

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

Forty members of the school staff from the four public school districts (Elsberry, Silex, Troy, and Winfield) and two private schools (Immaculate Conception and Sacred Heart; no response from St. Alphonsus staff) in Lincoln County, Missouri, actively participated in an assessment of school-based behavioral health and mental health-focused programs. These initiatives received funding, either partially or entirely, from the Lincoln County Resource Board (LCRB). The survey link was distributed to a range of school staff in December 2023, including superintendents/principals, counselors/social workers, teachers, and specialized positions within the school districts with expertise in behavioral health issues among students (see Table 1).

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

	Early Childhood	Elementary (K-5 or Pre-K-5)	Middle School (6-8)	High School (9-12)	Multiple grade levels	Grand Total
Immaculate Conception					1	1
Superintendent/Principal					1	1
Sacred Heart					1	1
Superintendent/Principal					1	1
St. Alphonsus					1	1
Superintendent/Principal					1	1
Elsberry			1	6		7
Counselor/Social Worker				1		1
Superintendent/Principal			1	1		2
Teacher				4		4
Silex		2		1	1	4
Counselor/Social Worker		1			1	2
Superintendent/Principal		1		1		2
Troy	1	10	4	3	3	21
Counselor/Social Worker	1	10	4	3	2	20
Dir. of Social Emotional Learning/Supports					1	1
Winfield		2	1	1	1	5
Counselor/Social Worker		2		1	1	4
Assistant Principal			1			1
Grand Total	1	14	6	11	8	40

Here is a summary of the participants:

- The sole respondent for Immaculate Conception, covering multiple grade levels, was the superintendent/principal.
- The superintendent/principal, overseeing multiple grade levels at Sacred Heart, also served as the sole respondent.
- The individual respondent for Immaculate Conception, covering multiple grade levels, was the superintendent/principal.
- Elsberry School District had seven representatives, including two superintendents/principals (one each for high school and middle school grade levels), one counselor (high school grade level), and four teachers (high school grade level).
- Silex School District had four representatives, consisting of one counselor and principal at the elementary grade level, one high school principal, and one counselor covering multiple grade levels.

- Troy School District saw a total of 21 surveys completed. Ten counselors responded from Troy, distributed across early childhood (1), elementary (10), middle (4), high (3), and multiple grades (2). Additionally, the Director of Teaching and Learning Supports represented multiple grade levels.
- Winfield School District was represented by five staff members, including four counselors (two from the elementary grade level, one from the high school grade level, and one covering multiple grades) and an Assistant Principal representing the middle school grade levels.

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

School personnel were tasked with pinpointing the most crucial behavioral/mental health (BH/MH) issues they perceived students to be facing during the December 2023-2024 school year (N = total number of respondents for this question, which amounted to 40). The findings revealed that across all grade levels (refer to Table 2A for December 2024 and Table 2B for data from May 2023):

- The most critical BH/MH issues were “controlling emotions, anger management, and conflict resolution” and “anxiety, worry a lot, fear” (both at 85%).
- The third most critical issue involved “friend/peer relationships, social skills, problem solving, and self-esteem” (78%), marking a shift from its second-highest position in May 2023.
- The fourth and fifth most critical BH/MH issues were tied between “coping with grief, loss, and/or divorce” and “self-harm and suicide” (both at 45%), mirroring results similar to those in May 2023.

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/pre-Kindergarten grades (see Table 3A for December, 2023 data and 3B for May, 2023 data), “anxiety, worry a lot, fear” and “controlling emotions, anger management, and conflict resolution” tied as the most prominent BH/MH issue among 93% of applicable school staff (N =14 out of 15). The third most significant BH/MH issue was “friend/peer relationships, social skills, problem solving, and self-esteem” noted by 80% of elementary staff. “Coping with grief, loss, and/or divorce” was identified by 60% of school staff (N = 9). There were 40% of elementary staff (N = 6) who identified “bullying/cyber-bullying”, “abuse and neglect”, “self-harm and suicide”, “food and basic needs’ insecurity”, and “housing instability/nowhere to live” as critical issues for students.
- During the December 2023 data collection period, the two foremost issues among middle school students (Tables 4A and 4B) exhibited a tie between “friend/peer relationships social skills, problem solving, and self-esteem” and “controlling emotions, anger management, and conflict resolution” (100% of staff; N = 6). The third most pivotal concern, “anxiety, worry a lot, fear,” retained its position in the top three MH/BH issues over a significant duration, as indicated by 83% of staff (N = 5). The topic of “self-harm and suicide” once again secured a place in the top five issues, endorsed by 67% of middle school staff (N=4). The last two issues that shared the spotlight as the primary MH/BH concerns for middle schoolers were “depression/sad a lot” and for the first time, “truancy/educational neglect,” both acknowledged by 50% of the staff (N = 3).
- “Anxiety, worry a lot, fear” took precedence over “friend/peer relationships, social skills, problem solving, and self-esteem” as the most critical issue among high school students, as indicated by 82% of staff (N = 9; Tables 5A and 5B). The trio of “friend/peer relationships, social skills, problem solving, and self-esteem,” “controlling emotions, anger management, and conflict resolution,” and “truancy/educational neglect” shared the next three top spots among high schoolers, garnering agreement from 64% of school staff (N=7). Similar to the middle school staff sample, “truancy/educational neglect” emerged as a previously uncharted concern that

demands special attention. Three issues further tied as the next most critical, with 55% of school staff (N = 6 out of 11), encompassing “drug and alcohol use and abuse,” “coping with grief, loss, and/or divorce,” and “housing instability/nowhere to live.”

Behavioral/Mental Health Prevention Program Availability and Necessity Assessment

School staff were tasked with evaluating the accessibility and importance of various behavioral/mental health prevention programs, as detailed in Table 6. This table serves as a valuable resource for future planning and decision-making. Within Table 6, issues identified as crucial needs by 90% or more of the staff members are highlighted in red in the "Percent Needed" column, while those falling between 80-90% are highlighted in yellow.

Although the availability of programs addressing these issues is detailed in the 6th column, particular attention should be given to the "Percent (%) Not Available" and "Combined Limited or No Availability" columns. Notably, of the two topics identified as needed by 90% or more of the staff, neither had more than 50% of staff reporting it as unavailable (also highlighted in red in that column) or 60% or higher in the "Combined Limited or No Availability" column. This information underscores the importance of reviewing and leveraging the data for informed future planning.

The two programs exhibiting the highest percentage of need were "social/emotional skills training (grade/age focused)," identified by 97% of staff, and "counseling (at school) for students with social, emotional, or behavioral needs," recognized by 94% of school staff. Additional programs with notable percentages of need and relatively high levels of limited or no availability are outlined below:

- "Anxiety/worry prevention and control" was deemed necessary by 89% of staff, slightly lower than the previously reported 91%. The availability challenges decreased, with 61% indicating limited availability.
- "Coping with grief, loss, and/or divorce" emerged as a needed program for the second time among 88% of respondents, garnering a 72% combined rating for limited to no availability. Notably, 13% of respondents highlighted this program as entirely unavailable in their school buildings.
- "Housing, food insecurity, and basic needs' support" was identified as needed by 88% of staff, showcasing an increase from the 67% reported in the last assessment. Remarkably, only 3% of school staff deemed this support as not available, a significant decrease from the 57% reported in the previous assessment, with an additional 65% rating this support as limited in availability.
- "Chronic absenteeism prevention" was recognized as necessary by 85% of staff respondents, marking a substantial increase from the 61% reported in the last assessment. While 55% of staff considered it as not available (down from 75%), a 79% combined limited or no availability percentage was noted, indicating a decrease from the 92% reported in the last assessment. This shift appears to be influenced by various factors, including the enduring impact of the COVID pandemic, necessitating exploration and targeted actions.

Several programs garnered notable percentages of staff expressing a need for them, accompanied by a significant portion reporting the topic as not available. "School success/school advocacy skills training" saw 85% of staff acknowledging its necessity, with a combined limited or no availability rating of 55%. This represents a continued need, with availability percentages decreasing from 42% to 27% to 16% in the previous two data collection periods.

Topics where more than 10% of staff perceived them as not available should undergo a review to ascertain their essentiality for different grade levels. For instance, 33% of total staff respondents marked "healthy dating relationships education" as not available or limited in availability. However, this concern is relevant primarily for high school grades and possibly middle school grades, not elementary grades.

Additionally, some topics may already be included in various prevention programs or newly integrated into the curriculum but may not be universally known across all school staff respondents. For example, The Child Center provides education to high school students on online sexual exploitation, a component encompassed within the broader topic of "abuse and neglect (body safety/prevention)." Consequently, higher percentages indicating limited or no availability may be addressed through education from external agencies to school staff for various prevention programming.

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

Sixteen school staff members, constituting 40% of those responding to this question, expressed the belief that there were unmet group-oriented behavioral/mental health (BH/MH) prevention needs within the school setting (refer to Table 7 for detailed statements provided by staff). Key findings underscored diverse needs among students, suggesting that these could be effectively addressed through group-oriented prevention programming. Some highlighted needs include:

Mental health-based programs and additional counselors to support coping skill-building for youth, covering topics such as social-emotional behavior regulation, anxiety, self-esteem, self-advocacy, social skills, stress management, and peer relationships (mentioned by eight staff).

- Counseling and/or small group support specifically focused on grief (identified by four staff).
- Prevention and intervention strategies for chronic absenteeism and truancy (mentioned by three staff).
- Additional Education Support Counselors and/or Social Workers (highlighted by two staff).
- A call for additional Pinocchio programming to be made available in schools (noted by two staff).
- Basic needs support for families, including access to water and affordable housing (suggested by one staff).
- A program for students to address issues related to smartphones, devices, and/or social media (recommended by one staff member).
- Assistance to detect and prevent vaping (highlighted by one staff member).

Issues/challenges with the Prevention Programming offered by a LCRB-funded Agency this School Year that Requires Attention/Further Discussion

Only two school staff members (5% of those responding to this question) highlighted issues and challenges with the Lincoln County Resource Board (LCRB)-funded prevention programming offered this year that demand attention and further discussion. The identified issues are as follows:

1. The first counselor placed in our school this year abruptly quit, resulting in a prolonged period without counseling services. The school is now pleased to report that a new counselor has been placed, and she appears to be a much better fit (Immaculate Conception).
2. The school currently does not have a counselor in place (St. Alphonsus).

Primary Barriers (if any) to Lincoln County Students When Trying to Address a Behavioral Health Need/Issue (Table 8) (As reported by school staff in December of 2023)

School staff were tasked with identifying barriers that students encounter when addressing behavioral health needs/issues (refer to Table 8; N = 40). The predominant barrier, once again, was the "lack of parent involvement to assist students with the need," witnessing an increase to 90% from the 74%

reported in May 2023. The second most significant barrier was the "severity of students' problems," acknowledged by 55% of school staff (N = 22).

Following closely, two barriers tied at 53% of school staff (N = 21): "lack of time within the school day to respond to youth with behavioral health needs" and "lack of access to mental health professionals for services." Additionally, two barriers tied as the next highest significant hurdles faced by youth, identified by 40% of school staff (N = 16). These included the "lack of sufficient resources for student support services at school" and "students having difficulty accessing services due to transportation limitations." Refer to Table 9 for additional insights shared by school staff regarding the barriers students encounter when addressing their behavioral health/mental health needs.

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

An open-ended question was posed to gather a range of comments from school staff: "What additional resources/services are currently needed to support your students' mental/behavioral health-related needs?" Staff responses are organized by school district and grade level in Table 10. The key themes that emerged from this item, as provided by twenty out of the forty staff respondents, include:

1. Additional counseling services to be made available within the school (mentioned by four staff).
2. Additional Youth In Need programming/staff, with minimal barriers for students to receive services (highlighted by four staff).
3. Increased resources and support for families and parents, encompassing family counseling and accessible/affordable adult counseling (cited by three staff).
4. Training for teachers to better assist students in coping and managing their mental/behavioral health needs effectively (mentioned by two staff).

Individual school staff members provided additional suggestions, each contributing unique insights:

- Enhanced accessibility to received services and transportation support.
- Establishment of a mental health resource room within the school, offering flexibility in meeting students' needs and coordinated efforts with school counselor staff and external providers.
- Diagnostic services.
- Psychiatry services.
- Implementation of behavioral health urgent care.
- Financial resources for families with children requiring medication but facing affordability challenges due to reasons such as job loss or lack of insurance.
- Introduction of an alternative middle school.
- Mentorship programs specifically tailored to youth academics.
- A focus on education and prevention of vaping, considering the rising trend among students (supported by data presented in the confidential report to the LCRB).
- Increased support and assistance from the Juvenile Department.
- Availability of developmentally appropriate therapists/play therapists.
- Support for the continuation of a "Social Skills Interventionist" position piloted at Troy this school year, with funding ending this year. This position is designed to proactively address students' needs, providing them with tools and strategies for independence and improved learning.
- Introduction of goal-oriented motivational work available in Lincoln County for high school students.
- The need for mentors in Winfield.

Additional Feedback for the Lincoln County Resource Board

Finally, school staff were requested to offer additional feedback for the LCRB's review (refer to Table 11) and to highlight the positive impact of these services with their clients (refer to Table 12). Any information considered confidential has been placed in the confidential section of the tables, accessible only to the LCRB for their review and subsequent action. This confidential section encompasses details about the content, staff, and scheduling of both prevention and direct service programs provided to the school districts.

Tables Presenting Information

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

Other comments:

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

Table 2B. Top Behavioral/Mental Health Issues of Youth – May 2023	#	%
Anxiety, worry a lot, fear	45	87%
Friend/peer relationships, social skills, problem solving, and self-esteem	42	81%
Controlling emotions, anger management, and conflict resolution	41	79%
Self-harm and suicide	24	46%
Depression/sad a lot	24	46%
Coping with grief, loss, and/or divorce	23	44%
Truancy/educational neglect	23	44%
Bullying/cyber-bullying	19	37%
Food and basic needs' insecurity	18	35%
Housing instability/nowhere to live	17	33%
Online safety	13	25%
Feelings of acceptance/belonging	13	25%
Drug and alcohol use and abuse	12	23%
Abuse and neglect issues (body safety)	10	19%
Unhealthy dating relationships	4	8%
Threats of violence or being injured by another peer	4	8%
Other (see comments):	2	4%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	52	

Other comments:

- Truancy is a significant problem for a very small portion of our school population. It is similar for housing instability and food insecurity; this does not affect a large portion of our students, but those who are affected are affected greatly (Elsberry, high school).
- Poverty (Winfield, multiple grade levels)

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

Other comments:

- ADHD behavioral issues (Troy, elementary).

Table 3B. Top Behavioral/Mental Health Issues of Youth – May 2023 – Elementary	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	21	91%
Controlling emotions, anger management, and conflict resolution	21	91%
Anxiety, worry a lot, fear	20	87%
Coping with grief, loss, and/or divorce	14	61%
Food and basic needs' insecurity	14	61%
Self-harm and suicide	11	48%
Truancy/educational neglect	11	48%
Housing instability/nowhere to live	10	43%
Bullying/cyber-bullying	10	43%
Abuse and neglect issues (body safety)	9	39%
Depression/sad a lot	8	35%
Online safety	8	35%
Feelings of acceptance/belonging	8	35%
Drug and alcohol use and abuse	1	4%
Threats of violence or being injured by another peer	1	4%
Unhealthy dating relationships	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	23	

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

Other comments:

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

Table 4B. Top Behavioral/Mental Health Issues of Youth – May 2023 - Middle	#	%
Anxiety, worry a lot, fear	4	80%
Friend/peer relationships, social skills, problem solving, and self-esteem	3	60%
Drug and alcohol use and abuse	2	40%
Self-harm and suicide	2	40%
Controlling emotions, anger management, and conflict resolution	2	40%
Depression/sad a lot	2	40%
Bullying/cyber-bullying	1	20%
Coping with grief, loss, and/or divorce	1	20%
Online safety	1	20%
Truancy/educational neglect	1	20%
Feelings of acceptance/belonging	1	20%
Housing instability/nowhere to live	1	20%
Abuse and neglect issues (body safety)	0	0%
Unhealthy dating relationships	0	0%
Food and basic needs' insecurity	0	0%
Threats of violence or being injured by another peer	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	5	

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

Table 5B. Top Behavioral/Mental Health Issues of Youth – May 2023 - High	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	11	85%
Anxiety, worry a lot, fear	11	85%
Self-harm and suicide	10	77%
Controlling emotions, anger management, and conflict resolution	10	77%
Depression/sad a lot	10	77%
Drug and alcohol use and abuse	8	62%
Truancy/educational neglect	7	54%
Coping with grief, loss, and/or divorce	6	46%
Housing instability/nowhere to live	5	38%
Bullying/cyber-bullying	5	38%
Unhealthy dating relationships	4	31%
Online safety	3	23%
Feelings of acceptance/belonging	3	23%
Threats of violence or being injured by another peer	3	23%
Food and basic needs' insecurity	2	15%
Other (see comments):	1	8%
Abuse and neglect issues (body safety)	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	13	

Comment: Truancy is a significant problem for a very small portion of our school population. It is similar for housing instability and food insecurity - this does not affect a large portion of our students, but those who are affected are affected greatly.

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

	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmted Avail.	Not Avail.	DK	Adj.N	% Lmted. Avail.	% Not Avail.	Combined Lmted. Or No Avail.	% Needed
Abuse and neglect (body safety/prevention)	19	13	5	32	28	5	1	2	34	15%	3%	18%	59%
Anxiety/worry prevention and control	32	4	1	36	13	17	3	3	33	52%	9%	61%	89%
Bullying/cyber-bullying prevention	25	9	3	34	24	7	3	2	34	21%	9%	29%	74%
Child trafficking/exploitation prevention	7	17	12	24	6	3	14	12	23	13%	61%	74%	29%
Chronic absenteeism prevention	29	5	3	34	6	7	16	7	29	24%	55%	79%	85%
Coping with grief, loss, and/or divorce training	30	4	2	34	9	19	4	4	32	59%	13%	72%	88%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	33	2	1	35	21	14	1	1	36	39%	3%	42%	94%
Drug and alcohol use and abuse prevention	20	14	3	34	16	12	4	4	32	38%	13%	50%	59%
Feelings of belonging/acceptance (diversity) training	26	7	3	33	17	5	7	7	29	17%	24%	41%	79%
Healthy dating relationships education	15	13	7	28	15	5	10	6	30	17%	33%	50%	54%
Housing, food insecurity, and basic needs' support	29	4	4	33	10	20	1	4	31	65%	3%	68%	88%
Online safety training	25	8	5	33	21	9	3	2	33	27%	9%	36%	76%
Self-harm and suicide prevention/resources	21	12	3	33	17	14	3	2	34	41%	9%	50%	64%
Social/emotional skills training (grade/age-focused)	33	1	3	34	20	12	1	3	33	36%	3%	39%	97%
School success/school advocacy skills training	29	5	2	34	14	12	5	5	31	39%	16%	55%	85%

DK = don't know; Adj. N. = adjusted sample size after removing blank and don't know responses; Avail. = available; Lmted. Avail. = limited availability; Not Avail. = not available.

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

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

School District	Grade Level	Role	Needs that are not being addressed that would benefit from group-oriented (even small group) prevention programming
Elsberry	Middle (5-8)	Super./ Principal	Need for lower level (likely group counseling or small group education) on anxiety or daily coping skills, or possibly grief/loss coping skills. We also need additional assistance again with helping families meet basic needs like accessing water and affordable housing.
Elsberry	High (9-12)	Counselor/ SW	More counselors available for small group intervention and prevention would be beneficial. Our YIN and Compass counselors often seeing so many individual students that groups are not possible.
Immaculate Conception	Multiple	Super./ Principal	We have a great need for 5th-8th graders to have a program to address their lives on smartphones / devices / social media. In the younger grades (PS-Gr 3), our need is for programming to address emotional regulation.
Troy	Elem. (K-5)	Counselor/ SW	Self-esteem/anxiety, dealing with daily stressors, how to ask for help when needed, how to recognize when they need help.
Troy	Elem. (K-5)	Counselor/ SW	Grieving, behavioral skills, self-esteem.
Troy	Elem. (K-5)	Counselor/ SW	We have groups in the Pinocchio program but for a very limited amount of students. We would benefit from prevention groups in friendship/social skills, self-esteem, family changes, grief/loss/divorce, managing big feelings.
Troy	Elem. (Pre-K-5)	Counselor/ SW	Small groups: any of the "need" categories listed prior
Troy	Elem. (Pre-K-5)	Counselor/ SW	We currently don't have any small groups focused on prevention needs at the elementary level from outside providers. Social skills, coping skills, self-advocacy and school success are all pieces that could be addressed. School counselors and social workers try to meet this need for as many students as possible, but programming from outside providers would be so helpful in addressing the needs of more students.
Troy	Middle (6-8)	Counselor/ SW	We need more social workers ESC. We love our current providers but need more.
Troy	Middle (6-8)	Counselor/ SW	Need more ESC and Social Workers to be full in buildings.
Troy	Middle (6-8)	Counselor/ SW	Absenteeism
Troy	Middle (6-8)	Counselor/ SW	Absenteeism
Troy	Multiple	Counselor/ SW	Grief groups would be beneficial at several schools.
Troy	Multiple	Counselor/ SW	Chronic absenteeism/truancy prevention & intervention.
Winfield	Elem. (K-5)	Counselor/ SW	I would love to have Pinocchio at our building for more than 2 days. I think they would be able to impact more students or meet with the students they are working with more frequently.
Winfield	Elem. (K-5)	Counselor/ SW	Managing emotions, friendships, and positive relationships.
Winfield	High (9-12)	Counselor/ SW	Vaping is the biggest issue. We need something for detection and prevention.

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

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

Primary barriers students encounter when trying to address a behavioral health need/issue:	#	%
Lack of parent involvement to assist student with the need.	36	90%
Severity of students' problems.	22	55%
Lack of time within the school day to respond to the youth with the behavioral health needs.	21	53%
Lack of access to mental health professionals for services.	21	53%
Lack of sufficient resources for student support services at school.	16	40%
Students have difficulty accessing services due to transportation limitations.	16	40%
Unavailability of assessment/treatment resources in the community.	14	35%
Students require too many modifications/accommodations to assist.	10	25%
Lack of sufficient resources for special education services.	6	15%
Lack of clear, consistent, school behavior rules/policies.	5	13%
Lack of information/training.	4	10%
Lack of support from school administration.	4	10%
Other:	3	8%
Total	40	

Other Comments:

- **Silex Elementary** - When parents are unstable, kids are unstable. This is what I see repeated over and over.
- **Elsberry Middle School** - Lack of psychiatry or effective and local healthcare.
- **Elsberry High School** - Limited support staff.

Table 9. 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	Middle (5-8)	Thrive STL Best Choice is a quality provider. I would advocate for their continued partnership at Elsberry through LCRB if possible. I would also continue to advocate for YIN's funding. They have proven to be effective and responsive. (Comment redacted). Lack of mental healthcare is a huge problem--psychiatry. Even if students could travel, it is almost impossible to find any timely access. Not LCRB funded, but we received a DESE grant to provide mental healthcare services in our school. We hired a qualified counselor, Lori Weber, who has been very effective. We have created a space that supports students with high anxiety and high mental health needs. We have combined mental health assistance with academic support. This has allowed us to increase attendance rates for high needs students and provide flexibility in their schedule to support them in a way that they can be successful in school, despite the high needs of many of these students. I think this is a possible model that can be very effective in a school setting. Thank you to LCRB for their continued work to support students. Your work has been a game changer for students and school. I am deeply appreciative and available to assist with your work if needed. Please reach out anytime.
Elsberry	High (9-12)	As a whole, I would like to see our district be able to shift our focus from more individual, responsive crisis services to more wide-spread prevention and early intervention. But there are many factors that influence this and I think most staff is doing the best they can.
Immaculate Conception	Multiple	We thank you for your continued support of our school. It has been challenging having the majority of our year without a counselor, but things are going in the right direction.
Silex	Elem. (K-5)	I recently have worked with a parent who had a room at the Robertson Center in Troy but was threatened by her oldest daughter's father that if she went to the Robertson Center, he would take custody of his child. I would love to have access to legal resources so as to best assist a parent. I am sure the Robertson Center would be the best place for this parent to restart her life, but she is losing that resource because she feels she has no choice.
Troy	Elem. (K-5)	School caseload is full and parents cannot access external services outside of school.
Troy	Elem. (K-5)	Our Compass CSS, Mary Ellen, is wonderful! (Comment redacted).
Troy	Elem. (Pre-K-5)	Availability of services in the area is such a huge barrier for many of our families, especially when it comes to assessment/evaluation for mental health diagnoses. Pediatricians aren't always comfortable doing that, (comment redacted).
Troy	High (9-12)	Compass has been absolutely amazing at TBHS!! We are looking forward to St. Louis Counseling being in our building starting next week. Compass definitely needs more people as their caseloads are huge. So much student need but not enough access to services or long wait lists everywhere.
Troy	Middle (6-8)	We are not a mental health facility- we are a school.
Troy	Multiple	LCRB has created a robust system of care for Lincoln County kids and reduced so many barriers to access that are adequately serving the vast majority of our students. The issues we are still struggling with are those that are so severe that weekly therapy is not sufficient for functioning. Access to psychiatry and intensive supports remains very difficult for families. Intensive outpatient, for example, is only offered in St. Charles County. Additionally, Compass psychiatry services are very limited and there is no availability for urgent psychiatry needs. I frequently utilize the SSM Behavioral Health Urgent Care in DePaul and Crisis Access Point in Wentzville. Psychiatry services and crisis care are a significant and unfortunate gap in services in Lincoln County.
Winfield	Elem. (K-5)	I would love to see our Pinocchio program expanded. Kali is amazing and I feel the students really benefit from her sessions and would love to have her be able to help more students.

Table 10. 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 (5-8)	Mental health resource room within the school that meets students' needs in a flexible manner, highly coordinated with school counselor staff and outside providers. Additionally, a way to attack a huge vaping problem--Likely a growing alcohol and marijuana problem as well.
Elsberry	High (9-12)	Increased support and assistance from the Juvenile Department, increased resources for families and parents (family counseling, accessible/affordable adult counseling).
Elsberry	High (9-12)	I feel like us teachers could use a little training to help our students cope.
Elsberry	High (9-12)	Possibly group programs for students or better training for teachers to help them help their students
Elsberry	High (9-12)	We need more help with many of the adults causing these issues in their children. Transportation, access to mental health professionals, etc.
Troy	Early Ed. (Pre-K)	Developmentally appropriate therapists (play therapists).
Troy	Elem. (K-5)	More options for counseling within the schools.
Troy	Elem. (K-5)	Additional parenting classes and support.
Troy	Elem. (K-5)	Additional Youth In Need.
Troy	Elem. (K-5)	Diagnosis.
Troy	Elem. (K-5)	Small group prevention services.
Troy	Elem. (Pre-K-5)	Small groups for grief, divorce, incarcerated parents, etc.
Troy	Elem. (Pre-K-5)	We could always use more people. If we had providers that were willing to come in and do small groups, that would help us continue to reach more students. Additionally, we have had a lot of families struggle to afford students' medication due to loss of job/insurance. Having a resource to help with this in our community would be really beneficial.
Troy	High (9-12)	More local options for this community to receive services.
Troy	Middle (6-8)	We need an alternative middle school.
Troy	Middle (6-8)	More YIN days or counselors/ more mentoring for academics.
Troy	Middle (6-8)	School based counseling services that are easily accessible for families like Youth in Need - our families do not need to have hoops to jump through in order for their children to receive services.
Troy	Multiple	Psychiatry, behavioral health urgent care.
Troy	Multiple	Starting after Winter Break, we are implementing a "Social Skills Interventionist" position. This position will support students by providing small group instruction to students, identified through the DESSA assessment as "needs instruction." We cannot currently come close to meeting the needs of the students identified as the DESSA small groups are provided by school counselors, ESCs, and our two social workers, as their schedules allow. This second semester position will be funded through remaining ESSR funds, which will be discontinued at the end of this year. This position is a critical next step to proactively meet students' needs to equip students with tools and strategies to be independent and successful learners. The goal is to intervene early, prior to more intensive supports being needed. I plan to provide an LCRB grant proposal, when the grant cycle opens up, in hopes of continuing this position next year.
Winfield	Multiple	I would like to see more goal oriented motivational work for high school students. I would like to see that Winfield have more access to another YIN therapist. I would also love to see more mentors for students in Winfield.

Table 11. Additional Feedback for LCRB

School District	Grade Level	Additional Comments to share with LCRB board of trustees
Elsberry	High (9-12)	We have a lot of hardworking and caring people who help our students and families. They are doing some great work to help children work through their ever-changing and ever-increasing mental health needs and I do feel like things are getting better. We are making progress, breaking unhealthy cycles, and impacting individuals. When responding to this survey, I often focus on what we are lacking and the parts that are inefficient, but there are a LOT of great things happening and also lots of efficiency. I would like to especially acknowledge Jessalyn Kiker with Youth in Need. She is a blessing to our students.
Elsberry	High (9-12)	We depend on Sts. Joachim & Ann Care Service quite a bit too.
Silex	Elem. (K-5)	Thank you for all you do for our students.
Silex	Elem. (K-5)	Thank you for your commitment to our youth.
Troy	Elem. (K-5)	We truly appreciate everything you do for the kids and the schools!
Troy	Elem. (K-5)	Parents need help in the home with parenting skills.
Troy	Elem. (K-5)	We love MaryEllen from Compass. She is wonderful and truly cares about the kids. (Comments redacted).
Troy	Elem. (K-5)	We appreciate all the work the LCRB puts in for our students and their families. I am grateful for all the programs and supports that are in place. If the resources become available our building could really benefit from the Pinocchio Program being full time and a resource to offer small groups to students with similar social/emotional needs. Thank you!
Troy	Elem. (Pre-K-5)	Thank you for your continued support of our students, families, and community! I get to connect with many families looking for services for their kids or needing some sort of assistance. Thanks to the LCRB, I'm able to have resources to refer them to.
Troy	Multiple	Our providers are integrated more than ever into the school building and have been effective and communicative partners. Thank you for your continued support. We would not be able to come close to managing the growing mental health need of our students without the assistance of LCRB.
Troy	Multiple	As a new member of the LCR3 community, who is not working with the students directly, I did not answer many of the questions regarding specifics, as I do not have a firsthand, informed perspective to offer. As I meet with counselors, my understanding of needs continues to grow, but I did not want my limited opinion to skew the data or responses. Additionally, thank you! I want to extend my most sincere appreciation for ALL of the supports that LCRB provides to our LCR3 students and families. I am learning more, each week, about the wrap-around supports that are available for our children. I am most grateful that our school staff do not have to "go it alone" to try to navigate the growing needs of our student population. When I started in this position, I heard from multiple members of our counseling team, administration, teachers, and central office staff, all sharing how grateful they are for the incredible, positive impact LCRB has on the LCR3 community. After only one semester in LCR3 and the Lincoln County community, I wholeheartedly concur! I am also so grateful for Cheri and Haley's constant investment of time to help me learn more about our community and continue to better understand how each agency works together to provide holistic support. I am full of gratitude for the LCRB work, including the community calibration, to not only respond to the needs of students, but also proactively protect students' mental, emotional, and physical well-being. THANK YOU LCRB!

Table 12. 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 have had wonderful service and results with Compass' services. (Comment redacted).
Silex	Elem. (K-5)	I can't give a specific story - but truly know these programs are appreciated by me and our staff.
Troy	Elem. (K-5)	I love seeing the kids grow and take the skills that they learned and apply them successfully!
Troy	Elem. (K-5)	This week two students were able to disclose information after being part of the Child Center Prevention Programs.
Troy	Elem. (Pre-K-5)	Dawn Murphy, CSS at Compass Health is a FANTASTIC resource to our students and their families! She has been able to move some mountains this past semester with students and families that have struggled for a long time.
Troy	High (9-12)	Stephanie through Compass has been amazing with taking on more kiddos on her case load. She always checks in with the students' school counselor and makes sure everyone is on the same page. Jeremiah from Compass has been amazing as well!! We are so thankful for them.
Troy	Middle (6-8)	Karen with YIN goes above and beyond. We are so grateful to have her at TSMS. Niki with Compass builds positive relationships with students and families. Leo and the entire mentoring team go above and beyond.
Troy	Middle (6-8)	The impact that Ms. Karen has made this year has been refreshing. She has 15 on her caseload and we wish we could give her more students. Niki with Compass is our IHS. She works so hard and is amazing with students. She works well with parents as well.
Troy	Multiple	So grateful for LCRB! :)
Winfield	Multiple	I have had great success with all programs and appreciate the support in our community.

About the Author

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

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

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

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