and self-esteem” (84%), consistent with May 2023 findings.
- ❖ 2<sup>nd</sup> Most Critical - “anxiety, worry a lot, fear” (now at 82%, akin to the 85% reported in December of 2023).
- ❖ 3<sup>rd</sup> Most Critical - “controlling emotions, anger management, and conflict resolution” (80%), showing a slight decrease from its peak in December 2023.
- ❖ 4<sup>th</sup> Most Critical – “truancy/education neglect” (50%); a rise from the previous 38%.
- ❖ 5<sup>th</sup> Most Critical - “depression/sad a lot” (48%); up from 30% in December 2023.

This dataset was analyzed to ascertain the primary behavioral health concerns across different grade levels, revealing the following insights:

- In the elementary/pre-kindergarten grades (refer to Table 3A for May 2024 data and 3B for December 2023 data), “friend/peer relationships, social skills, problem solving, and self-esteem” tied with “controlling emotions, anger management, and conflict resolution” as the most prevalent BH/MH issue, identified by 90% of relevant school staff (N = 19 out of 21). The third most significant concern was “anxiety, worry a lot, fear” acknowledged by 67% of elementary staff. “Abuse and neglect issues” were noted by 48% of school staff (N = 10), while “food and basic needs’ insecurity” was cited by 43% (N = 9) as the fifth most critical issue for students.
- During the May 2024 data collection period, the foremost issue among middle school students (Tables 4A and 4B) was “friend/peer relationships social skills, problem solving, and self-esteem” by 100% of staff (N = 8). The subsequent critical issue tied between “anxiety, worry a lot, fear,” and “depression/sad a lot” as indicated by 88% of staff (N = 7). “Self-harm and suicide” along with “controlling emotions, anger management, and conflict resolution” were identified as the fourth and fifth most pressing issues, respectively, by 75% of middle school staff (N=6).
- Among high school students, “anxiety, worry a lot, fear” persisted as the foremost concern, identified by 92% of staff (N = 12 out of 13; Tables 5A and 5B). The second most critical issues tied between “friend/peer relationships, social skills, problem solving, and self-esteem” and “truancy/educational neglect” garnering agreement from 77% of high school staff (N=10). “Controlling emotions, anger management, and conflict resolution,” ranked fourth highest among high schoolers, supported by 62% of school staff (N=8). The fifth most critical issue was “drug and alcohol use and abuse,” noted by 54% of staff (N=7).

***Additional group-oriented prevention needs within the school, relating to the mental health of children/youth, which are not being addressed***

Sixteen school staff members, constituting 44% of the 36 respondents to this item, expressed concerns regarding unmet group-oriented behavioral/mental health (BH/MH) prevention needs within the school environment (refer to Table 6 for detailed statements provided by staff). Key findings highlighted a range of needs among students, suggesting potential solutions through group-oriented prevention programs. Some of the highlighted needs include:

- Development of positive self-awareness, social-emotional skill building, behavior management, conflict resolution, and peer relationship building, alongside topics such as personal responsibility, goal-directed behavior, decision-making, and positive/critical thinking (noted by ten staff).
- Additional support/services for students dealing with social anxiety, emotional regulation, and coping skills development (noted by four staff).
- Substance use prevention and support (PreventEd) (highlighted by three staff).
- Enhanced services to assist students who have experienced hospitalization due to self-harm or are at risk of hospitalization, including suicide prevention (specifically mentioned for 5th grade; identified by two staff).
- Supportive programming to address family-related changes such as divorce, separation, or parental incarceration (suggested by two staff).

Additionally, individual suggestions for group-oriented prevention programming were provided by one staff member each, covering topics like anger management, general at-risk issues, attendance/truancy, depression, and social media use.

***Primary Barriers (if any) to Lincoln County Students When Trying to Address a Behavioral Health Need/Issue (Table 7) (As reported by school staff in May of 2024)***

School staff were tasked with identifying barriers that students encounter when addressing behavioral health needs/issues (refer to Table 8; N = 50). The predominant barrier, once again, was the "lack of parent involvement to assist students with the need," noted by 62% of school staff (N = 31 out of 50). The second most significant barrier was the "lack of time within the school day to respond to youth with behavioral health needs" acknowledged by 46% of school staff (N = 23). "Lack of access to mental health professionals for services" was another barrier noted by 30% of school staff (N=15). "Students have difficulty accessing services due to transportation limitations," was identified as a barrier by 28% of staff (N=14). Lastly, "severity of students' problems," was identified as a barrier by 26% of school staff (N=13). Staff members were requested to provide additional insights regarding the challenges that students encounter when seeking access to services or assistance for their mental health and behavioral health needs. Confidential information pertaining to this inquiry has been directly shared with the LCRB and relevant agencies. The non-confidential information is outlined below:

- **Resources and Services for Adults and Parents:** This includes adult counseling, substance-use services, and family counseling.
- **Time Constraints for Parents:** Some parents struggle to find the time necessary to take their children to essential services or appointments.
- **Systemic Challenges:** These encompass broader issues, such as housing instability, limited access to healthcare, a dearth of quality/higher-paying jobs, inadequate affordable transportation, unaffordable childcare, and understaffed schools.

- **Financial Barriers:** Some individuals face financial constraints that hinder their ability to access available community programs.
- **Insurance Coverage:** Inadequate insurance coverage may prevent individuals from utilizing certain community programs.
- **Parenting Assistance:** Parents may require support in enhancing their parenting skills.
- **Service Paperwork Completion:** Assistance is needed for parents to complete necessary service paperwork.
- **Parental Accountability:** Parents play a crucial role in ensuring their children have access to essential resources.

***Additional Resources/Services Currently Needed to Support your Students’ Mental/Behavioral Health-Related Needs***

An open-ended inquiry was presented to solicit a diverse range of feedback from school staff: ‘What additional resources or services are currently required to support students’ mental and behavioral health needs?’ Staff responses have been organized by school district and grade level, as outlined in Table 8. The themes that emerged from this survey, as reported by 22 out of the 50 staff respondents, include:

1. **Expanded Counseling Services:** A pressing need exists for additional counseling services and counselors within the school environment. Twelve staff members specifically highlighted this requirement, mentioning providers such as Compass, Youth in Need, and Saint Louis Counseling.
2. **Enhanced Pinocchio Program:** Two staff members emphasized the need for more services or time allocation from the Pinocchio Program.
3. **Targeted Small Groups:** Staff identified the importance of creating additional small groups for students with similar needs or issues, although specific topics were not specified.
4. **Substance Abuse Prevention and Direct Services:** Two respondents underscored the necessity for better prevention and direct service programming related to substance abuse disorders and active users.
5. **Support for Parents:** Acknowledging the challenges faced by parents with untreated mental health disorders, two staff members emphasized the importance of providing support.

Furthermore, individual staff members identified the following resources or services:

- **General Student Support:** While Compass was mentioned, the specific program requiring additional resources remains unspecified.
- **Assistance for Students with Self-Harm Issues:** Addressing repetitive self-harm concerns.
- **Consistent Staffing:** Ensuring consistent staffing for services aimed at vulnerable student groups, fostering trust and rapport.
- **Anxiety Coping Skills:** Providing coping mechanisms for anxiety management.
- **Collaborative Approach:** Developing a teacher-student-parent-counselor/professional team to collectively address challenges and offer recommendations.
- **Housing Resources for Families and Children:** Supporting those in need of appropriate housing.
- **Absenteeism Support:** Offering resources for students regularly absent (from kindergarten through second grade).
- **Trauma-Focused Therapeutic Interventions:** Implementing evidence-based approaches to address trauma.

***Additional Feedback for the Lincoln County Resource Board***

School staff were invited to provide supplementary feedback for the LCRB's consideration (see Table 9) and to highlight the positive effects of these services with their students (refer to Table 10). Any sensitive information has been placed in the confidential report, accessible exclusively to the LCRB for their review and subsequent decision-making. T

## Tables

<b>Table 2A. Top Behavioral/Mental Health Issues of Youth – May 2024</b>	<b>#</b>	<b>%</b>
Friend/peer relationships, social skills, problem solving, and self-esteem	42	84%
Anxiety, worry a lot, fear	41	82%
Controlling emotions, anger management, and conflict resolution	40	80%
Truancy/educational neglect	25	50%
Depression/sad a lot	24	48%
Self-harm and suicide	20	40%
Bullying/cyber-bullying	19	38%
Coping with grief, loss, and/or divorce	18	36%
Housing instability/nowhere to live	18	36%
Abuse and neglect issues (body safety)	17	34%
Food and basic needs' insecurity	17	34%
Drug and alcohol use and abuse	16	32%
Feelings of acceptance/belonging	16	32%
Online safety	13	26%
Unhealthy dating relationships	4	8%
Other:	3	6%
Threats of violence or being injured by another peer	2	4%
Child trafficking/exploitation	1	2%
Gang violence	0	0%
Total	50	

Other comments:

- Transient families, constantly interrupted education and resources (Elsberry, high school).
- Stress management (Elsberry, high school).
- Parent drug/alcohol abuse and parent mental health (Silex, multiple grade levels).

<b>Table 2B. Top Behavioral/Mental Health Issues of Youth – December 2023</b>	<b>#</b>	<b>%</b>
Controlling emotions, anger management, and conflict resolution	34	85%
Anxiety, worry a lot, fear	34	85%
Friend/peer relationships, social skills, problem solving, and self-esteem	31	78%
Coping with grief, loss, and/or divorce	18	45%
Self-harm and suicide	18	45%
Housing instability/nowhere to live	16	40%
Truancy/educational neglect	15	38%
Feelings of acceptance/belonging	14	35%
Food and basic needs' insecurity	14	35%
Bullying/cyber-bullying	13	33%
Depression/sad a lot	12	30%
Drug and alcohol use and abuse	9	23%
Abuse and neglect issues (body safety)	8	20%
Online safety	8	20%
Other MH/BH Issue	3	8%
Unhealthy dating relationships	2	5%
Threats of violence or being injured by another peer	1	3%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	40	

Other comments:

- Taking responsibility for actions/accountability (Winfield, middle school).
- Self-control issues/not caring about social norms (Elsberry, middle school).
- ADHD behavioral issues (Troy, elementary).



<b>Table 3A. Top Behavioral/Mental Health Issues of Youth – May 2024 – Elementary and Pre-K</b>	<b>#</b>	<b>%</b>
Friend/peer relationships, social skills, problem solving, and self-esteem	19	90%
Controlling emotions, anger management, and conflict resolution	19	90%
Anxiety, worry a lot, fear	14	67%
Abuse and neglect issues (body safety)	10	48%
Food and basic needs' insecurity	9	43%
Bullying/cyber-bullying	8	38%
Feelings of acceptance/belonging	8	38%
Coping with grief, loss, and/or divorce	7	33%
Depression/sad a lot	7	33%
Truancy/educational neglect	7	33%
Housing instability/nowhere to live	7	33%
Self-harm and suicide	6	29%
Online safety	5	24%
Threats of violence or being injured by another peer	1	5%
Drug and alcohol use and abuse	0	0%
Unhealthy dating relationships	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	21	

<b>Table 3B. Top Behavioral/Mental Health Issues of Youth – December 2023 – Elementary and Pre-K</b>	<b>#</b>	<b>%</b>
Controlling emotions, anger management, and conflict resolution	14	93%
Anxiety, worry a lot, fear	14	93%
Friend/peer relationships, social skills, problem solving, and self-esteem	12	80%
Coping with grief, loss, and/or divorce	9	60%
Bullying/cyber-bullying	6	40%
Abuse and neglect issues (body safety)	6	40%
Self-harm and suicide	6	40%
Food and basic needs' insecurity	6	40%
Housing instability/nowhere to live	6	40%
Online safety	5	33%
Feelings of acceptance/belonging	5	33%
Depression/sad a lot	2	13%
Truancy/educational neglect	2	13%
Threats of violence or being injured by another peer	1	7%
Other MH/BH Issue	1	7%
Drug and alcohol use and abuse	0	0%
Unhealthy dating relationships	0	0%
Gang violence	0	0%
Child trafficking/exploitation	0	0%
Total	15	

Other comments:

- ADHD behavioral issues (Troy, elementary).

<b>Table 4A. Top Behavioral/Mental Health Issues of Youth – May 2024 - Middle</b>	<b>#</b>	<b>%</b>
Friend/peer relationships, social skills, problem solving, and self-esteem	8	100%
Anxiety, worry a lot, fear	7	88%
Depression/sad a lot	7	88%
Self-harm and suicide	6	75%
Controlling emotions, anger management, and conflict resolution	6	75%
Bullying/cyber-bullying	5	63%
Drug and alcohol use and abuse	5	63%
Coping with grief, loss, and/or divorce	4	50%
Truancy/educational neglect	4	50%
Abuse and neglect issues (body safety)	3	38%
Online safety	3	38%
Feelings of acceptance/belonging	3	38%
Housing instability/nowhere to live	3	38%
Food and basic needs' insecurity	3	38%
Unhealthy dating relationships	0	0%
Threats of violence or being injured by another peer	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	8	

<b>Table 4B. Top Behavioral/Mental Health Issues of Youth – December 2023 - Middle</b>	<b>#</b>	<b>%</b>
Friend/peer relationships, social skills, problem solving, and self-esteem	6	100%
Controlling emotions, anger management, and conflict resolution	6	100%
Anxiety, worry a lot, fear	5	83%
Self-harm and suicide	4	67%
Depression/sad a lot	3	50%
Truancy/educational neglect	3	50%
Bullying/cyber-bullying	2	33%
Other MH/BH Issue	2	33%
Drug and alcohol use and abuse	1	17%
Abuse and neglect issues (body safety)	1	17%
Coping with grief, loss, and/or divorce	1	17%
Online safety	1	17%
Feelings of acceptance/belonging	1	17%
Housing instability/nowhere to live	1	17%
Food and basic needs' insecurity	1	17%
Unhealthy dating relationships	0	0%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
Child trafficking/exploitation	0	0%
Total	6	

Other comments:

- Taking responsibility for actions/accountability (Winfield, middle school).
- Self-control issues/not caring about social norms (Elsberry, middle school).

<b>Table 5A. Top Behavioral/Mental Health Issues of Youth – May 2024 - High</b>	<b>#</b>	<b>%</b>
Anxiety, worry a lot, fear	12	92%
Friend/peer relationships, social skills, problem solving, and self-esteem	10	77%
Truancy/educational neglect	10	77%
Controlling emotions, anger management, and conflict resolution	8	62%
Drug and alcohol use and abuse	7	54%
Depression/sad a lot	6	46%
Bullying/cyber-bullying	5	38%
Housing instability/nowhere to live	5	38%
Coping with grief, loss, and/or divorce	4	31%
Self-harm and suicide	4	31%
Online safety	4	31%
Unhealthy dating relationships	3	23%
Feelings of acceptance/belonging	3	23%
Food and basic needs' insecurity	3	23%
Other:	2	15%
Abuse and neglect issues (body safety)	1	8%
Threats of violence or being injured by another peer	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	13	

Other comments:

- Transient families, constantly interrupted education and resources (Elsberry, high school).
- Stress management (Elsberry, high school).

<b>Table 5B. Top Behavioral/Mental Health Issues of Youth – December 2023 - High</b>	<b>#</b>	<b>%</b>
Anxiety, worry a lot, fear	9	82%
Friend/peer relationships, social skills, problem solving, and self-esteem	7	64%
Controlling emotions, anger management, and conflict resolution	7	64%
Truancy/educational neglect	7	64%
Drug and alcohol use and abuse	6	55%
Coping with grief, loss, and/or divorce	6	55%
Housing instability/nowhere to live	6	55%
Self-harm and suicide	5	45%
Food and basic needs' insecurity	5	45%
Bullying/cyber-bullying	4	36%
Depression/sad a lot	4	36%
Feelings of acceptance/belonging	4	36%
Unhealthy dating relationships	2	18%
Online safety	1	9%
Abuse and neglect issues (body safety)	0	0%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
Child trafficking/exploitation	0	0%
Other MH/BH Issue	0	0%
Total	11	

**Table 6. Needs that are not being addressed that would benefit from group-oriented prevention programming, including small groups.**

*NOTE: Tables with the heading highlighted in blue contain feedback directly collected from school staff. This feedback is presented without editing by BOLD, LLC to preserve the authentic voice and input of the staff members.*

School District	Grade Level	Role	Needs not addressed that would benefit from group-oriented (even small group) prevention programming
Elsberry	Middle (5-8)	Super./Principal	Support needed for students who have been hospitalized due to self-harm or are in danger of being hospitalized. More intensive services are needed to support these students during the school day. Schools should have programs to address this but may need additional support and/or funding. We are also working hard to find ways during the day to help students who are experiencing higher levels of social anxiety. We need support with social groups and helping students identify what are small issues vs. large issues and how to deal with daily issues from peers, adults, etc.
Elsberry	Early Ed./ Elem.- Pre-K to 4	Counselor/ SW	Positive peer relationships, anger management.
Silex	Multiple	Super./Principal	We don't have any group-oriented or small group prevention provided at this time; however, we have students that would benefit from it.
Troy	High (9-12)	Super./Principal	Developing strategies to cope with social anxiety and depression. Having earlier conversations with a student about all at-risk topics with students.
Troy	Multiple	Counselor/ SW	Prevention and early intervention for foundational social-emotional skills; self-awareness, social awareness, self-management, personal responsibility, goal-directed behavior, decision making, & optimistic thinking. Our school staff are working to address these (issues) but are very limited in staff who are engaging in this work, and we do not have an evidence-based models for the curriculum.
Troy	Multiple	Teacher	Our resources are extremely limited. Not enough staff or programs to meet the needs of our students. There is a huge need for behavior (management), mental health, and socialization to be taught and addressed in our district.
Troy	Elem. (K-5)	Counselor/ SW	Groups to support students with family changes (divorce/separation/incarceration), self-esteem/empowerment, and social skills.
Troy	Elem. (K-5)	Counselor/ SW	Many of our schools and students would benefit from small group prevention programming. Our school counselors, ESCs, and social workers can only reach so many students. Having outside agencies come and provide these specific prevention groups, which could include social skills, critical thinking, conflict resolution, and even substance abuse prevention with healthy coping skills. This type of programming would help make prevention programming more effective for some of our highest needs students.
Troy	Middle (6-8)	Counselor/ SW	Attendance/truancy.
Troy	Elem. (K-5)	Teacher	I would love to see more work being done around students' social skills. They are seriously lacking. I believe that their lack of social skills directly impacts their mental health. Their inability to talk to one another and resolve conflict nicely causes a lot of mental health issues (belonging, self-confidence, etc.).
Troy	High (9-12)	Counselor/ SW	Would it be possible for Prevent Ed to come in and do small groups for a particular group of students that need more support with substance use/abuse?
Troy	Elem. (K-5)	Super./Principal	Small group social skills and conflict management. Emotional regulation strategies and coping skills.
Troy	Elem. (K-5)	Counselor/ SW	5th Grade suicide prevention lessons.
Troy	Elem. (K-5)	Counselor/ SW	Worry/anxiety, grief/loss, self-esteem.
Troy	High (9-12)	Counselor/ SW	Small group classroom presentations as mentioned above would be beneficial in the areas of drug/alcohol prevention/social skills.
Winfield	Multiple	Counselor/ SW	Social media use and the importance of social media use.

**Note: "Super." is Superintendent; "SW" is Social Worker**

**Table 7. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – May 2024**

<b>Primary barriers students encounter when trying to address a behavioral health need/issue:</b>	<b>#</b>	<b>%</b>
Lack of parent involvement to assist student with the need.	31	62%
Lack of time within the school day to respond to the youth with the behavioral health needs.	23	46%
Lack of access to mental health professionals for services.	15	30%
Students have difficulty accessing services due to transportation limitations.	14	28%
Severity of students' problems.	13	26%
Lack of sufficient resources for student support services at school.	12	24%
Lack of clear, consistent, school behavior rules/policies.	7	14%
Lack of information/training.	6	12%
Unavailability of assessment/treatment resources in the community.	6	12%
Lack of sufficient resources for special education services.	4	8%
Lack of support from school administration.	4	8%
Students require too many modifications/accommodations to assist.	2	4%
Total	50	

**Table 8. Additional resources/services currently needed to support your students' mental/behavioral health-related needs**

<b>School District</b>	<b>Grade Level</b>	<b>Additional resources/services currently needed to support your students' MH/BH-related needs</b>
Elsberry	Middle (5 or 6-8)	We are looking at ways of assisting students with repeat issues of self-harm. We are looking at ways to help students who have overwhelming anxiety and few coping skills. We still face issues with appropriate housing and resources for some high needs/high poverty families.
Elsberry	Early Ed./Elem.-Pre-K to 4	More programs geared towards behavioral concerns such as aggression.
Immaculate Conception	Multiple	We are pleased with the work of our Pinocchio associate and counselor. Our only ask is for more time for each at our school, although we appreciate what they can offer now.
Silex	Multiple	More counseling services.
Troy	High (9-12)	The time for the opportunity for teachers, students, parents, and a counselor/other professional to discuss challenges together and hear recommendations together and develop plans together.
Troy	High (9-12)	Need more counselors/support in general. There are so many students who need help but not enough staff to really help.
Troy	Elem. (K-5)	A full time counselor at HPE!
Troy	High (9-12)	We need to develop our SUD services further within the community/schools to better support our students both with prevention, but also with active users.
Troy	Multiple	More Saint Louis Counseling Therapists would be amazing!
Troy	Multiple	Trauma-focused, evidence-based therapeutic interventions. Supports for parents so that their children are not left to deal with the impact of the untreated mental health disorders of their parents.
Troy	Multiple	I appreciate the work that has already started to look at bringing support into the building for students who are struggling with substance abuse.
Troy	Elem. (K-5)	Always more support for students. Compass is wonderful and we could use double the support.
Troy	Multiple	More counselors, more staff and administration to focus on hiring for mental health needs.
Troy	Elem. (K-5)	Full time Pinocchio services to enroll more students. Small groups. Additional counselors in buildings.
Troy	Elem. (K-5)	Additional counseling support whether school or community based. So many of our students and families need counseling and have a hard time finding a provider in the area that either they can afford or doesn't have a long waitlist.
Troy	High (9-12)	I would like to see the New Horizons HS students have more opportunities for counseling/therapy. I work with a very unique group of students in this building in which trust doesn't come lightly and relationships, once established, are critical. It would be most beneficial for our students to have some consistency in the individuals that service our building in order to build trust and rapport.
Troy	Elem. (K-5)	Increasing capacity to serve individual and small group counseling/therapy needs.
Troy	Elem. (K-5)	Additional school counselors.
Troy	Elem. (K-5)	Youth in Need has been absolutely wonderful to our school community. Like every building, more school based therapists to support student and family needs.
Troy	High (9-12)	Continue to provide individual and family counseling for low income families in crisis.
Winfield	Elem. (K-5)	Parenting resources or adult mental health. We need help with students who are frequently absent to school at the K-2 level.
Winfield	Multiple	I would love to see the schools provide small group sessions to students that have needs that are similar or social groups through a mental health specialist.

**Table 9. Additional Feedback for LCRB**

<b>School District</b>	<b>Grade Level</b>	<b>Additional comments to share with the LCRB</b>
Elsberry	Middle (5 or 6-8)	Thank you. I am appreciative of all the resources for students. With the vast needs students and families face, I'm not sure what schools would do without some of the providers. I need better ways to measure how effective the preventative programs are. The content and delivery looks good from my observations, but I can't tell the effect on students.
Elsberry	High (9-12)	First and definitely foremost, thank you. Next, if our school has a tremendous relationship with certain providers and more ineffective relationships with others, would there ever be an opportunity to reduce or eliminate a partnership with one and expand the relationship with another, in terms of funding and employees?
Elsberry	High (9-12)	We very much appreciate the resources available to our students/community. The individuals working with our students are always respectful and do their best to serve our student's needs.
Immaculate Conception	Multiple	Thank you for your continued support of our school. It is appreciated.
Silex	Multiple	Thank you for all you do!
Troy	High (9-12)	I have loved having a Saint Louis Counseling person at TBHS this year! Mikayla has done a great job and really helps with the higher need students.
Troy	Multiple	Thank you for your efforts to support the multifaceted needs of students!
Troy	Multiple	I personally see a large portion of our students with difficult and troubled home lives involving mental health and drug use. Our student population is looking for and is searching for help. They do not care about potential consequences at school if it means being able to find connections. The students will be late and suffer tardies or even leave the classroom without permission just to spend time with staff they have made a connection with.
Troy	Elem. (K-5)	We appreciate all the LCRB does to support our students and families to strengthen our community.
Troy	Elem. (K-5)	I wasn't sure where this fit in the comments, but we've noticed a significant lack of understanding in families of the roles and supports available through Children's Division. For example, that they are there to provide resources and support if a hotline is made/case opened, they don't just remove kids from homes. This sometimes puts school or other agencies who may need to hotline in a sticky situation, when in reality we just want to help the families. I'm wondering if there is a way to provide education to the community in some way surrounding this. Thank you for your continued support of our community. I know I wouldn't be able to do my job without the support of our community agencies.
Troy	Elem. (K-5)	We are truly blessed to have the LCRB in our community. We are able to meet the needs of many students because of this funding.
Troy	High (9-12)	We are working at TBHS to create more space for our outside agency counselors. Not having adequate space has been an issue, but each of the outside counselors work with us well to overcome this issue.
Winfield	Elem. (K-5)	I really enjoyed having the Pinocchio Program at Winfield Primary. I would love to have the support for four days a week to help more students in this program.
Winfield	Multiple	Thank you for everything you do!

**Table 10. Positive Impact Stories to Share with LCRB**

School District	Grade Level	Details/stories to share relating to the positive impact of the LCRB-funded programs at your school
Elsberry	High (9-12)	Jessalyn Kiker of Youth in Need and Kiley Dermody of Compass SBT have been able to form meaningful relationships with some of our most vulnerable and at-risk youth. They do an amazing job and we are lucky to have them. One student in particular comes to my mind as a success story thus far: She comes from a very unstable upbringing. An abusive parent, extreme drug abuse in the home, moved from parent to parent, living in poverty, a huge history of mental health concerns, not on pace to graduate, discipline issues at school, the list goes on. This student has been seeing Jessalyn Kiker of Youth in Need regularly and has started journaling. She often shares with me excerpts of her journals and it is incredibly reflective and insightful. She is processing her past, learning how it is affecting her present, and is breaking these unhealthy cycles for her future. She is an amazing person with a bright future ahead of her, she just needs someone to notice her, listen to her, believe in her, and teach her. LCRB and Youth in Need have given that to her. She is finally seen and I believe it may save her life.
Silex	High (9-12)	We are always grateful for the support of the LCRB. When concerns arise, they are quick to respond and offer assistance.
Troy	Multiple	We had an 18 year old female student who was struggling severely with emotional regulation and navigating peer relationships. She also had many barriers to accessing mental health care, including an already overwhelmed guardian and lack of transportation. School staff were able to get her to Open Access at Compass so that she could enroll herself in CSS services. Since then, she has been a completely different person at school. She is smiling, engaged, and focused on what she needs to do there. She stated that she loves her counselor and having someone care has made all of the difference for her.
Troy	Multiple	We are so grateful for the strong partnerships, funded by LCRB, to support our students and families!
Troy	Elem. (K-5)	Youth in Need (Hannah) is great! Jeremiah and Cheska have been great to work with as well! The CAC and Compass violence prevention programs are great as well.
Winfield	Multiple	The services that the students in Winfield can access because of the LCRB funding is impactful, and Winfield wants to say thank you.



## About the Author

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Cynthia Berry, Ph.D. is an esteemed psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, highlighting her expertise in Human Resources, Organizational and Fund Development, Program Evaluation, and Research. With a career spanning over 24 years, Dr. Berry has demonstrated her proficiency in large-scale community health needs assessments, psychometrics, and employee/management training.

Dr. Berry's comprehensive skill set in program evaluation, assessment development, and her deep understanding of organizational behavior, human resources, applied health, mental health, and youth/individual development have resulted in remarkable achievements in securing grants and fundraising for various not-for-profit organizations across St. Charles, Lincoln, Montgomery, St. Louis, and Warren Counties in Missouri. She has personally raised more than \$10 million for numerous programs she has contributed to developing and implementing. Moreover, Dr. Berry has empowered multiple not-for-profits through the creation of measurement tools, outcome tracking processes, decision-making procedures, client service delivery management systems, and the successful implementation of various quality improvement projects. She has also spearheaded a capital campaign and achieved COA accreditation.

Over the past decade, BOLD has become the designated expert in the Eastern side of Missouri (including Franklin, Jefferson, Lincoln, St. Charles, and St. Louis Counties) in conducting needs assessments focused on behavioral health and substance use among. Cynthia has collaborated with children's services funding boards on numerous youth-centric projects and made valuable contributions to the Seniors Count initiative, which aims to support independent living for seniors and their needs. From 2012 to 2019, she served as an adjunct faculty member at the prestigious Brown School of Washington University, teaching the Evaluation of Programs and Services for master's degree students.

Dr. Cynthia Berry's experience and diverse range of accomplishments have firmly established her as a respected authority in the field of psychology and organizational development.