School Staff Survey: Evaluating Mental & Behavioral Health Supports for Students

Lincoln County Resource Board Public Report

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Summary Findings

A total of 205 school staff members from four public school districts—Elsberry, Silex, Troy, and Winfield—and two private schools—Immaculate Conception and St. Alphonsus (with no responses from Sacred Heart)—in Lincoln County, Missouri, participated in an evaluation of school-based behavioral and mental health (BH/MH) programs. These initiatives were funded, either partially or entirely, by the Lincoln County Resource Board (LCRB). The survey was distributed in February 2025 to a broad range of school personnel, including superintendents/principals, counselors/social workers, teachers, and specialized staff with expertise in student behavioral health (see Table 1).

Participant Summary by School or District:

- **Immaculate Conception:** The sole respondent was the superintendent/principal, who oversees multiple grade levels.
- **St. Alphonsus:** The only respondent was also the superintendent/principal, responsible for multiple grade levels.
- **Elsberry School District:** Represented by nine staff members, including:
  - 3 superintendents/principals (serving high school, middle school, and multiple grade levels)
  - 3 counselors (1 elementary, 2 middle school)
  - 3 additional specialty staff (serving elementary and multiple grade levels)
- **Silex School District:** Represented by six staff members:
  - 4 counselors (1 elementary, 1 high school, 2 covering multiple grade levels)
  - 2 superintendent/principals serving multiple grade levels
- **Troy School District:** Submitted 157 complete surveys, including:
  - 15 counselors (7 elementary, 5 middle school, 2 high school, 1 covering multiple grade levels)
  - 6 superintendents/principals (4 pre-K/elementary, 1 middle school, 1 high school)
  - 10 assistant principals (5 elementary, 3 middle school, 2 high school)
  - 104 teachers (44 pre-K/elementary, 29 middle school, 27 high school, 4 covering multiple grade levels)
  - 22 additional staff members with other roles within the district
- **Winfield School District:** Represented by 31 staff members, including:
  - 3 counselors (2 elementary, 1 high school)
  - 2 superintendent/principals (1 early elementary, 1 elementary)
  - 22 teachers (across elementary, middle, and high school levels)
  - 4 additional staff members serving in various roles

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

In February of the 2024–2025 school year, school personnel were asked to identify the most pressing behavioral and mental health (BH/MH) challenges observed among students (N = 205 respondents for this question among the full sample). Please note that sample sizes will change based on the total number of school staff respondents in the respective grade levels). Staff responses revealed significant concerns spanning all grade levels, as detailed in Table 2A (February 2025 data) and Table 2B (May 2024 data):

- **1st Most Critical** – “friend/peer relationships, social skills, problem solving, and self-esteem” (84%); consistent with findings from May 2023.
- **1st Most Critical** – “controlling emotions, anger management, and conflict resolution” (80%); matched the 80% reported in May 2024 (N = 165 in 2025), now tied as the most critical issue.
- **3rd Most Critical** – “anxiety, worry a lot, fear” (74%); slightly down from 82% reported in May 2024.
- **4th Most Critical** – “feelings of acceptance/belonging” (43%); an increase from 32% reported in May 2024.
- **5th Most Critical** – “truancy/educational neglect” (43%); a slight decline from 50% previously reported.

- **6th Most Critical** – “depression/sad a lot” (37%); down from 48% in May 2024.

This dataset was analyzed to identify grade-level patterns and shifts in mental and behavioral health priorities, yielding the following key insights:

Elementary Grades (see Tables 3A and 3B):
The top three issues reported in February 2025 remained consistent with those identified in May 2024.

- “Friend/peer relationships, social skills, problem solving, and self-esteem” was cited by 85% of staff (N = 71 out of 84) as the most significant concern.
- “Controlling emotions, anger management, and conflict resolution” followed closely at 82% (N = 69).
- “Anxiety, worry a lot, fear” was ranked third by 68% of respondents.
- “Feelings of acceptance/belonging” ranked fourth, identified by 39% of staff (N = 33), consistent with the 38% reported in May 2024.
- “Food and basic needs insecurity” was selected by 38% of staff, down from 43% in 2024.
- This issue traded places with “abuse and neglect issues,” which was also identified by 38% of respondents in February 2025—a decrease from 48% reported the previous year.

Middle School Students (Tables 4A and 4B):

- The leading concern was “controlling emotions, anger management, and conflict resolution,” selected by 88% of staff (N = 45 out of 51).
- “Friend/peer relationships, social skills, problem solving, and self-esteem” followed at 82% (N = 42).
- “Anxiety, worry a lot, fear” was ranked third (76%; N = 39).
- “Feelings of acceptance/belonging” emerged as the fourth most cited concern (53%; N = 27), marking a new entry into the top five compared to May 2024.
- “Depression/sad a lot” rounded out the top five at 51% (N = 26)

Notably, four of the top five issues remained consistent with those identified in May 2024, reflecting persistent challenges. The addition of “feelings of acceptance/belonging” underscores an evolving recognition of social-emotional needs in this age group.

High School Students (Tables 5A and 5B):
All five of the most critical issues identified in May 2024 persisted into February 2025, though their order of priority shifted slightly.

- “Anxiety, worry a lot, fear” remained the most pressing concern, cited by 86% of staff (down from 92% in 2024; N = 38 out of 44).
- “Friend/peer relationships, social skills, problem solving, and self-esteem” ranked second (70%; N = 31; down from 77% in 2024).
- “Controlling emotions, anger management, and conflict resolution” was the third most frequently cited issue (68%; N = 30), a slight increase from 62% in 2024.
- “Drug and alcohol use and abuse” followed as the fourth most critical concern (57%; N = 25), a small increase from 54% the prior year.
- “Truancy/educational neglect” rounded out the list at 55% (N = 24).

Trend Analysis and Observed Shifts Over Time

A comparison of the February 2025 data with findings from May 2024 (and, where relevant, May 2023) reveals both consistency and notable changes in perceived student behavioral and mental health needs. Several patterns suggest evolving priorities in student well-being and growing awareness among school staff:

- **Persistent Core Concerns:** Across all grade levels, issues related to peer relationships, emotional regulation, and anxiety have consistently ranked among the top three most critical concerns. This level of persistence may reflect the lasting impacts of the COVID-19 pandemic on

students' social development, emotional resilience, and overall mental well-being, particularly as they continue to navigate peer reintegration, academic recovery, and family stressors.

- **Rising Concern for Belonging and Acceptance:** "Feelings of acceptance/belonging" has grown in prominence, especially among middle and elementary students, emerging as a new top-five issue for middle schoolers in 2025. This increase may reflect a growing awareness among educators of students' social-emotional needs and the importance of school connectedness as a protective factor against mental health challenges.
- **Slight Declines in Depression and Truancy Reports:** While still present, issues like "depression/sad a lot" and "truancy/educational neglect" have seen modest declines. These shifts may point to improvements in early intervention efforts or increased identification and support systems now in place—though it is equally possible that such issues are being overshadowed by more readily observable behavioral concerns.
- **Increased Recognition of External Risk Factors in Older Students:** Among high school students, "drug and alcohol use and abuse" remained a top-five issue and showed a slight increase. This may reflect heightened staff awareness of substance use risk factors during adolescence or increased challenges faced by older students due to external social and community pressures.

Overall, the findings suggest that while certain concerns remain stable and widespread across grade levels, others are gaining prominence as school staff become increasingly attuned to the nuanced emotional and social needs of students. The observed changes underscore the importance of a proactive, tiered approach to school-based behavioral health services—one that prioritizes both universal supports and targeted interventions aligned with developmental stages.

Behavioral/Mental Health Prevention Program Availability and Necessity Assessment

School staff were asked to evaluate both the accessibility and perceived necessity of various behavioral and mental health prevention programs, as detailed in Tables 6A through 6D. These tables serve as valuable resources for informing future planning and prioritization efforts. Within them, issues identified as critical by 90% or more of staff are highlighted in red in the "Percent Needed" column, while those with 85% to 90% staff agreement are highlighted in yellow.

Although the availability of corresponding programs is documented in the 6th and 11th columns, particular attention should be directed to the "Percent (%) Not Available" and "Combined Limited or No Availability" columns. Notably, none of the five topics identified as being needed by 90% or more of respondents were reported as completely unavailable (also highlighted in red) by more than 50% of staff, nor did they exceed 60% in the "Combined Limited or No Availability" column. These data points underscore the importance of leveraging this information for evidence-informed planning and program development.

The five prevention programs with 90% or higher levels of reported need included:

- Anxiety/worry prevention and control
- Conflict and anger management prevention
- Counseling (at school) for students with social, emotional, or behavioral needs
- Social/emotional skills training (grade/age focused)
- Chronic absenteeism prevention

Below are key highlights of programs with high reported need but limited or no availability:

- Anxiety/worry prevention and control was identified as necessary by 95% of staff, with 49% reporting limited or no availability.
- Conflict and anger management prevention was also rated as a need by 95%, with 44% indicating limited or no availability.
- Counseling for students with social, emotional, or behavioral needs received a 94% need rating, with 43% reporting limited availability and only 1% indicating it as entirely unavailable.

- Chronic absenteeism prevention was identified by 91% of staff as needed and had the highest limited or no availability rate among the top five (67% combined).
- Social/emotional skills training (grade/age focused) was noted as needed by 91%, with 29% reporting limited or no availability, including 3% who reported it as not available at all.

Additional programs with notable reported need and relatively high levels of limited or no availability include:

- Coping with grief, loss, and/or divorce was identified as needed by 87% of respondents, with 56% citing limited or no availability. Notably, 10% reported it as completely unavailable in their school buildings.
- School success/school advocacy skills training was acknowledged by 84% of staff as necessary, with a 50% combined limited/no availability rate, and 18% specifically noting it as unavailable.
- Housing, food insecurity, and basic needs support was recognized as a need by 86% of staff. Only 8% identified this support as unavailable, with an additional 34% noting it as limited.

Programs with more than 10% of staff reporting them as not available should undergo further review to determine their essentiality for different grade levels. For example, 62% of staff indicated that healthy dating relationships education was either not available or had limited availability. However, this concern is more relevant for high school students and, to a lesser extent, middle school students, and may not apply to elementary levels.

Additionally, some topics may already be incorporated within existing prevention programming or recently integrated into the curriculum but may not be broadly recognized by all school staff. For instance, The Child Advocacy Center delivers educational programming on commercial sexual exploitation prevention to high school students, which falls under the broader category of abuse and neglect (body safety/prevention). As such, high percentages indicating limited or no availability may sometimes reflect a lack of awareness among staff rather than a true programming gap. Enhancing communication about external agency contributions and current program offerings may help close this perception gap.

Grade-Level Specific Findings (Tables 6B–6D)

- *Elementary Grades:* Chronic absenteeism prevention was identified by 87% of staff as a need, with 73% noting limited or no availability—the highest among this group. Coping with grief, loss, and/or divorce was also prominent, with 91% reporting it as needed and 54% indicating limited or no availability.
- *Middle School Grades:* Eating disorder management had the highest combined limited or no availability rating at 70%, with 83% of staff identifying it as a need. Anxiety/worry prevention and control had the highest overall need at 98%, with 51% reporting limited or no availability. Similarly, counseling for students with social, emotional, or behavioral needs was deemed necessary by 93%, with 51% indicating insufficient availability.
- *High School Grades:* Chronic absenteeism prevention was the most critical need, cited by 97% of school staff, with 50% noting it as limited or not available.

Recommendations

In light of the findings from the Behavioral/Mental Health Prevention Program Availability and Necessity Assessment, the following key recommendations are proposed to guide next steps:

1. **Prioritize Expansion of High-Need Programs with Limited or No Availability**
   Programs such as chronic absenteeism prevention, anxiety/worry prevention, and conflict and anger management were identified by 90% or more of staff as critical needs, yet each was reported by a substantial percentage of staff as having limited or no availability. These areas should be prioritized for resource allocation and strategic expansion.
2. **Improve Communication About Existing Services and Partnerships**
   Some prevention topics may already be addressed through agency programming or integrated initiatives but are not widely recognized by school staff. Increased communication, such as a

centralized program directory or regular updates, could reduce misconceptions about program availability and improve utilization.

3. **Align Program Implementation with Grade-Level Needs**
   Grade-specific data (Tables 6B–6D) reveal differing needs across student developmental stages. For example, chronic absenteeism prevention is most urgent at the high school and elementary levels, while eating disorder management emerged as a top concern in middle school. Future program planning should ensure alignment with these differentiated needs for maximum relevance and impact.

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

Sixty staff members, representing 42.3% of the 142 individuals who responded to this item, expressed concerns about unmet behavioral and mental health (BH/MH) group-level prevention needs within the school setting (see Table 7 for detailed staff statements). These responses highlight a wide range of student needs and suggest the potential benefit of implementing or expanding group-based prevention initiatives. Several key themes emerged from staff comments, each illustrated by representative quotes provided below.

1. Anxiety and Emotional Regulation
Anxiety, worry, and emotional self-regulation are among the most commonly cited unmet needs, especially among elementary and middle school students.

- "We could use more small groups for anxiety and anger management." – *Silex Elementary*
- "Self-regulation and anxiety and stress." – *New Horizons High*
- "Dealing with anxiety about social situations." – *Troy Middle*

2. Social Skills, Peer Relationships, and Conflict Resolution
Staff expressed a strong need for small group programming focused on helping students develop social skills, make friends, navigate peer pressure, and resolve conflicts.

- "Students could really benefit from groups focusing on social skills, friendship/relationship, and peer pressure." – *Troy 9th Grade Center*
- "Social skills groups... we could proactively reduce the number of more intensive responsive services needed." – *Multiple*
- "Teaching students how to overcome problems/conflicts with peers." – *Winfield Intermediate*

3. Anger Management and Behavior Regulation
Anger management was identified as an unmet area, particularly for younger students, alongside concerns about behavior and discipline.

- "Anger management is also a big concern." – *Clarence Cannon, Elsberry*
- "We could use more small groups for anxiety and anger management." – *Silex Elementary*
- "Handling conflict correctly, regulating emotions." – *Winfield Elementary*

4. Grief, Divorce, and Family Change
Family transitions (like divorce or incarceration) were cited as times of emotional upheaval where small group support could be beneficial.

- "Children of divorce... if good programming can be done to decrease general anxiety, it would be helpful." – *Silex Elementary*
- "Grief, emotional regulation, and divorce/separation." – *Wm. R. Cappel Elementary*
- "Changing Families, Grief/Loss" – *Troy South Elementary*

5. Self-Harm, Suicide, and Mental Health Awareness
Several staff mentioned suicide prevention, self-harm, and the need for proactive mental health awareness as key issues for older students.

- "Self-Harm; social media and mental health." – *Troy Middle*
- "Suicide lesson for 5th currently done by school counselor." – *Lincoln Elementary*
- "Students refusing to eat due to wanting to lose weight." – *Ida Cannon Middle*

6. Online Safety, Digital Citizenship, and Technology Misuse
Issues related to technology overuse, digital safety, and media influence are emerging challenges, especially in middle and high schools.

- "Online safety." – *Ida Cannon Middle*
- "Digital Citizenship." – *Troy Middle*
- "Technology misuse." – *Multiple*

7. Respect, Listening, and Following Rules
Some staff raised concerns about students lacking respect for authority, listening skills, and general classroom conduct.

- "Students who don't listen to their teachers... they need to be taught one-on-one or in a small group." – *Wm. R. Cappel Elementary*
- "Respect, following rules set by adults." – *Troy Middle*

8. Inclusivity, Tolerance, and Bullying Prevention
Requests were made for group programs addressing diversity, tolerance, and support for students facing identity-based bullying (especially LGBTQ+).

- "We would benefit from more diversity and tolerance training." – *Troy Middle*
- "Programs that could educate and discourage this bullying would be a great aid..." – *Winfield High*

9. Absenteeism and School Success Skills
Chronic absenteeism and general academic success skills (like organization and motivation) were identified as areas for group support.

- "Absenteeism is a big concern..." – *Elsberry*
- "Coping skills, school success skills, and chronic absenteeism..." – *Multiple*
- "Chronic Absenteeism, coping skills, grit." – *Troy Middle*

10. Vaping, Substance Use, and Prevention Education
Staff mentioned the growing need for substance use prevention, especially related to vaping and marijuana.

- "There is a big problem with vaping." – *Troy 9th Grade Center*
- "Vaping and marijuana prevention." – *Multiple*

Primary Barriers (if any) to Lincoln County Students When Trying to Address a Behavioral Health Need/Issue (Table 8A-8E)

School staff were asked to identify the primary barriers students face when attempting to address behavioral health needs or issues (see Table 8A-8E; *N*=144). The most frequently cited barrier, consistent with previous findings, was lack of parent involvement to assist students with the need, reported by 74% of respondents (N = 106). The second most commonly identified barrier was high staff turnover of referring agencies, leading to inconsistent support for students (44%, N=63). This was followed by lack of time within the school day to respond to the youth with behavioral health needs (41%, N=59).

Two additional barriers were reported by 40% of respondents (N=58): lack of access to mental health professionals for services and severity of students' problems. Other frequently noted concerns included burnout among school staff, reducing the capacity to provide adequate support (38%, N=54), and students' reluctance to engage with available services due to distrust or previous negative experiences (33%, N=47). Additional barriers included students having difficulty accessing services due to transportation limitations (28%, N=41), limited awareness of available resources within the community and/or school district (27%, N=39), and stigma around mental health issues from peers or others (27%, N=39).

At the elementary level, the top five barriers mirrored the full sample, though in a slightly different order. However, among middle school staff, two additional barriers emerged that require attention. One was students' reluctance to engage with available services due to distrust or previous negative experiences, noted by 50% of relevant school staff (N=17). Stigma around mental health issues from peers or others was also reported by 47% of middle school staff (N=16). The barrier regarding students' reluctance to engage due to distrust or prior negative experiences was also noted by 47% of high school staff (N=16). A new barrier identified for high school students was burnout among school staff, reducing the capacity to provide adequate support, cited by 56% of high school staff (N=19).

Staff were also invited to provide qualitative comments about additional challenges students face in accessing behavioral and mental health services. Confidential responses have been shared directly with the LCRB and relevant agencies.

Additional Resources Needed to Support Students' Mental/Behavioral Health Needs

An open-ended question was posed to gather a wide range of input from school staff: "What additional resources or services are currently needed to support students' mental and behavioral health needs?" Responses have been categorized by school district and grade level, as presented in Table 9. Forty three staff members responded to this question, reporting the following themes:

1. Increased Access to School-Based Mental Health Professionals
A recurring theme was the need for **more counselors, therapists, or social workers** in the school setting, including calls for full-time positions and consistency in staffing.

- "More school-based counselors." – *Troy, Elementary*
- "We need a full-time counselor at our school..." – *Troy, Elementary*
- "We just need more counseling services available IN the school." – *Winfield, Elementary*
- "More Compass Health workers in the school setting are needed." – *Winfield, Elementary*

2. Expansion of Youth in Need (YIN) Services
Many respondents either praised Youth in Need (YIN) or requested that it be introduced or expanded in their schools due to past success or gaps in current coverage.

- "Youth in Need is not currently in our school. I have heard good things..." – *Troy, Elementary*
- "I would love to see services increased with YIN school-based therapy." – *Troy, Middle*
- "Additional YIN or Saint Louis Counseling..." – *Troy, Middle*

3. Small Group and SEL Interventions
Staff emphasized the need for small group programs targeting social-emotional learning (SEL), coping skills, executive functioning, and peer conflict resolution.

- "More small group counseling services for social skills." – *Winfield, Elementary*
- "Small groups that address needs of some students..." – *Troy, Middle*
- "We need more people who offer these services so that they can have multiple groups." – *Troy, Elementary*

4. Desire for Consistency in Counseling Staff
Frequent turnover among providers and lack of rapport with counselors was cited as a barrier to student engagement and trust.

- "Consistent Counselors." – *Winfield, Elementary*
- "Consistent staffing... to help provide resources for students and families." – *Troy, Elementary*

5. Expansion of the Pinocchio Program
Multiple staff members referenced the value of the Pinocchio Program and expressed interest in expanding its reach across schools.

- "Pinocchio would be great to have in all elementary schools." – *Troy, Elementary*
- "Prevention through having Pinocchio Program full-time..." – *Troy, Elementary*
- "We have the Pinocchio program right now that I think could greatly benefit from being expanded." – *Troy, Multiple*

6. Parent Education and Support Resources
Educators highlighted the importance of equipping parents with resources and skills to support student behavior and development at home.

- "We need programs that educate parents..." – *Troy, Elementary*
- "Parent groups should also be formed to teach them the skills to be parents..." – *Troy, Elementary*
- "I like the Parent Series of topics..." – *Troy, High*

7. Behavioral Staff Support and Compensation
Behavioral challenges were a major concern, with staff calling for better pay, personal paraprofessionals, and expanded behavioral teams.

- "Better pay for staff handling behaviors..." – *Troy, Elementary*
- "One of my students requires a personal para..." – *Troy, Elementary*
- "More money for more administrators and teachers." – *Winfield, Middle*

8. Program Gaps for Students with Private Insurance
Barriers related to insurance coverage were raised, especially for students who do not qualify for Medicaid/Medicare.

- "School-based therapy and/or counseling that can serve students no matter what insurance they have." – *Troy, Elementary*

9. Tools and Support Spaces
Requests included enhancements to existing support spaces (like re-focus rooms), behavioral tools, and lists of available supports.

- "More tools in the re-focus room." – *Winfield, Elementary*
- "List of mental/behavioral supports that we could give to parents..." – *Troy, Elementary*

10. Intensive or Specialized MH Care
A few educators highlighted the need for specialty services and more intensive mental health care options.

- "Specialty and intensive mental health care resources." – *Troy, Multiple*

Most Common Underlying Issues for Crisis Intervention Services

School staff (N=133) were asked to identify the common underlying issues prompting such referrals for crisis intervention services. The information below highlights the prevalent underlying issues reported for students requiring crisis intervention by identified key themes.

Typical Underlying Issues for Students Needing Crisis Intervention

Theme 1: Unstable or Unsafe Home Environments
The most prevalent theme across districts is crisis situations rooted in **home instability**—including abuse, neglect, homelessness, or domestic violence.

- "Parents are not being parents." – *Troy, Middle*
- "Their parents don't care enough about them or their education." – *Troy, Elementary*
- "Abuse, violence in the home, parents being jailed." – *Troy, Elementary*
- "Broken homes, educational neglect of parents..." – *Winfield, Middle*

Theme 2: Lack of Parenting Skills or Parental Mental Health Struggles
Poor parental capacity—including **mental health struggles**, **low parenting efficacy**, and **overwhelmed caregivers**—is frequently noted.

- "Lack of parent support, parenting skills, and parental mental health." – *Troy, Elementary*
- "Parents are feeling overwhelmed and not taking students to evaluations." – *Troy, Elementary*
- "Low IQ, parental drug abuse, domestic violence." – *Silex, Multiple*

Theme 3: Socioeconomic Hardship and Basic Needs Not Being Met
Poverty-related stress—**food insecurity**, **job loss**, **housing instability**—was cited as an underlying cause for behavioral and emotional dysregulation.

- "Poverty, divorce, lack of parental supervision." – *Troy, Multiple*
- "Usually, students in need...live in environments beyond their control..." – *Troy, High*
- "Most students are majority low income and have trauma." – *Winfield, Elementary*

Theme 4: Trauma and Adverse Childhood Experiences (ACEs)
Trauma from **abuse**, **violence**, **grief**, and **separation** was widely mentioned, especially among students with recurring crisis episodes.

- "There is almost always a history or current situation related to childhood abuse and/or neglect." – *Troy, Multiple*
- "Students often worry about food, mom or dad working at night..." – *Troy, Elementary*
- "Trauma, emotional regulation, basic needs, domestic abuse..." – *Troy, Elementary*

Theme 5: Social-Emotional Challenges (Anxiety, Anger, Self-Esteem)
Students struggling to regulate emotions, form relationships, or manage anxiety often require intervention, especially if compounded by other factors.

- "Emotional distress following trauma." – *Troy, Elementary*
- "Students have environmental struggles and come from broken homes." – *Troy, High*
- "Anxiety in the classroom is at an all-time high." – *Troy, Elementary*

Theme 6: Peer Relationships, Social Media, and School Pressure
Conflicts with peers, **cyberbullying**, or **social anxiety** are increasingly prompting referrals, especially at the middle and high school levels.

- "Social situations occurring outside the classroom... digital and offline." – *Winfield, High*
- "Peer conflicts, students feeling unheard..." – *Troy, Elementary*
- "Feeling like they are not good enough (social media)." – *Troy, Middle*

Substance Use Trends – February 2025

School staff were asked to evaluate the severity of issues related to various substances at their respective schools and grade levels (see Table 10). The substances most commonly identified as presenting a serious and/or moderate concern are listed below, organized by grade level and in order of perceived severity. The percentages reflect the combined total of staff who rated each substance as either a serious or moderate concern.

High School Students

- E-cigarettes – 95% (63% serious; 32% moderate)
- Alcohol – 85% (15% serious; 70% moderate)
- Marijuana – 69% (26% serious; 43% moderate)
- Other substances with a percentage of staff who rated them as a serious concern: chewing tobacco (10%), cigarettes (9%), cocaine (4%), synthetic drugs (4%), hallucinogens (4%), OTC medication misuse/abuse (3%), prescription drug misuse/abuse (3%).

Middle School Students

- E-cigarettes – 83% (12% serious; 71% moderate)
- Marijuana – 39% (5% serious; 34% moderate)
- Alcohol – 31% (0% serious; 31% moderate)
- Other substances with a percentage of staff who rated them as a serious concern: prescription drug misuse/abuse (3%).

Elementary School Students

- E-cigarettes – 10% (2% serious; 8% moderate)
- Marijuana – 5% (2% serious; 3% moderate)
- Alcohol – 5% (0% serious; 5% moderate)

1. Limited Awareness or Uncertainty
Many staff members, especially at the elementary level, express uncertainty or limited knowledge regarding substance use among students, either due to lack of direct exposure or reliance on hearsay.

2. Influence of Family and Home Environment
Several staff members note that student exposure to substance use often comes from family members, even if the students themselves are not using.

3. Rising Concerns at Secondary Levels
Substance use, particularly marijuana and vaping, is reported as more prevalent and problematic at the middle and high school levels.

4. Vaping as a Key Issue
Vaping is repeatedly mentioned as the most common or visible substance use issue in schools, including among younger students.

5. Student Desire for Support and Education
Some staff members note that students are willing to talk about substance use and want genuine guidance on how to quit.

6. Suggestion for Interventions
There is a call for stronger interventions or educational strategies to combat substance use.

Additional Feedback for the Lincoln County Resource Board

School staff were subsequently invited to provide additional feedback for the Lincoln County Resource Board's (LCRB) consideration (see Table 11), including reflections on the positive impact of services provided to their students (refer to Table 12). Any sensitive or identifying information has been placed in a confidential section of the tables, accessible exclusively to the LCRB for internal review and decision-making. This confidential section includes details related to program content, staff involvement, and scheduling for both prevention and direct service programs implemented within the school districts.

The following section outlines the key themes that emerged from staff responses.

1. Appreciation and Gratitude for LCRB Support
The most dominant theme was genuine gratitude for LCRB's funding, programming, partnerships, and impact on students and families.

- "Thank you for supporting our students and families!" – *Troy, Elementary*
- "Thank you to the LCRB for being champions for our students." – *Troy, Elementary*
- "We are grateful for the continued partnership we have with the LCRB." – *Immaculate Conception*

2. Concerns About Provider Stability and Program Management
Staff raised concerns about frequent provider turnover. These disruptions reportedly damage trust and continuity of care.

- "When providers change, oftentimes with little or no notice, our students and families are left frustrated, wary, and distrustful." – *Troy, Multiple*

3. Suggestions for Funding Redirection or Expanded Services
Several staff offered suggestions for alternative or expanded funding uses, including crisis counselors in every building, school-based therapy, and greater paraprofessional support.

- "Would there be a way to fund school-based therapy through the school instead of contracting with an outside agency?" – *Troy, Elementary*
- "Possibly provide a Spark Wheel Counselor at TSMS." – *Troy, Middle*
- "Special Education Paraprofessionals need more help and better pay..." – *Troy, Elementary*

4. Emphasis on Stable, Consistent Services
There is a strong desire for consistent, reliable service delivery to maintain trust and minimize disruptions that impact students' emotional and mental health.

- "The consistency of the provider and the therapy/service is critical." – *Troy, Multiple*
- "Forming a trusting relationship takes time." – *Troy, Multiple*

5. Recognition of Individual Program Successes and Personnel
Staff praised specific individuals or programs for their positive and impactful work with students.

- "One of our PCHAS mentors is truly the best..." – *Troy, Middle*
- "The presenters... have done a fantastic job of sharing hard information..." – *Troy, Middle*

6. Family and Home Environment Challenges
Staff identified that many MH/BH issues stem from home life challenges, such as poverty, trauma, and lack of structure, emphasizing the need for family-inclusive programming.

- "A lot of the trauma we see tends to extend back to home life..." – *Troy, Multiple*
- "Any way we can involve the parents... would be a great bonus." – *Troy, Multiple*

7. Support for SUD Intervention Reform
There was mention of a positive shift in how substance use violations are addressed, emphasizing early intervention and collaboration with PreventEd.

- "We are excited to create a system of early intervention using GuidEd programming for first violations..." – *Troy, Multiple*

Tables Presenting Information

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

	Early Education (Pre-K)	Elementary (K-5)	Middle School (6-8) or (5-8)	High School (9-12)	Multiple Grade Levels	Total
Elsberry		**2**	**3**	**1**	**3**	**9**
Counselor/Social Worker		1	2			3
Nurse					1	1
Restorative Room Teacher		1				1
Special Education Coordinator					1	1
Superintendent/Principal			1	1	1	3
Immaculate Conception					**1**	**1**
Superintendent/Principal					1	1
Silex		**1**		**1**	**4**	**6**
Counselor/Social Worker		1		1	2	4
Superintendent/Principal					2	2
St. Alphonsus					**1**	**1**
Superintendent/Principal					1	1
Troy	**7**	**63**	**43**	**37**	**7**	**157**
Administrative Assistant/EOP				1		1
Assistant Principal		5	3	2		10
Counselor/Social Worker		7	5	2	1	15
Director of Teaching & Learning Supports					1	1
ESP Para-professional				1		1
Interventionist				1		1
Librarian			1			1
Nurse			1			1
Para-professional			3	1		4
Parent Educator	1					1
Reading Specialist		1				1
SEL				1		1
Site Coordinator		1				1
Social Skills Interventionist					1	1
Special education para		1				1
Special Education Paraprofessional		1				1
Special Educator		1				1
Special Ed. Site Coordinator		1				1
Speech Pathologist		1				1
Superintendent/Principal		4	1	1		6
Teacher	6	38	29	27	4	104
Title 1 Reading Teacher		1				1
unknown		1				1
Winfield	**2**	**18**	**5**	**6**		**31**
Counselor/Social Worker		2		1		3
Nurse/secretary	1					1
Para-professional		1	1			2
Superintendent/Principal	1	1				2
Support Staff		1				1
Teacher		13	4	5		22
Total	9	84	51	45	16	205

Table 2A. Top Behavioral/Mental Health Issues of Youth – February 2025 – Full Sample	#	%
Controlling emotions, anger management, and conflict resolution	165	80%
Friend/peer relationships, social skills, problem solving, and self-esteem	163	80%
Anxiety, worry a lot, fear	151	74%
Feelings of acceptance/belonging	88	43%
Truancy/educational neglect	81	40%
Depression/sad a lot	76	37%
Food and basic needs' insecurity	69	34%
Abuse and neglect issues (body safety)	59	29%
Bullying/cyber-bullying	59	29%
Online safety	55	27%
Coping with grief, loss, and/or divorce	50	24%
Drug and alcohol use and abuse	45	22%
Housing instability/nowhere to live	37	18%
Suicidal ideations/suicide	30	15%
Self-harm	24	12%
Unhealthy dating relationships	20	10%
Threats of violence or being injured by another peer	13	6%
Other Critical MH/BH Issue	6	3%
Eating disorders	3	1%
Teen pregnancy	2	1%
Child trafficking/commercial sexual exploitation	1	0%
Gang violence	1	0%
Total	205	100%

Other comments:

- Environmental factors, exposure to drugs and alcohol use (Troy, early education).
- Handling social media/being mature enough to use it appropriately (Troy, middle school).
- Executive functioning to help with anxiety, problem solving etc. (Troy, middle school).
- Parental support (Troy, middle school).
- Parents who don't know how to parent (Winfield, middle school).

Table 2B. Top Behavioral/Mental Health Issues of Youth – May 2024 – Full Sample	#	%
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	

Table 3A. Top Behavioral/Mental Health Issues of Youth – February 2025 – Elementary Grades	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	71	85%
Controlling emotions, anger management, and conflict resolution	69	82%
Anxiety, worry a lot, fear	57	68%
Feelings of acceptance/belonging	33	39%
Food and basic needs' insecurity	32	38%
Abuse and neglect issues (body safety)	31	37%
Coping with grief, loss, and/or divorce	28	33%
Truancy/educational neglect	27	32%
Online safety	21	25%
Bullying/cyber-bullying	19	23%
Depression/sad a lot	18	21%
Housing instability/nowhere to live	12	14%
Drug and alcohol use and abuse	8	10%
Suicidal ideations/suicide	8	10%
Self-harm	7	8%
Threats of violence or being injured by another peer	4	5%
Child trafficking/commercial sexual exploitation	0	0%
Eating disorders	0	0%
Gang violence	0	0%
Teen pregnancy	0	0%
Unhealthy dating relationships	0	0%
Other Critical MH/BH Issue	0	0%
Total	84	100%

Table 3B. Top Behavioral/Mental Health Issues of Youth – May 2024 – Elementary and Pre-K Grades	#	%
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	

Table 4A. Top Behavioral/Mental Health Issues of Youth – February 2025 –Middle School Grades	#	%
Controlling emotions, anger management, and conflict resolution	45	88%
Friend/peer relationships, social skills, problem solving, and self-esteem	42	82%
Anxiety, worry a lot, fear	39	76%
Feelings of acceptance/belonging	27	53%
Depression/sad a lot	26	51%
Truancy/educational neglect	22	43%
Food and basic needs' insecurity	19	37%
Online safety	18	35%
Bullying/cyber-bullying	16	31%
Self-harm	11	22%
Housing instability/nowhere to live	10	20%
Suicidal ideations/suicide	10	20%
Unhealthy dating relationships	9	18%
Drug and alcohol use and abuse	8	16%
Abuse and neglect issues (body safety)	7	14%
Coping with grief, loss, and/or divorce	7	14%
Threats of violence or being injured by another peer	6	12%
Other Critical MH/BH Issue	5	10%
Eating disorders	2	4%
Child trafficking/commercial sexual exploitation	1	2%
Gang violence	1	2%
Teen pregnancy	1	2%
Total	51	100%

Table 4B. Top Behavioral/Mental Health Issues of Youth – May 2024 – Middle School Grades	#	%
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	

Table 5A. Top Behavioral/Mental Health Issues of Youth – February 2025 – High School Grades	#	%
Anxiety, worry a lot, fear	38	86%
Friend/peer relationships, social skills, problem solving, and self-esteem	31	70%
Controlling emotions, anger management, and conflict resolution	30	68%
Drug and alcohol use and abuse	25	57%
Truancy/educational neglect	24	55%
Depression/sad a lot	22	50%
Feelings of acceptance/belonging	20	45%
Bullying/cyber-bullying	18	41%
Online safety	12	27%
Unhealthy dating relationships	10	23%
Housing instability/nowhere to live	9	20%
Suicidal ideations/suicide	9	20%
Food and basic needs' insecurity	8	18%
Abuse and neglect issues (body safety)	7	16%
Coping with grief, loss, and/or divorce	7	16%
Self-harm	3	7%
Threats of violence or being injured by another peer	3	7%
Eating disorders	1	2%
Teen pregnancy	1	2%
Child trafficking/commercial sexual exploitation	0	0%
Gang violence	0	0%
Other Critical MH/BH Issue	0	0%
Total	44	100%

Table 5B. Top Behavioral/Mental Health Issues of Youth – May 2024 – High School Grades	#	%
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	

Table 6A. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment (school district data made available to LCRB for planning purposes)

Topic – Full Sample	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmtd. Avail	# Not Avail.	DK	Adj. N	% Avail.	% Lmtd. Avail.	% Not Avail.	% Lmtd & Not Avail.	% Needed
Abuse and neglect (body safety) prevention	124	20	30	144	88	30	3	44	121	73%	25%	2%	27%	86%
Anxiety/worry prevention and control	159	8	10	167	67	58	7	32	132	51%	44%	5%	49%	95%
Bullying/cyber-bullying prevention	136	19	18	155	90	33	7	31	130	69%	25%	5%	31%	88%
Child trafficking/ commercial sexual exploitation prevention	30	48	90	78	16	10	34	100	60	27%	17%	57%	73%	38%
Chronic absenteeism prevention	143	15	17	158	34	28	40	62	102	33%	27%	39%	67%	91%
Conflict and anger management prevention	164	9	4	173	80	55	7	23	142	56%	39%	5%	44%	95%
Coping with grief, loss, and/or divorce training	124	18	34	142	55	57	12	41	124	44%	46%	10%	56%	87%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	161	11	7	172	88	67	2	8	157	56%	43%	1%	44%	94%
Drug and alcohol use and abuse prevention	98	39	34	137	62	34	15	54	111	56%	31%	14%	44%	72%
Eating disorder management	37	55	74	92	12	16	42	92	70	17%	23%	60%	83%	40%
Feelings of belonging/acceptance (diversity) training	129	26	17	155	62	39	16	48	117	53%	33%	14%	47%	83%
Healthy dating relationships education	70	63	36	133	33	20	34	77	87	38%	23%	39%	62%	53%
Housing, food insecurity, and basic needs' support	119	19	33	138	71	41	10	42	122	58%	34%	8%	42%	86%
Online safety training	127	21	21	148	81	31	10	42	122	66%	25%	8%	34%	86%
Self-harm and suicide prevention/resources	102	33	32	135	68	35	12	47	115	59%	30%	10%	41%	76%
Social/emotional skills training (grade/age-focused)	155	16	6	171	106	39	4	17	149	71%	26%	3%	29%	91%
School success/school advocacy skills training	121	23	28	144	54	35	20	56	109	50%	32%	18%	50%	84%
Violence prevention	95	32	40	127	45	27	16	73	88	51%	31%	18%	49%	75%

Avail.	Available
Lmtd. Avail.	Available, but limited access to students
Not Avail.	Not Available
Lmtd. & Not Avail.	Combined % of topics with limited available and no availability
DK	Don't know
Adj. N	Adjusted sample size after removing the don't know responses and the blank responses.

Table 6B. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment

Topic – Elementary grades	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmtd. Avail	# Not Avail.	DK	Adj. N	% Avail.	% Lmtd. Avail.	% Not Avail.	% Lmtd & Not Avail.	% Needed
Abuse and neglect (body safety) prevention	56	6	11	62	45	11	0	14	56	80%	20%	0%	20%	90%
Anxiety/worry prevention and control	66	2	5	68	26	22	6	15	54	48%	41%	11%	52%	97%
Bullying/cyber-bullying prevention	60	6	6	66	44	9	3	11	56	79%	16%	5%	21%	91%
Child trafficking/ commercial sexual exploitation prevention	6	25	39	31	3	2	16	47	21	14%	10%	76%	86%	19%
Chronic absenteeism prevention	55	8	9	63	10	7	20	32	37	27%	19%	54%	73%	87%
Conflict and anger management prevention	71	2	1	73	38	21	3	8	62	61%	34%	5%	39%	97%
Coping with grief, loss, and/or divorce training	52	5	15	57	24	20	8	18	52	46%	38%	15%	54%	91%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	70	1	3	71	37	29	1	3	67	55%	43%	1%	45%	99%
Drug and alcohol use and abuse prevention	23	28	19	51	18	11	9	31	38	47%	29%	24%	53%	45%
Eating disorder management	3	34	32	37	1	1	22	44	24	4%	4%	92%	96%	8%
Feelings of belonging/acceptance (diversity) training	51	12	8	63	28	12	9	21	49	57%	24%	18%	43%	81%
Healthy dating relationships education	4	44	21	48	3	2	21	42	26	12%	8%	81%	88%	8%
Housing, food insecurity, and basic needs' support	48	5	18	53	28	15	7	19	50	56%	30%	14%	44%	91%
Online safety training	55	5	10	60	41	8	1	19	50	82%	16%	2%	18%	92%
Self-harm and suicide prevention/resources	31	17	20	48	18	11	9	31	38	47%	29%	24%	53%	65%
Social/emotional skills training (grade/age-focused)	68	4	2	72	48	13	2	7	63	76%	21%	3%	24%	94%
School success/school advocacy skills training	48	8	16	56	20	8	13	29	41	49%	20%	32%	51%	86%
Violence prevention	36	14	19	50	21	8	7	33	36	58%	22%	19%	42%	72%

Table 6C. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment

Topic – Middle school grades	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmtd. Avail	# Not Avail.	DK	Adj. N	% Avail.	% Lmtd. Avail.	% Not Avail.	% Lmtd & Not Avail.	% Needed
Abuse and neglect (body safety) prevention	30	5	10	35	20	8	2	13	30	67%	27%	7%	33%	86%
Anxiety/worry prevention and control	44	1	1	45	17	18	0	8	35	49%	51%	0%	51%	98%
Bullying/cyber-bullying prevention	38	4	4	42	25	12	0	6	37	68%	32%	0%	32%	90%
Child trafficking/ commercial sexual exploitation prevention	10	9	25	19	5	4	8	25	17	29%	24%	47%	71%	53%
Chronic absenteeism prevention	40	2	3	42	9	10	9	15	28	32%	36%	32%	68%	95%
Conflict and anger management prevention	43	1	1	44	21	14	2	6	37	57%	38%	5%	43%	98%
Coping with grief, loss, and/or divorce training	33	3	9	36	17	15	2	9	34	50%	44%	6%	50%	92%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	41	3	1	44	20	20	1	2	41	49%	49%	2%	51%	93%
Drug and alcohol use and abuse prevention	34	4	7	38	22	10	0	11	32	69%	31%	0%	31%	89%
Eating disorder management	19	4	20	23	7	9	7	19	23	30%	39%	30%	70%	83%
Feelings of belonging/acceptance (diversity) training	38	3	3	41	19	13	1	10	33	58%	39%	3%	42%	93%
Healthy dating relationships education	32	5	8	37	19	7	1	16	27	70%	26%	4%	30%	86%
Housing, food insecurity, and basic needs' support	33	4	7	37	15	11	2	15	28	54%	39%	7%	46%	89%
Online safety training	38	3	3	41	23	10	4	6	37	62%	27%	11%	38%	93%
Self-harm and suicide prevention/resources	36	4	3	40	25	12	1	4	38	66%	32%	3%	34%	90%
Social/emotional skills training (grade/age-focused)	41	3	0	44	29	9	1	4	39	74%	23%	3%	26%	93%
School success/school advocacy skills training	37	6	1	43	16	13	3	11	32	50%	41%	9%	50%	86%
Violence prevention	30	5	8	35	13	8	4	16	25	52%	32%	16%	48%	86%

Table 6D. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment

Topic – High School Grades	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmtd. Avail	# Not Avail.	DK	Adj. N	% Avail.	% Lmtd. Avail.	% Not Avail.	% Lmtd & Not Avail.	% Needed
Abuse and neglect (body safety) prevention	22	6	8	28	14	5	1	16	20	70%	25%	5%	30%	79%
Anxiety/worry prevention and control	30	4	3	34	19	9	1	7	29	66%	31%	3%	34%	88%
Bullying/cyber-bullying prevention	24	6	6	30	14	6	3	12	23	61%	26%	13%	39%	80%
Child trafficking/ commercial sexual exploitation prevention	11	10	15	21	7	3	4	21	14	50%	21%	29%	50%	52%
Chronic absenteeism prevention	36	1	1	37	13	7	6	10	26	50%	27%	23%	50%	97%
Conflict and anger management prevention	31	4	2	35	16	11	2	7	29	55%	38%	7%	45%	89%
Coping with grief, loss, and/or divorce training	24	8	6	32	12	11	2	11	25	48%	44%	8%	52%	75%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	32	5	2	37	25	9	0	2	34	74%	26%	0%	26%	86%
Drug and alcohol use and abuse prevention	31	3	4	34	16	7	5	9	28	57%	25%	18%	43%	91%
Eating disorder management	11	10	15	21	4	2	8	22	14	29%	14%	57%	71%	52%
Feelings of belonging/acceptance (diversity) training	23	9	5	32	10	7	5	14	22	45%	32%	23%	55%	72%
Healthy dating relationships education	26	6	5	32	10	8	6	13	24	42%	33%	25%	58%	81%
Housing, food insecurity, and basic needs' support	22	8	6	30	22	9	0	5	31	71%	29%	0%	29%	73%
Online safety training	21	9	7	30	10	8	4	14	22	45%	36%	18%	55%	70%
Self-harm and suicide prevention/resources	25	6	7	31	21	8	0	6	29	72%	28%	0%	28%	81%
Social/emotional skills training (grade/age-focused)	27	9	2	36	22	10	1	4	33	67%	30%	3%	33%	75%
School success/school advocacy skills training	26	7	5	33	16	7	2	11	25	64%	28%	8%	36%	79%
Violence prevention	20	8	8	28	7	8	3	17	18	39%	44%	17%	61%	71%

Table 7. Needs that are not being addressed that would benefit from group-oriented prevention programming, including small groups.

Grade level	School Building	Details: Needs not addressed that would benefit from group-oriented (even small group) prevention programming
Elsberry		
Elem.	Clarence Cannon	Absenteeism is a big concern in our building; anger management is also a big concern.
Middle	Ida Cannon Middle	Eating disorders/students refusing to eat due to wanting to lose weight. Online safety.
Middle	Ida Cannon Middle	I don't know how seriously students in middle school take prevention programs. Students are aware and know they heard the information. It is hard to tell how well the programs work. Without the programs, maybe the problem would be worse. It seems that students engaged in these behaviors are not stymied by prevention programs.
Multiple		Anxiety
Multiple		Self-harm, life after divorce, online safety, technology misuse.
Silex		
Elem.	Boone Elem.	Anxiety
High		Healthy relationships
Multiple	Silex Elem.	I can provide groups for children of divorce as it pertains to a certain few individuals, but if good programming can be done to decrease general anxiety, it would be helpful. **I am interested in PreventEd, so please advise who to contact.**
Multiple	Silex Elem.	We could use more small groups for anxiety and anger management.
St. Alphonsus		
Multiple	St. Alphonsus	I believe that our school would benefit from having small classroom prevention programs from the counselor once or twice a month. We used to have the counselor every week in the classrooms, but now the counselor is busy seeing individuals. I felt like this was beneficial for the students.
Troy		
High	Troy Buchanan High	I would say most of the things that have been listed. We need more intervention that makes the kids feel comfortable. We need some small groups for kids dealing with the same issues. We need safe spaces for the kids to go. We need more immediate response personnel (highlighted in gray since this response was provided with a “no” response.)
Elem.	Lincoln Elem.	Suicide lesson for 5th currently done by school counselor.
Early Ed.	Early Childhood Education Center	Resources aimed at parents is a greater need. Anger management, availability of resources in the community to aid in providing for physical needs of children, nutrition, etc.
Early Ed.	Early Childhood Education Center	We have a school social worker, not a counselor. It would be beneficial to have a counselor in our building to do small classroom-based groups on the different topics to address. Our social worker does not get the classroom time needed to do that. She is often working with other students or has meetings scheduled.
Elem.	Claude Brown Elem.	I think we just need more hands to keep these services consistent.
Elem.	Claude Brown Elem.	**Small group support such as the Pinocchio program.**
Elem.	Lincoln Elem.	We do have small group counsel ingredients for certain needs but they only last a few weeks and some kids need more help with some of the items. Even if it's not a weekly thing, there can still be follow up meetings further out to see how they are using the new skills they learned and what they still need help with.
Elem.	Lincoln Elem.	Suicide Lesson for 5th grade. Currently done by school counselor
Elem.	Lincoln Elem.	Online safety
Elem.	Main Street Elem.	**Prevent Ed, Girl Scouts, Compass**
Elem.	Troy South Elem.	Anxiety/Worry, Changing Families, Grief/Loss
Elem.	Wm. R. Cappel Elem.	There needs to be a small group for students who don't listen to their teachers. Since their parents aren't teaching respect, they need to be taught one-on-one or in a small group.
Elem.	Wm. R. Cappel Elem.	It is not that they aren't being addressed it is that the programs we offer can only see so many students from each classroom. They take our highest needs and make a group/groups. This means those that are still high need are not getting those groups that would also be beneficial to them.
Elem.	Wm. R. Cappel Elem.	There are many different groups that are formed through our DESSA screeners. This is not a comprehensive list: divorce help, parents who are locked up, organization, listening, get motivated group, understand all feelings. what to do when I get angry, etc. If a student has pragmatics therapy then there is a long list of things to look at. We usually start with facial expression, solving peer conflicts. Understand that a person could have a different point of view.

Elem.	Wm. R. Cappel Elem.	Students would benefit from additional small groups to target topics such as grief, emotional regulation, and divorce/separation.
Elem.		Self-esteem; growth mindset
Elem.		I think coping skills, school success skills, and chronic absenteeism could all be addressed better, at least at the small group level.
High	New Horizons High	Self-regulation and anxiety and stress
High	Troy 9th Grade Center	Health Relationships/Boundaries/Consent and Online Safety
High	Troy 9th Grade Center	There is a big problem with vaping.
High	Troy 9th Grade Center	Anything really. **Nothing is offered to my special education class outside of Compass counselors pulling a handful of students.** None of my students have been able to join a small group with counseling. My students could really benefit from groups focusing on social skills, friendship/relationship, and peer pressure.
High	New Horizons High	I think we just need real education and real relationships to address student concerns.
High	Troy Buchanan High	Small group counseling based on certain criteria established by our counseling department.
Middle	Troy Middle	**Compass presented on Changes and Choices to 6th grade in October, Cyberbullying to 7th grade in November, and Healthy Relationships to 8th grade in December. Prevent Ed presented on Drug/Alcohol prevention in October (8th grade), November (6th grade), December (7th grade). The Child Advocacy Center presented on Body Safety to all students in January**
Middle	Troy Middle	We have several small groups; however, we have more students who need the current programming. We are starting a small group on resiliency, which could be great for more students.
Middle	Troy Middle	Digital Citizenship
Middle	Troy Middle	I believe students struggle with the need for constant stimulus in the form of media or video games.
Middle	Troy Middle	Acceptance, fitting in, friendships, handling difficult situations
Middle	Troy Middle	Dealing with anxiety about social situations.
Middle	Troy Middle	Chronic Absenteeism, coping skills, grit
Middle	Troy Middle	I believe our school would benefit from more diversity and tolerance training, as we are a rural district with a small minority population and many traditional views.
Middle	Troy Middle	Self-Harm; social media and mental health
Multiple		I'm honestly not sure what topics are already covered by our small groups, but I know that small group prevention work is beneficial for students.
Multiple		Vaping and marijuana prevention
Multiple		Social skills groups. So many students lack an understanding of how to navigate friendships and social interactions. If we could intervene early with students who demonstrate social barriers, we could proactively reduce the amount of more intensive responsive services needed.
Pre-K		Christian support
Winfield		
Elem.	Winfield Elem.	We are in need of more general social skills small groups. We have a few but could use more!
Elem.	Winfield Elem.	Bullying, handling conflict correctly, regulating emotions
Elem.	Winfield Intermediate	I would like a small social emotional group intervention for students who have a hard time with their emotions as well as teaching students how to overcome problems/conflicts with peers.
Elem.	Winfield Intermediate	I feel like we are just referring to the counselor but I think it's important we as classroom teachers are also able to help with the problem and run a small group if needed. I don't know if mental health is addressed enough with K-5.
High	Winfield High	Students who identify as part of the LGBTQ+ community have seen harsher bullying, especially if they are more open about their status in the community. Programs that could educate and discourage this bullying would be a great aid to these students.

Note: All tables containing feedback directly collected from school staff have been presented with minimal editing by BOLD, LLC in order to preserve the authenticity and original voice of respondents. Edits were limited to correcting spelling and minor grammatical errors only.

Table 8A. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2025 – Full Sample

Primary barriers students encounter when trying to address a behavioral health need/issue:	#	%
Lack of parent involvement to assist student with the need.	106	74%
High staff turnover of referring agencies, leading to inconsistent support for students.	63	44%
Lack of time within the school day to respond to the youth with the behavioral health needs.	59	41%
Lack of access to mental health professionals for services.	58	40%
Severity of students' problems.	58	40%
Burnout among school staff, reducing the capacity to provide adequate support.	54	38%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	47	33%
Students have difficulty accessing services due to transportation limitations.	41	28%
Limited awareness of available resources within the community and/or school district.	39	27%
Stigma around mental health issues (from peers or others)	39	27%
Lack of sufficient resources for student support services at school.	38	26%
Lack of clear, consistent, school behavior rules/policies.	28	19%
Lack of sufficient resources for special education services.	23	16%
Inadequate coordination between schools and external mental health providers.	22	15%
Unavailability of assessment/treatment resources in the community.	21	15%
Students' fear of disciplinary action for expressing behavioral health needs.	14	10%
Students require too many modifications/accommodations to assist.	13	9%
Lack of support from school administration.	7	5%
Other Barriers	6	4%
Total	144	100%

Other barriers:

- There are many children who could use the Compass Health services, and do not, if there were more counselors available. (Winfield, elementary school)
- The largest issues we have appear to be from students that need these resources, but parents/students do not utilize them. (Winfield, middle school)
- Lack of access - I checked that one because a few times in the past, I've been told that the caseworkers' caseloads are full, so we have to wait for an opening before a student can receive the extra supports that they need. (Troy, elementary school)
- Not lack of involvement, but inability of caretakers to assist student with the need. (Troy, high school).

Table 8B. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – May 2024

Primary barriers students encounter when trying to address a behavioral health need/issue:	#	%
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 8C. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2025 – Elementary Grades

Primary barriers students encounter when trying to address a behavioral health need/issue - Elementary Grades	#	%
Lack of parent involvement to assist student with the need.	42	70%
High staff turnover of referring agencies, leading to inconsistent support for students.	26	43%
Lack of access to mental health professionals for services.	24	40%
Lack of time within the school day to respond to the youth with the behavioral health needs.	24	40%
Severity of students' problems.	21	35%
Burnout among school staff, reducing the capacity to provide adequate support.	20	33%
Students have difficulty accessing services due to transportation limitations.	18	30%
Lack of sufficient resources for student support services at school.	15	25%
Limited awareness of available resources within the community and/or school district.	13	22%
Lack of sufficient resources for special education services.	12	20%
Stigma around mental health issues (from peers or others)	12	20%
Unavailability of assessment/treatment resources in the community.	11	18%
Inadequate coordination between schools and external mental health providers.	10	17%
Lack of clear, consistent, school behavior rules/policies.	10	17%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	10	17%
Students' fear of disciplinary action for expressing behavioral health needs.	6	10%
Students require too many modifications/accommodations to assist.	3	5%
Other Barriers	3	5%
Lack of support from school administration.	2	3%
Total	60	100%

Table 8D. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2025 – Middle School Grades

Primary barriers students encounter when trying to address a behavioral health need/issue - Middle School Grades	#	%
Lack of parent involvement to assist student with the need.	25	74%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	17	50%
Stigma around mental health issues (from peers or others)	16	47%
Severity of students' problems.	15	44%
Lack of time within the school day to respond to the youth with the behavioral health needs.	14	41%
High staff turnover of referring agencies, leading to inconsistent support for students.	13	38%
Students have difficulty accessing services due to transportation limitations.	11	32%
Burnout among school staff, reducing the capacity to provide adequate support.	10	29%
Lack of access to mental health professionals for services.	9	26%
Limited awareness of available resources within the community and/or school district.	9	26%
Lack of sufficient resources for student support services at school.	8	24%
Students' fear of disciplinary action for expressing behavioral health needs.	4	12%
Students require too many modifications/accommodations to assist.	4	12%
Unavailability of assessment/treatment resources in the community.	4	12%
Lack of clear, consistent, school behavior rules/policies.	3	9%
Lack of sufficient resources for special education services.	3	9%
Inadequate coordination between schools and external mental health providers.	2	6%
Other Barriers	2	6%
Lack of support from school administration.	1	3%
Total	34	100%

Table 8E. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2025 – High School Grades

Primary barriers students encounter when trying to address a behavioral health need/issue - High School Grades	#	%
Lack of parent involvement to assist student with the need.	27	79%
Burnout among school staff, reducing the capacity to provide adequate support.	19	56%
High staff turnover of referring agencies, leading to inconsistent support for students.	16	47%
Lack of access to mental health professionals for services.	16	47%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	16	47%
Lack of time within the school day to respond to the youth with the behavioral health needs.	15	44%
Severity of students' problems.	15	44%
Lack of clear, consistent, school behavior rules/policies.	12	35%
Lack of sufficient resources for student support services at school.	12	35%
Limited awareness of available resources within the community and/or school district.	12	35%
Students have difficulty accessing services due to transportation limitations.	10	29%
Inadequate coordination between schools and external mental health providers.	9	26%
Stigma around mental health issues (from peers or others)	9	26%
Lack of sufficient resources for special education services.	7	21%
Lack of support from school administration.	4	12%
Students require too many modifications/accommodations to assist.	4	12%
Unavailability of assessment/treatment resources in the community.	4	12%
Students' fear of disciplinary action for expressing behavioral health needs.	3	9%
Other Barriers	1	3%
Total	34	100%

Table 9. Additional resources/services currently needed to support your students' mental/behavioral health-related needs

School District	Grade level	Additional resources/services currently needed to support your students' MH/BH-related needs
Elsberry	Elem.	Our school could benefit from adding an additional **SBT through Youth in Need.**
Immaculate Conception	Multiple	We could keep our counselor busy for four days each week, her caseload is full.
Silex	Elem.	I am curious if (agency redacted) may be a better fit for our Silex School District for school based counseling as we have had issues with getting and keeping a (agency redacted) counselor. **We enjoy Storm Davis from Compass Health Partnership with Families and look forward to our next PWF counselor.**
Silex	Multiple	More counseling services
Troy	Pre-K	Library
Troy	Early Ed.	More support in our building to help all of the students. Not just those with evident behavioral needs.
Troy	Elem.	More school-based counselors
Troy	Elem.	**Youth in Need is not currently in our school. I have heard good things though.**
Troy	Elem.	I think more social/emotional small groups work be beneficial; having a resource room would also be beneficial for students.
Troy	Elem.	**Pinocchio program**
Troy	Elem.	Consistent staffing, Hotline-Working with children's division to help provide resources for students and families.
Troy	Elem.	I think better pay for staff handling behaviors would help keep us fully staffed. The only issue we are seeing here at the school is out of control behaviors and no one willing to help because they don't get paid enough to get physically hurt on a daily.
Troy	Elem.	Consistent staffing, working with children's division to help provide resources for students and families
Troy	Elem.	Additional school-based therapy services, case management and support for families.
Troy	Elem.	One of my students requires a personal para, but one has yet to be hired.
Troy	Elem.	We need a full-time counselor at our school who is there to assist teachers, teach class lessons, and run small groups for SEL and executive function skills. Our current counselor is serving the role of a social worker and is unable to provide those things.
Troy	Elem.	List of mental/behavioral supports that we could give to parents when they ask for them.
Troy	Elem.	We need programs that educate parents and give them resources to be more effective and supported.
Troy	Elem.	**Pinocchio would be great to have in all elementary schools.** I have never had it in my schools but have heard positive feedback from other buildings, students, and families.
Troy	Elem.	A lot of kindergarteners need to learn that they can't tell adults "no" all the time. Parent groups should also be formed to teach them the skills to be parents (unfortunately it has come to this).

Troy	Elem.	We need more people who offer these services so that they can have multiple groups. If not, can they come more throughout the week so that they can have more groups? In my experience it isn't that we don't have the resources. It is that we have more needs and not enough time or staff to address all the students who are in need.
Troy	Elem.	**Prevention through having Pinocchio Program full-time to service more students.** School based therapy and/or counseling that can serve students no matter what insurance they have.
Troy	Elem.	We could use more school-based services, even if offered in a small group setting to reach more students in a shorter amount of time. Many students need that social skills/coping skills building support that can be offered in a small group, especially as early intervention.
Troy	Middle	Small groups that address needs of some students; need may not be school wide but heavily affects a group of students. These groups could meet several times a year/quarter - to be able to offer check in times and support for students.
Troy	Middle	**Youth in Need**
Troy	Middle	**I would love to see services increased with YIN school-based therapy. They truly do a wonderful job with our students and families. We have seen marked success for students who have worked with Karen.**
Troy	Middle	Sometimes it is difficult for teachers/staff to be compassionate without knowing the student's situation. While we should hold all students to behavior standards, it would be beneficial for staff to know more about the situation, especially staff who engage with students on a regular basis but don't necessarily have the student in a class.
Troy	Middle	How to engage with adults in a school setting like respect, following rules set by adults, and understanding why school/doing work/being present is important
Troy	Middle	Additional school-based therapists, more opportunities for compass to see students at school with private insurance
Troy	Middle	**We would love spark wheel at TSMS or more additional YIN/STL Counseling**
Troy	Middle	**Individual Counseling, more YIN or Saint Louis Counseling days.** YIN is at TSMS 2 days and Saint Louis Counseling is 1 day.
Troy	High	There are many students who will not see (agency redacted) or school counselors because they either change too frequently, because of broken trust, or because there is no relationship. Our kids want to talk to people they have relationships with.
Troy	High	More hands-on group therapies/activities to bring a sense of community and engagement.
Troy	High	I like the Parent Series of topics because I feel like mental and behavioral health starts at home.
Troy	Multiple	We have the **Pinocchio program** right now that I think could greatly benefit from being expanded. I think our current specialist is divided between several schools and just doesn't have the time to reach everyone. I also don't know if there is a program available or if our SPED teachers are the resource, but our school SPED program focuses on Emotional Disturbance diagnoses. I think some extra help for those students in particular would be really great.
Troy	Multiple	Specialty and intensive mental health care resources
Winfield	Elem.	More small group counseling services for social skills. We always have students who need mental health one-on-one counseling. The options available for counseling has been limited with (agency and comment redacted)
Winfield	Elem.	Consistent Counselors
Winfield	Elem.	More tools in the re-focus room.
Winfield	Elem.	Intervention groups for students who need social/emotional learning skills and intervention groups for students who need help with conflict and resolution with their peers.
Winfield	Elem.	We just need more counseling services available IN the school. Parents don’t want to take their kids anywhere
Winfield	Elem.	**More Compass Health workers in the school setting are needed.**
Winfield	Middle	More money for more administrators and teachers.

Table 10. Substance Use Percentages Among Grade Levels

Alcohol	All Grades	Elem. (K-5)	Middle (5 or 6-8)	High (9-12)	All Grades	Elem. (K-5)	Middle (5 or 6-8)	High (9-12)
Not at all a problem	66	55	2	0	46%	92%	6%	0%
Minor problem	34	2	23	5	23%	3%	64%	15%
Moderate problem	40	3	11	23	28%	5%	31%	70%
Serious problem	5	0	0	5	3%	0%	0%	15%
Grand Total	145	60	36	33	145	60	36	33
Cigarettes	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	80	55	9	6	52%	86%	24%	17%
Minor problem	56	8	23	20	36%	13%	61%	57%
Moderate problem	16	1	6	6	10%	2%	16%	17%
Serious problem	3	0	0	3	2%	0%	0%	9%
Grand Total	155	64	38	35	155	64	38	35
E-cigarettes	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	47	36	1	0	29%	55%	2%	0%
Minor problem	32	23	6	2	20%	35%	14%	5%
Moderate problem	50	5	30	12	31%	8%	71%	32%
Serious problem	34	1	5	24	21%	2%	12%	63%
Grand Total	163	65	42	38	163	65	42	38
Marijuana	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	70	58	2	0	45%	92%	5%	0%
Minor problem	37	2	21	11	24%	3%	55%	31%
Moderate problem	34	2	13	15	22%	3%	34%	43%
Serious problem	13	1	2	9	8%	2%	5%	26%
Grand Total	154	63	38	35	154	63	38	35
Prescription Medication Misuse	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	97	59	16	10	67%	95%	46%	32%
Minor problem	38	2	18	14	26%	3%	51%	45%
Moderate problem	8	1	0	6	6%	2%	0%	19%
Serious problem	2	0	1	1	1%	0%	3%	3%
Grand Total	145	62	35	31	145	62	35	31
Over-the-Counter Misuse	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	109	59	25	14	76%	95%	74%	45%
Minor problem	28	2	8	12	19%	3%	24%	39%
Moderate problem	6	1	1	4	4%	2%	3%	13%
Serious problem	1	0	0	1	1%	0%	0%	3%
Grand Total	144	62	34	31	144	62	34	31
Cocaine	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	126	61	31	20	91%	100%	91%	74%
Minor problem	11	0	3	6	8%	0%	9%	22%
Moderate problem	1	0	0	0	1%	0%	0%	0%
Serious problem	1	0	0	1	1%	0%	0%	4%
Grand Total	139	61	34	27	139	61	34	27
Methamphetamine	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	125	60	30	21	90%	98%	88%	78%
Minor problem	13	0	4	6	9%	0%	12%	22%
Moderate problem	1	1	0	0	1%	2%	0%	0%
Serious problem	0	0	0	0	0%	0%	0%	0%
Grand Total	139	61	34	27	139	61	34	27
Heroin	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	127	61	31	21	92%	100%	94%	78%
Minor problem	11	0	2	6	8%	0%	6%	22%
Moderate problem	0	0	0	0	0%	0%	0%	0%
Serious problem	0	0	0	0	0%	0%	0%	0%
Grand Total	138	61	33	27	138	61	33	27

Inhalants	All Grades	Elem. (K-5)	Middle (5 or 6-8)	High (9-12)	All Grades	Elem. (K-5)	Middle (5 or 6-8)	High (9-12)
Not at all a problem	113	59	25	15	82%	98%	74%	56%
Minor problem	22	1	8	10	16%	2%	24%	37%
Moderate problem	3	0	1	2	2%	0%	3%	7%
Serious problem	0	0	0	0	0%	0%	0%	0%
Grand Total	138	60	34	27	138	60	34	27
Chewing Tabacco	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	97	60	23	4	69%	100%	68%	14%
Minor problem	35	0	11	19	25%	0%	32%	66%
Moderate problem	5	0	0	3	4%	0%	0%	10%
Serious problem	3	0	0	3	2%	0%	0%	10%
Grand Total	140	60	34	29	140	60	34	29
Synthetic Drugs	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	117	60	28	16	85%	98%	88%	57%
Minor problem	19	1	4	10	14%	2%	13%	36%
Moderate problem	1	0	0	1	1%	0%	0%	4%
Serious problem	1	0	0	1	1%	0%	0%	4%
Grand Total	138	61	32	28	138	61	32	28
Hallucinogens	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	121	59	29	19	87%	98%	85%	68%
Minor problem	16	1	5	7	12%	2%	15%	25%
Moderate problem	1	0	0	1	1%	0%	0%	4%
Serious problem	1	0	0	1	1%	0%	0%	4%
Grand Total	139	60	34	28	139	60	34	28
Fentanyl	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	120	60	30	18	87%	100%	88%	67%
Minor problem	16	0	3	8	12%	0%	9%	30%
Moderate problem	2	0	1	1	1%	0%	3%	4%
Serious problem	0	0	0	0	0%	0%	0%	0%
Grand Total	138	60	34	27	138	60	34	27
Club drugs (ecstasy, LSD/acid, meth, ketamine)	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**	**All Grades**	**Elem. (K-5)**	**Middle (5 or 6-8)**	**High (9-12)**
Not at all a problem	124	60	30	20	89%	98%	88%	74%
Minor problem	13	1	2	7	9%	2%	6%	26%
Moderate problem	2	0	2	0	1%	0%	6%	0%
Serious problem	0	0	0	0	0%	0%	0%	0%
Grand Total	139	61	34	27	139	61	34	27

Table 11. Additional Feedback for LCRB

School District	Grade level	Additional Comments for the LCRB
Immaculate Conception	Multiple	We are grateful for the continued partnership we have with the LCRB. This allows us to bring two talented and caring supports (**Pinocchio associate and counselor)** to our students each week. Thank you!
Troy	Elem.	Would there be a way to fund school-based therapy through the school instead of contracting with an outside agency?
Troy	Elem.	Thank you for supporting our students and families!
Troy	Elem.	Special Education Paraprofessionals need more help and better pay especially for transition room paraprofessionals. It would help keep us fully staffed.
Troy	Elem.	Thank you so much for supporting our students and families.
Troy	Elem.	Thank you for advocating for our students and families! We appreciate all you do to support our students, families, and schools!
Troy	Elem.	I appreciate you taking the time to hear from Lincoln County RIII. We care so deeply for our students and want what is best for them to be a well-rounded person. This means they are able to be successful academically, socially, and emotionally.
Troy	Elem.	Thank you to the LCRB for being champions for our students. It is truly amazing how many resources we have compared to when I began as a counselor. We appreciate all your time and efforts that you graciously give to support our kiddos!
Troy	Middle	The presenters that I have had in my classroom have done a fantastic job of sharing hard information on an age-appropriate level and keeping the attention of the students!
Troy	Middle	**One of our PCHAS mentors Colleen is truly the best. She constantly goes above and beyond to meet the needs of the students she works with. Colleen is very creative and innovative in ways she works with students to get them motivated and participating.**
Troy	Middle	I wish there was a way that the LCRB could (comment redacted) and fund a crisis counselor at each building. (Comment redacted). Possibly provide a Spark Wheel Counselor at TSMS.
Troy	High	I'm encouraged by partnerships with area churches as well to address whole families in the community.
Troy	Multiple	From my perspective, it seems like a lot of the issues we see stem from home life. Students who are misusing technology do so at home or in the after-school care program--which makes sense if you consider that their brains are not developed enough to make the connection that they are still using a school device even if their environment has changed. Poverty is pretty high in our area and a lot of the students have their older siblings watching them as well. A lot of the trauma we see tends to extend back to home life, too. There's a disconnect that I can't quite put my finger on, but if there are programs to help the students cope with those traumas, break the cycles, and connect skills in the classroom to home, I think that would greatly benefit them. Any way we can involve the parents in learning those skills as well would be a great bonus.
Troy	Multiple	The LCR3 SUD Committee is working toward a different direction for our first offense substance use violations. If the partner agency assesses the level of use as necessitating SUD Treatment, they would refer accordingly. However, we are excited to create a system of early intervention using GuidEd programming for first violations and appreciate the willingness of PreventEd to work with us closely on this.
Troy	Multiple	When considering the needs of our most at-risk youth, the consistency of the provider and the therapy/service is critical. Students, and families, often have reservations before they are willing or able to open up to a new person, and forming a trusting relationship takes time. When providers change, oftentimes with little or no notice, our students and families are left frustrated, wary, and distrustful of all staff who attempt to provide replacement support - including our school staff. Our school staff are left confused and scrambling on how they can pick up the pieces and patch together support for students. The time required by school staff to clarify changes, plan for logistics, attempt to recover relationships, and stabilize the students' mental health in response to unexpected staffing or programming changes expends time on tasks that would be otherwise unnecessary if we were able to consistently secure stable programming for students. We remain incredibly grateful for the support that LCRB funding provides for our students. We remain grateful for the committed partner agency staff - we have so many exceptional staff who we are fortunate to partner with - who choose to serve our students through their agency employment. We remain hopeful that we are able to continue to strengthen partnerships with agencies to best serve the needs of our students.
Winfield	Elem.	Youth In Need is vital, right now, in our schools.
Winfield	Middle	Thank you for your help around the county.

Table 12. 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	Middle	Teachers have noticed a positive improvement from students utilizing the student support room.
St. Alphonsus	Multiple	I appreciate the services that are provided to our school. I think our counselor has made a positive difference in a couple of students' lives.
Troy	Early Ed.	I appreciate that pre-k classrooms are beginning to be included in several of these programs providing support to our student and families at a young age is crucial. By addressing behavioral/mental health at an early age, hopefully we start to see positive impacts on our students' well-being and academic success.
Troy	Elem.	Our students and their families are getting the help they need because of LCRB! Thank you for all you do!
Troy	Elem.	The SEL curriculum RULER has been making a large difference with students' interactions with each other in a positive way. We are very happy we added this program to our schools and love to see that it is making a difference in peer interactions on a daily basis.
Troy	Elem.	I think it is wonderful that we are partnered with so many great community programs, and that we have many resources available for families and students.
Troy	Middle	I have seen growth from students working with **Karen in Youth in Need** and **Melissa at Compass.**
Troy	Middle	I have heard several students talk about their counselors, almost with pride, to explain why they missed class or an event. These services seem helpful and appreciated by the students who are receiving the extra assistance.
Troy	Middle	**TSMS has the most phenomenal 'boots on the ground' Compass staff**. **Nikki goes above and beyond every day. She is the most reliable and hardworking CSS. Students, families, and school staff all adore her and are incredibly grateful for her dedication and professionalism. She truly cares and is an outside-the-box thinker. Kameron, our PWF counselor, has the kindest heart. She is reliable and communicates effectively with students, staff, and families. Shannon is an amazing therapist. She cares deeply about her clients and goes above and beyond to help families get seen and supported. We adore all three of these ladies and can't sing their praises enough. They are an integral part of the South family.**
Troy	Middle	LCRB provides resources that we would not otherwise have at all, so we are grateful for any resource they provide. I don't want to seem negative in this survey; I just am disappointed with (**agency redacted**) and don't know enough to have a solution. Thank you for all you do!
Troy	High	**Compass and Saint Louis Counseling** provide individual counseling to students in need who may not otherwise have access due to lack of parental support or lack of transportation.
Troy	High	**One of my students has really benefited from seeing a Compass Counselor at school. She recently graduated from an outpatient therapy and enjoys going to her counselor here at school. She looks forward to her meetings and comes back in a good mood. She is more willing to try to address her emotions and finds appropriate ways to react and communicate her emotions/thoughts**.
Troy	Multiple	**I mentioned earlier overhearing a group presentation provided by Compass for the first time and really liking what I heard. They were talking about friendship and "fairness." The Pinocchio program is helping my own son with his emotional dysregulations in the classroom.**
Troy	Multiple	**We have a 10th grade student who has been in Compass SBT services since middle school. She has severe attachment difficulties, and chronic suicidality and self-harming behaviors. Through 8th and 9th grades, her behavior was so extreme and safety was so concerning that we could barely keep her in school. She was supposed to change therapists with the change in school, but this would have further exacerbated her attachment issues and set her back further. Her SBT, Shanon, has maintained her consistently on her caseload and does a beautiful job of balancing safety, communication, support, and challenging her to continue to grow. While the student continues to have setbacks, she is thriving academically and is far more stable than she had been in the previous years.**

About the Author

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Cynthia Berry is a distinguished psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, showcasing her expertise in Human Resources, Organizational and Fund Development, Program Evaluation, and Research. With a career spanning over 25 years, Dr. Berry has demonstrated exceptional proficiency in large-scale community health needs assessments, psychometrics, and employee/management training.

Dr. Berry's extensive skill set in program evaluation and assessment development, coupled with her deep understanding of organizational behavior, human resources, applied health, mental health, and youth/individual development, has led to remarkable successes in securing grants and fundraising for various not-for-profit organizations across St. Charles, Jefferson, Montgomery, St. Louis, and Warren Counties in Missouri. She has personally raised over $10 million for numerous programs she has helped develop and implement. Furthermore, Dr. Berry has empowered multiple not-for-profits through the creation of measurement tools, outcome tracking processes, decision-making procedures, and client service delivery management systems, as well as the successful execution of various quality improvement projects. Her leadership in spearheading a capital campaign and achieving COA accreditation has further underscored her commitment to organizational excellence.

Over the past decade, BOLD has emerged as the preeminent expert in Eastern Missouri (including Franklin, Jefferson, Jefferson, St. Charles, and St. Louis Counties) for conducting needs assessments focused on behavioral health and substance use. Dr. Berry has collaborated with children's and adult's services funding boards on numerous projects and made significant contributions to the Seniors Count initiative, aimed at promoting independent living for seniors and addressing their specific needs. From 2012 to 2019, she served as an adjunct faculty member at the esteemed Brown School of Washington University, instructing master's degree students in the Evaluation of Programs and Services.

Dr. Cynthia Berry's experience and diverse accomplishments have firmly established her as a respected authority in psychology and organizational development, particularly in conducting needs assessments that inform community services and enhance program effectiveness.