

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-five 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 May of 2022 included superintendents/principals, counselors/social workers, teachers (selected for expertise) and one specialty position within the school districts who are knowledgeable regarding these issues among their students (see Table 1).

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

| | Early Childhood | Pre-K to 5 | 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 | | | | 3 | 2 | | 5 |
| Counselor/Social Worker | | | | | 1 | | 1 |
| Superintendent/Principal | | | | 1 | 1 | | 2 |
| Teacher | | | | 2 | | | 2 |
| Silex | | | 2 | | | 1 | 3 |
| Counselor/Social Worker | | | 1 | | | 1 | 2 |
| Superintendent/Principal | | | 1 | | | | 1 |
| Troy | 1 | 2 | 11 | 4 | 8 | 4 | 30 |
| Counselor/Social Worker | 1 | 2 | 5 | 3 | 4 | 2 | 17 |
| Assistant Principal | | | 1 | 1 | 1 | | 3 |
| Director of Social Emotional Learning & Supports | | | | | | 1 | 1 |
| Superintendent/Principal | | | 5 | | | | 5 |
| Teacher | | | | | 3 | 1 | 4 |
| Winfield | | | 1 | 2 | 2 | | 5 |
| Counselor/Social Worker | | | | 1 | 2 | | 3 |
| Superintendent/Principal | | | 1 | 1 | | | 2 |
| Grand Total | 1 | 2 | 14 | 9 | 12 | 7 | 45 |

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.
- Five school staff represented Elsberry School District. Two superintendents/principals (one high school and one middle school grade level), one counselor/social worker (high school grade level), and two teachers (middle school grade levels).

- Three school staff represented the Silex School District. One superintendent/principal (elementary grade level) and two counselors (one from elementary and one from multiple grade levels).
- There were 30 surveys completed by Troy School District staff. There were seventeen (17) counselors who responded from Troy (early childhood =1, elementary =5, middle =3, high =3, and multiple grades =2); five principals all representing the elementary grades; three assistant principals (one for each grade level); four teachers (three from the high school grades and one representing multiple grade levels); and the Director of Social Emotional Learning & Supports representing multiple grade levels.
- Winfield School District was represented by five school staff. There were three counselors; one from the middle school grade level, and two from the high school grade level. In addition, there were two principal respondents (one at elementary grades and one at middle school grades).

Most Critical Behavioral/Mental Health Issues of Lincoln County Students

School personnel were asked to identify up to five of the most critical behavioral/mental health (BH/MH) issues they believe students were facing at the end of the 2021-2022 school year (N = total number of respondents for this question, which was 45). Findings showed that across all grade levels (see Table 2A for May, 2022, and Table 2B for data from December, 2021):

- The most critical BH/MH issue was once again "friend/peer relationships, social skills, problem solving, and self-esteem" (93%).
- The next two issues that tied for the second and third most critical BH/MH issue were "anxiety, worry a lot, fear" and "controlling emotions, anger management, and conflict resolution" (82%), similar to the December 2021 results.
- The fourth most critical BH/MH issue "depression/sad a lot" (53% of school staff) once again swapped with "self-harm and suicide" (56%) from the December, 2021 data collection period.
- The fifth most critical BH/MH issue was "self-harm and suicide" (51%).

Overall, six behavioral health/mental health issues were rated as critical by more than 40% of the staff respondents, with "truancy/educational neglect" rated as one of the most critical issues by 42% of staff respondents. This issue was just recently added to the list of choices for staff, and was identified by 19 out of the 45 staff members; mostly among the high school and middle school students. It is also important to note that one out of three staff identified "coping with grief, loss and/or divorce" as a prominent issue.

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 May, 2022 data and 3B for December, 2021 data), "friend/peer relationships, social skills, problem solving, and self-esteem" 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 "controlling emotions, anger management, and conflict resolution" noted by 93% of elementary staff (N = 13 out of 14). "Anxiety, worry a lot, fear" remained as the third most critical issue among 79% of staff (N = 11). For the first time, "housing instability/nowhere to live" was stated as a critical issue by 36% of school staff (N = 5).
- For the May 2022 data collection period, the top two issues among the middle school students (Tables 4A and 4B) were "friend/peer relationships social skills, problem solving, and self-esteem" (100% of staff; N = 9) and "anxiety, worry a lot, fear" (78% of staff; N = 7). "Self-harm and suicide" was previously rated as the most critical issue in December of 2021 by 100% of the middle school

staff (N = 4) that responded during this time. In May 9 of 2022, it was the third most critical issue by 67% of staff (N = 6), and tied with "controlling emotions, anger management, and conflict resolution." "bullying/cyberbullying" and "depression/sad a lot" were rated as critical by more than 50% of the middle school staff, and therefore deserve attention.

- "Friend/peer relationships, social skills, problem solving, and self-esteem" became the most critical issue among high school students by 92% of staff (N = 11 out of 12; Tables 5A and 5B). Four issues tied as the next most critical with 75% of school staff (N = 9 out of 12), which were: "depression/sad a lot," "anxiety, worry a lot, fear," "controlling emotions, anger management, and conflict resolution," and "truancy/educational neglect."

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

There were 16 school staff 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). Key findings supported various needs for students that could be resolved with group-oriented prevention programming such as:

1. Small groups (before and/or after school) to support various types of students in need (grief, those experiencing divorce/separation, incarcerated parents; five comments).
2. Vaping (two comments)
3. Suicide prevention (two comments)
4. Drugs; specifically, fentanyl and opioids (two comments)
5. Anxiety
6. Empathy/care-focused
7. Online technology behavior/emotional regulation programs
8. Sexting dangers
9. Family conflict resolution/parent skill-building for children's mental health need support
10. Students who need support based on their DESSA screener
11. Violence prevention

Staff Perspective on Behavioral Health Trends of Students Since COVID-19

Staff were asked various open-ended questions relating to the continued impact of the COVID-19 pandemic in the 2021-2022 school year. Specifically, staff were asked, "How has COVID impacted the mental and behavioral health needs of your students, if at all?" Staff were also asked to detail their perceptions of the COVID impact on the academic paths and/or the educational needs of their students. Staffs' comments are included in Tables 7 and 8.

When asked about the MH/BH impact of COVID, one high school counselor stated, "**It seems that we are continuing to see that COVID exacerbated existing mental health challenges into full-blown disorders and existing disorders into severe problems. The frequency and severity of the mental health needs of our students is continuing to climb. We particularly see a deficiency in social-emotional skills in students who have been out of school for extended periods of time throughout COVID.**"

Among the staff in general, the primary theme that emerged when asked about the impact of COVID on the MH/BH needs of students (Table 7) was increased anxiety/worry (10 comments), social, emotional, and academic delays (five comments), emotional dysregulation (three comments), depression (three

comments), suicide risk assessments and ideations increased (three comments), impact of academic delays on behavior/social interactions (two comments), and students struggling to transition back to in-person learning (two comments). Other individual comments included issues such as: lack of motivation; general dysfunction; students missing structure; Covid has been experienced as a trauma; loss of services due to lack of structured meeting times, virtual meetings, and agency turnovers; parents/students using COVID as a reason to not go in-person; lack of mental health supports for virtual students; and how parents' response to COVID equated to students' experiences.

LCRB was also interested in understanding the impact of COVID on the academic paths and/or educational needs of the students (Table 8), with staff comments focused on the following:

- Deficiencies in credits to be on pace for graduation and/or other grade-specific progress points; more drop-outs; and difficulty staying on schedule (16 comments).
- Lack of connectivity with other students/peers, social dysregulation, and social-emotional delays (eight comments).
- Get overwhelmed more frequently; struggle with good academic habits (three comments).
- Virtual learning was not successful (two comments).
- Other comments, provided by one staff member each included: less drive, motivation, determination; general dysfunction; more conflict; poor behavior; lower ACT scores; anxiety at school; some areas still lacking due to the breaks from in-person learning; and reports that students are fully integrated in the classroom.

It is strongly recommended that BH/MH-focused stakeholders, including school districts and providers, identify strategies to help our youth after experiencing a pandemic. The staffs' full comments are provided by school district and grade level in Tables 7 and 8.

Primary Barriers (if any) to Lincoln County Students When Trying to Address a Behavioral Health Need/Issue (Table 9) (As reported by school staff in 2022)

School staff were asked to identify any barriers they had seen students encounter when trying to address a behavioral health need/issue (see Table 9; N = 38). The top five barriers are detailed in Table 10. The largest barrier was once again "lack of parent involvement to assist student with the need" (a slight decrease to 89% of staff from 95% reported in December of 2021). The second largest barrier was "access to mental health professionals for services" (66% of school staff; N = 25). The third largest barrier was "lack of time within the school day to respond to the youth with the behavioral health needs" (63%; N = 24). This was followed by "severity of students' problems" by 53% of staff respondents (N = 20). The fifth largest barrier was "lack of sufficient resources for student support services at school" noted by 50% of staff respondents (N=19). All five of these barriers were stated by staff in December of 2021 but in a different order.

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 11. Here is a summary of those comments. Twenty comments out of the 23 staff who provided them identified the need for more mental health counselors and professionals in the school and/or local community. Eight comments were general to wanting more availability of services. Two staff each wanted more consistency

in the types of services offered within the school, with an additional staff wanting more accessibility and lower cost for these services. Various staff noted specific agencies or types of counseling needed. Agency names that were referenced specifically included: Compass Health Inc., Presbyterian Children's Home & Services, Saint Louis Counseling, and Youth in Need. The types of counseling that were requested involved crisis counselors (two staff), play therapists for developmentally appropriate therapy for early childhood students, and voluntary substance abuse counseling.

Five separate comments related to parents needing more skill support and/or training to support the youth at home, in addition to wanting more consistent follow through by parents and parent consent.

Three staff asked for more support from providers to promote meeting families/students at their locations, in addition to having more intake opportunities, which could allow for more access to services. An additional staff member hoped to have more time to see students during the day without interrupting learning. Single comments provided by staff for the additional resources and services currently needed to support students' mental/behavioral health-related needs were: more generalized resources; access to psychiatry; more professional development to help young students with emotional regulation/oppositional difficulties; and preventative services to develop positive peer relationships in young students.

Additional Feedback for the Lincoln County Resource Board

Lastly, school staff were asked to provide additional feedback for the LCRB to review (see Table 12) and to share the positive impact of these services with their clients (see Table 13). 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 – 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 | |

Other comments:

- Vaping – 3 (Troy, 9th grade = 3)
- Unstable parenting/households, turmoil in daily life. (Elsberry, middle)
- The above drug/alcohol abuse referred to parent abuse of substances - not student abuse. (Silex, elementary)

| Table 2B. Top Behavioral/Mental Health Issues of Youth – December, 2021 | # | % |
|--|----------|----------|
| Friend/peer relationships, social skills, problem solving, and self-esteem | 25 | 93% |
| Anxiety, worry a lot, fear | 25 | 93% |
| Controlling emotions, anger management, and conflict resolution | 21 | 78% |
| Self-harm and suicide | 15 | 56% |
| Depression/sad a lot | 15 | 56% |
| Feelings of acceptance/belonging | 12 | 44% |
| Coping with grief, loss, and/or divorce | 9 | 33% |
| Drug and alcohol use and abuse | 7 | 26% |
| Food and basic needs' insecurity | 7 | 26% |
| Bullying/cyber-bullying | 4 | 15% |
| Abuse and neglect issues (body safety) | 3 | 11% |
| Housing instability/nowhere to live | 3 | 11% |
| Online safety | 2 | 7% |
| Unhealthy dating relationships | 2 | 7% |
| Threats of violence or being injured by another peer | 1 | 4% |
| Total | 27 | |

| Table 3A. 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 3B. Top Behavioral/Mental Health Issues of Youth – December, 2021 - Elementary | # | % |
|---|----------|----------|
| Controlling emotions, anger management, and conflict resolution | 9 | 100% |
| Friend/peer relationships, social skills, problem solving, and self-esteem | 8 | 89% |
| Anxiety, worry a lot, fear | 8 | 89% |
| Coping with grief, loss, and/or divorce | 3 | 33% |
| Depression/sad a lot | 3 | 33% |
| Feelings of acceptance/belonging | 3 | 33% |
| Food and basic needs' insecurity | 3 | 33% |
| Abuse and neglect issues (body safety) | 2 | 22% |
| Self-harm and suicide | 2 | 22% |
| Bullying/cyber-bullying | 1 | 11% |
| Drug and alcohol use and abuse | 1 | 11% |
| Housing instability/nowhere to live | 1 | 11% |
| Threats of violence or being injured by another peer | 1 | 11% |
| Total | 9 | |

| Table 4A. 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 4B. Top Behavioral/Mental Health Issues of Youth – December, 2021 – Middle School | # | % |
|--|----------|----------|
| Self-harm and suicide | 4 | 100% |
| Anxiety, worry a lot, fear | 4 | 100% |
| Friend/peer relationships, social skills, problem solving, and self-esteem | 3 | 75% |
| Depression/sad a lot | 3 | 75% |
| Feelings of acceptance/belonging | 3 | 75% |
| Food and basic needs' insecurity | 3 | 75% |
| Drug and alcohol use and abuse | 2 | 50% |
| Controlling emotions, anger management, and conflict resolution | 2 | 50% |
| Bullying/cyber-bullying | 1 | 25% |
| Coping with grief, loss, and/or divorce | 1 | 25% |
| Housing instability/nowhere to live | 1 | 25% |
| Total | 4 | |

| Table 5A. 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 5B. Top Behavioral/Mental Health Issues of Youth – December, 2021 -High School | # | % |
|---|----------|----------|
| Friend/peer relationships, social skills, problem solving, and self-esteem | 5 | 100% |
| Self-harm and suicide | 5 | 100% |
| Anxiety, worry a lot, fear | 5 | 100% |
| Drug and alcohol use and abuse | 4 | 80% |
| Depression/sad a lot | 4 | 80% |
| Bullying/cyber-bullying | 2 | 40% |
| Coping with grief, loss, and/or divorce | 2 | 40% |
| Controlling emotions, anger management, and conflict resolution | 2 | 40% |
| Unhealthy dating relationships | 2 | 40% |
| Abuse and neglect issues (body safety) | 1 | 20% |
| Housing instability/nowhere to live | 1 | 20% |
| Food and basic needs' insecurity | 1 | 20% |
| Total | 5 | |

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 | High (9-12) | Counselor/ SW | General drug prevention, drug prevention focusing on fentanyl and opioids. |
| Elsberry | Middle (6-8) | Teacher | Teaching students to have empathy for others. There is a lack of understanding of what other students could be going through at home. |
| Elsberry | Middle (6-8) | Super/ Principal | Law enforcement approach to Sexting/Child Pornography--pictures sent by middle schoolers. Also detecting and preventing vaping. |
| Immaculate Conception | Multiple grades | Super/ Principal | We would like to see more opportunities for online/technology behavior programs (5th-8th) and emotional regulation (Early Childhood-Primary Grades). |
| Silex | Elem. (K-5) | Counselor/ SW | I currently do not have Silex students signed up for Prevent Ed substance abuse prevention for K - 5. This would be a valuable resource. |
| Troy | PK - 5 | Counselor/ SW | If possible, suicide prevention for 5th grade. For the younger grades, supporting suicide prevention by talking about recognizing when emotions are not regulating (within self or peers) and how to reach out to help from trusted adults. |
| Troy | Multiple grades | Counselor/ SW | Engaging parents & children together to reduce family conflict, prevent (further) abuse, and increase parents' capacity to respond to their children's mental health needs. |
| Troy | Elem. (K-5) | Counselor/ SW | Suicide prevention/education for 5th grade. |
| Troy | High (9-12) | Counselor/ SW | If Compass and/or Saint Louis Counseling had the additional staff to conduct groups that would expand the amount of students' issues being addressed. |
| Troy | High (9-12) | Asst. Principal | If we could have more ongoing groups each week. Sometimes the need of the student's mental health may need to take precedence to the classroom. |
| Troy | Middle (6-8) | Counselor/ SW | Anxiety. |
| Troy | Middle (6-8) | Counselor/ SW | Small group - grief group At TSMS we have had 11 students just this year lose a parent. |
| Troy | Elem. (K-5) | Super/ Principal | Small group interventions that meet regular with students based on their DESSA screener. |
| Troy | Elem. (K-5) | Counselor/ SW | We were unable to have the Compass Violence Prevention Program this year because funding ran out. This is a program we have planned for every year so that was a bummer. Small groups such as divorce/separation, grief, incarcerated parents are also needed. |
| Troy | Elem. (K-5) | Counselor/ SW | I think having grief or even changing families programming could be helpful for our students. These situations are often experienced by many students and can cause the "big feelings" associated with or that trigger crises. |
| Winfield | High (9-12) | Counselor/ SW | Vaping. |

COVID IMPACT SECTION

Table 7. COVID Impact on the Mental and Behavioral Health Needs of Students

| School District | Grade Level | Role | Impact of COVID on the mental and behavioral health needs of your students this school year |
|-----------------------|-----------------|-----------------|--|
| Elsberry | Middle (6-8) | Teacher | I see a lot of anxiety come from COVID and from school. |
| Elsberry | Middle (6-8) | Super/Principal | General dysfunction of society and families. |
| Elsberry | High (9-12) | Counselor/SW | Increased general anxiety, increased social anxiety, inability to cope with adversity, inability to manage general discomfort (resulting in shutting down, acting out, coping with substances, etc.), inability to get along with peers, truancy, disinterest in finishing school or making future plans, increased transient population resulting in more dropouts or simply not knowing where a student is, increased unemployment and homelessness. |
| Immaculate Conception | Multiple grades | Super/Principal | We continue to see the impacts of our youngest students missing consistent structure from 2020-2021. This year has been more consistent, but the gap is still there. |
| Sacred Heart | Multiple grades | Super/Principal | I see more anxiety and stress among young children who seem less able to cope with their feelings. They easily become dysregulated and struggle to use suggestions to return to being regulated. As well, parents of young children seem to be at a loss as to how to handle or help their children. They are not necessarily interested in learning new skills to teach their children for stress and anxiety management. |
| Silex | Elem. (K-5) | Counselor/SW | Two students lost a father to COVID last fall and moved to our district. They and their mother are experiencing grief from this loss. |
| Troy | Early Childhood | Counselor/SW | Anxiety |
| Troy | PK-5 | Counselor/SW | Heightened anxiety among students, parents, families, community (and not just about COVID). Students are experiencing delays socially, emotionally, and academically that are extremely difficult to close the gap on in a short amount of time. |
| Troy | PK-5 | Counselor/SW | I have continued to see an increase in anxiety and depression type behaviors as well as formal diagnosis from medical professionals. I have also had an increase in suicide risk assessments given this year. |
| Troy | Elem. (K-5) | Counselor/SW | Anxiety from some of our students, worried about getting sick. Parents thinking everything might be COVID and keeping them home. |
| Troy | Elem. (K-5) | Super/Principal | Students (and adults) of all ages have been impacted by the pandemic. I notice that more students are coming to school less equipped to navigate the social environment and tight structures in schools. When some of the basic needs such as safety and belonging aren't met, it provides more of a challenge to teach students. |
| Troy | Elem. (K-5) | Asst. Principal | More students unable to regulate their behaviors and emotions. Increase in suicidal ideations. |
| Troy | Elem. (K-5) | Counselor/SW | Many students have fallen farther behind academically, which in turn impacts behavior and social interactions. |

| | | | |
|----------|-----------------|-------------------------------|---|
| Troy | Elem. (K-5) | Counselor/SW | We are continuing to see the effect of the trauma experience of COVID on both students and parents. Students have experienced increases in anxiety and depression. We are also seeing gaps in social emotional skills stemming from the 1-2 years without being in a regular school environment and not interacting with peers inside and outside of school. |
| Troy | Elem. (K-5) | Super/Principal | Lots of students lost services due to a lack of structured meeting times, virtual meetings and staff turnover. |
| Troy | Middle (6-8) | Counselor/SW | Students and families want to avoid in person learning and use the excuse of anxiety as the reason why they are not able to attend in-person learning. |
| Troy | Middle (6-8) | Counselor/SW | Mental health supports for students who are virtual will continue to be a concern. |
| Troy | High (9-12) | Counselor/SW | Students appear to deal more with anxiety and depression, and some with a growing lack of motivation. |
| Troy | High (9-12) | Asst. Principal | Students are still learning how to transition back into the school environment. |
| Troy | High (9-12) | Teacher | Some students are finding it difficult to re-enter school socially and academically. Understanding of social expectations has suffered, possibly due to Covid or technology or many other factors. Academically some students have developed a "cannot/will not do attitude"...because of Covid? I don't know. |
| Troy | High (9-12) | Teacher | Students can become withdrawn from peers and prefer technology over in person interaction. Many students do not know how to respond to conflict with one another. Students also lack basic social skills of how to interact with peers, adults, etc. |
| Troy | High (9-12) | Counselor/SW | Our students are still struggling to make real human connection and work through their situations daily. Our students spend a large majority of their time on their phones, never facing a situation head on. |
| Troy | Multiple grades | Counselor/SW | It seems that we are continuing to see that COVID exacerbated existing mental health challenges into full-blown disorders and existing disorders into severe problems. The frequency and severity of the mental health needs of our students is continuing to climb. We particularly see a deficiency in social-emotional skills in students who have been out of school for extended periods of time throughout COVID. |
| Troy | Multiple grades | Dir. of SE Learning & Support | In comparing the first semester of 2020-2021 and 2021-2022, suicide screenings have increased by 58%. In the month of April alone, over 55 suicide screeners were conducted. |
| Troy | Multiple grades | Counselor/SW | Students at the secondary level have struggled this year transitioning back into the classroom, while it has improved throughout the year there is still room for improvement. |
| Winfield | Middle (6-8) | Counselor/SW | It has not been as impactful this year. We are happy most of our kiddos are in attendance in person. |
| Winfield | Middle (6-8) | Super/Principal | Parent response to COVID has made the difference good or bad. |

Table 8. COVID Impact on the Academic Paths and/or Educational Needs of Students

| School District | Grade Level | Role | Impact of COVID on the academic paths and/or educational needs of your students |
|------------------------|--------------------|-----------------|--|
| Elsberry | Middle (6-8) | Teacher | Students get overwhelmed more frequently. I find students have less drive and determination than before. |
| Elsberry | Middle (6-8) | Super/Principal | General dysfunction of society and families--this may not be Covid--but other factors, even political. Too much conflict and poor behavior. |
| Elsberry | High (9-12) | Counselor/SW | Fewer students are completing the necessary credits they need to graduate, they are less likely to make plans for after high school. Our percentages of students going on to 2-year or 4-year schools have significantly dropped. Dropout rates have increased. Our school-wide ACT average has dropped, as well as the overall number of students taking the ACT. |
| Elsberry | High (9-12) | Super/Principal | We are still trying to play catch-up with the time/learning loss due to COVID. Lack of connectivity played a critical role in student participation in online learning. |
| Silex | Elem. (K-5) | Counselor/SW | Classroom teachers/admin would be a better resource for this question. |
| Silex | Multiple grades | Counselor/SW | Some students are credit deficient from absences in which they were positive but did not report. |
| Troy | Early Childhood | Counselor/SW | Lack of exposure to school and peers, which has impacted learning social skills. |
| Troy | PK-5 | Counselor/SW | Students are experiencing delays socially, emotionally, and academically that are extremely difficult to close the gap on in a short amount of time. |
| Troy | PK-5 | Counselor/SW | Many students are not performing to grade level; being at the elementary we have students who have never had a "normal school year." For example, the last normal school year for our 5th graders was the 2018-2019 school year, which was their second grader year. Our K-2nd graders have never experienced a "normal school year." This has greatly impacted our students learning. |
| Troy | Elem. (K-5) | Counselor/SW | Students who were virtual are behind socially and academically. Social skills are lacking in elementary. |
| Troy | Elem. (K-5) | Super/Principal | Students of all ages had interruptions in their academic consistency. This has created gaps in learning that will require years of adjusted curriculum and instruction to "get back." |
| Troy | Elem. (K-5) | Asst. Principal | Students missed half a year and are still struggling to get caught up. |
| Troy | Elem. (K-5) | Counselor/SW | Many students have fallen farther behind academically, which in turn impacts behavior and social interactions. |
| Troy | Elem. (K-5) | Counselor/SW | We have many students who are grade levels behind where they should be. Virtual school was not successful for some students despite our teachers' best efforts. In addition, parents who have/had to work different or additional jobs due to COVID lack the time to provide the supplemental learning (like reading with their students) that they normally would. |
| Troy | Elem. (K-5) | Counselor/SW | Lower academic and social skills compared to other years, especially Kindergarten and First Grade. |

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|----------|-----------------|---------------------|--|
| Troy | Middle (6-8) | Counselor/ SW | Yes, students are academically lower and struggle with communicating their needs to adults and peers. |
| Troy | Middle (6-8) | Counselor/ SW | Higher anxiety in students, academically and socially behind. |
| Troy | High (9-12) | Counselor/ SW | We are trying to fill the gaps with credit recovery, and New Horizon's has helped give students a chance to graduate on time on the state minimum of 24 credits. |
| Troy | High (9-12) | Asst. Principal | Students are having a hard time trying if they do not get "it" the first time. |
| Troy | High (9-12) | Teacher | For classes that build upon one another, like English and especially math, I would say it continues to impact students if they were not successful during the Covid years. For other classes, the social impacts of Covid are just as concerning. |
| Troy | High (9-12) | Teacher | Students are academically behind in many areas because they failed classes or did not attend during the pandemic, yet were still pushed forward and are now unsuccessful. Students missed years of foundational skills in intro to pre-algebra and pre-algebra, and are now lost in algebra one. |
| Troy | Multiple grades | Counselor/ SW | Students who were already behind and essentially did not receive any education during the years they opted for "virtual learning" continue to be behind academically. We have seen quarantines decrease this year, which helped, as we continue to see students fall behind with extended absences during quarantines. |
| Troy | Multiple grades | Counselor/ SW | This is my first year in the district but I have noticed students struggling to have good academic habits, whether this was caused by the shift in educational approaches during and after COVID is unclear. |
| Winfield | Middle (6-8) | Counselor/ SW | We are not seeing as many struggles, still some lacking areas due to the breaks from in person learning. |
| Winfield | Middle (6-8) | Super/ Principal | We are fully integrated back into the classroom; very little. |
| Winfield | High (9-12) | Counselor/ SW | Impacted considerably. |

Table 9. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – May, 2022

| Primary barriers students encounter when trying to address a behavioral health need/issue: | # | % |
|---|----------|----------|
| Lack of parent involvement to assist student with the need. | 34 | 89% |
| Lack of access to mental health professionals for services. | 25 | 66% |
| Lack of time within the school day to respond to the youth with the behavioral health needs. | 24 | 63% |
| Severity of students' problems. | 20 | 53% |
| Lack of sufficient resources for student support services at school. | 19 | 50% |
| Students have difficulty accessing services due to transportation limitations. | 15 | 39% |
| Unavailability of assessment/treatment resources in the community. | 10 | 26% |
| Lack of information/training. | 5 | 13% |
| Lack of sufficient resources for special education services. | 4 | 11% |
| Students require too many modifications/accommodations to assist. | 4 | 11% |
| Lack of clear, consistent, school behavior rules/policies. | 2 | 5% |
| Lack of support from school administration. | 0 | 0% |
| Other | 6 | 16% |
| Total | 38 | |
| Seven respondents did not answer this set of questions. | | |

Other Barriers Identified by School and Grade Level:

- **Elsberry High School** - Truancy and educational neglect: we cannot help students if they are not here.
- **Troy Elementary** - Lack of consistent outside resource staffing.
- **Troy Elementary** - Multiple parents complain of Open Access process and time it takes to assess/enroll child(ren).
- **Troy Elementary** - Cost of needed services.
- **Troy High School** - Limited staff to address the rising needs & parent follow through.
- **Troy Multiple Grades** - Student absences/truancy.

Table 10. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – December, 2021

| Primary barriers students encounter when trying to address a behavioral health need/issue: | # | % |
|---|----------|----------|
| Lack of parent involvement to assist student with the need. | 19 | 95% |
| Lack of time within the school day to respond to the youth with the behavioral health needs. | 14 | 70% |
| Lack of access to mental health professionals for services. | 14 | 70% |
| Lack of sufficient resources for student support services at school. | 11 | 55% |
| Severity of students' problems. | 11 | 55% |
| Unavailability of assessment/treatment resources in the community. | 8 | 40% |
| Students have difficulty accessing services due to transportation limitations. | 6 | 30% |
| Lack of sufficient resources for special education services. | 4 | 20% |
| Lack of information/training. | 3 | 15% |
| Students require too many modifications/accommodations to assist. | 3 | 15% |
| Other | 2 | 10% |
| Lack of clear, consistent, school behavior rules/policies. | 0 | 0% |
| Lack of support from school administration. | 0 | 0% |
| Total | 20 | |

Table 11. Additional resources/services currently needed to support your students' mental/behavioral health-related needs

| School District | Grade Level | Role | Additional resources/services currently needed to support your students' mental/behavioral health-related needs |
|-----------------------|-----------------|-----------------|---|
| Elsberry | Middle (6-8) | Super/Principal | Access to psychiatry, consistent personnel, more time in a school day to see students and not interrupt learning, consistent follow through by parents. |
| Elsberry | High (9-12) | Counselor/ SW | Family counseling, voluntary substance abuse counseling. |
| Immaculate Conception | Multiple grades | Super/Principal | More professional development to assist our youngest students with emotional regulation/oppositional difficulties. |
| Troy | Early Childhood | Counselor/ SW | Play therapists for developmentally appropriate therapy for early childhood students. |
| Troy | PK-5 | Counselor/ SW | More professionals, in the schools and community. |
| Troy | PK-5 | Counselor/ SW | We need more staffing for many of our community resources; a lot of our agencies have wait lists. |
| Troy | Elem. (K-5) | Counselor/ SW | More counselors in the schools. |
| Troy | Elem. (K-5) | Super/Principal | I would like to see more preventative services in developing positive peer relationships in our primary grades. In addition, any support in reaching parents and developing positive, effective parenting skills would be beneficial. |
| Troy | Elem. (K-5) | Asst. Principal | More resources to meet the needs of more students. |
| Troy | Elem. (K-5) | Counselor/ SW | More Presbyterian Counseling Services-Very easy and fast process and our current worker is awesome (Cassie). We need additional people/supports employed by our district to help with the ongoing problems with some of our providers with high employee turnover rate, inconsistencies in services and processes that deter families from enrolling in programs. |
| Troy | Elem. (K-5) | Counselor/ SW | We need more accessible mental health services. Accessible in that they are low cost with minimal time needed for intake. |
| Troy | Elem. (K-5) | Super/Principal | Additional mental health professionals in the school. |
| Troy | Elem. (K-5) | Counselor/ SW | Additional Youth In Need (YIN) staff. I would love to see a YIN representative in the Middle Schools. We have a few students in fifth grade who see our YIN counselor, and to my knowledge, there is not YIN at the middle school. Compass has representatives in all buildings so services can continue as students move building to building. My hope is we can offer the same for our kiddos on the YIN case load. |
| Troy | Middle (6-8) | Counselor/ SW | The ability to have providers meet families/students where they are rather than requiring that they travel to them. If intakes could happen at the schools for services or even in the homes so many more students would be able to access services. |
| Troy | Middle (6-8) | Counselor/ SW | Our Columbia screeners, hospitalizations and behaviors continue to increase each year. We would like to see more mental health professionals who can see students at school. We would love to have another Saint Louis Counseling counselor, more mentors, and Life restorations to be funded (they are easy to work with and dependable). A full-time crisis counselor at each building. |
| Troy | High (9-12) | Counselor/ SW | More Saint Louis Counseling and Compass funds and staff would help. |
| Troy | High (9-12) | Asst. Principal | Transportation and parent consent. |

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| Troy | High (9-12) | Teacher | Training for parents of the challenged students to continue help at home. |
| Troy | High (9-12) | Teacher | Provide more support to parents to parent children instead of working with the students. |
| Troy | High (9-12) | Counselor/ SW | We need crisis counselors in our schools at least part-time. |
| Troy | Multiple grades | Counselor/ SW | Additional boots on the ground for crisis intervention while continuing prevention programs |
| Troy | Multiple grades | Dir. of SE Learning & Support | Additional mental health professionals accessible to students. Caseloads are full and we have students waiting for services. |
| Troy | Multiple grades | Counselor/ SW | More/consistent school-based therapists, mental health assessments that could be done at school - many students and families struggle to go to alternate locations for assessments, if this process was streamlined in the school buildings it could remove this additional barrier. |

Table 12. Additional Feedback for LCRB

| School District | Grade Level | Role | Additional comments for the LCRB board of trustees |
|-----------------|--------------|------------------|--|
| Elsberry | High (9-12) | Counselor/ SW | Thank you for your continued commitment to the children of Lincoln County. One huge barrier this year has been the response to truancy and educational neglect referrals sent to the Juvenile Office. I know they are not funded by the LCRB, but if our agencies could work together and ensure that students are getting to school, this could possibly alleviate a lot of the mental, emotional, behavioral, and academic issues we are seeing. There is clear collateral damage when a student does not attend school. |
| Silex | Elem. (K-5) | Counselor/ SW | I would love contact info for the PreventEd K-5 classroom prevention programming. |
| Troy | PK-5 | Counselor/ SW | LCRB Trustees: Thank you for your commitment to our communities, families, and students. I truly appreciate the work and dedication that you put into providing services for our students. Thank you for giving us the chance to provide feedback. |
| Troy | Elem. (K-5) | Counselor/ SW | Lincoln had the Pinocchio program here for the first time and it was wonderful. It's nice to reach the students who may have fell through the cracks had it not been for this program. Thank you all for everything you do for our kids! |
| Troy | Elem. (K-5) | Super/ Principal | Thank you on behalf of all educators in our community. Every additional resource, counselor, service that you provide, allows our teachers to focus on their area of expertise which is instruction. |
| Troy | Elem. (K-5) | Counselor/ SW | Thank you for your hard work in helping our Lincoln County Youth! |
| Troy | Elem. (K-5) | Counselor/ SW | Youth In Need has been an incredible resource for our students at MSE. Their referral process is smooth, easy for parents, and Ms. Hannah has great communication with parents and MSE staff (comment revised due to confidentiality) |
| Troy | Middle (6-8) | Counselor/ SW | The services the LCRB funds have helped numerous students who otherwise would not be able to access mental health services. I continue to be grateful for the funding each year, thank you! |

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| Troy | Middle (6-8) | Counselor/ SW | We love PCHAS they are easy to work with, dependable, and are an asset to our community. We LOVE Angela Manson and Shannon Colbert with Compass. We also are very appreciative of having a Saint Louis Counseling counselor who can come into our building to see kids. We could fill another counselor (comment revised due to confidentiality). Thank you for all you do to help our students. Our district, students, and families are blessed to have the LCRB. |
| Troy | High (9-12) | Counselor/ SW | We appreciate all of your support in assistance in meeting the needs of the students that struggle. |
| Troy | High (9-12) | Asst. Principal | We appreciate the LCRB without you we could not service the students we do. Thank you!!! |
| Troy | High (9-12) | Teacher | Only that as a tax payer, an employee of the Lincoln County R-III school district, and a parent of students within the Troy School District being financially sound must be a high priority. I appreciate that this survey was administered and you are attempting to eliminate overlap. The health and well-being of each student is important, but I believe that a government entity must keep fiscal responsibility in mind when choosing how to distribute public funding. |
| Troy | High (9-12) | Teacher | I feel like we need to focus our efforts into a few programs that can be utilized and readily available in all schools rather than stretching resources. Some services listed I did not know was an option within our district and I feel kids could use them. Other services are repeated amongst a few agencies and we should eliminate repeated services to use money elsewhere. |
| Troy | Multiple grades | Teacher | I teach our most severe special needs population and feel like mental health with some of my students is often blurred with an Autism diagnosis and more information to help other educators work with students with a disability and mental illness would be beneficial. Parent training and support is also something that could dramatically help. |
| Troy | Multiple grades | Dir. of SE Learning & Support | We are very appreciative of the support from the LCRB! |
| Winfield | Middle (6-8) | Counselor/ SW | We are grateful for the opportunity to work with LCRB and have the support of many agencies. Times are rough for our students and all support is much appreciated. Thank you! |

Table 13. Positive Impact Stories Shared with LCRB

| School District | Grade Level | Role | Positive Impact Stories |
|-----------------------|-----------------|------------------|--|
| Immaculate Conception | Multiple grades | Super/ Principal | We are blessed to have Saint Louis Counseling and Lori Weber at our school through the LCRB. She is an asset to our students and staff. |
| Silex | Elem. (K-5) | Counselor/ SW | I understand this is helpful to the board, but because of confidentiality I can only submit that the Compass Health programs we utilize are helpful to our students. |
| Silex | Multiple grades | Counselor/ SW | Over the past several years I have been able to utilize the LCRB to meet student needs and get assistance for the families in our communities. We are incredibly grateful for the work you do to keep our kids safe. |
| Troy | Elem. (K-5) | Counselor/ SW | Since we have had Ms. Maryellen everyday this school year, we have been able to get assistance to students that aren't our highest needs but still need someone to talk with. We have a couple of students whose parents are going through a difficult divorce and she has been able to help the students navigate their new normal while at the same time talking with the adults on strategies they can use to help the situation. Sometimes parents are more receptive to someone other than the school giving them suggestions. |
| Troy | Elem. (K-5) | Counselor/ SW | We love Ms. Hannah with Youth In Need. We would love to have additional Youth In Need staff at MSE, and one at HPE!!! |
| Troy | Middle (6-8) | Counselor/ SW | This year has been a busy year at the middle school with mental health needs being a constant high. One thing that made my job much easier this year has been having a consistent Compass worker for a majority of the year. Being able to count on a somewhat smooth referral process and regular communication with her has been awesome and lightened my daily load. |
| Troy | Middle (6-8) | Counselor/ SW | Colleen with PCHAS goes above and beyond with our students and families. She is a true blessing in our community. |
| Troy | High (9-12) | Counselor/ SW | Compass continues to work with their caseload of students, and their support to students I believe is what helps keep them in school and working toward a brighter future. School counselors' caseloads are between 450 and 575 students with responsibilities of testing, scheduling, 504 paperwork, and more (comment revised due to confidentiality) The average in the state of Missouri is 1 to 400, and the recommended is 1 to 250. So outside help from agencies is very much appreciated. |
| Troy | Multiple grades | Counselor/ SW | Our district greatly appreciates all of the programs and funding LCRB provides. In particular, we thank you for partnering with us to fund the ESC roles this year. Prior to this year, the school counselor would be the only person assessing suicide risk, navigating safety planning with families, and sending students to the ER for any high-risk screen. This would typically take hours out of a school counselor's day during which no other student could be served. At the secondary level alone, there have been 38 high risk screens resulting in full evaluations and in 28 cases we were able to successfully safety plan with the family and connect to ongoing care, avoiding costly and unnecessary hospital stays. Each of these assessments has also provided the school counselor the opportunity to have another professional eye on the situation, then carry on with their enormous job. Further, the addition of Tier 2 SEL groups and Tier 3 intervention planning with Behavior Intervention Teams has ensured that our students with high social-emotional needs are being intervened with and monitored throughout the year, and that they will have the support they need as they transition across buildings and grade-levels. Finally, we have been able to respond with in-house support to multiple critical incidents affecting large numbers of students in a given building as well as the everyday overflow of student needs given our existing school counseling ratios. These positions have allowed us to take a deep dive into individual student & family needs, while keeping a birds-eye view on the district as we travel between buildings & engage in problem-solving conversations with staff. |