



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

**Lincoln County Resource Board
Public Report**

*Produced by Cynthia Gandolfo, Ph.D. with guidance from
LCRB's Executive Director, Cheri Winchester.*

March 2026

(636) 544-7328; cynberry42@msn.com

Table of Contents

Key Findings.....	1
Implications and Recommendations.....	2
In-depth Summary Findings.....	3-15
Data Tables.....	16-36
About the Author.....	37

Key Findings

The 2025–2026 school year assessment of behavioral and mental health (BH/MH) needs in Lincoln County schools gathered input from school personnel across multiple districts and grade levels. Overall, the findings point to persistent concerns related to emotional regulation, anxiety, peer relationships, school engagement, and access to services.



Across the full sample, the most frequently identified student concern was controlling emotions, anger management, and conflict resolution (83%), followed by anxiety, worry, and fear (78%) and peer relationships, social skills, problem solving, and self-esteem (74%). Additional concerns included feelings of acceptance and belonging (40%), truancy/educational neglect (38%), and food/basic needs insecurity (35%). By grade level, elementary staff most often identified emotional regulation as the top concern, while middle and high school staff most often identified anxiety, with peer relationship difficulties and school engagement concerns also remaining prominent.

These student BH/MH challenges closely aligned with the prevention services staff identified as most needed. The strongest prevention priorities were chronic absenteeism/truancy prevention (74%), anxiety/worry prevention and control (60%), and conflict and anger management prevention (55%), followed by social/emotional skills training and belonging/acceptance programming (both 50%). Middle and high school staff also highlighted the growing importance of school engagement, advocacy skills, substance use prevention, and bullying prevention.

Open-ended responses further reinforced the need for small-group and early intervention programming focused on anxiety, emotional regulation, social skills, trauma, and attendance-related concerns. Staff also emphasized the need for more school-based counselors, expanded access to community mental health providers, trauma-informed supports, and early intervention services, while noting that insurance and funding barriers continue to limit service access for some students and families.

The most commonly reported barriers to addressing student behavioral health needs included lack of parent involvement (74%), limited time during the school day to respond to student needs (47%), high turnover among service providers (46%), staff burnout (40%), and the severity of students' mental and behavioral health challenges (37%). At the secondary level, staff also identified student reluctance to engage in services, transportation challenges, and lack of parental consent as significant barriers.

Concerns about student substance use were also evident, particularly among secondary students. E-cigarettes remained the most significant substance-related concern, identified by 93% of both middle and high school staff as a moderate or serious issue. Marijuana use increased significantly compared with the prior year, especially among middle school students, while alcohol remained a common concern at the high school level. Elementary-level substance use concerns remained much lower, though some staff noted growing awareness of vaping and marijuana among younger students.

Overall, the findings suggest three key priorities for continued investment: expanding prevention and early intervention strategies that address emotional regulation, anxiety, and social-emotional skill development; increasing access to school-based mental health services and counseling supports; and strengthening coordinated partnerships between schools and community providers to ensure students and families can access behavioral health services when needs arise.

Implications and Recommendations

The findings from Lincoln County school personnel highlight the continued importance of a coordinated, multi-tiered response to student behavioral and mental health challenges. While many needs remain consistent with previous assessments, the data point to several priority areas where continued investment and collaboration will have the greatest impact. The following recommendations reflect the most critical opportunities for strengthening prevention and behavioral health supports for students.

1. Sustain and Expand School-Based Mental Health Services

School staff consistently emphasized the importance of school-based counseling and behavioral health services in addressing student needs. Expanding access to school-based mental health professionals, including counselors, therapists, and behavioral specialists, remains one of the most effective ways to ensure students receive timely support. Increasing provider availability within schools and strengthening partnerships with community mental health agencies can help reduce barriers to care and improve service coordination.

2. Prioritize Prevention and Early Intervention Programming

The most commonly identified student concerns across grade levels were emotional regulation, anxiety, and peer relationship challenges. Expanding prevention programming focused on emotional regulation, coping skills, and social-emotional development can help address these issues before they escalate into more intensive behavioral health needs. Prevention programs that combine universal classroom instruction with targeted small-group interventions may be particularly effective.

3. Strengthen Partnerships with Community Behavioral Health Providers

School staff frequently highlighted the importance of collaboration with community behavioral health providers, including agencies that offer school-based or school-linked counseling services. Continued support for these partnerships can help ensure students and families have access to clinical counseling, trauma-informed services, and crisis response supports, particularly for students experiencing more complex mental health challenges.

4. Expand Trauma-Informed Supports and Early Intervention Services

Many staff described increasing numbers of students experiencing family instability, trauma exposure, and complex behavioral health challenges. Expanding trauma-informed services and early intervention supports, particularly those focused on younger students, may help address emerging behavioral concerns and strengthen students' emotional resilience over time.

In-Depth Summary Findings

A total of 184 school staff members from four public school districts, Elsberry, Silex, Troy, and Winfield, and two private schools, Sacred Heart and St. Alphonsus in Lincoln County, Missouri, participated in an evaluation of school-based behavioral and mental health (BH/MH) programs. No survey responses were received from Immaculate Conception. The Lincoln County Resource Board (LCRB) funded this evaluation initiative entirely.

The survey was distributed in February 2025 to a broad range of school personnel, including superintendents/principals, counselors/social workers, teachers, paraprofessionals, and specialized staff with expertise in student behavioral health (see Table 1).

Participant Summary by School or District

- **Sacred Heart:** One respondent participated, the superintendent/principal who oversees multiple grade levels.
- **St. Alphonsus:** One respondent participated, the superintendent/principal responsible for multiple grade levels.
- **Elsberry School District:** A total of nine staff members participated, including:
 - 5 superintendents/principals (serving middle school, high school, and multiple grade levels)
 - 2 counselors (1 elementary, 1 high school)
 - 2 additional specialty staff
 - 1 teacher
- **Silex School District:** A total of 16 staff members participated, including:
 - 3 counselors (1 elementary, 1 high school, 1 serving multiple grade levels)
 - 2 superintendent/principals serving multiple grade levels
 - 8 teachers
 - 3 paraprofessionals
- **Troy School District:** A total of 131 staff members submitted complete surveys, including:
 - 19 counselors (5 elementary, 5 middle school, 8 high school, 1 serving multiple grade levels)
 - 8 superintendents/principals (1 pre-K/elementary, 4 elementary, 2 middle school, 1 high school)
 - 2 assistant principals (both at the elementary level)
 - 81 teachers
 - 12 paraprofessionals
 - 9 additional staff members serving in other district roles
- **Winfield School District:** A total of 26 staff members participated, including:
 - 3 counselors (1 elementary, 2 multiple grade levels)
 - 18 teachers
 - 4 paraprofessionals
 - 1 additional staff member

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

In February of the 2025–2026 school year, school personnel were asked to identify the most pressing behavioral and mental health (BH/MH) challenges observed among students (N = 184 respondents for this question among the full sample). *Please note that sample sizes vary by grade level based on the number of school staff respondents representing those grades.*

Staff responses revealed significant concerns spanning all grade levels, as detailed in Table 2A (February 2026 data) and Table 2B (February 2025 data):

- **1st Most Critical** – “controlling emotions, anger management, and conflict resolution” (83%); slightly higher than the 80% reported in 2025 (N = 165 in 2026), replacing “friend/peer relationships” as the most critical issue.
- **2nd Most Critical** – “anxiety, worry a lot, fear” (78%); an increase from 74% reported in 2025.
- **3rd Most Critical** – “friend/peer relationships, social skills, problem solving, and self-esteem” (74%); 6% lower than the 2025 result of 80% (N = 137 in 2026).
- **4th Most Critical** – “feelings of acceptance/belonging” (40%); similar to the 43% reported in 2025 (N = 74).
- **5th Most Critical** – “truancy/educational neglect” (38%); a slight decline from 40% reported in 2025 (N = 70).
- **6th Most Critical** – “food and basic needs’ insecurity” (35%); similar to the 34% reported in 2025 (N = 64).



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

Elementary Grades – N = 89 (see Tables 3A and 3B):

The top three issues reported in February 2026 remained consistent with those identified in 2025, although the ranking of the most critical concern shifted slightly.

- “Controlling emotions, anger management, and conflict resolution” was cited by 91% of staff (N = 81) as the most significant concern, replacing “friend/peer relationships” as the most critical issue in 2025.
- “Friend/peer relationships, social skills, problem solving, and self-esteem” was identified by 80% of staff (N = 71 out of 84) as the second most significant concern.
- “Anxiety, worry a lot, fear” ranked third by 72% of respondents.
- “Food and basic needs insecurity” was selected by 39% of staff, similar to the 38% reported in 2025.
- “Feelings of acceptance/belonging” ranked fifth, identified by 37% of staff, comparable to the 39% reported in 2025.

Middle School Students – N = 52 (Tables 4A and 4B):

- The most critical concern at the middle school level was “anxiety, worry a lot, fear” by 83% of respondents; up from 76% reported in 2025.
- The second most leading concern was “controlling emotions, anger management, and conflict resolution,” selected by 81% of staff, representing a decrease from 88% reported in 2025.
- “Friend/peer relationships, social skills, problem solving, and self-esteem” emerged as the third most critical issue, cited by 81% of school staff, similar to the 82% noted in 2025.
- “Truancy/educational neglect” ranked fourth, identified by 56% of respondents, representing an increase from 43% in 2025.
- “Feelings of acceptance/belonging” was the fifth most cited concern, identified by 48% of respondents; a decrease from 53% in 2025.

Four of the top five issues remained consistent with those identified in 2025, reflecting persistent behavioral and mental health challenges among middle school students. The emergence of “truancy/educational neglect” among the top concerns suggests an increasing recognition of attendance and engagement issues as related to students’ social-emotional well-being.

High School Students – N = 28 (Tables 5A and 5B):

All five of the most critical issues identified in February 2025 persisted into February 2026, though their order of priority shifted slightly.

- “Anxiety, worry a lot, fear” remained the most pressing concern, cited by 86% of staff (N = 38 out of 44), though slightly lower than the 92% reported in 2024.
- “Friend/peer relationships, social skills, problem solving, and self-esteem” ranked second (70%; N = 31), a decline from 77% reported in 2024).

- “Controlling emotions, anger management, and conflict resolution” ranked third (68%; N = 30), reflecting a slight increase from 62% in 2024.
- “Drug and alcohol use and abuse” ranked fourth (57%; N = 25), representing a small increase from 54% the previous year.
- “Truancy/educational neglect” rounded out the top five concerns (55%; N = 24).

Trend Analysis and Observed Shifts Over Time

A comparison of the February 2026 data with findings from February 2025 reveals both continued consistency and several shifts in the behavioral and mental health concerns identified by school personnel. Overall, the data indicate that while several core issues remain persistent across grade levels, the relative priority of certain concerns has shifted slightly, reflecting evolving patterns in student needs and staff awareness.

- **Persistent Core Concerns:** Across grade levels, issues related to emotional regulation, anxiety, and peer relationships continue to dominate as the most critical behavioral and mental health concerns reported by school staff. In 2026, “controlling emotions, anger management, and conflict resolution” emerged as the most frequently cited concern overall, replacing “friend/peer relationships” as the top issue in the previous year. Despite this shift in ranking, both concerns, along with “anxiety, worry a lot, fear,” remain consistently among the top three across most grade levels, highlighting the continued importance of addressing emotional regulation, social skills, and anxiety-related challenges among students.
- **Growing Emphasis on Emotional Regulation:** The rise of “controlling emotions, anger management, and conflict resolution” as the most frequently cited issue overall, particularly among elementary students, where it was reported by more than nine out of ten staff respondents, suggests an increasing recognition of students’ difficulties managing emotions and navigating interpersonal conflicts. This shift may reflect ongoing developmental and social adjustment challenges among younger students as well as increased educator awareness of emotional regulation as a foundational skill tied to both behavioral and academic success.
- **Stable but Ongoing Concerns Related to Belonging and Basic Needs:** Issues related to “feelings of acceptance/belonging” and “food and basic needs insecurity” remained relatively stable compared with 2025, continuing to appear among the top concerns across grade levels. The persistence of these issues reinforces the importance of school connectedness and access to basic supports as key protective factors for student well-being.
- **Increasing Attention to Attendance and Engagement:** “Truancy/educational neglect” maintained a position among the top concerns overall and rose in prominence among middle school students, suggesting growing concern about attendance and school engagement during early adolescence. This shift may reflect broader post-pandemic attendance challenges as well as increased awareness among educators of the connection between behavioral health, school engagement, and academic outcomes.
- **Continued Concerns About Substance Use Among Older Students:** Among high school students, “drug and alcohol use and abuse” remained among the top five concerns and showed a slight increase compared with prior data. This pattern may reflect increased awareness of substance use risks during adolescence or ongoing challenges related to peer influence and community-level risk factors affecting older students.

These findings suggest that while the core behavioral and mental health concerns facing students remain relatively stable, there is a growing emphasis on emotional regulation, school engagement, and social connectedness as critical areas of need. These patterns underscore the importance of maintaining a comprehensive, tiered approach to school-based behavioral health services, with prevention and early intervention strategies tailored to developmental stages and focused on strengthening students’ emotional regulation skills, peer relationships, and sense of belonging within the school environment.

Behavioral/Mental Health Prevention Program Availability and Necessity Assessment

School staff were asked to evaluate both the accessibility and perceived necessity of various behavioral and mental health prevention programs, as detailed in Tables 6A through 6D. These tables provide important information for guiding future planning, resource allocation, and program prioritization.

Survey respondents were able to categorize each topic based on program availability and whether current services adequately meet student needs. Topics could be identified as “Avail./Needs Met” (programs currently available and meeting needs) or “Not Avail./Not Needed” (programs not available but not currently necessary). These two response options were not highlighted in color within the tables because they indicate either adequate service coverage or a lack of current demand.

Two additional response options reflect potential service gaps. The category “Avail./Needs Not Met” indicates programs that exist but are not sufficiently addressing student needs. A threshold of 50% or greater for this category was considered an indicator of need and was highlighted in red within the tables. Respondents could also indicate “Not Avail./Needed,” identifying programs that are currently unavailable but perceived as necessary. However, no topics reached the 50% threshold for this category within the full sample or within any individual grade level.

The final column, “% Combined Needed,” represents the combined total of the “Avail./Needs Not Met” and “Not Avail./Needed” responses. Any topic highlighted in red within this column indicates a priority prevention area where additional program development, expansion, or strengthening may be warranted.

Across the full sample of respondents (the adjusted sample size ranges per topic from 74 to 158, depending on the number of staff who did not know enough about the topic to respond), the following prevention program areas met or exceeded the 50% combined need threshold, indicating the strongest perceived need for expanded or enhanced programming:

- Chronic absenteeism/truancy prevention (74%)
- Anxiety/worry prevention and control (60%)
- Conflict and anger management prevention (55%)
- Social/emotional skills training (grade/age focused) (50%)
- Feelings of belonging/acceptance (diversity) training (50%)



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

- **Elementary Grades:** Chronic absenteeism prevention was identified as the greatest need, reported by 61% of staff, followed by “anxiety/worry prevention and control” (56%) and “conflict and anger management prevention” (53%).
- **Middle School Grades:** A broader range of prevention needs emerged at the middle school level, with twelve separate topics exceeding the 50% threshold. The five most prominent needs included:
 - Chronic absenteeism/truancy prevention (89%)
 - Social/emotional skills training (75%)
 - Anxiety/worry prevention and control (70%)
 - School success/school advocacy skills (69%)
 - Drug/alcohol use and abuse prevention (68%)
- **High School Grades:** Chronic absenteeism prevention was identified as the most critical need, cited by 82% of staff respondents, followed by drug/alcohol use and abuse prevention (70%) and bullying/cyber-bullying prevention (50%).

Recommendations

In light of the findings from the Behavioral/Mental Health Prevention Program Availability and Necessity Assessment, the following key recommendations are proposed to guide future planning, program development, and resource allocation:

1. Prioritize Expansion of High-Need Prevention Programs

Several prevention program areas were identified by a majority of school staff as important needs across the full sample of respondents. In particular, chronic absenteeism/truancy prevention (74%), anxiety/worry prevention and control (60%), and conflict and anger management prevention (55%) exceeded the 50% threshold for combined need. Additionally, social/emotional skills training (grade/age focused) and feelings of belonging/acceptance (diversity) training also met this threshold. These areas should be prioritized for program expansion, enhanced implementation, or increased access to evidence-based prevention services within schools.

2. Strengthen Prevention Programming to Address School Engagement and Attendance

Chronic absenteeism/truancy prevention emerged as the highest-ranked prevention need across the full sample and at multiple grade levels, including elementary, middle, and high school students. Given the strong relationship between attendance, academic success, and student well-being, expanded efforts to address school engagement, attendance barriers, and early intervention strategies may help improve both behavioral health outcomes and academic performance.

3. Align Prevention Programming with Grade-Level Needs

Grade-level findings highlight important differences in prevention priorities across developmental stages. For example, chronic absenteeism prevention, anxiety prevention, and conflict/anger management were prominent needs at the elementary level, while middle school staff identified a broader range of prevention needs, including social/emotional skills training, school success/advocacy skills, and substance use prevention. At the high school level, priorities included chronic absenteeism prevention, drug/alcohol use prevention, and bullying/cyber-bullying prevention. Future program planning should ensure that prevention strategies are developmentally appropriate and targeted to the specific needs of each grade level.

4. Improve Communication and Awareness of Existing Prevention Services

Some prevention programs may already be available through school-based initiatives or community partnerships, but school staff may not always be aware of the full range of services offered. Increasing communication about available resources, such as through centralized program directories, regular informational updates, or coordination meetings between schools and service providers, may help improve awareness, coordination, and utilization of existing prevention programming.

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

Thirty-eight staff members, representing 29% of the 131 individuals who responded to this item, expressed concerns about unmet behavioral and mental health (BH/MH) group-level prevention needs within the school setting (see Table 7 for detailed staff statements). Thirty-four staff members provided comments. These responses reflect a wide range of concerns across grade levels and suggest that additional small-group or group-oriented prevention programming could benefit students. Several key themes emerged from 34 individual staff comments, each illustrated by representative quotes provided below.

1. Anxiety, Stress, and Emotional Regulation

Concerns related to anxiety, emotional regulation, and coping with stress were among the most frequently mentioned needs. Staff noted that many students struggle with managing emotions, disappointment, and impulsive reactions, indicating a need for more structured prevention groups focused on coping and regulation skills.

- “Self-esteem, anxiety, self-harm.” – Cuivre Park Elementary
- “Dealing with anxiety, impulse control, and conflict resolution.” – Troy South Middle

- “Coping with anxiety and depression in healthy ways, regulating emotions.” – New Horizons High
- “Coping with anger, social emotional behaviors, handling disappointment, handling the word ‘no.’” – Elsberry (Multiple Grades)

2. Social Skills, Peer Relationships, and Conflict Resolution

Many staff emphasized the need for programming that helps students develop social skills, navigate friendships, and resolve peer conflict. These needs were particularly evident at the elementary level, where staff reported students entering school lacking foundational interpersonal and classroom interaction skills.

- “Students need strategies and supports for coping with conflict resolution, ways to cope with anger and impulsive reactions with peers.” – Cuivre Park Elementary
- “Healthy Friendship Strategies – similar to the healthy relationships information presented at middle and high school.” – Main Street Elementary
- “Relationships with other students.” – Lincoln Elementary
- “Classroom (peer) interaction when one student is dealing with a loss or emotional issue.” – St. Alphonsus Early Education

3. School Readiness, Behavioral Expectations, and Self-Management Skills

Several comments highlighted concerns that students struggle with basic behavioral expectations, self-management skills, and classroom functioning, suggesting a need for prevention groups focused on school readiness, problem-solving, and self-regulation.

- “We have a lot of kids entering school who don’t know how to ‘school’—walking in a line, learning to lose, playing with friends, and being okay when the teacher tells you what to do.” – Lincoln Elementary
- “Self-help skills, problem-solving, and taking initiative.” – Cuivre Park Elementary
- “Handling disappointment, handling the word ‘no.’” – Elsberry (Multiple Grades)



4. Trauma, Family Stress, and Access to Counseling Support

Some staff described students experiencing trauma, family challenges, or complex emotional needs that require more intensive support than current school-based services can provide. These responses highlight a need for additional small-group supports and greater access to professional counseling resources.

- “Trauma-focused small groups for children affected at the elementary level.” – Main Street Elementary
- “There should be more education on dealing with family concerns.” – Main Street Elementary
- “Students with these needs require professional counseling... we often feel at a loss because current supports are not intensive enough.” – Lincoln Elementary
- “More available counseling/therapy in the school.” – Claude Brown Elementary

5. Attendance, Truancy, and School Engagement

Concerns about chronic absenteeism and school engagement were also noted across grade levels, particularly at the middle and high school levels. Staff suggested that targeted group programming may help address the underlying factors contributing to attendance issues.

- “Chronic absenteeism.” – Troy Middle
- “Attendance and truancy.” – New Horizons High

6. Substance Use and Risk Behavior Prevention

Several comments referenced the need for prevention programming addressing vaping, marijuana use, and related substance use concerns, particularly among middle school students.

- “Vaping, marijuana, and other related issues are not offered as in-school programs.” – Troy Middle

7. Technology Use, Instant Gratification, and Digital Well-Being

Some staff expressed concerns about students' technology use and reliance on instant gratification, which they believe contributes to anxiety and emotional dysregulation. These comments suggest the need for programming that helps students develop healthier technology habits and coping strategies.

- "Students need to take breaks from electronics and instant gratification. This is causing so much anxiety." – Troy Middle

8. Environmental Supports and Safe Regulation Spaces

A small number of responses focused on the importance of environmental supports within schools, such as designated quiet or sensory spaces that allow students to regulate emotions and recover from overstimulation.

- "All students would benefit from having a space within the school to regroup or recover from overstimulation." – Winfield (Multiple Grades)

9. Access to Prevention Programming and Staffing Capacity

Some staff noted that existing prevention programs or small groups are limited by staffing capacity or inconsistent implementation, suggesting that increasing personnel or program availability may improve access to needed services.

- "Availability is limited by the number of professionals available." – Troy Ninth Grade Center
- "Lessons once a semester or quarter do not meet the needs of students." – Main Street Elementary
- "Small group prevention would be good, but there would need to be a lot of groups." – Troy Middle

Primary Barriers to Lincoln County Students When Trying to Address a Behavioral Health Need/Issue

School staff were asked to identify the primary barriers students face when attempting to address behavioral and mental health needs (see Tables 8A–8E; N = 117). Consistent with prior findings, the most frequently cited barrier was lack of parent involvement to support students in accessing services, reported by 74% of respondents (N = 87). The second most commonly identified barrier was insufficient time within the school day to respond to students' behavioral health needs, reported by 47% of staff (N = 55). This was closely followed by high staff turnover among referring agencies, which contributes to inconsistent service delivery and continuity of care, reported by 46% of respondents (N = 54).

Another commonly reported challenge was burnout among school staff, which can limit educators' capacity to provide additional support for students experiencing behavioral health concerns. This barrier was identified by 40% of respondents (N = 47). The fifth most frequently cited barrier was the severity and complexity of students' behavioral and mental health challenges, noted by 37% of staff.

At the elementary level, the top barriers were generally similar to those identified across the full sample. However, "lack of sufficient resources for student support services at school" replaced "high staff turnover of referring agencies" among the top five concerns, though agency turnover remained a barrier, reported by 42% of elementary-level respondents.

Among middle school staff, two additional barriers emerged. One was students' reluctance to engage with available services due to distrust or previous negative experiences, reported by 48% of respondents (N = 14). Two additional concerns, lack of access to mental health professionals for services and lack of clear and consistent school behavior rules or policies, were each noted by 38% of middle school staff.

The barrier related to students' reluctance to engage in services due to distrust or prior negative experiences was also reported by 43% of high school staff (N = 9). In addition, high school respondents identified two additional barriers affecting access to services: lack of parental consent and transportation limitations, each reported by 33% of staff.

Staff were also invited to provide qualitative comments regarding additional challenges students face when accessing behavioral and mental health services, which are summarized in the confidential section of this report.

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

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

1. Increased Access to School-Based Mental Health Professionals

The most frequently mentioned theme was the need for additional school-based counselors, therapists, and behavioral specialists, along with increased daily availability of existing providers. Staff emphasized that current caseloads are often full early in the school year, limiting access for students who need services later.

- "We need more school-based therapists and consistency with them." – Elsberry, Elementary
- "More school-based counseling/therapy. The caseload quickly fills up." – Troy, Elementary
- "Additional counseling staff to aid with students' daily needs." – Winfield, High
- "We only have two guidance counselors to work with 800+ students." – Troy, Middle
- "More school-based therapy." – Troy, High

2. Increased Capacity and Presence of Community Mental Health Providers

Many staff highlighted the importance of partnerships with outside agencies (such as Compass Health, Youth in Need, and Saint Louis Counseling) but indicated that limited staffing availability and scheduling constraints restrict student access. Respondents suggested expanding the daily presence of these providers within schools.

- "More space available with Compass Health in a school setting." – Troy, Elementary
- "More Saint Louis Counseling and Youth in Need counseling." – Troy, Multiple Grades
- "It would be beneficial to have staff from partnering agencies in our school daily." – Troy, Elementary

3. Insurance, Funding, and Affordability Barriers to Mental Health Services

Several respondents described financial and insurance-related barriers that limit access to mental health services for many students and families. In particular, staff noted that students with private insurance often face waitlists or limited eligibility for school-based programs, while working families may struggle to access services outside of school hours.

- "Funding for clients with private insurance." – Troy, Elementary
- "More funding for Compass Health therapy and community support specialists." – Troy, Elementary
- "Mental health services for students without Medicaid." – Troy, Middle
- "Even when families have private insurance, that doesn't mean they can afford additional services." – Troy, Middle

4. Trauma-Informed Services and Supports for Students Experiencing Family Instability

Staff described an increasing number of students experiencing trauma, family instability, poverty, and complex behavioral health needs, often requiring coordinated and sustained support. Several respondents emphasized the need for expanded trauma-informed services and follow-up care for students experiencing abuse, neglect, or housing instability.

- "More students are experiencing trauma related to early childhood and current conditions." – Troy, Elementary
- "Trauma counseling and homeless resources." – Troy, High
- "Trauma-informed follow-up care after an abuse/neglect report." – Troy, High
- "Families are in survival mode... focused on keeping food on the table." – Elsberry, High



5. Early Intervention and Social Skills Programming

Many staff emphasized the importance of early intervention programming, particularly for students with social skill deficits, emotional regulation challenges, and emerging behavioral concerns. Respondents specifically referenced the value of expanding programs such as Pinocchio, social skills interventionists, and SEL small groups.

- “SEL small groups pulled for social skills.” – Troy, Elementary
- “More small group counseling.” – Silex, Multiple Grades

- “Proactive supports—social skills deficiencies are a high need for our population.” – Troy, Multiple Grades
- “Early intervention supports such as Pinocchio and Social Skills Interventionists have been invaluable.” – Troy, Multiple Grades

6. Family Engagement and Parent Support

Several staff identified parent engagement and family support resources as an important component of addressing student behavioral and mental health needs. Respondents noted that limited parental involvement or economic stress within families can make it difficult for students to access or benefit from available services.

- “More parental support and intervention for students facing mental/behavioral needs.” – Troy, Middle
- “Parental involvement outside of school.” – Troy, High

Mental or Behavioral Health Service to Add or Improve at School

School staff were asked the open-ended question: “If you could add or improve one mental or behavioral health service at your school, what would it be?” Responses were categorized by school district and grade level, as presented in Table 10.

Forty-seven (47) staff members responded to this question, identifying several priority areas where improvements to existing behavioral and mental health services could strengthen support for students. While many responses reinforced themes identified in previous questions, particularly the need for increased access to counseling and mental health services, staff also highlighted specific programs and service delivery improvements that could enhance student access to support. The most prevalent themes emerging from staff responses are summarized below.

1. Increased Availability of School-Based Counselors and Mental Health Professionals

The most frequently cited recommendation was the need for additional school-based mental health professionals, including counselors, therapists, crisis counselors, and educational support counselors. Staff noted that current counseling resources are often insufficient to meet student needs due to large caseloads and limited staff availability.

- “More counselors—students have a significant need, but our one counselor can’t do it all.” – Troy, Elementary
- “Full-time Crisis Counselor/Educational Support Counselor.” – Troy, High
- “More counselors.” – Winfield, Middle
- “A consistent counselor would help a lot at our school.” – Silex, Middle

2. Increased On-Site Presence of Community Mental Health Providers

Many respondents highlighted the importance of community-based mental health partners, including Youth in Need (YIN), Compass Health, Saint Louis Counseling, and SparkWheel, but indicated that these

providers are often available only a limited number of days each week. Staff recommended expanding the number of days these providers are present within schools to increase access to services.

- “Add a second Youth in Need counselor full time.” – Elsberry, Elementary
- “Increasing the number of days that Compass Health and/or Youth in Need counselors were on site would be greatly beneficial.” – Troy, Elementary
- “Add more days for Saint Louis Counseling, YIN, and Social Skills Interventionist.” – Troy, Middle
- “Additional Youth in Need therapist—the YIN model is the most accessible to families.” – Troy, Multiple

3. Expansion of Early Intervention and Prevention Programs

Staff emphasized the importance of early intervention programs designed to address emerging behavioral and emotional concerns before they escalate. Several respondents specifically referenced expanding the Pinocchio Program and similar prevention-focused supports to reach more students.

- “Pinocchio—many of our students have minor concerns that could be addressed before they become major concerns.” – Elsberry, Multiple
- “I would add the Pinocchio Program from two to five days a week.” – Troy, Elementary
- “Being able to offer Pinocchio to more students than those who currently receive it.” – Sacred Heart

4. Increased Access to Behavioral Specialists and Implementation Support

Several staff noted the need for additional behavioral specialists, including Board Certified Behavior Analysts (BCBAs), behavior interventionists, and staff who can assist teachers in implementing behavior plans and addressing student behavioral needs more effectively.

- “Easier access/partnership with a BCBA to model and work with staff on implementation of behavior plans.” – Troy, Elementary
- “Additional personnel who can track behaviors and develop plans for behavior replacement.” – Troy, Multiple

5. Increased Access to Trauma-Informed and Intensive Mental Health Services

A number of respondents highlighted the need for trauma-informed counseling and more intensive mental health supports, particularly for students experiencing abuse, neglect, or other significant adverse experiences.

- “Trauma counseling, because many of our students have very high ACE scores.” – Troy, High
- “I wish I could save all my students from the trauma they experience from neglect and abuse.” – Troy, Middle

These responses suggest that increasing the availability of school-based mental health professionals, expanding partnerships with community providers, strengthening early intervention programming, and enhancing behavioral and trauma-informed supports are among the most impactful improvements schools believe could strengthen student behavioral and mental health services.

School Staff Perceptions of Substance Use Problems by Grade Level

School staff were asked to evaluate the severity of issues related to various substances within their schools and grade levels (see Table 11). The substances most frequently identified as representing a serious and/or moderate concern are summarized below and organized by grade level in order of perceived severity. Percentages represent the combined total of staff who rated each substance as either a serious or moderate concern.

High School Students

- E-cigarettes – 93% (67% serious; 26% moderate) – slightly lower than 95% reported in 2025, but still the most significant substance-related concern among high school students.
- Marijuana – 80% (32% serious; 48% moderate) – increased from 69% reported in 2025, indicating a significant rise in concern among staff.
- Alcohol – 67% (4% serious; 63% moderate) – decreased from 85% reported in 2025, though it remains a commonly reported issue.
- Other substances with a 5% or more of staff identifying them as a moderate or serious concern included: synthetic/novel drugs (10%), stimulants (5%), OTC medication misuse/abuse (5%), prescription drug misuse/abuse (5%).



Middle School Students

- E-cigarettes – 93% (42% serious; 51% moderate) – increased from 83% reported in 2025, with a significant increase rise in the proportion of staff rating this as a serious concern.
- Marijuana – 66% (33% serious; 33% moderate) – increased substantially from 39% reported in 2025, suggesting growing concern regarding marijuana use among middle school students.
- Alcohol – 27% (5% serious; 22% moderate) – similar to the 31% reported in 2025.
- Other substances identified by 5% or more of staff as a moderate or serious concern included prescription drug misuse/abuse (8%) and cigarettes (5%).



Elementary School Students

Substance use concerns at the elementary level were reported far less frequently than at higher grade levels, though a small number of staff indicated emerging concerns.

- E-cigarettes – 10% (4% serious; 6% moderate) – similar to 2025 findings.
- Marijuana – 7% (3% serious; 4% moderate) – a slight increase from 5% reported in 2025.
- Alcohol – 6% (3% serious; 3% moderate) – similar to 2025 findings.
- Cigarettes – 6% (0% serious; 6% moderate)
- Other substances with 5% or more of staff indicating moderate or serious concern included prescription drug misuse/abuse (5%)

Overall, the findings suggest that e-cigarette use continues to be the most significant substance-related concern among middle and high school students, while marijuana use has increased notably in both middle and high school settings compared with the previous year. In contrast, alcohol-related concerns declined somewhat among high school students, though it remains a commonly reported issue. At the elementary level, substance-related concerns remain relatively low, though small increases in marijuana-related concerns were noted.



School staff were invited to provide additional context or observations regarding student substance use (see Table 12). While many staff indicated limited direct knowledge of substance use among younger students, several recurring themes emerged from the comments provided. These responses highlight both challenges in assessing substance use trends and concerns regarding exposure to substances within students' home environments. The most prevalent themes are summarized below.

1. Limited Awareness or Uncertainty Regarding Student Substance Use

A common theme among staff responses, particularly among elementary staff, was uncertainty about the true extent of student substance use. Many respondents noted that their answers were based only on their direct observations and may not fully capture the broader scope of substance use among students.

- “Substance abuse is difficult to assess the level of the problem... we suspect, but it is hard to know with confidence.” – Elsberry, Middle
- “The answers of course are based on what I personally know and may not be fully reflective of all situations.” – Troy, Elementary
- “Most of the markers of ‘minor’ are more unknown. I don’t want to say they’re a problem when I’m not sure.” – Troy, Middle
- “The answers I left blank are due to uncertainty.” – Troy, High

2. Influence of Family and Home Environment

Several staff members emphasized that students are often exposed to substance use through family members or other adults in the household, even if the students themselves are not directly using substances. Staff noted that this exposure can influence students’ perceptions of substance use and may contribute to later risk behaviors.

- “Substance abuse by adults in the household has a wide impact on students.” – Elsberry, Middle
- “We do have parents or adults in the lives of our students who engage in alcohol and substance use at levels that are impactful to students.” – Troy, High
- “A majority of those guilty of substance abuse appear to have family members encouraging or ignoring that behavior.” – Winfield, Middle

3. Vaping as the Most Visible Substance Use Concern

Consistent with the quantitative findings reported earlier, vaping was identified as the most commonly observed substance use concern, particularly among middle and high school students. Staff noted that vaping appears to be widespread and often difficult to monitor.

- “A large number of students across middle and high school have, use, and sell vapes.” – Troy, Middle
- “Vaping is the largest issue; I see it on nearly a daily basis.” – Troy, Multiple

4. Increasing Awareness of Substance Use Among Younger Students

Some staff indicated that younger students appear to be increasingly aware of substances such as vaping and marijuana, even if they are not yet actively using them. This growing awareness may reflect increased exposure through peers, family members, or media.

- “Many more of my young students are more aware of drugs, especially vaping and marijuana use, than in previous years.” – Elsberry, Multiple
- “I teach first grade, so I don’t see any of this with my students yet, though I know it is a problem with older students.” – Troy, Elementary

5. Interest in Educational Approaches to Prevention

A small number of staff suggested that schools may benefit from expanded substance use education efforts, particularly for older students, emphasizing both prevention and awareness.

- “I would like to provide education rather than strictly prevention in the secondary setting.” – Winfield, Multiple

The Positive Impact of the LCRB & Additional Feedback for the Lincoln County Resource Board

School staff were invited to provide additional feedback for the Lincoln County Resource Board's (LCRB) consideration (see Table 13), including reflections on the positive impact of services provided to their students. Any sensitive or identifying information has been placed in a confidential section of the tables, accessible exclusively to the LCRB for internal review and decision-making.

The following section summarizes the most prevalent themes emerging from the 36 staff responses.

1. Appreciation and Gratitude for LCRB Support and Partnerships

The most dominant theme expressed by school staff was strong appreciation for the Lincoln County Resource Board's funding, partnerships, and direct services provided to students and families. Many respondents emphasized that LCRB-funded services are critical to addressing students' mental and behavioral health needs and have made a meaningful difference in their schools and communities.

- "Thank you for supporting the needs of our students." – Troy, Elementary
- "We truly appreciate the support provided to students and families." – Troy, Middle
- "Thank you for all you do for the children and families in the community." – Winfield, Multiple
- "Your support is amazing and deeply appreciated." – Troy, High
- "These students' lives are made better every day by these services." – Troy, Multiple

2. Recognition of Positive Student Outcomes and Program Impact

Several staff members shared examples of positive student outcomes resulting from LCRB-funded services, noting improvements in students' emotional well-being, school engagement, and long-term success. Programs such as the Student Support Room, Compass services, and community partnerships were specifically highlighted as having a meaningful impact on vulnerable students.

- "The Student Support Room has been a huge benefit for the Elsberry School District." – Elsberry, Elementary
- "Students who used the Student Support Room are now independently functioning in high school." – Elsberry, Middle
- "Students who once struggled significantly are now preparing to go to college." – Elsberry, High

3. Recognition of Individual Providers and Program Staff

Several respondents specifically praised individual counselors, mentors, and service providers, emphasizing their dedication, reliability, and strong relationships with students. Staff noted that these individuals often serve as trusted supports for students and families and play an important role in the success of LCRB-funded services.

4. Suggestions for Improved Communication and Service Awareness

Some staff indicated that awareness and understanding of available LCRB-funded programs could be improved, particularly among teachers who may not always know what services are available or how to refer students. Respondents suggested providing clearer information about programs and services to improve coordination and utilization.

- "Provide administrators and counselors a simple list of LCRB services each year." – Silex, Multiple
- "Communication and knowledge about the programs are lacking." – Troy, Middle
- "Teachers do not always know what services are available or how to connect students." – Troy, Middle

The feedback from school staff reflects strong support for the Lincoln County Resource Board and the services it funds, with many educators emphasizing the critical role these programs play in supporting student well-being and school success. Staff also highlighted opportunities to further strengthen impact through continued partnerships, recognition of effective providers, and improved communication about available services.

Data Tables

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

	Early Education (Pre-K)	Elementary (K-5)	Middle School (6-8) or (5-8)	High School (9-12)	Multiple Grade Levels	Total
Elsberry		3	1	3	2	9
Counselor/Social Worker		1		1		2
Restorative Room Teacher		1				1
Superintendent/Principal			1	2	2	5
Teacher		1				1
Sacred Heart					1	1
Superintendent/Principal					1	1
Silex		6	2	3	5	16
Counselor/Social Worker		1		1	1	3
Paraprofessional		2		1		3
Superintendent/Principal					2	2
Teacher		3	2	1	2	8
St. Alphonsus	1					1
Superintendent/Principal	1					1
Troy	3	65	40	18	5	131
Academic Interventionist				1		1
Assistant Principal		2				2
Behavior Specialist		2				2
Counselor/Social Worker		5	5	8	1	19
ED of Comprehensive Student Supports					1	1
Paraprofessional		6	5		1	12
Reading Specialist		1				1
SPED Coordinator			1			1
Speech Language Pathologist			2			2
Superintendent/Principal	1	4	2	1		8
Teacher	2	44	25	8	2	81
Title 1 Reading Teacher		1				1
Winfield	1	10	9	4	2	26
Counselor/Social Worker		1			2	3
Nurse			1			1
Paraprofessional		4				4
Teacher	1	5	8	4		18
Total	5	84	52	28	15	184

Table 2A. Top Behavioral/Mental Health Issues of Youth – February 2026 - Full Sample	#	%
Controlling emotions, anger management, and conflict resolution	152	83%
Anxiety, worry a lot, fear	143	78%
Friend/peer relationships, social skills, problem solving, and self-esteem	137	74%
Feelings of acceptance/belonging	74	40%
Truancy/educational neglect	70	38%
Food and basic needs' insecurity	64	35%
Bullying/cyber-bullying	49	27%
Depression/sad a lot	46	25%
Coping with grief, loss, and/or divorce	42	23%
Abuse and neglect issues (body safety)	38	21%
Housing instability/nowhere to live	36	20%
Drug and alcohol use and abuse	30	16%
Online safety	26	14%
Suicidal ideations/suicide	19	10%
Self-harm	13	7%
Unhealthy dating relationships	9	5%
Threats of violence or being injured by another peer	5	3%
Eating disorders	4	2%
Teen pregnancy	2	1%
Child trafficking/commercial sexual exploitation	0	0%
Gang violence	0	0%
	184	

Other comments (five):

- Instability of parents. Some move around to different family members or have supervised visits with parents. Inconsistent sleep time. Some are allowed to sleep at school because they aren't able to function with such little sleep. (Troy, elementary).
- Negative self-talk (Troy, elementary).
- Self-care/hygiene (Silex, middle school).
- Drug and alcohol use by adults in the home. (Troy, middle school).
- Trauma history (Winfield, multiple grade levels).

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

Table 3A. Top Behavioral/Mental Health Issues of Youth – February 2026 – Early Education & Elementary Grades	#	%
Controlling emotions, anger management, and conflict resolution	81	91%
Friend/peer relationships, social skills, problem solving, and self-esteem	71	80%
Anxiety, worry a lot, fear	64	72%
Food and basic needs' insecurity	35	39%
Feelings of acceptance/belonging	33	37%
Coping with grief, loss, and/or divorce	24	27%
Truancy/educational neglect	24	27%
Abuse and neglect issues (body safety)	23	26%
Housing instability/nowhere to live	21	24%
Bullying/cyber-bullying	16	18%
Depression/sad a lot	14	16%
Online safety	9	10%
Suicidal ideations/suicide	4	4%
Threats of violence or being injured by another peer	4	4%
Self-harm	3	3%
Eating disorders	1	1%
Child trafficking/commercial sexual exploitation	0	0%
Drug and alcohol use and abuse	0	0%
Gang violence	0	0%
Teen pregnancy	0	0%
Unhealthy dating relationships	0	0%
	89	

Other (two comments): see details provided previously

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

Table 4A. Top Behavioral/Mental Health Issues of Youth – February 2026 – Middle School Grades	#	%
Anxiety, worry a lot, fear	43	83%
Controlling emotions, anger management, and conflict resolution	42	81%
Friend/peer relationships, social skills, problem solving, and self-esteem	42	81%
Truancy/educational neglect	29	56%
Feelings of acceptance/belonging	25	48%
Bullying/cyber-bullying	19	37%
Depression/sad a lot	16	31%
Food and basic needs' insecurity	16	31%
Drug and alcohol use and abuse	14	27%
Online safety	11	21%
Coping with grief, loss, and/or divorce	9	17%
Abuse and neglect issues (body safety)	7	13%
Housing instability/nowhere to live	7	13%
Suicidal ideations/suicide	5	10%
Unhealthy dating relationships	5	10%
Self-harm	3	6%
Eating disorders	1	2%
Threats of violence or being injured by another peer	1	2%
Other	1	2%
Child trafficking/commercial sexual exploitation	0	0%
Gang violence	0	0%
Teen pregnancy	0	0%
	52	

Other (one comment): see details provided previously

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

Table 5A. Top Behavioral/Mental Health Issues of Youth – February 2026 – High School Grades	#	%
Anxiety, worry a lot, fear	25	89%
Controlling emotions, anger management, and conflict resolution	16	57%
Friend/peer relationships, social skills, problem solving, and self-esteem	12	43%
Depression/sad a lot	11	39%
Drug and alcohol use and abuse	11	39%
Truancy/educational neglect	11	39%
Feelings of acceptance/belonging	10	36%
Food and basic needs' insecurity	10	36%
Suicidal ideations/suicide	8	29%
Housing instability/nowhere to live	7	25%
Abuse and neglect issues (body safety)	5	18%
Bullying/cyber-bullying	5	18%
Coping with grief, loss, and/or divorce	5	18%
Online safety	4	14%
Self-harm	4	14%
Unhealthy dating relationships	3	11%
Eating disorders	2	7%
Teen pregnancy	2	7%
Other	1	4%
Child trafficking/commercial sexual exploitation	0	0%
Gang violence	0	0%
Threats of violence or being injured by another peer	0	0%
	28	

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

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

Topic - Full Sample	Avail./ Needs Met	Not Avail./ NOT Needed	Avail./ Needs Not Met	Not Avail./ Needed	DK	Adj. N	Total	% Avail.	% Not Avail & NOT Needed	% Avail./ Needs Not Met	% Not Avail./ Needed	% Combined Needed
Abuse and neglect prevention	89	3	46	1	26	139	165	64%	2%	33%	1%	34%
Anxiety/worry prevention and control	55	1	70	13	25	139	164	40%	1%	50%	9%	60%
Bullying/cyber-bullying prevention	78	4	57	7	19	146	165	53%	3%	39%	5%	44%
Child trafficking/ commercial sexual exploitation prevention	30	28	11	5	85	74	159	41%	38%	15%	7%	22%
Chronic absenteeism/truancy prevention	27	8	65	33	28	133	161	20%	6%	49%	25%	74%
Conflict and anger management	64	2	71	11	16	148	164	43%	1%	48%	7%	55%
Coping with grief, loss, and/or divorce training	68	1	42	13	36	124	160	55%	1%	34%	10%	44%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	80	0	78	0	7	158	165	51%	0%	49%	0%	49%
Drug and alcohol use and abuse	55	9	50	6	43	120	163	46%	8%	42%	5%	47%
Eating disorder management	18	31	14	10	85	73	158	25%	42%	19%	14%	33%
Feelings of belonging/acceptance (diversity) training	55	4	45	14	43	118	161	47%	3%	38%	12%	50%
Healthy dating relationships education	33	24	26	6	71	89	160	37%	27%	29%	7%	36%
Housing, food insecurity, and basic needs' support	70	6	51	7	27	134	161	52%	4%	38%	5%	43%
Online safety training	76	7	38	6	33	127	160	60%	6%	30%	5%	35%
Self-harm and suicide prevention/ resources	74	6	41	2	38	123	161	60%	5%	33%	2%	35%
Social/emotional skills training (grade/age-focused)	70	1	70	4	18	145	163	48%	1%	48%	3%	51%
School success/school advocacy skills training	58	7	46	11	36	122	158	48%	6%	38%	9%	47%
Violence prevention	57	7	28	8	58	100	158	57%	7%	28%	8%	36%

Avail./ Needs Met	Available and Meets Needs
Not Avail./ NOT Needed	Not Available but NOT Needed
Avail./ Needs Not Met	Available, but does NOT fully meet Needs
Not Avail./ Needed	Not Available but Needed
DK	Don't know
Adj. N	Adjusted sample size after removing the don't know responses and the blank responses.
% Combined Needed	Combined % of topics with limited available and no availability

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

Topic - Early Education and Elementary Grades	Avail./ Needs Met	Not Avail./ NOT Needed	Avail./ Needs Not Met	Not Avail./ Needed	DK	Adj. N	Total	% Avail.	% Not Avail & NOT Needed	% Avail./ Needs Not Met	% Not Avail./ Needed	Combined Needed
Abuse and neglect (body safety)	51	2	19	1	8	73	81	70%	3%	26%	1%	27%
Anxiety/worry prevention and control	28	1	28	9	15	66	81	42%	2%	42%	14%	56%
Bullying/cyber-bullying prevention	48	2	20	3	9	73	82	66%	3%	27%	4%	32%
Child trafficking/ commercial sexual exploitation prevention	11	18	1	4	44	34	78	32%	53%	3%	12%	15%
Chronic absenteeism/truancy prevention	20	4	22	16	17	62	79	32%	6%	35%	26%	61%
Conflict and anger management	36	0	36	5	6	77	83	47%	0%	47%	6%	53%
Coping with grief, loss, and/or divorce training	36	0	20	5	18	61	79	59%	0%	33%	8%	41%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	43	0	39	0	0	82	82	52%	0%	48%	0%	48%
Drug and alcohol use and abuse	33	6	8	3	29	50	79	66%	12%	16%	6%	22%
Eating disorder management	5	19	2	4	48	30	78	17%	63%	7%	13%	20%
Feelings of belonging/acceptance (diversity) training	33	1	18	5	25	57	82	58%	2%	32%	9%	40%
Healthy dating relationships education	8	20	1	4	45	33	78	24%	61%	3%	12%	15%
Housing, food insecurity, and basic needs' support	44	3	17	1	14	65	79	68%	5%	26%	2%	28%
Online safety training	49	3	10	1	16	63	79	78%	5%	16%	2%	17%
Self-harm and suicide prevention/ resources	33	4	12	2	27	51	78	65%	8%	24%	4%	27%
Social/emotional skills training (grade/age-focused)	44	0	29	1	8	74	82	59%	0%	39%	1%	41%
School success/school advocacy skills training	34	3	15	2	24	54	78	63%	6%	28%	4%	31%
Violence prevention	28	2	12	4	32	46	78	61%	4%	26%	9%	35%

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

Topic - Middle School Grades	Avail./ Needs Met	Not Avail./ NOT Needed	Avail./ Needs Not Met	Not Avail./ Needed	DK	Adj. N	Total	% Avail.	% Not Avail & NOT Needed	% Avail./ Needs Not Met	% Not Avail./ Needed	Combined Needed
Abuse and neglect (body safety)	18	0	16	0	11	34	45	53%	0%	47%	0%	47%
Anxiety/worry prevention and control	12	0	25	3	5	40	45	30%	0%	63%	8%	70%
Bullying/cyber-bullying prevention	13	1	23	2	6	39	45	33%	3%	59%	5%	64%
Child trafficking/ commercial sexual exploitation prevention	6	5	7	0	26	18	44	33%	28%	39%	0%	39%
Chronic absenteeism/truancy prevention	4	0	23	10	7	37	44	11%	0%	62%	27%	89%
Conflict and anger management	13	0	21	5	5	39	44	33%	0%	54%	13%	67%
Coping with grief, loss, and/or divorce training	14	1	12	6	12	33	45	42%	3%	36%	18%	55%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	21	0	19	0	5	40	45	53%	0%	48%	0%	48%
Drug and alcohol use and abuse	10	2	24	2	7	38	45	26%	5%	63%	5%	68%
Eating disorder management	5	8	8	2	21	23	44	22%	35%	35%	9%	43%
Feelings of belonging/acceptance (diversity) training	11	2	17	5	9	35	44	31%	6%	49%	14%	63%
Healthy dating relationships education	12	2	15	2	14	31	45	39%	6%	48%	6%	55%
Housing, food insecurity, and basic needs' support	11	1	20	4	8	36	44	31%	3%	56%	11%	67%
Online safety training	10	2	19	3	9	34	43	29%	6%	56%	9%	65%
Self-harm and suicide prevention/ resources	19	1	16	0	8	36	44	53%	3%	44%	0%	44%
Social/emotional skills training (grade/age-focused)	10	0	27	3	4	40	44	25%	0%	68%	8%	75%
School success/school advocacy skills training	9	2	17	7	8	35	43	26%	6%	49%	20%	69%
Violence prevention	13	1	9	3	17	26	43	50%	4%	35%	12%	46%

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

Topic - High School Grades	Avail./ Needs Met	Not Avail./ NOT Needed	Avail./ Needs Not Met	Not Avail./ Needed	DK	Adj. N	Total	% Avail.	% Not Avail & NOT Needed	% Avail./ Needs Not Met	% Not Avail./ Needed	Combined Needed
Abuse and neglect (body safety)	12	0	6	0	7	18	25	67%	0%	33%	0%	33%
Anxiety/worry prevention and control	11	0	8	1	4	20	24	55%	0%	40%	5%	45%
Bullying/cyber-bullying prevention	9	1	8	2	4	20	24	45%	5%	40%	10%	50%
Child trafficking/ commercial sexual exploitation prevention	8	1	2	0	12	11	23	73%	9%	18%	0%	18%
Chronic absenteeism/truancy prevention	2	2	14	4	3	22	25	9%	9%	64%	18%	82%
Conflict and anger management	10	1	6	1	4	18	22	56%	6%	33%	6%	39%
Coping with grief, loss, and/or divorce training	14	0	4	0	4	18	22	78%	0%	22%	0%	22%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	13	0	9	0	2	22	24	59%	0%	41%	0%	41%
Drug and alcohol use and abuse	6	0	13	1	5	20	25	30%	0%	65%	5%	70%
Eating disorder management	6	1	2	3	10	12	22	50%	8%	17%	25%	42%
Feelings of belonging/acceptance (diversity) training	9	1	3	2	6	15	21	60%	7%	20%	13%	33%
Healthy dating relationships education	9	0	5	0	9	14	23	64%	0%	36%	0%	36%
Housing, food insecurity, and basic needs' support	11	0	8	1	4	20	24	55%	0%	40%	5%	45%
Online safety training	11	1	4	1	7	17	24	65%	6%	24%	6%	29%
Self-harm and suicide prevention/ resources	15	0	7	0	3	22	25	68%	0%	32%	0%	32%
Social/emotional skills training (grade/age-focused)	11	1	6	0	5	18	23	61%	6%	33%	0%	33%
School success/school advocacy skills training	11	1	8	1	2	21	23	52%	5%	38%	5%	43%
Violence prevention	10	3	3	0	7	16	23	63%	19%	19%	0%	19%

Table 7. Needs that are Not Being Addressed that would Benefit from Group-oriented Prevention Programming, including Small Groups.

Grade level	Building	Details: Needs not addressed that would benefit from group-oriented (even small group) prevention programming
Elsberry		
Elem.	Clarence Cannon Elem.	I think we can always use more support for students in today's world.
Middle	Ida Cannon Middle	Yes, however, LCRB has provided resources that can meet these needs at Elsberry through YIN, Compass, and the Student Support Room.
Multiple		Coping with anger, social emotional behaviors, handling disappointment, handling the word no, and, of course, lack of parenting.
Silex		
Early Ed.	St. Alphonsus	Classroom (peer) interaction when one student is dealing with a loss or physical/emotional issue or outburst
High	Silex High	We seem to have an overwhelming problem with students soiling themselves and poor hygiene. These students then face some teasing and resistance from peers due to their odor.
Troy		
Elem.	Claude Brown Elem.	More available counseling/therapy in the school. Also, there could be room to standardize the self-harm/suicide prevention lesson that is given in 5th grade.
Elem.	Cuivre Park Elem.	Students need strategies and supports for coping with conflict resolution, ways to cope with anger and impulsive reactions, specifically with peers and in the classroom. Many students could benefit from flexible seating, practice utilizing coping tools, and more physical activity or outlets for physical activity.
Elem.	Cuivre Park Elem.	Self-esteem, anxiety, self-harm,
Elem.	Cuivre Park Elem.	Self-help skills, problem-solving, and taking initiative
Elem.	Lincoln Elem.	We had social skills groups for Kindergarten and 1st in past years, but we moved away from them. We have a lot of kids entering school who don't know how to 'school.' Walking in a line, learning to lose, playing with friends, and being okay when the teacher tells you to do something.
Elem.	Lincoln Elem.	Relationships with other students
Elem.	Lincoln Elem.	I feel like students with these needs require professional counseling. We often feel like because we see symptoms, they are behavioral/emotional disabilities and require special education, but these students also require professional counseling that a special education teacher cannot solely provide. Yes, small group setting, and teaching to skill deficit, along with SEL lessons, is a support these students benefit from, but we often feel at a loss because it is not comprehensive nor intensive enough to meet their needs.
Elem.	Lincoln Elem.	Social emotional, anger management,
Elem.	Main Street Elem.	We have programs for emotional regulation, positive self-esteem, etc., but I do not feel they are enough. Lessons once a semester or quarter do not meet the needs of students in our school. I also feel like there should be more education on dealing with family concerns.
Elem.	Main Street Elem.	Trauma-focused small groups for children affected at the elementary level.
Elem.	Main Street Elem.	Healthy Friendship Strategies - similar to the healthy relationships information presented at the middle school and high school, but for non-romantic relationships.
Elem.	Main Street Elem.	A lot of things are not addressed. We rarely see our school counselor as she is busy dealing with student behaviors. I don't recall the last time we had a lesson with her. I'm not trained enough. I do my best with the morning meeting and weaving in SEL information, but a lot of our students experience trauma that requires more intense interventions outside of the classroom.
Middle	Troy Middle	Chronic absenteeism
Middle	Troy Middle	I think there needs to be more about taking breaks from our electronics and instant gratification. This is causing so much anxiety. I'm not sure how to break the cycle.
Middle	Troy Middle	So many of our students have anxiety. I don't think that a whole group would be a good way to support this. Small group prevention would be good, but there would need to be a lot of groups.
Middle	Troy Middle	Vaping, marijuana, and other related issues are not offered as in-school programs.
Middle	Troy Middle	We could use more resources with YIN or COMPASS for our students. Absenteeism is concerning. Behaviors - in and out of school - are concerning.
Middle	Troy Middle	Chronic absenteeism
Middle	Troy South Middle	Students need to learn how to not play the victim.
Middle	Troy South Middle	Dealing with anxiety, impulse control, and conflict resolution
Middle		Attendance
High	New Horizons High	Coping with anxiety and depression in healthy ways, regulating emotions, food, and housing insecurity
High	New Horizons High	Attendance and Truancy

High	Troy Buchanan High	Stress-management, time-management, and decision-making. Assessing high school students revealed many of them are high-achieving students who are looking for actual solutions to put in place to help them handle stressors in their daily lives. I think we overlook a majority of our students who struggle with these issues because a small population of students have very high needs that demand a lot of our time. Classroom-based lessons would be a great way to meet the needs of the majority of our students.
High	Troy Ninth Grade Center	Availability is limited by the number of professionals available.
High	Troy Ninth Grade Center	A couple of years ago, NGC had small groups for specific students who were identified as struggling with certain behaviors. They met monthly (?) in guidance during WIN time.
High		Attendance/truancy
Winfield		
Elem.	Winfield Elem.	I would love to see an increase in the number of days that Pinocchio is at Winfield Primary along with other outside providers to help facilitate group prevention activities.
Multiple		All students would benefit from having a space within the school to regroup/take a minute/recover from overstimulation. Having a quiet place with comfortable, flexible seating, comfortable lighting, and soothing sensory resources available would make a huge difference in the kids' ability to learn all day. Also, having a space where students can experience deep pressure input and/or move around to expend a lot of energy quickly would be incredibly helpful.

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

Table 8A. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2026 – Full Sample

Primary barriers students encounter when trying to address a behavioral health need/issue - Full Sample	#	%
Lack of parent involvement to assist student with the need.	87	74%
Lack of time within the school day to respond to the youth with the behavioral health needs.	55	47%
High staff turnover of referring agencies, leading to inconsistent support for students.	54	46%
Burnout among school staff, reducing the capacity to provide adequate support.	47	40%
Severity of students' problems.	43	37%
Lack of access to mental health professionals for services.	42	36%
Lack of parental consent.	42	36%
Lack of sufficient resources for student support services at school.	42	36%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	33	28%
Lack of sufficient resources for special education services.	29	25%
Limited awareness of available resources within the community and/or school district.	28	24%
Stigma around mental health issues (from peers or others)	27	23%
Lack of clear, consistent, school behavior rules/policies.	26	22%
Students have difficulty accessing services due to transportation limitations.	21	18%
Unavailability of assessment/treatment resources in the community.	16	14%
Students require too many modifications/accommodations to assist.	14	12%
Lack of support from school administration.	12	10%
Students' fear of disciplinary action for expressing behavioral health needs.	10	9%
Inadequate coordination between schools and LCRB-funded mental health providers.	9	8%
Inadequate coordination between schools and other external mental health providers.	8	7%
Other Barriers	5	4%
Total	117	

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

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

Other barriers (2026):

- Lack of licensed play therapists in our county. (Troy, early education)
- Lack of funding for private insurance clients. (Troy, elementary school)
- Agency turnover and lack of organization and consistency. (Elsberry, middle school)
- Agency intake processes can be lengthy, with high turnover of staff. (Troy, high school).
- Transient families (Elsberry, high school).

Table 8C. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2026 – Early Education & Elementary Grades

Primary barriers students encounter when trying to address a behavioral health need/issue - Early Education & Elementary Grades	#	%
Lack of parent involvement to assist student with the need.	41	75%
Lack of time within the school day to respond to the youth with the behavioral health needs.	31	56%
Burnout among school staff, reducing the capacity to provide adequate support.	26	47%
Lack of sufficient resources for student support services at school.	25	45%
Severity of students' problems.	24	44%
High staff turnover of referring agencies, leading to inconsistent support for students.	23	42%
Lack of access to mental health professionals for services.	23	42%
Lack of parental consent.	19	35%
Lack of sufficient resources for special education services.	16	29%
Lack of clear, consistent, school behavior rules/policies.	12	22%
Students require too many modifications/accommodations to assist.	10	18%
Stigma around mental health issues (from peers or others)	9	16%
Limited awareness of available resources within the community and/or school district.	8	15%
Lack of support from school administration.	7	13%
Students' fear of disciplinary action for expressing behavioral health needs.	7	13%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	7	13%
Unavailability of assessment/treatment resources in the community.	7	13%
Inadequate coordination between schools and other external mental health providers.	5	9%
Students have difficulty accessing services due to transportation limitations.	4	7%
Inadequate coordination between schools and LCRB-funded mental health providers.	2	4%
Other Barriers	2	4%
Total	55	

Table 8D. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2026 – Middle School Grades

Primary barriers students encounter when trying to address a behavioral health need/issue - Middle School Grades	#	%
Lack of parent involvement to assist student with the need.	20	69%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	14	48%
Burnout among school staff, reducing the capacity to provide adequate support.	12	41%
Lack of access to mental health professionals for services.	11	38%
Lack of clear, consistent, school behavior rules/policies.	11	38%
Lack of time within the school day to respond to the youth with the behavioral health needs.	11	38%
High staff turnover of referring agencies, leading to inconsistent support for students.	10	34%
Lack of parental consent.	10	34%
Limited awareness of available resources within the community and/or school district.	10	34%
Stigma around mental health issues (from peers or others)	10	34%
Severity of students' problems.	9	31%
Lack of sufficient resources for student support services at school.	7	24%
Students have difficulty accessing services due to transportation limitations.	6	21%
Unavailability of assessment/treatment resources in the community.	5	17%
Lack of sufficient resources for special education services.	4	14%
Students require too many modifications/accommodations to assist.	3	10%
Lack of support from school administration.	2	7%
Inadequate coordination between schools and LCRB-funded mental health providers.	1	3%
Inadequate coordination between schools and other external mental health providers.	1	3%
Other Barriers	1	3%
Students' fear of disciplinary action for expressing behavioral health needs.	0	0%
Total	29	

**Table 8E. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – February 2026
– High School Grades**

Primary barriers students encounter when trying to address a behavioral health need/issue - High School Grades	#	%
Lack of parent involvement to assist student with the need.	16	76%
High staff turnover of referring agencies, leading to inconsistent support for students.	12	57%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	9	43%
Lack of parental consent.	7	33%
Lack of sufficient resources for student support services at school.	7	33%
Lack of time within the school day to respond to the youth with the behavioral health needs.	7	33%
Severity of students' problems.	7	33%
Students have difficulty accessing services due to transportation limitations.	7	33%
Burnout among school staff, reducing the capacity to provide adequate support.	6	29%
Lack of sufficient resources for special education services.	6	29%
Limited awareness of available resources within the community and/or school district.	6	29%
Lack of access to mental health professionals for services.	5	24%
Inadequate coordination between schools and LCRB-funded mental health providers.	4	19%
Stigma around mental health issues (from peers or others)	4	19%
Lack of clear, consistent, school behavior rules/policies.	2	10%
Students' fear of disciplinary action for expressing behavioral health needs.	2	10%
Unavailability of assessment/treatment resources in the community.	2	10%
Other	2	10%
Inadequate coordination between schools and other external mental health providers.	1	5%
Lack of support from school administration.	1	5%
Students require too many modifications/accommodations to assist.	0	0%
Total	21	

Table 9. Additional Resources/Services Currently Needed to Support your Students' Mental/Behavioral Health-related Needs

Grade level	Additional resources/services currently needed to support your students' MH/BH-related needs
Elsberry	
Elem.	Timely help for students that are needing support and follow through with hotlines.
Elem.	We need more school-based therapists and consistency with them.
Middle	We are seeing more students with combinations of mental health concerns, behavior concerns, lack of family structure concerns, and absenteeism. These students either refuse to engage in services and parents cannot/won't make them, or no governmental agency is willing to step in and consistently enforce accountability. Most of these students end up not coming to school. I have finally gotten some to engage in online options or hybrid options. Even to use our Student Support Room effectively, we have to get students "in the door." If I can't get them here, they can't use the Student Support Room, YIN, or Compass. This trend is developing at a younger and younger age. The root cause is often combined family instability (mental health and economics) and trauma. No single program can address this issue. A coordinated approach is needed. Leverage is needed to get families to engage.
Multiple	Comment redacted (included in confidential report)
High	Honestly, if families were more prosperous in general, they would have more time and energy to spend focusing on the behavioral, emotional, and academic needs of their children. Families are in survival mode; they are focused on keeping their heads above water, keeping food on the table. They don't have time to think about school or the complex needs of their child.
Silex	
Early Ed.	A counselor that wants to work in the classroom and one-on-one with students.
Multiple	More small group counseling.
Troy	
Elem.	SEL small groups, pulled for social skills.
Elem.	More school-based counseling/therapy. The caseload quickly fills up.
Elem.	More availability and funding to offer support for our individual student needs across the district. (SBT, CSS, YIN, SparkWheel, etc.) I often have students who need it, but due to funding cannot.
Elem.	Funding for clients with private insurance.
Elem.	More students are experiencing trauma related to early childhood and current conditions.
Elem.	More space available with Compass Health, in a school setting
Elem.	We have an effective partnership with many outside agencies. These partnerships create a better system of care for students. It would be highly beneficial to our students, families, and school staff to be able to have staff from the partnering agencies in our school daily. This could lead to more access to students and would allow for support during moments of crisis as well as during moments of regulation.
Elem.	An additional counselor and behavior interventionist.
Elem.	Full-time educational support counselor at each elementary building.
Elem.	A full-time educational support counselor.
Elem.	More funding for Compass Health Therapy and Community Support Specialists. Multiple students on "waitlist" due to private insurance funding. More early intervention programs with small groups.
Elem.	Have additional Behavior Specialists and Social Skills Interventionists to ensure we are meeting students' and staffs' needs more regularly. Traveling between multiple buildings decreases our ability to make progress with both students and teachers.
Elem.	Consistency is a need. Many of our behavioral health staff are currently split between multiple buildings, which limits their consistent access to students. Increasing their availability within individual buildings would allow for more continuous support and the ability to provide more in-depth, proactive services to students.
Middle	Mental health services for students without Medicaid. The caseload number is very limited for our school, and we usually have all slotted spots filled by October of the school year.
Middle	More parental support and intervention for students facing mental/behavioral needs.
Middle	Programming for preventing and dealing with vape and substance abuse.
Middle	We have SEL teams, groups, RISE, counseling activities, etc.
Middle	We only have two guidance counselors to work with 800+ students. We need more daily staffed positions for guidance counselors. Also, guidance counselors have a lot of other tasks that don't relate to mental health, so they are stretched very thin with their time.
Middle	Anytime we have a service that is accessible during the school day, we fill up the agency quickly. However, the lack of resources for working families is challenging. Parents who work often have fewer opportunities to access resources because they do not qualify for Medicaid. Evening appointments are typically hard to come by, and working families cannot take off work each week to bring their children to mid-day services. Even when a family is employed or has private insurance, that does not necessarily mean they can afford additional services, as many families live paycheck to paycheck.
High	Trauma counseling, homeless resources, navigating government agencies to obtain things like Medicaid and SNAP benefits for students who are 18 and on their own.
High	I think we just need more daily support/services. Saint Louis Counseling at TBHS for the full 2 days, more Compass availability, ESC - Kristi Gregory - at TBHS, more than one day a week.
High	More school-based therapy.

High	Parental involvement outside of school
High	Trauma-informed follow-up care after an abuse/neglect report.
Multiple	Increased general-classroom training in social norms (how to start a conversation, how to discuss and resolve differences, etc.).
Multiple	More Saint Louis Counseling and Youth in Need Counseling, these programs are not insurance dependent and have simple enrollment processes that make services more accessible.
Multiple	Proactive Supports - social skills deficiencies are a high need for our population; additional early intervention supports, such as Pinocchio and Social Skills Interventionists, provided invaluable early intervention. It would be ideal if both of these services could be expanded.
Winfield	
Middle	Clear and consistent procedures within the school for identification.
High	Additional counseling staff to aid with students' daily needs.
Multiple	More no-cost mental health providers during the school day.
Multiple	A mentor program.

Table 10. Mental or Behavioral Health Service to Add or Improve at School

Grade level	Mental or Behavioral Health Service to Add or Improve at School
Elsberry	
Elem.	The need for in-house mental health resources to support students quickly that do not have to wait for outside resources.
Elem.	Add a second Youth in Need Counselor full time.
Middle	We are blessed to have YIN, Compass, and the Student Support Room. If we can get students in the door, we can usually connect them to services.
Multiple	Pinocchio - many of our students have minor (relative to the significant needs of other students) mental or behavioral health concerns that could be addressed with the Pinocchio Program before they become major concerns.
High	I am very grateful that Elsberry has our Student Support Room. That resource has helped keep students in school and truthfully, has helped keep students alive.
Sacred Heart	
Multiple	Being able to offer Pinocchio to more students than those who currently receive it. Having a consistent counselor who was able to meet with all of our students in need.
Silex	
Early Ed.	Getting parents on board.
Middle	A consistent counselor would help a lot at our school. We have had several in the past few years, and the students don't trust them because they haven't been here long enough or just don't have a welcoming personality.
Troy	
Elem.	Provide more staff to pull groups to support student needs.
Elem.	Comment redacted (included in confidential report)
Elem.	Access to in-person mental health supports on a regular basis.
Elem.	More availability and funding to offer support for our individual student needs across the district. (SBT, CSS, YIN, SparkWheel, etc.) I often have students who need it, but due to funding cannot access it.
Elem.	Youth In Need - their referral process is seamless.
Elem.	A parenting class.
Elem.	Greater access for all students with needs, regardless of parental involvement.
Elem.	More space available with Compass Health, in a school setting
Elem.	Our school needs another admin to keep up with all of the behaviors we are seeing. Having the transition room and other big behaviors are keeping the admin in the office, and they are not able to be as present as they wish to be.
Elem.	More counselors. Students have a significant need, but our one counselor can't do it all
Elem.	Increasing the number of days that Compass Health and/or Youth in Need counselors were on site at MSE would be greatly beneficial.
Elem.	An additional counselor.
Elem.	Easier access/partnership with a BCBA to model and work with staff on implementation of behavior plans.
Elem.	More counselors. We have a high student need for counselors, but they can only see so many students in a day/week.
Elem.	Easier access/partnership with a BCBA to model and work with staff on implementation of behavior plans.
Elem.	I would add the Pinocchio Program from 2 to 5 days a week. This would provide early intervention for more students to avoid reactive services later on.
Elem.	In my experience, Youth In Need has been the most consistent service for students since she is only between two buildings.
Middle	I wish I could find a way to save all my students from the trauma they have from neglect and abuse, some of them are faced with on a day-to-day basis. No one can learn carrying that kind of weight. School just becomes a safe place. I am at least glad they have that.
Middle	Therapist 5 days a week, with intakes occurring at the school building for all mental health services, rather than requiring parents to go to an office.

Middle	I think our RULER lessons are not very effective. It would be more beneficial in a small-group setting, especially for specific students who would actually need it.
Middle	Make the mentorship program more widely available and ensure more effective communication between the mentors and teachers (specifically, Case Managers).
Middle	More availability for one-on-one check-ins from reliable, committed individuals.
Middle	Add more days for Saint Louis Counseling, YIN, and Social Skills Interventionist, or a SparkWheel Counselor
Middle	Staff availability.
Middle	We would love to have SparkWheel at TSMS. We would be able to fill a caseload.
High	Trauma counseling, because a large number of our population, and the alternative school have very high A.C.E. scores.
High	Have an outside counselor at the building daily to assist in providing support to students.
High	Full-time Crisis Counselor/Educational Support Counselor
High	PCHAS- academic support that does not impact students' school day, such as pulling them out of class, which can result in further academic regression.
High	As we grow, looking at the possibility of having an in-house ESC at all times vs. having them one day a week and calling them in for support when necessary.
High	Fewer outside agencies and more employed by the school, so that teachers have regular access to discuss issues
High	We do not currently have community resources related to disordered eating and are seeing an increase in this behavior among our students.
Multiple	Unsure; possibly additional personnel who can track behaviors and develop plans for behavior replacement and reinforcement.
Multiple	Additional Youth in Need Therapist - the YIN model is the most accessible to families (limited barriers to access).
Winfield	
Elem.	Funding for additional days for Youth in Need and/or Pinocchio.
Middle	More counselors.
High	Home visits, if not already provided, could allow for visual confirmation of a student's condition should they be absent more than a few days in a row.
Multiple	It would be great to have a dedicated room or rooms for students with movement and/or sensory needs.
Multiple	SBT- the SBT service is inconsistent, students do not benefit due to the lack of engagement and cases are closed quickly.

Table 11. Substance Use Percentages Among Grade Levels

Alcohol	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	76	61	10	0	53%	91%	24%	0%
Minor problem	31	2	20	8	22%	3%	49%	33%
Moderate problem	31	2	9	15	22%	3%	22%	63%
Serious problem	6	2	2	1	4%	3%	5%	4%
Total	144	67	41	24	144	67	41	24
Cigarettes (including chewing tobacco)	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	87	63	14	5	58%	90%	34%	20%
Minor problem	49	3	21	19	33%	4%	51%	76%
Moderate problem	13	4	6	1	9%	6%	15%	4%
Serious problem	0	0	0	0	0%	0%	0%	0%
Total	149	70	41	25	144	70	41	24
E-cigarettes (vaping nicotine)	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	56	53	0	0	36%	74%	0%	0%
Minor problem	20	12	3	2	13%	17%	7%	7%
Moderate problem	33	4	22	7	21%	6%	51%	26%
Serious problem	46	3	18	18	30%	4%	42%	67%
Total	155	72	43	27	144	72	41	24
Marijuana including edibles and THC vapes	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	69	63	1	1	46%	90%	2%	4%
Minor problem	23	2	13	4	15%	3%	31%	16%
Moderate problem	32	3	14	12	21%	4%	33%	48%
Serious problem	26	2	14	8	17%	3%	33%	32%
Total	150	70	42	25	144	70	41	24
Prescription drug misuse (not prescribed by doctor to include stimulants, opioids, and/or sedatives)	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	97	64	15	10	68%	93%	39%	45%
Minor problem	37	1	20	11	26%	1%	53%	50%
Moderate problem	7	3	3	1	5%	4%	8%	5%
Serious problem	1	1	0	0	1%	1%	0%	0%
Total	142	69	38	22	144	69	41	24
Over-the-counter drug misuse (abuse; not regular use)	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	103	65	20	10	75%	94%	56%	48%
Minor problem	31	2	16	10	22%	3%	44%	48%
Moderate problem	3	1	0	1	2%	1%	0%	5%
Serious problem	1	1	0	0	1%	1%	0%	0%
Total	138	69	36	21	144	69	41	24
Stimulants (e.g., cocaine & methamphetamine)	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	115	65	28	13	83%	94%	78%	65%
Minor problem	20	2	8	6	14%	3%	22%	30%
Moderate problem	2	1	0	1	1%	1%	0%	5%
Serious problem	1	1	0	0	1%	1%	0%	0%
Total	138	69	36	20	144	69	41	24
Opioids/Heroin	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	124	65	32	16	90%	94%	89%	80%
Minor problem	12	2	4	4	9%	3%	11%	20%
Moderate problem	1	1	0	0	1%	1%	0%	0%
Serious problem	1	1	0	0	1%	1%	0%	0%
Total	138	69	36	20	144	69	41	24

Inhalants	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	111	65	23	15	81%	94%	64%	79%
Minor problem	23	2	12	4	17%	3%	33%	21%
Moderate problem	1	0	1	0	1%	0%	3%	0%
Serious problem	2	2	0	0	1%	3%	0%	0%
Total	137	69	36	19	144	69	41	24
Synthetic/ novel drugs	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	114	65	25	14	83%	94%	69%	70%
Minor problem	19	2	10	4	14%	3%	28%	20%
Moderate problem	4	1	1	2	3%	1%	3%	10%
Serious problem	1	1	0	0	1%	1%	0%	0%
Total	138	69	36	20	144	69	41	24
Hallucinogens & dissociatives (e.g., LSD, ketamine)	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	121	66	31	14	88%	96%	86%	70%
Minor problem	15	1	5	6	11%	1%	14%	30%
Moderate problem	1	1	0	0	1%	1%	0%	0%
Serious problem	1	1	0	0	1%	1%	0%	0%
Total	138	69	36	20	144	69	41	24
Fentanyl	All Grades	Early & Elem.	Middle	High	All Grades	Early & Elem.	Middle	High
Not at all a problem	123	65	32	15	90%	94%	89%	79%
Minor problem	12	2	4	4	9%	3%	11%	21%
Moderate problem	0	0	0	0	0%	0%	0%	0%
Serious problem	2	2	0	0	1%	3%	0%	0%
Total	137	69	36	19	144	69	41	24

Table 12. Additional Information Provided by School Staff Relating to Student Substance Use

School District	Grade level	Additional Information on Student Substance Use
		Elsberry
Elsberry	Middle	Substance abuse is difficult to assess the level of the problem. We suspect, but it is hard to know with confidence. Substance abuse by adults in the household has a wide impact on students. That is often more visible.
Elsberry	Multiple	Many more of my young students are aware of drugs, especially vaping and marijuana use, than in previous years.
		Elsberry
Silex	High	I don't know of any of my students who do it here at school or at home, but I know in the past that there have been. I am pretty sure they have tried some of the things.
		Elsberry
Troy	Elem.	How can students be exposed? If it is happening at home, for example, do they go through withdrawal due to becoming used to the substance when their body no longer receives it?
Troy	Elem.	I teach first grade, so I don't see any of this with my students, yet I know it is a problem with older students.
Troy	Elem.	The answers of course are based on what I personally know of and may not be fully reflective of all situations.
Troy	Middle	A large number of students across middle and HS have, use, and sell vapes.
Troy	Middle	Most of the markers of "minor" are more unknown. I don't want to say they're a problem when I'm not sure.
Troy	High	The answers I left blank are due to uncertainty. I cannot say there is not an issue but it has not been my experience thus far. I will say that we do have parents or adults in the lives of our students who engage in alcohol and substance use at levels that are impactful to students.
Troy	Multiple	The above replies reflect students in grades K-5, age 12 or younger.
Troy	Multiple	Vaping is the largest issue; I see it on nearly a daily basis.
		Elsberry
Winfield	Middle	We are constantly catching students and hearing stories - if it is that consistent and the ones we know of, I can only imagine what we don't. Sadly, a majority of those guilty of substance abuse appear to have family members that are encouraging/ignoring that behavior.
Winfield	Multiple	I would like to provide education rather than strictly prevention in the secondary setting.

Table 13. Positive Impact and Additional Feedback for LCRB

Grade level	Additional Comments for the LCRB
Elsberry	
Elem.	The Student Support Room has been a huge benefit for the Elsberry School District.
Middle	We have several students who used the Student Support Room consistently in Middle School but are now either independently functioning in high school or functioning with minimal "check-ins" now that they are in high school. The Student Support Room has allowed us to flexibly meet mental health needs for students. It has been greatly helpful, especially when paired with services from Compass or Youth In Need.
Middle	I appreciate the work you do. As society has changed, it is becoming harder to meet all the needs of students. Poverty is still a driving factor, and we have not really found a good response to help families. Drug use is still a major factor, but often this is adult use affecting students. Trauma is a factor, but so is overall resiliency in students. Parenting looks different now, and the internet has changed students greatly, not for the better.
High	One of my favorite things is when I previously only talked to students about things they really shouldn't have to worry about: not having food, not having a place to live, wanting to die, self-harm, or helping a parent through drug addiction, to name a few examples. But then, after receiving some help and services from LCRB, I get to talk to them about things that are developmentally normal for them to worry about: conflict with friends, forming healthy romantic relationships, school stress, academic pressure, and plans for after high school. I always take a minute during our conversations to point this out and let the student feel the pride of how far they have come. I've been able to do this a lot over the past few years. Our students who were significantly affected by the flood over the summer are doing so great. This was not a lasting trauma, and that's because of the swift and comprehensive response of the Elsberry community and the LCRB. Our community really bounced back. Our Elsberry Student Support Room has been a huge asset to some of our most vulnerable students. I truly believe it has kept a couple of students, not just at school, but alive. Thank you to Jason Miller for continuing to do the work to keep that room open. Several students who have previously used multiple LCRB resources in our school are now preparing to go off to college next year, something they never would have even considered during the times when they were emotionally and behaviorally struggling. Our students, in general, are very comfortable talking about mental health and about expressing their needs. With these younger generations, there is less and less stigma and more and more understanding of mental health. This is such a big win we often do not talk about.
High	These surveys always seem and sound so negative. But I don't feel negative. I feel like the LCRB has done some amazing things in our county and for our community. We are doing great work. We are making a difference. We have had so many success stories. Thank you for working to protect and provide for our children and for our most vulnerable people in the county. We are up against a lot, and a lot of it is out of our control. We have a rapidly growing population and we are forced to adapt very quickly. Societal trends on a national level are affecting our students and families - income inequality, unaffordable healthcare, reduced school funding and position vacancies, housing instability and unavailability, unaffordable cost of living, stagnant wages, etc. These things affect our kids, and we don't have much control. I'm not sure how politically involved LCRB is with advocacy at the state level, but this could be one way to improve our influence. Despite these very significant challenges, LCRB is doing great, great things. For every challenge, there is a success story. Thank you for your hard work and dedication. You're making the world a better place.
Sacred Heart	
Multiple	Melinda Holland has been a God-send to many of our students at Sacred Heart. We have seen remarkable improvement in their social-emotional health.
Silex	
High	I believe the process to obtain services is quite overwhelming. Everyone's time is stretched to the limit with counselors wearing numerous hats. The process to request services should not have deadlines or an overwhelming application process. Make it easier for schools to get the help they need. No one needs more paperwork.
Multiple	Provide administrators and counselors a simple list of LCRB services and descriptions each year. Thank you for the link above. I've been on the website, but that's the first time I've seen that link.
Troy	
Elem.	We truly appreciate the time and attention you put into figuring out how to best support our youth needs! We appreciate the consistency that our Compass workers (CSS & SBT) have given us this school year. Students are able to rely on them and know they will be here every week to work with them.
Elem.	Mr. Jeremiah is a phenomenal support system for our students. I do not get to observe sessions; however, it is obvious in student behaviors outside of sessions that his work is making a difference with students. We are very lucky to have him supporting students at our school. Additionally, we are very fortunate to belong to a school district that prioritizes the social-emotional and mental health of our students, faculty, and staff. The positions we have added over time in an effort to meet the needs of our students and staff are imperative and make a difference within our student population each and every day!
Elem.	Many of my answers are limited due to my location within the school. While programs are done with students, they are generally done in the classroom, not during special's time.
Elem.	We appreciate all you do so much, and the LCRB is truly making a difference at Troy R3!
Elem.	Compass school-based therapy provides much-needed coping strategies for students with ASD who have expressed frustration at their difficulty in communicating.
Elem.	We need to look at the data for the number of students with moderate/severe disabilities with behaviors that require more support from special education teachers, also trying to teach students with mild/moderate disabilities without behaviors.
Elem.	Thank you for all the work you do for our community. Your time and efforts are much appreciated.

Elem.	Thank you for supporting the needs of our students. Question: How are funds raised to support the LCRB? How can the community help support the LCRB?
Elem.	Parents need to be held more accountable for student absences at the elementary level. It is a case-by-case basis, but students need to be held back if they don't have an IEP and don't know the basics of their grade level. I know LCR3 does not hold back students because it "socially prohibits them," but that's how older students keep getting passed on and don't know how to read or do basic math. If a student is chronically absent, how can we tell if they don't know the information or if they have a disability and need special education services? Chronic absenteeism is also contributing to teacher burnout because we try our best to teach students, but a few fail because they aren't there. It's the teacher and the school's fault; the student/parents aren't being held accountable, and then they get to move on to the next grade anyway. All that work and extra time trying to reteach students who missed about a hundred lessons (elementary students have about 8 lessons a day) and constantly trying to contact parents, for what?
Elem.	Thank you for supporting our students and families. We know that there are funding restraints. It could be helpful to share with the community how the program is funded and where the funds go.
Elem.	It is a blessing to have the available resources that we have through the LCRB. We appreciate all the work that is put into working to support our students and families.
Middle	We truly appreciate the support provided to students and families of LCR3.
Middle	The students are pulled during "explo" classes to participate in the talks and support provided; therefore, the special education and core teachers do not know what is going on.
Middle	I think Compass and Spark has had a big impact on our students.
Middle	Communication and knowledge about the programs are lacking. How are people supposed to know these services are available? As a teacher, I know there are outside counseling services available at schools, but I do not know what is available, how to get students/parents in contact with those programs, or what the different programs do to help with mental health.
Middle	Ms. Nikki with Compass should be recognized for her amazing work. She goes above and beyond the call of duty, and students, parents, teachers, and families all love and respect her. She serves as a positive bridge between the school and families. I know that if you interviewed anyone on her caseload, students would share the positive impact she has made in their lives. Ms. Haileigh with Compass is new to TSMS and is already doing so much meaningful work. She is kind, hardworking, and cares deeply about each child. Ms. Shannon with Compass is a wealth of knowledge and a strong advocate for her students. Our Compass team works incredibly well together. Karen with YIN cares deeply about her work. She communicates well with staff, students, and families. She truly cares about her students and is always encouraging them to be their best. McKayla with STL Counseling does an amazing job checking in and thinking outside the box to support students. We are so grateful for her. Ms. Pam with PCHAS is such a hard worker. Over the years, we have watched students blossom when they have her as their mentor. She is consistent and loved by all. Tara Cox does an amazing job leading small groups. She is always reliable for observations and comes up with great ideas for the BIT team.
Middle	I am so appreciative of all the hard work the Lincoln County Resource Board provides. I don't think I could ever measure the positive impact it has on schools, families, and our community. You are truly angels on the ground, and your work is deeply appreciated.
High	I greatly appreciate everything you all do for Lincoln County!! Your support is amazing, and you probably don't hear how appreciated it is enough!!!
High	I truly believe every single provider who comes into our building tries their best and wants to make a difference in the lives of the students they serve. Even with all of the barriers and frustrations we face on a daily basis, I want to express how much we appreciate the work of our outside providers and the Lincoln County Resource Board. You are all a light in the lives of children in our community! THANK YOU!!!!
High	Thank you for your thoughtfulness and attention to the needs of our students!
High	The need for mental health services is there, but too much is on the teacher's plate, and lots of lost class time equals the student making up work, which equals more anxiety and mental health issues.
High	A young lady who started with Compass CPRC services in middle school made a meaningful connection with her worker that has continued even as the worker moved into a different role. She was navigating severe difficulties with an abusive father and an alcoholic mother - her Compass worker helped advocate for her and support her through the years. Now her family relationships and personal well-being have improved significantly, and she is thriving both at school and at work. We could not possibly begin to meet the mental health needs without the support of LCRB's programs. Thank you for your partnership!
Multiple	Thank you for all you do! These students' lives are made better every day by these services.
Multiple	We continue to be humbled and grateful for the LCRB school-based supports model! Without the LCRB funded supports, the need would immediately overwhelm our school system and staff. Thank you for the tremendous work that you do to provide these critical services to students and families!
Winfield	
Elem.	LCRB helped facilitate a family fun night that provided a free night of fun and learning to around 200 people in the Winfield area. Their help and support were so appreciated! I look forward to future partnerships with LCRB.
Middle	I'm in the trenches, and do not get to see the long-term benefit of such programs, nor have I had a choice in bringing them. However, our counselor and district do a great job of asking and finding, and there is ALWAYS somebody who will call and find out if a need arises.
Multiple	Thank you for all you do!!
Multiple	Thank you for all you do for the children and families in the community.

About the Author

Cynthia Gandolfo, Ph.D.

636-544-7328

Cynberry42@msn.com



Cynthia Gandolfo, Ph.D. (formerly Cynthia Berry) is a distinguished psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology, with more than 26 years of professional experience in organizational development, program evaluation, community needs assessment, and strategic planning. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, a consulting firm dedicated to strengthening community systems through data-driven decision making, evaluation, and organizational capacity building. In 2026, BOLD will transition to Guide Research and Impact (GRI), reflecting the organization's continued focus on research, evaluation, and data-driven strategies to strengthen community systems and services.

Dr. Gandolfo has developed widely recognized expertise across Missouri and surrounding regions in large-scale behavioral health and community needs assessments, particularly those focused on children, youth, and family services systems. Her work integrates advanced research methods, psychometrics, and program evaluation with practical strategic planning, allowing community funding boards, school systems, and nonprofit organizations to translate complex data into actionable priorities and funding strategies. In recent years, her work has increasingly focused on school-based behavioral and mental health assessments,

cross-system service coordination, and strategic planning initiatives that guide local investment in prevention, early intervention, and treatment services.

Dr. Gandolfo has partnered with numerous Children's Services Funds and community funding boards throughout Eastern Missouri, including projects in Boone, Franklin, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, and Warren Counties. Her assessments and strategic planning processes have helped communities identify emerging needs, evaluate service gaps, and prioritize investments that improve access to behavioral health services and strengthen prevention systems for children, youth, and families.

Dr. Gandolfo's expertise also extends to organizational development, human resources, program design, and fund development. Over the course of her career, she has helped nonprofit organizations and community initiatives secure more than \$10 million in grant and funding support to expand services and implement innovative programs. She has also designed measurement tools, outcome tracking systems, and quality improvement processes that enable organizations to evaluate impact, improve service delivery, and make informed strategic decisions. Her leadership has supported initiatives ranging from large-scale program development and capital campaigns to accreditation processes and organizational restructuring.

In addition to her consulting work, Dr. Gandolfo previously served as an adjunct faculty member at the Brown School of Social Work at Washington University in St. Louis, where she taught graduate-level courses on the Evaluation of Programs and Services from 2012 to 2019. Through both her academic and consulting roles, she has contributed to the advancement of evidence-informed community services and data-driven policy and funding decisions.

Dr. Gandolfo is widely recognized for her ability to bridge rigorous research with practical implementation, helping communities and organizations transform data into meaningful action that improves behavioral health systems and strengthens support for children, families, and vulnerable populations.