School-based Programs Assessment

A focus on the Mental Health Needs of Lincoln County Youth

Public Report

Lincoln County Resource Board

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Summary Findings

Thirty-four school staff across the four public school districts (Elsberry, Silex, Troy, and Winfield) and two private schools (Immaculate Conception and Sacred Heart; St. Alphonsus staff did not respond) in Lincoln County, Missouri, participated in an assessment about the school-based behavioral health-/mental health-focused programming funded in part, or in whole, by the Lincoln County Resource Board (LCRB). The school staff that were sent the survey link in December 2022 included: superintendents/principals, counselors/social workers, teachers, and three specialty positions within the school districts who are knowledgeable regarding behavioral health issues among their students (see Table 1).

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

	Early Childhood	Elementary (K-5)	Middle School (6-8)	High School (9-12)	Multiple grade levels	Grand Total
Immaculate Conception					**1**	**1**
Superintendent/Principal					1	1
Sacred Heart					**1**	**1**
Superintendent/Principal					1	1
Elsberry	**0**	**1**	**3**	**1**	**2**	**7**
Counselor/Social Worker			1	1		2
Superintendent/Principal			1		1	2
Teacher			1		1	2
Restorative Room		1				1
Silex		**1**			**1**	**2**
Counselor/Social Worker		1				1
Teacher					1	1
Troy	**1**	**11**	**3**	**1**	**3**	**19**
Counselor/Social Worker	1	8	3	1	2	15
Assistant Principal		1				1
Director of Social Emotional Learning & Supports					1	1
Superintendent/Principal		2				2
Winfield		**1**	**1**	**1**	**1**	**4**
Counselor/Social Worker		1	1	1		3
Director of Special Services					1	1
Grand Total	**1**	**14**	**7**	**3**	**9**	**34**

Here is a summary of the participants:

- The superintendent/principal covering multiple grade levels at Immaculate Conception was the one respondent.
- The superintendent/principal covering multiple grade levels at Sacred Heart was the one respondent.
- Seven school staff represented Elsberry School District. Two superintendents/principals (one at multiple grade levels and one middle school grade level), two counselors/social workers (one

middle school grade level and one high school grade level), two teachers (one middle school grade level and one covering multiple grade levels), and one specialty staff (elementary grade level).

- Two school staff represented the Silex School District. One counselor (elementary grade level) and one teacher (multiple grade levels).
- There were 19 surveys completed by Troy School District staff. There were fifteen (15) counselors who responded from Troy (early childhood =1, elementary =8, middle =3, high =1, and multiple grades =2); two principals representing the elementary grades; one assistant principal (one for each grade level); and the Director of Social Emotional Learning & Supports representing multiple grade levels.
- Winfield School District was represented by four school staff. There were three counselors; one from the elementary grade level, one from the middle school grade level, and one from the high school grade level. In addition, there was a Director of Special Services who covered multiple grade levels.

Most Critical Behavioral/Mental Health Issues of Lincoln County Students

School personnel were asked to identify up to seven of the most critical behavioral/mental health (BH/MH) issues they believe students were facing in December/January of the 2022-2023 school year (N = total number of respondents for this question, which was 34). Findings showed that across all grade levels (see Table 2A for January, 2023, and Table 2B for data from May, 2022):

- The most critical BH/MH issue was "anxiety, worry a lot, fear" (91%).
- The second most critical issue was "friend/peer relationships, social skills, problem solving, and self-esteem" (88%).
- The third most critical BH/MH issue was "controlling emotions, anger management, and conflict resolution" (82%), similar to the May, 2022 result.
- The fourth most critical BH/MH issue "depression/sad a lot" (53% of school staff), was also similar to the May 2022 findings.
- The fifth most critical BH/MH issue tied between "coping with grief, loss, and/or divorce" and "self-harm and suicide" (44%).

This same data set was analyzed to determine the most critical behavioral health issue by grade level, where it was found that:

- For the elementary grades (see Table 3A for January, 2023 data and 3B for May, 2022 data), "anxiety, worry a lot, fear" emerged as the most prominent BH/MH issue among 100% of applicable school staff (N =14 out of 14). The second most prominent BH/MH issue was "friend/peer relationships, social skills, problem solving, and self-esteem" noted by 93% of elementary staff (N = 13 out of 14); this tied with "controlling emotions, anger management, and conflict resolution" noted by 93% of staff (N = 13). "Coping with grief, loss, and/or divorce" was identified by 57% of school staff (N = 8). There were 43% of elementary staff (N = 6) who identified "depression/sad a lot" and "food and basic needs' insecurity" as critical issues for students.
- For the January, 2023 data collection period, the top two issues among the middle school students (Tables 4A and 4B) were once again "friend/peer relationships social skills, problem solving, and self-esteem" (100% of staff; N = 7) and "anxiety, worry a lot, fear" (100% of staff; N = 7). "Self-harm and suicide" was rated as the third most critical issue, which has occurred for three

continual data collection periods (by 86% of staff; N = 6). This topic tied with "controlling emotions, anger management, and conflict resolution" and "depression/sad a lot".

- "Friend/peer relationships, social skills, problem solving, and self-esteem" was again identified as the most critical issue among high school students by 100% of staff (N = 3; Tables 5A and 5B), which tied with "anxiety, worry a lot, fear" and "truancy/educational neglect." Three issues tied as the next most critical with 67% of school staff (N = 2 out of 3), which were: "depression/sad a lot", "coping with grief, loss, and/or divorce", and "self-harm and suicide."

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

There were 11 school staff (32% out of those who responded to this question) who believed that there were additional group-oriented BH/MH prevention needs within the school that were not being addressed (see Table 6 for complete statements provided by staff). Keys findings supported various needs for students that could be resolved with group-oriented prevention programming such as:

1. Mental health-based programs – designed to teach youth coping skills, social emotional behavior regulation, stress management, and self-care (seven staff)
2. Suicide awareness programs (three staff)
3. Family-based needs
4. Early intervention/prevention regarding truancy and the importance of school attendance
5. Group-based programming for students dealing with grief, divorce, and/or incarcerated parents/guardians
6. Small group therapy sessions based on current needs
7. Prevention programming to be available at all of the schools/buildings

Primary Barriers (if any) to Lincoln County Students When Trying to Address a Behavioral Health Need/Issue (Table 7) (As reported by school staff in 2023)

School staff were asked to identify any barriers they had seen students encounter when trying to address a behavioral health need/issue (see Table 7; N = 34). The top five barriers are detailed in Table 7. The largest barrier was once again "lack of parent involvement to assist student with the need" (a slight decrease to 74% of staff from 89% reported in May of 2022). The second largest barrier was "access to mental health professionals for services" (59% of school staff; N = 20). The third largest barrier was "lack of sufficient resources for student support services at school (50%; N = 17)." This was followed by three barriers that tied among 44% of school staff (N = 15), which included "severity of students' problems", "lack of time within the school day to respond to the youth with the behavioral health needs", and "students have difficulty accessing services due to transportation limitations." Table 8 provides additional information school staff shared regarding the barriers students face when attempting to address their BH/MH needs.

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

An open-ended question was asked to allow for a variety of comments from school staff, which was, "What additional resources/services are currently needed to support your students' mental/behavioral health-related needs?" Staff comments are presented by school district and grade level in Table 9. Here is a summary of those comments. Nineteen comments out of the 24 staff who provided them identified the need for more mental health counselors, therapists, and clinicians who can provide developmentally

appropriate services to youth. Some comments made this request more specific to wanting Youth in Need staff, or crisis counselors.

Two staff mentioned the need for youth to receive instruction and support to build coping strategies for dealing with anxiety, stress, depression, etc. An additional two staff sought out Child Psychiatry services to be available within the community.

Single comments provided by staff for the additional resources and services currently needed to support students' mental/behavioral health-related needs were: drug and alcohol abuse treatment/prevention for younger students; family counseling and/or adult counseling groups; social work services to assist in housing/transportation instability; and easy referral processes and availability of services within the school.

Additional Feedback for the Lincoln County Resource Board

Lastly, school staff were asked to provide additional feedback for the LCRB to review (see Table 10) and to share the positive impact of these services with their clients (see Table 11). If the information was deemed confidential, it was placed in the confidential section of tables available only to the LCRB for their review and action. The confidential section also includes information gathered about the content, staff, and scheduling of the prevention and direct service programs provided to the school districts.

Tables Presenting Information

Table 2A. Top Behavioral/Mental Health Issues of Youth – January, 2023	#	%
Anxiety, worry a lot, fear	31	91%
Friend/peer relationships, social skills, problem solving, and self-esteem	30	88%
Controlling emotions, anger management, and conflict resolution	28	82%
Depression/sad a lot	18	53%
Coping with grief, loss, and/or divorce	15	44%
Self-harm and suicide	15	44%
Truancy/educational neglect	12	35%
Feelings of acceptance/belonging	9	26%
Food and basic needs' insecurity	9	26%
Online safety	8	24%
Housing instability/nowhere to live	7	21%
Bullying/cyber-bullying	6	18%
Abuse and neglect issues (body safety)	6	18%
Drug and alcohol use and abuse	5	15%
Unhealthy dating relationships	1	3%
Other	1	3%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
Total	34	

Other comments:

- Parents' instability reflected in the kids (Elementary).

Table 2B. Top Behavioral/Mental Health Issues of Youth – May, 2022	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	42	93%
Controlling emotions, anger management, and conflict resolution	37	82%
Anxiety, worry a lot, fear	37	82%
Depression/sad a lot	24	53%
Self-harm and suicide	23	51%
Truancy/educational neglect	19	42%
Coping with grief, loss, and/or divorce	15	33%
Bullying/cyber-bullying	13	29%
Feelings of acceptance/belonging	13	29%
Drug and alcohol use and abuse	11	24%
Unhealthy dating relationships	9	20%
Housing instability/nowhere to live	8	18%
Abuse and neglect issues (body safety)	7	16%
Food and basic needs' insecurity	7	16%
Other:	5	11%
Online safety	3	7%
Total	45	

Table 3A. Top Behavioral/Mental Health Issues of Youth – January, 2023 - Elementary	#	%
Anxiety, worry a lot, fear	14	100%
Friend/peer relationships, social skills, problem solving, and self-esteem	13	93%
Controlling emotions, anger management, and conflict resolution	13	93%
Coping with grief, loss, and/or divorce	8	57%
Depression/sad a lot	6	43%
Food and basic needs' insecurity	6	43%
Housing instability/nowhere to live	5	36%
Online safety	4	29%
Truancy/educational neglect	4	29%
Self-harm and suicide	3	21%
Abuse and neglect issues (body safety)	2	14%
Feelings of acceptance/belonging	2	14%
Bullying/cyber-bullying	1	7%
Other	1	7%
Total	14	

Other comments:

- Parent's instability reflected in the kids (Elementary).

Table 3B. Top Behavioral/Mental Health Issues of Youth – May, 2022 - Elementary	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	14	100%
Controlling emotions, anger management, and conflict resolution	13	93%
Anxiety, worry a lot, fear	11	79%
Housing instability/nowhere to live	5	36%
Bullying/cyber-bullying	4	29%
Abuse and neglect issues (body safety)	4	29%
Coping with grief, loss, and/or divorce	4	29%
Self-harm and suicide	4	29%
Feelings of acceptance/belonging	4	29%
Depression/sad a lot	3	21%
Truancy/educational neglect	3	21%
Food and basic needs' insecurity	3	21%
Drug and alcohol use and abuse	1	7%
Online safety	1	7%
Other:	1	7%
Total	14	

Table 4A. Top Behavioral/Mental Health Issues of Youth – January, 2023 - Middle	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	7	100%
Anxiety, worry a lot, fear	7	100%
Self-harm and suicide	6	86%
Controlling emotions, anger management, and conflict resolution	6	86%
Depression/sad a lot	6	86%
Coping with grief, loss, and/or divorce	4	57%
Drug and alcohol use and abuse	3	43%
Online safety	3	43%
Truancy/educational neglect	3	43%
Feelings of acceptance/belonging	3	43%
Bullying/cyber-bullying	2	29%
Unhealthy dating relationships	1	14%
Housing instability/nowhere to live	1	14%
Total	7	

Table 4B. Top Behavioral/Mental Health Issues of Youth – May, 2022 - Middle	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	9	100%
Anxiety, worry a lot, fear	7	78%
Self-harm and suicide	6	67%
Controlling emotions, anger management, and conflict resolution	6	67%
Bullying/cyber-bullying	5	56%
Depression/sad a lot	5	56%
Drug and alcohol use and abuse	4	44%
Truancy/educational neglect	4	44%
Feelings of acceptance/belonging	4	44%
Coping with grief, loss, and/or divorce	2	22%
Unhealthy dating relationships	2	22%
Abuse and neglect issues (body safety)	1	11%
Online safety	1	11%
Other:	1	11%
Total	9	

Table 5A. Top Behavioral/Mental Health Issues of Youth – January, 2023 - High	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	3	100%
Anxiety, worry a lot, fear	3	100%
Truancy/educational neglect	3	100%
Coping with grief, loss, and/or divorce	2	67%
Self-harm and suicide	2	67%
Depression/sad a lot	2	67%
Bullying/cyber-bullying	1	33%
Drug and alcohol use and abuse	1	33%
Abuse and neglect issues (body safety)	1	33%
Controlling emotions, anger management, and conflict resolution	1	33%
Feelings of acceptance/belonging	1	33%
Total	3	

Table 5B. Top Behavioral/Mental Health Issues of Youth – May, 2022 - High	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	11	92%
Controlling emotions, anger management, and conflict resolution	9	75%
Anxiety, worry a lot, fear	9	75%
Depression/sad a lot	9	75%
Truancy/educational neglect	9	75%
Self-harm and suicide	7	58%
Unhealthy dating relationships	7	58%
Drug and alcohol use and abuse	6	50%
Coping with grief, loss, and/or divorce	5	42%
Other:	3	25%
Bullying/cyber-bullying	2	17%
Abuse and neglect issues (body safety)	2	17%
Feelings of acceptance/belonging	2	17%
Food and basic needs' insecurity	2	17%
Housing instability/nowhere to live	1	8%
Total	12	

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

School District	Grade Level	Role	Needs that are not being addressed that would benefit from group-oriented (even small group) prevention programming
Elsberry	Middle (6-8)	Teacher	I think there needs to be more programs based on mental health. Teach kids coping skills, how to deal with situations, how to deal with social media nowadays, etc.
Elsberry	High (9-12)	Counselor/SW	This is more so family needs. Services that FACT and other resource groups provide but are not widely or universally available to all. Additionally, maybe some early intervention/prevention regarding the importance of coming to school, the power of education, etc. Sometimes hearing this message from community partners can be more effective than hearing it from just school personnel. Early education could prevent future truancy issues.
Immaculate Conception	Multiple	Super./ Principal	We are seeing a significant need for support with our primary grades for social emotional and behavioral norms.
Troy	Elem. (K-5)	Counselor/SW	Suicide Awareness Program for 5th graders.
Troy	Elem. (K-5)	Super./ Principal	Age-appropriate suicide awareness programming. Healthy lifestyle; the balance of stressors and self-care.
Troy	Elem. (K-5)	Asst. Principal	Age-appropriate suicide awareness programming. Managing stress.
Troy	Elem. (K-5)	Counselor/SW	Currently, school counselors are focusing on social skills. We have a need for additional groups in the area of grief, incarcerated parents, separated/divorced parents.
Troy	Middle (6-8)	Counselor/SW	PFH used to provide small groups for the middle school. It would be based on what we needed for the year. We no longer have PFH so we no longer have small groups from outside agency. We do miss this at TSMS.
Troy	Middle (6-8)	Counselor/SW	Mental health wellness, knowledge on brain development, and coping strategies.
Troy	Multiple	Dir. of Social Emotional Learning & Support	Due to funding, not all schools can receive all preventative programming. For equity purposes within the district, it would be wonderful if all preventative programing could be available at all schools/buildings.
Troy	Multiple	Counselor/SW	Social/emotional, regulation, family changes, trauma. Some of the agencies that we are partnered with are already stretched thin, so I would not want to ask those current individuals to take on groups as well.

Table 7. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – January, 2023

Primary barriers students encounter when trying to address a behavioral health need/issue:	#	%
Lack of parent involvement to assist student with the need.	25	74%
Lack of access to mental health professionals for services.	20	59%
Lack of sufficient resources for student support services at school.	17	50%
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%
Students have difficulty accessing services due to transportation limitations.	15	44%
Lack of information/training.	7	21%
Unavailability of assessment/treatment resources in the community.	7	21%
Lack of sufficient resources for special education services.	6	18%
Lack of clear, consistent, school behavior rules/policies.	3	9%
Students require too many modifications/accommodations to assist.	1	3%
Lack of support from school administration.	0	0%
Other:	2	6%
Total	34	

Other Barriers Identified by School and Grade Level:
- **Elsberry Middle School -** Parent mental health or drug abuse leading to poor parenting.
- **Troy Early Education -** No play therapists which is essential for early childhood.

Table 8. Additional Information to share with LCRB regarding barriers experienced by students when attempting to access services/help for their MH/BH Needs

School district	Grade level	Additional Information to share with LCRB regarding barriers experienced by students when attempting to access services/help for their MH/BH Needs
Elsberry	High (9-12)	This is somewhat unavoidable for some agencies, but more often students have been mentioning the turnover of counseling staff and how this is problematic for them. Extensive intake procedures are deterrents for some families (comments redacted due to confidentiality). I always feel like there are resources that I am not using enough or not aware of. I am curious if other agencies not under the umbrella of LCRB also utilize these resources that are available. Often families and issues fall between the cracks when it comes to hotline reports, truancy reports, and educational neglect. I feel that LCRB has been more and more effective in helping families in our community and school. You have been vital to the bouncing back after the many difficulties brought about by COVID. Many of these resources have helped our students immensely and has made providing care for our students possible. This level of care would simply not be possible without all of the LCRB agencies and the hard work and dedication of the Board. I thank you on behalf of our entire community.
Elsberry	Middle (6-8)	It is wonderful for students and parents to have so many counselors and mental health specialists in the schools. Many of them would not get these resources outside of school.
Troy	Elem. (K-5)	No counseling services available to send families to especially our younger children.
Troy	Elem. (K-5)	LCR3 has many pieces in place that work seamlessly with the resources provided. However, LCR3 is in need of added staff to meet the rising needs of our students. Our younger children are in need of mental health counselors to support their needs outside of school. In-patient programming for those in crisis is also an area of increasing need.
Troy	Elem. (K-5)	Need for counselors for younger children.

Troy	Elem. (K-5)	We do not have enough providers to service the needs of our students at school. The providers we do have are wonderful but spread way too thin and I worry they are going to burn out. Parent support and communication is also often a huge barrier; this is sometimes because they work so much, but more often just a lack of follow through/willingness to answer the phone.
Troy	Elem. (K-5)	The waitlists and the overwhelming case load the professionals have to provide adequate services.
Troy	Elem. (K-5)	The biggest barrier this current school year is not having enough professionals available to service student needs. School based services are full or not available; out of school services are full, too expensive or only do Telehealth.
Troy	Middle (6-8)	All resources that can come into our building are full. This is a huge concern.
Troy	Middle (6-8)	Parent follow through, insurance issues, and financial hardship.
Troy	Multiple	The mental health needs within the district outweigh our resources (comment redacted due to confidentiality). Currently have no resource to refer to that has openings or that could be seen on a regular basis.
Troy	Multiple	Biggest barrier this year seems to be the lack of resources available in the community. Ex: not enough staff at the agencies that we are partnered with.
Winfield	Multiple	The number of students with mental and behavioral health needs is at an all-time high based on my 29 years of experience in education. Teachers and other staff are not equipped to support majority of these mental health issues. Parents are reaching out for help. Doctors "prescribe" IEPs thinking that will help (definitely not in their wheelhouse). There just doesn't seem to be any answers or relief for our students and staff sometimes. Teachers need more training for all of the different mental health issues that they are dealing with to help these students. Parents try to get them seen, but are sometimes having to wait 3 - 6 months for the appointment. That is WAY TOO LONG!
Elsberry	Multiple	When a student or family is referred, that referral needs to be completed in a timely manner. Willingness to make home visits.

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 Needs
Elsberry	Middle (6-8)	Being taught ways to deal with stress/anxiety/depression, coping mechanisms, etc.
Elsberry	Middle (6-8)	We are beginning to see more need for drug and alcohol abuse treatment and prevention in younger students. Problems we used to see in 8th/9th grade are showing up more in 6th grade. We see some very poor parents and supervision and parent drug abuse as well.
Elsberry	High (9-12)	Family counseling, adult counseling groups/support groups in the evenings, evening social work services to assist in housing/transportation instability.
Elsberry	Middle (6-8)	We could use more YIN spots.
Immaculate Conception	Multiple	We could use our counselor here more than her current schedule allows. She is excellent, but need seems to sometimes exceed availability.
Troy	Early Ed (Pre-K)	Developmentally appropriate clinicians for early childhood.
Troy	Elem. (K-5)	More counselors in the school, that are hired through the school.
Troy	Elem. (K-5)	Behavior consultants, mental health professionals and counselors for young children.
Troy	Elem. (K-5)	Counselors for young children, counselors hired through the school district.
Troy	Elem. (K-5)	More people :)
Troy	Elem. (K-5)	Stable mental health providers in the school building to help support children who may not have means to see private practitioners in the community (which are mostly full or very unaffordable).
Troy	Elem. (K-5)	More school based professional counselors.
Troy	Elem. (K-5)	Additional therapists and staff for all resources. Additional SEL staff within the district.
Troy	Middle (6-8)	We need more consistent counseling.
Troy	Multiple	We need additional supports within the schools. Additionally, we need referrals to be easy for families versus another barrier to resources.
Troy	Multiple	More school-based therapy services; our Compass SBTs do an amazing job but we are in need of more of them as they fill up fast and end up with waiting lists. Community mental health needs are also urgent.
Troy	Multiple	More masters level counselors available to do individual and group counseling.
Winfield	Multiple	More counselors.
Winfield	High (9-12)	Crisis Counselor on staff
Elsberry	Multiple	More child psychiatrists; school-based therapy.
Elsberry	Elem. (K-5)	Licensed Pediatric Psychiatrists/Therapists
Winfield	Middle (6-8)	Just a larger number of counselors/individuals to meet all students' needs.
Sacred Heart	Multiple	Having a counselor more than 1.5 days a week would be beneficial to both meet with students and push into classrooms more often!
Elsberry	Multiple	More support in school for individuals with mental health needs. We have students on a waiting list for YIN.

Table 10. Additional Feedback for LCRB

School district	Grade level	Additional Comments to share with LCRB board of trustees
Elsberry	Middle (6-8)	Thank you for your work. I have been in education at Elsberry for 26 years. I am amazed at the progress we have made in that time from zero services to a plethora of services for students. When we remove red tape barriers and work together, we do great things for students and families. Keep up the good work in allocating resources. Don't hesitate to ask me if my assistance would help you.
Elsberry	High (9-12)	One barrier I have encountered this year that is rarer, but something worth mentioning was providing services for students who do not have communication with their parent or legal guardian. Some of these students are considered "homeless" under McKinney Vento, some are not. None are legally emancipated. Lack of access to parental consent is a concern we have encountered.
Immaculate Conception	Multiple	Thank you for your support of our school. The ability for a counselor to be here at least once a week fills a critical need at our school.
Silex	Multiple	Make sure when you vote you vote for pro-life, pro-family and conservative values.
Troy	Elem. (K-5)	We love Mary Ellen! Thank you for all you do for our students.
Troy	Elem. (K-5)	We love Mary Ellen Wurth!
Troy	Elem. (K-5)	Getting a student open with services at PCHAS or YIN is a nice simple procedure that families can easily complete and begin right away (comment redacted due to confidentiality).
Troy	Elem. (K-5)	Thank you for supporting our students and community.
Troy	Elem. (K-5)	I would love to have Youth In Need in every building. Their intake process is so easy for families!
Troy	Middle (6-8)	Comment redacted due to confidentiality.
Troy	Middle (6-8)	Comment redacted due to confidentiality.
Troy	Multiple	Thank you for all you do to support the mental health needs within the community!

Table 11. Positive Impact Stories to Share with LCRB

School district	Grade level	Positive impact of the LCRB-funded programs at your school
Elsberry	High (9-12)	We recently had The Child Center come to our school for annual sexual abuse training for our high school students. They did a phenomenal job and I cannot wait to have them return next year. I love how they rotate content so the students are hearing different presentations each year. They brought a crisis counselor to assist in helping students process or report. The presenters were amazing. The content was valuable and appropriate. They did a wonderful job. I have recently had multiple students comment about how much they love Jessalyn Kiker from Youth in Need. She is relatable and helps every student feel seen and included, especially our LGBTQ+ students. Tiffany Hilke from Youth in Need has gone above and beyond in ensuring that effective communication is occurring between her agency and our school.
Immaculate Conception	Multiple	It has been a blessing to be able to add our counselor for another day, every other week. She is an incredible resource. Our only want would be to have her here more, as we are seeing a large number of social emotional concerns in our primary and early childhood grades.
Troy	Elem. (K-5)	I always have to give a shout out to our Compass Health Pinocchio Program for our K-3 students. It truly makes an impact at our building. Having a full time Pinocchio worker could reach even more students:)
Troy	Elem. (K-5)	We love Youth In Need at MSE!!! Having that additional resource in my other schools would be so beneficial, (comment redacted due to confidentiality).
Troy	Middle (6-8)	We are very thankful for the LCRB and their support. We truly appreciate your dedication to our community.
Troy	Multiple	Thank you so much for all you do! LCR3 is so grateful for the resources you help us provide to our students and families. Compass Health Network is excellent to work with, we very much appreciate the mental health services they provide our students. PCHAS has fantastic mentors who build authentic relationships with students to help guide them to success. Ellen with Sts. Joachim & Ann Care Service is excellent to work with she is always willing to step up and help out our most vulnerable families.
Troy	Multiple	The students that have been consistently meeting with our Compass Health SBT and PCHAS mentors and counselor have been very eager to meet with their people each week and have made great connections and growth. We are so thankful to have their support with our students!