

School-based Programs Assessment

A focus on the Mental & Behavioral Health Needs of Jefferson County Youth

Public Report

JCCMHFB

*Jefferson County Community Mental Health Fund Board
(JCCMHFB)*

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Summary Findings

One hundred and nine (109) staff across the eleven (11) public school districts in Jefferson County, Missouri, participated in an assessment about the school-based behavioral/mental health-focused programming funded in part, or in whole, by the Jefferson County Community Mental Health Fund Board (JCCMHFB). The school staff that were sent the survey link in April 2023 included: superintendents/principals, assistant principals, counselors/social workers, teachers, and eleven specialty positions within the school districts who are knowledgeable regarding behavioral health issues among their students (see Table 1).

Table 1. Survey Respondents by School and Grade Level

	Early Education (Pre-K)	Elementary (K-5)	Middle School (6-8)	High School (9-12)	Multiple grade levels	Total
Crystal City					3	3
DeSoto		2	1		4	7
Dunklin		2	2	2	2	8
Festus		9	4	4	3	20
Fox		4	2		3	9
Grandview		1	2	1		4
Hillsboro		8	4	4	5	21
Jefferson R-7		1	1	2	3	7
Northwest	1	9	3	3	2	18
Sunrise		1			2	3
Windsor		4	3	2		9
Total	1	41	22	18	27	109
% of Total	1%	38%	20%	17%	25%	

Most Critical Behavioral Health/Mental Health (BH/MH) Issues

School personnel were asked to identify up to seven of the most critical behavioral/mental health (BH/MH) issues they believe students were facing in April of the 2022-2023 school year (N = total number of respondents for this question, which was 109). Findings showed that across all grade levels (see Table 2):

- The most critical BH/MH issue was “controlling emotions, anger management, and conflict resolution” (83%; N = 91).
- The second most critical issue was “anxiety, worry a lot, fear” (82%; N = 89).
- The third most critical BH/MH issue was “friend/peer relationships, social skills, problem solving, and self-esteem” (80%; N = 87).
- The fourth most critical BH/MH issue was “truancy/educational neglect” (53%; N = 58).
- The fifth most critical BH/MH issue was “depression/sad a lot” (52%; N = 57)
- The sixth most critical BH/MH issues was “self-harm and suicide” (41%; N = 45).

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

- For the elementary grades (see Table 3), “controlling emotions, anger management, and conflict resolution” emerged as the most prominent BH/MH issue among 88% of applicable school staff (N = 36 out of 41). The second most prominent BH/MH issue was “anxiety, worry a lot, fear” noted by 80% of elementary staff (N = 33); this was equivalent with “friend/peer relationships, social skills, problem solving, and self-esteem”. “Truancy/educational neglect” was identified by 54% of school staff (N = 22). There were three issues comparable as the fifth most critical BH/MH issue, which included: “abuse and neglect issues,” “coping with grief, loss, and/or divorce” and “depression/sad a lot” (34% of staff; N = 14 each).
- The top BH/MH issues among the middle school students (Table 4) started with “friend/peer relationships social skills, problem solving, and self-esteem” (91% of staff; N = 20 out of 22). This was followed by “anxiety, worry a lot, fear” (82% of staff; N = 18). “Self-harm and suicide” were rated as the third most critical issue (73% of staff; N = 16). The fourth most critical BH/MH issue was equal among “controlling emotions, anger management, and conflict resolution” and “truancy/educational neglect” (68%; N = 15). “Depression/sad a lot” was the 6th most critical issue among 55% of staff (N=12).
- For the high school sample, “depression/sad a lot,” was identified as the most critical issue among high school students by 89% of staff (N = 16 out of 18; Table 5). The next two issues tied, which were “anxiety, worry a lot, fear” and “Friend/peer relationships, social skills, problem solving, and self-esteem” (83%; N = 15). These two issues were followed by “controlling emotions, anger management, and conflict resolution” (72%; N = 13). “Truancy/educational neglect” was also an issue among high schoolers (67%; N = 12). The sixth most critical BH/MH issue for this sample was “self-harm and suicide” (56%; N = 10).

Behavioral/Mental Health Prevention Program Availability and Necessity Assessment

School staff were asked to assess the availability and necessity of various behavioral/mental health community services (see Table 6). The table provides a wealth of information that should be reviewed for future planning and decision-making purposes. In Table 6, the reader will find the issues prioritized by need (any issue identified as a need by 90% or more of the staff members is highlighted in red; those between 70-90% are highlighted in yellow). The availability of programs that address these issues begins

in the sixth column, but the focus should be placed on the “Percent (%) Not Available” and “Combined Limited or No Availability” columns as well. Of the three topics identified as needed by 90% or more staff, none of them indicated more than 10% of staff who rated it as being unavailable. Only one had more than 60% of staff that assessed it as not being available. However, all three topics had more than 50% of staff rate them as having limited or no availability (combined percentage).

- First was “anxiety/worry prevention and control (63% of staff assessed it as low/no availability),” with 97% of staff who reported this topic as needed, the highest among all the topics.
- This was followed by “counseling (at school) for students with social, emotional, or BH needs,” which was needed by 94% of staff, with 56% limited and/or no availability within the school. There is access to counseling across all the school districts and grade levels that responded, the need is simply outpacing the availability of counselors within the schools.
- The third most needed program was “social/emotional skills training,” which was needed by 92% of staff respondents, with 52% who noted the topic as being not available or limited in availability.

Other programs with high percentages of need and relatively high percentages of limited or no availability are included below:

- “Chronic absenteeism prevention” was rated as needed by 85% of staff, with 22% of respondents who rated this program as not being available to them and an additional 47% who rated it as limited in availability.
- “Coping with grief, loss, and/or divorce” emerged as a needed program among 77% of the respondents, with a 64% combined rating for limited to no availability. Fifteen percent (15%) of the respondents noted this program as not available in their school buildings.
- “Online safety training” was identified as needed by 74% of staff, with a combined limited/no availability of 62%.
- “School success/school advocacy skills training” had 73% of staff rate this as needed, with a combined limited or no availability rating of 58%.

Topics where more than 10% of staff rated it as not available should be reviewed to determine if the topic is essential for the grade levels. For example, 76% of the total staff respondents rated “healthy dating relationships education” as not available/limited in availability, but this would only be a potential issue for the middle and high school grades and not the elementary grades.

Behavioral/Mental Health Community Services Availability and Necessity Assessment

School staff were also asked to assess the availability and necessity of various community-based services focused on behavioral and mental health (see Table 7). Table 7 is set up in the same way as Table 6 for analysis purposes. In Table 7, the reader will find the issues prioritized by need, with those identified as needed by 90% or more of the staff members highlighted in red, with the same highlighting criteria utilized for the combined percentage of limited or no availability in the community. There were two services that were highlighted in red in both necessity and lack of availability.

- “Psychiatrists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications (or Psychiatric referrals to community organizations)” was needed by 99% of staff (N = 94), with 96% no/limited availability. This was an issue brought up numerous times by staff in the open-ended questions posed in the assessment.
- “Psychologists/therapists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs (or clinical referrals to community organizations)” was needed by

98% of all staff respondents, with 97% who noted this service as being not available or limited in availability.

- “Services for youth dealing with trauma” was needed by 99% of staff but had a lower combined availability percentage than the previous two items (at 88%).

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

There were forty-seven (47) school staff (51.7% out of those who responded to this question, which included ninety-one staff total) who believed that there were additional group oriented BH/MH prevention needs within the school that were not being addressed (see Table 8 for complete statements provided by staff). Key findings supported various needs for students that could be resolved with group-oriented prevention programming such as:

1. Social-emotional learning/coping/self-regulation/conflict resolution skills (20 staff)
2. Anxiety/stress management (9 staff)
3. Depression/self-harm/suicide prevention (9 staff)
4. Attendance/truancy (7 staff)
5. Drug counseling/addictions among students (6 staff)
6. Self-advocacy for students (3 staff)
7. Coping with PTSD/trauma (3 staff)
8. Healthy dating relationships (3 staff)
9. Social media/online safety (3 staff)
10. Bullying (2 staff)
11. Peer-based counseling (2 staff)

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

School staff were asked to identify any barriers they had seen students encounter when trying to address a behavioral/mental health need/issue (see Table 9; N = 86). The largest barrier was “access to mental health professionals for services” (identified by 88% of item respondents; N = 76 out of 86). The second largest barrier was “lack of parent involvement to assist student with the need” by 70% of school staff (N = 60). The third largest barrier was “lack of sufficient resources for student support services at school (58%; N = 50).” This was followed by two barriers that tied among 57% of school staff (N = 49), which included “severity of students’ problems” and “lack of time within the school day to respond to the youth with the behavioral health needs”. The final and consistently identified barrier was “unavailability of assessment/treatment resources in the community” by 55% of school staff (N=47). Table 10 provides additional information school staff shared regarding the barriers students face when attempting to address their BH/MH needs, with full comments included. The emerging themes were identified as: issues with waitlists (five staff); transportation issues for students to obtain services (three staff); stable supports at home or within the family (three staff); lack of assessment resources (two staff); lack of child psychiatrists (two staff); and lack of mental health counselors/professionals (two staff).

Behavioral/Mental Health Services Needed the Most in the School/Community

An open-ended question was asked to allow for a variety of comments from school staff: “What behavioral/mental health services are needed the most in your school/community?” Staff comments are presented by school district and grade level in Table 11. Here is a summary of the sixty-four staff who provided comments.

- Additional counseling/therapy/psychologists to be available in the community for youth (15 comments).
- Psychiatric care for students (12 comments).
- Anxiety and coping-related services/programming (9 comments).
- Mental health counselors to be available in the school building (8 comments).
- Trauma-based services/therapy (8 comments).
- Emotional regulation for youth (7 comments).
- Services/programming focused on the family dynamic/home environment (7 comments).
- Mental health training/support for parents (6 comments).
- Services for youth dealing with depression (5 comments).
- Drug/substance use prevention (especially for vaping; 4 comments).
- Psychological evaluations (3 comments)
- Behavioral strategies/social skills training for teachers to support students' needs (2 comments).

Single comments provided by staff for the additional resources and services currently needed to support students' mental/behavioral health-related needs included: small group counseling; more funding for current systems; bullying training; self-harm avoidance; autism-related services; emergency mental health treatment services; and Comtrea.

Substance Use Trends

School staff respondents were asked to assess how much of a problem each substance was at their schools and in their grade levels (see Table 12). The items with the highest number of staff rating them as a serious and/or moderate problem were:

1. E-cigarettes – 51 out of 88 (58%) staff rated as serious, (38%) rated e-cigarettes as a moderate problem, and (20%) with an additional eighteen staff (20%) who rated e-cigarettes as a minor problem. Ninety percent of the middle school staff rated e-cigarettes as a moderate/severe problem (N= 17 out of 20); with 92% of the high school staff (N= 13 out of 14 staff). There were twelve staff (30% of the 32 elementary staff), who rated e-cigarettes as a minor problem.
2. Marijuana – 41 out of 82 (50%) staff rated marijuana as a moderate/severe problem with an additional twelve staff (15%) who rated it as a minor problem. 93% of the high school staff rated it as a moderate/severe problem, with 58% of middle school staff.
3. Alcohol – 22 out of 80 (27%) rated alcohol as a moderate/severe problem. This included 50% of the high school staff (N = 6 of the total 12 staff), and 28% (N = 5) of the middle school staff.

A few of the substances were rated as a minor problem by many staff and deserve noting:

1. Cigarettes – A total of 50% of school staff (N = 40) rated cigarettes as a minor to severe problem. 78% of middle school staff identified cigarettes as an issue, followed by 64% of high school staff, but only 1% of the full sample rated cigarettes as a serious problem.
2. Prescription Drugs – 38 out of the 72 (53%) staff rated prescription drugs as a minor to severe problem. There were only 4% of staff who rated it as a serious problem. 85% of high school staff and 80% of the middle school staff identified prescription drugs as a minor to severe problem.
3. Over-the-counter Medication (abuse/misuse) – 27 out of the 66 (41%) school staff rated this substance as a minor to severe problem. There were only 5% (N =3) staff who rated it as a moderate/serious problem.

Additional comments from school staff:

- I am at a K-3 elementary building. We do not have these problems with our students. We DO have these issues with some of the parents though.
- I have young kids. They do not abuse substances, but their parents do, and I would argue that it can have just as negative an impact as if they themselves were using the substances.
- I am completing this survey through the lens of preK-5. However, the answers would look different if I were completing for our other grade levels. Thank you.
- We have seen a huge increase in the number of kids vaping, including using vapes that are/could be laced with another chemical besides THC.
- We desperately need more support to help with the current vaping/marijuana issue at our high schools.

Missouri Student Survey – 2022 Participation

This assessment asked school staff if their school districts' students took the Missouri Student Survey (MSS: developed and implemented by the Missouri Department of Mental Health) in the winter of 2022. The Missouri Student Survey contains hundreds of questions on a variety of topics including depression, use of alcohol and drugs, mental health, bullying experiences, school-based behaviors, and self-injury/suicide. Schools are instructed to have all ninth graders complete the survey, and to select an additional grade level to survey. The full survey, including how questions were specifically worded, including the full rating scale, can be found at: [Missouri Student Survey | dmh.mo.gov](https://dmh.mo.gov).

There were thirty staff who stated that the MSS was not applicable to their grade level, reducing the sample size for the analysis of this item to 78 staff. Of those school staff, 46% (36 staff) did not know if their school district provided the MSS to the eligible students. Then 27% or 21 school staff responded that they did not administer the MSS with the remaining 27% (21 school staff) who responded that they had administered the MSS. The school district information will be shared with the JCCMHFB's Executive Director for planning purposes regarding the 2024 Missouri Student Survey assessment period.

Additional Information & Feedback for the Jefferson County Resource Board from School Staff

School staff were asked to share additional information regarding the additional services offered by the JCCMHFB (see Table 13) and to provide additional feedback to the board (see Table 14). Due to the variability in these comments, it is suggested that the JCCMHFB and their staff review each comment separately. The only common suggestion involved school staff not being aware of the services available in the community, so education regarding the resources/services should be made available to the schools and their stakeholders on an annual basis.

If the information was deemed confidential, it was placed in the confidential section of tables available only to the JCCMHFB for their review and action.

Tables Presenting Information

Table 2. Top Behavioral/Mental Health Issues of Youth – April 2023	#	%
Controlling emotions, anger management, and conflict resolution	91	83%
Anxiety, worry a lot, fear	89	82%
Friend/peer relationships, social skills, problem solving, and self-esteem	87	80%
Truancy/educational neglect	58	53%
Depression/sad a lot	57	52%
Self-harm and suicide	45	41%
Feelings of acceptance/belonging	36	33%
Bullying/cyber-bullying	30	28%
Drug and alcohol use and abuse	30	28%
Coping with grief, loss, and/or divorce	28	26%
Online safety	23	21%
Abuse and neglect issues (body safety)	18	17%
Housing instability/nowhere to live	18	17%
Food and basic needs' insecurity	16	15%
Unhealthy dating relationships	12	11%
Other (see details in narrative)	3	3%
Threats of violence or being injured by another peer	1	1%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	109	

Other comments: 1) Trauma; 2) Lack of parental support, crisis of confidence from lack of training; 3) technology addiction.

Table 3. Top Behavioral/Mental Health Issues of Youth – April 2023 - Elementary	#	%
Controlling emotions, anger management, and conflict resolution	36	88%
Anxiety, worry a lot, fear	33	80%
Friend/peer relationships, social skills, problem solving, and self-esteem	33	80%
Truancy/educational neglect	22	54%
Abuse and neglect issues (body safety)	14	34%
Coping with grief, loss, and/or divorce	14	34%
Depression/sad a lot	14	34%
Housing instability/nowhere to live	13	32%
Feelings of acceptance/belonging	11	27%
Food and basic needs' insecurity	11	27%
Bullying/cyber-bullying	8	20%
Self-harm and suicide	7	17%
Online safety	5	12%
Drug and alcohol use and abuse	3	7%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Threats of violence or being injured by another peer	0	0%
Unhealthy dating relationships	0	0%
Total	41	

Table 4. Top Behavioral/Mental Health Issues of Youth – April 2023 - Middle School	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	20	91%
Anxiety, worry a lot, fear	18	82%
Self-harm and suicide	16	73%
Controlling emotions, anger management, and conflict resolution	15	68%
Truancy/educational neglect	15	68%
Depression/sad a lot	12	55%
Bullying/cyber-bullying	9	41%
Drug and alcohol use and abuse	9	41%
Feelings of acceptance/belonging	8	36%
Online safety	6	27%
Coping with grief, loss, and/or divorce	5	23%
Unhealthy dating relationships	3	14%
Other (see details in narrative)	2	9%
Abuse and neglect issues (body safety)	1	5%
Food and basic needs' insecurity	1	5%
Housing instability/nowhere to live	1	5%
Threats of violence or being injured by another peer	1	5%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Total	22	

Other comments: 1) Lack of parental support, crisis of confidence from lack of training; 2) technology addiction.

Table 5. Top Behavioral/Mental Health Issues of Youth – April 2023 - High School	#	%
Depression/sad a lot	16	89%
Anxiety, worry a lot, fear	15	83%
Friend/peer relationships, social skills, problem solving, and self-esteem	15	83%
Controlling emotions, anger management, and conflict resolution	13	72%
Truancy/educational neglect	12	67%
Self-harm and suicide	10	56%
Feelings of acceptance/belonging	9	50%
Drug and alcohol use and abuse	7	39%
Unhealthy dating relationships	7	39%
Online safety	5	28%
Bullying/cyber-bullying	4	22%
Coping with grief, loss, and/or divorce	3	17%
Housing instability/nowhere to live	3	17%
Food and basic needs' insecurity	2	11%
Abuse and neglect issues (body safety)	0	0%
Child trafficking/exploitation	0	0%
Gang violence	0	0%
Threats of violence or being injured by another peer	0	0%
Total	18	

Other comments: 1) Trauma

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

	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmtd. Avail.	Not Avail.	DK	Adj. N	% Lmtd. Avail.	% Not Avail.	Combined Lmtd. Or No Avail.	% Needed
Abuse and neglect (body safety) prevention	43	35	19	78	27	38	15	17	80	48%	19%	66%	55%
Anxiety/worry prevention and control	94	3	2	97	35	54	6	3	95	57%	6%	63%	97%
Bullying/cyber-bullying prevention	64	27	5	91	46	34	15	4	95	36%	16%	52%	70%
Child trafficking/exploitation prevention	16	53	24	69	6	17	50	23	73	23%	68%	92%	23%
Chronic absenteeism prevention	81	14	2	95	27	42	20	8	89	47%	22%	70%	85%
Coping with grief, loss, and/or divorce training	66	20	7	86	34	46	14	3	94	49%	15%	64%	77%
Counseling (at school) for students with social, emotional, or behavioral needs (depression, anger, etc.)	92	6	0	98	43	54	1	1	98	55%	1%	56%	94%
Drug and alcohol use and abuse prevention	51	42	4	93	25	37	21	13	83	45%	25%	70%	55%
Feelings of belonging/acceptance (diversity) training	55	28	10	83	30	32	21	13	83	39%	25%	64%	66%
Healthy dating relationships education	29	55	9	84	20	20	43	14	83	24%	52%	76%	35%
Housing, Food Insecurity, & Basic Needs' Support	51	35	10	86	33	42	15	7	90	47%	17%	63%	59%
Online safety training	68	24	4	92	34	38	18	8	90	42%	20%	62%	74%
Self-harm and suicide prevention/resources	64	31	3	95	36	36	20	6	92	39%	22%	61%	67%
Social/emotional skills training (grade/age-focused)	89	8	1	97	46	42	8	3	96	44%	8%	52%	92%
School success/school advocacy skills training	63	23	10	86	36	29	21	12	86	34%	24%	58%	73%

DK = do not know; Adj. N. = adjusted sample size after removing blank and don't know responses; Avail. = available; Lmtd. Avail. = limited availability; Not Avail. = not available. **Other identified needs:** 1) Coping skills; 2) Our counselor in our building (hired by Northwest/internal) does many lessons around some of these topics, but intensive programming from the County would be beneficial.

Table 7. Behavioral/Mental Health Community Services/Resources Gap/Availability Assessment

	Needed	Not Needed	DK	Adj. N	# Avail.	# Lmtd. Avail.	Not Avail.	DK	Adj. N	% Lmtd. Avail.	% Not Avail.	Combined Lmtd. Or No Avail.	% Needed
Psychologists/Therapists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs (or clinical referrals to community organizations).	93	2	1	95	3	80	10	3	93	86%	11%	97%	98%
Psychiatrists, in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications (or Psychiatric referrals to community organizations).	93	1	2	94	4	74	15	3	93	80%	16%	96%	99%
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.	75	11	10	86	12	67	8	9	87	77%	9%	86%	87%
Drug and alcohol use/abuse treatment	65	9	21	74	9	50	8	28	67	75%	12%	87%	88%
Services for teens who are pregnant and/or parenting.	40	15	40	55	13	36	5	41	54	67%	9%	76%	73%
Services for youth in crisis.	82	3	11	85	7	65	7	15	79	82%	9%	91%	96%
Services for youth dealing with trauma.	92	1	3	93	10	66	6	12	82	80%	7%	88%	99%

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

Other identified needs: 1) Chronic absenteeism (noted by two staff). 2) Parent accountability and training for truancy. 3) Waitlists are long for families.

Table 8. Needs that are not being addressed that would benefit from group-oriented prevention programming, including small groups.

School District	Grade Level	Needs that are not being addressed that would benefit from group-oriented (even small group) prevention programming
Crystal City	Multiple	Dealing with adversity of any kind, self-advocating appropriately, stress and anxiety management.
DeSoto	Multiple	Behavioral
DeSoto	Multiple	Coping Skills and Self-Regulation
DeSoto	Multiple	Number of students to counselor ratio
DeSoto	Multiple	Drug counseling programs for students with addictions to THC/Alcohol.
Dunklin	Elem. (K-5)	Attendance
Dunklin	Middle (6-8)	Grief & belonging
Dunklin	Middle (6-8)	Grief
Dunklin	High (9-12)	Small group focus- healthy dating relationships, depression,
Dunklin	High (9-12)	Small group peer counseling
Dunklin	Multiple	Anger/dealing with emotions for young students
Dunklin	Multiple	Drug abuse/prevention, healthy relationships, sexual health and education
Festus	Elem. (K-5)	Social/Emotional needs
Festus	Elem. (K-5)	Mental health all areas and social emotional support
Festus	Elem. (K-5)	Anxiety/Depression, Family Issues, Anger Issues groups in younger children
Festus	Middle (6-8)	Coping Skills
Festus	High (9-12)	Social Emotional Learning (SEL)
Festus	High (9-12)	Social Emotional Learning
Festus	High (9-12)	Anxiety, stress support
Fox	Elem. (K-5)	Online safety prevention, social/peer interaction coaching, self-esteem/regulation coaching
Fox	Elem. (K-5)	We need more mental health support in the schools.
Grandview	Elem. (K-5)	Anxiety, depression, online safety, bullying
Hillsboro	Elem. (K-5)	We need to provide additional support to our parents.
Hillsboro	Elem. (K-5)	Coping with PTSD/Traumatic experiences
Hillsboro	Elem. (K-5)	Trauma-experienced resources
Hillsboro	Elem. (K-5)	Attendance and peer relationships
Hillsboro	Elem. (K-5)	Social media awareness
Hillsboro	Middle (6-8)	Anxiety, drug/alcohol use, self-esteem groups would all be beneficial.
Hillsboro	Middle (6-8)	Truancy, drug/vaping
Hillsboro	Middle (6-8)	Grief group/dealing with loss, substance abuse awareness/prevention, anxiety, depression, self-harm/suicide, coping with trauma, abuse survivors.
Hillsboro	High (9-12)	Safe relationships; coping with adversity; conflict resolution
Hillsboro	Multiple	We have several things in place, the need is just so high it is difficult to reach all students.
Jefferson R-7	Multiple	Self-confidence development
Northwest	Early Ed. (Pre-K)	Behavior/Social Emotional Skills groups.
Northwest	Elem. (K-5)	Chronic Absenteeism!!!!!!!!!!!!!!
Northwest	Elem. (K-5)	We have limited resources to support any type of mental health of children/youth. Youth suicide threats, depression-like tendencies, and out-of-control behavior are just two of the topics that we deal with on a regular basis. We are starting to see these behaviors more in the youngest learners.
Northwest	Elem. (K-5)	Chronic attendance and the impact on students

Northwest	Elem. (K-5)	We have one counselor from the county that visits once weekly, and her caseload is full. We then have very specific students that travel over to one of the agencies (agency name redacted) during the school day, but again it is very limited to certain students. We need more resources to address even putting more students in small group counseling.
Northwest	Middle (6-8)	Self-harm, absenteeism, drugs
Northwest	High (9-12)	Truancy; Chronic Absenteeism;
Northwest	Multiple	Bullying prevention; Emotional regulation; Self-esteem; Anxiety
Sunrise	Multiple	Self-help, Anger, Loss, Anxiety
Windsor	Elem. (K-5)	Not really, our issue is we have one counselor who runs support groups for us. She is fabulous but she is only one person; we have a need for additional groups in many of the same areas we currently address.
Windsor	High (9-12)	Depression, anxiety, managing emotions - all could benefit from group-oriented programming in a classroom setting. Right now, it is just one counselor dealing with all social emotional issues.

Table 9. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – May 2023

Primary barriers students encounter when trying to address a behavioral health need/issue:	#	%
Lack of access to mental health professionals for services.	76	88%
Lack of parent involvement to assist student with the need.	60	70%
Lack of sufficient resources for student support services at school.	50	58%
Lack of time within the school day to respond to the youth with the behavioral health needs.	49	57%
Severity of students' problems.	49	57%
Unavailability of assessment/treatment resources in the community.	47	55%
Students have difficulty accessing services due to transportation limitations.	32	37%
Lack of information/training.	20	23%
Lack of sufficient resources for special education services.	15	17%
Students require too many modifications/accommodations to assist.	9	10%
Lack of clear, consistent, school behavior rules/policies.	3	3%
Other (details included in narrative)	2	2%
Lack of support from school administration.	1	1%
Total	86	

Other Barriers Identified by School and Grade Level:

- **Hillsboro Middle School** - Stigma surrounding mental health preventing parents from acting on concerns.
- **Northwest High School** - NWR1 District has been trying to hire LPC without any candidates.

Table 10. Additional Information to share with JCCMHFB regarding barriers experienced by students when attempting to access services/help for their MH/BH Needs

School District	Grade level	Additional Information to share with JCCMHFB regarding barriers experienced by students when attempting to access services/help for their MH/BH Needs
DeSoto	Multiple grades	Primary lack of mental health professionals in the area along with a lack of assessment resources in the community.
Dunklin	Elem. (K-5)	We would love any resource recommendations for all-staff training or anyone that would be willing to come to our school to meet with our teachers for professional development. The majority of our staff want to help; they are just struggling with the severity and the number of behavioral issues in some of our classrooms, especially in the K-1st grade age ranges.
Festus	Elem. (K-5)	We need more child psychiatrists in Jefferson County.
Festus	High (9-12)	Lack of coping skills. Lack of internal drive to want to do better/different. Lack of ability to handle the word no or anything else that doesn't go their way. Social Media! Addiction to social media.
Fox	Elem. (K-5)	We service K-5th grade and our largest obstacle is parents who can transport their child and willing to follow through with getting help and appropriate resources in place.
Hillsboro	Elem. (K-5)	Mental health is increasing at a rapid rate in this community and unfortunately the resources available are mostly in the city, not locally sourced. Finding professionals for evaluations, outside counseling, and more has become arduous and there is typically a wait list that is not often feasible for parents within our community.
Hillsboro	Middle (6-8)	Many students do not have stable support systems at home that will assist in getting students the help they need. We have so many students who are being raised by family members or the parents they have are incapable of supporting them.
Northwest	Elem. (K-5)	Wait lists are far too long and transportation is an issue.
Northwest	Elem. (K-5)	Thank you for administering this survey. The need is so great for our community and families.
Northwest	Elem. (K-5)	Wait lists are far too long. Transporting students is an issue. One of the agencies (agency name redacted) does utilize a van transport service during the school day, but there are limited appointments, parents have to be present for the intake, and this also takes away from academic instruction.
Northwest	High (9-12)	Larger shortages of psychiatrists in the STL metro area - lengthy wait lists
Windsor	Elem. (K-5)	Thank you for sending this survey. Mental health is so critical, and I believe that people forget that young children often suffer just as much, if not more, than adults with these issues. They also face the barrier of lack of resources for emergency and critical treatment.
Windsor	Elem. (K-5)	Many parents complain of very long wait times for someone to see their child.
Windsor	Middle (6-8)	Parents should be more involved.
Windsor	High (9-12)	There is still a stigma against mental health indicated by parents "not believing" in mental health and tend to scoff off their child's mental health issues. Very frustrating!

Table 11. The Behavioral/Mental Health Service Needed the most in School/Community

School district	Grade level	Behavioral/mental health service is needed the most at your school/in the community
Crystal City	Multiple grades	I would love to have a full-time mental health counselor; the school counselor cannot manage her responsibilities and the mental health needs of the students to the level that they need
Crystal City	Multiple grades	I think our Comtrea counselors do a great job.
Crystal City	Multiple grades	Trauma, anxiety and coping related services.
DeSoto	Elem. (K-5)	Trauma
DeSoto	Multiple grades	Psychiatric
DeSoto	Multiple grades	In-house psychiatrist or psychologist and parent training. Students are entering school with high levels of trauma, no coping skills, and no self-regulation. Parents feel they have no resources or answers for their children.
DeSoto	Multiple grades	Continued funding of systems currently in place that not only work but should be a model for others. Additional funding to replicate what is working on a larger scale at the district level
Dunklin	Elem. (K-5)	Social skills and behavior resources for teachers and families. A better understanding of mental health for school staff. Not the quick trauma informed teaching practices, but trauma and how it impacts the brain, behaviors, etc.
Dunklin	Elem. (K-5)	Self-Regulation Training >Trauma Training >Coping Skills >Building strong, positive, relationships
Dunklin	Middle (6-8)	We have resources and staff, but I feel like children are needing more support.
Dunklin	High (9-12)	More small group counseling or specific therapeutic techniques for individual counseling. School Counselors can provide "talk therapy". We need more in-depth counselors trained in specific (CBT, DBT) therapies
Dunklin	Multiple grades	Psychological evaluation, individual therapy.
Festus	Elem. (K-5)	Anything for parents.
Festus	Elem. (K-5)	Psychiatric care for students in a timely fashion
Festus	Elem. (K-5)	More support for students and families who need therapy and/or psychiatric support.
Festus	Elem. (K-5)	We need more psychiatrists and child psychologists. Our younger students that truly have mental health issues that are impacting their lives and learning are rarely getting the evaluations and help that they need.
Festus	Elem. (K-5)	More psychiatric care that can see kids in a timely way
Festus	Middle (6-8)	Therapy and access to psychiatric services
Festus	Middle (6-8)	Vaping education and prevention.
Festus	Middle (6-8)	Services supporting the student at home and at school with greater frequency.
Festus	High (9-12)	More resources to agency counselors and psychiatrists.
Festus	High (9-12)	Family counseling, parenting classes.
Festus	Multiple grades	Services for anxiety/coping skills.
Festus	Multiple grades	Anxiety, depression (which often leads to substance abuse)
Fox	Elem. (K-5)	Coping with toxic stress home environments and neglect
Fox	Elem. (K-5)	More individual counseling times. 1.5 days a week is not enough.
Fox	Elem. (K-5)	Services that help families who cannot get their child in to see a therapist (whether it's an insurance issue or some other reason).
Fox	Middle (6-8)	We need a wider availability of counseling and therapy resources for families in Jefferson County.
Fox	Multiple grades	Extra counselors and social workers in the building.
Grandview	Elem. (K-5)	We need more services in many areas but most notably we need more counseling for anxiety and depression.
Grandview	Middle (6-8)	The community needs a variety of mental health community places to refer students/families to that are not 60 or more miles away. Child Psychiatry is a huge need everywhere.
Grandview	High (9-12)	Drug/Substance Abuse
Hillsboro	Elem. (K-5)	We would benefit from additional in-home behavioral support as well as additional counseling hours.
Hillsboro	Elem. (K-5)	Emotional regulation

Hillsboro	Elem. (K-5)	Trauma-based resources. We have a lot of students who have experienced trauma themselves or have seen traumatic events happen in front of them. Whether it be domestic violence, physical violence, or traumatic events.
Hillsboro	Middle (6-8)	Bullying programs
Hillsboro	Middle (6-8)	Therapy
Hillsboro	Middle (6-8)	Mental health screening/evaluation
Hillsboro	Middle (6-8)	Access to more counseling services in general.
Hillsboro	High (9-12)	Substance abuse program
Hillsboro	Multiple grades	Family functioning
Hillsboro	Multiple grades	Currently, we do not have a counselor assigned to the Alternative School. If a student needs counseling, I need to contact an agency (agency name redacted)c to see if they have any possible openings.
Jefferson R-7	Elem. (K-5)	Children psychiatrist to help identify issues like ARHD, anxiety, ODD, autism, etc.
Jefferson R-7	Middle (6-8)	Depression and Vaping
Jefferson R-7	High (9-12)	Access to counselors, evaluations, and affordability.
Jefferson R-7	Multiple grades	Mental health issues continue to comprise most of our issues.
Jefferson R-7	Multiple grades	Child/adolescent psychiatry
Northwest	Early Ed. (Pre-K)	ABA services are needed in our area. With a growing population of students with Autism, we do not have a service in Jefferson County for the families to access.
Northwest	Elem. (K-5)	Support for teachers and families that need behavior strategies and therapy to help students deal with BIG emotions
Northwest	Elem. (K-5)	Emotional Management
Northwest	Elem. (K-5)	In-school therapy, trauma counseling, family counseling, psychologists
Northwest	Elem. (K-5)	Dealing with trauma, self-regulation
Northwest	Elem. (K-5)	More therapists/counselors
Northwest	Elem. (K-5)	Emotional management
Northwest	Middle (6-8)	Self-harm
Northwest	High (9-12)	More access to counseling for anxiety, depression, and previous trauma
Northwest	High (9-12)	Counseling
Northwest	Multiple grades	Direct services for student mental health counseling
Sunrise	Multiple grades	Small/individual counseling
Windsor	Elem. (K-5)	Psychiatrists and access to emergency mental health treatment for young children. There is truly nothing that I know of that is available to provide immediate support to a child in crisis other than their school. It has been this way for years. On more than one occasion we have had parents pull their children from what little outpatient intensive therapy/treatment and leave them at school because “you guys are better with them/doing more for them than the treatment.” How is this possible?!
Windsor	Elem. (K-5)	Deep psychological counseling that goes beyond the scope of a school counselor.
Windsor	Middle (6-8)	Socialization, anxiety, depression. anger/self-regulation
Windsor	Middle (6-8)	There is an alarming number of students who have anxiety and do not have positive coping skills.
Windsor	High (9-12)	Social Emotional support of students on a group basis.

Table 12. Substance Use Problem Assessment

Alcohol	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	28	97%	2	11%	0	0%	3	14%	33	41%
Minor problem	1	3%	11	61%	6	50%	7	33%	25	31%
Moderate problem	0	0%	5	28%	3	25%	9	43%	17	21%
Serious problem	0	0%	0	0%	3	25%	2	10%	5	6%
Total	29		18		12		21		80	
Cigarettes	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	25	86%	4	22%	4	36%	6	29%	39	49%
Minor problem	4	14%	11	61%	6	55%	10	48%	31	39%
Moderate problem	0	0%	3	17%	1	9%	4	19%	8	10%
Serious problem	0	0%	0	0%	0	0%	1	5%	1	1%
Total	29		18		11		21		79	
E-cigarettes	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	18	56%	0	0%	0	0%	1	5%	19	22%
Minor problem	12	38%	3	15%	1	7%	2	9%	18	20%
Moderate problem	2	6%	9	45%	3	21%	4	18%	18	20%
Serious problem	0	0%	8	40%	10	71%	15	68%	33	38%
Total	32		20		14		22		88	
Marijuana	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	25	89%	2	11%	0	0%	2	10%	29	35%
Minor problem	3	11%	6	32%	1	7%	2	10%	12	15%
Moderate problem	0	0%	6	32%	6	43%	9	43%	21	26%
Serious problem	0	0%	5	26%	7	50%	8	38%	20	24%
Total	28		19		14		21		82	
Chewing tobacco	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	28	100%	5	56%	4	40%	5	33%	42	68%
Minor problem	0	0%	4	44%	4	40%	7	47%	15	24%
Moderate problem	0	0%	0	0%	2	20%	3	20%	5	8%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	28		9		10		15		62	
Prescription Drugs (misuse)	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	27	87%	2	20%	2	15%	3	17%	34	47%
Minor problem	4	13%	6	60%	8	62%	9	50%	27	38%
Moderate problem	0	0%	2	20%	1	8%	5	28%	8	11%
Serious problem	0	0%	0	0%	2	15%	1	6%	3	4%
Total	31		10		13		18		72	
Over-the-counter Medication (abuse)	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	27	93%	2	25%	5	42%	5	29%	39	59%
Minor problem	2	7%	6	75%	5	42%	11	65%	24	36%
Moderate problem	0	0%	0	0%	1	8%	1	6%	2	3%
Serious problem	0	0%	0	0%	1	8%	0	0%	1	2%
Total	29		8		12		17		66	
Synthetic Drugs	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	30	94%	10	91%	4	33%	7	58%	51	76%
Minor problem	2	6%	1	9%	7	58%	4	33%	14	21%
Moderate problem	0	0%	0	0%	1	8%	1	8%	2	3%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	32		11		12		12		67	

Inhalants	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	28	100%	10	83%	5	56%	8	67%	51	84%
Minor problem	0	0%	1	8%	3	33%	4	33%	8	13%
Moderate problem	0	0%	1	8%	1	11%	0	0%	2	3%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	28		12		9		12		61	
Cocaine	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	30	100%	13	100%	6	75%	12	86%	61	94%
Minor problem	0	0%	0	0%	2	25%	2	14%	4	6%
Moderate problem	0	0%	0	0%	0	0%	0	0%	0	0%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	30		13		8		14		65	
Methamphetamine	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	30	100%	12	92%	5	71%	10	71%	57	89%
Minor problem	0	0%	1	8%	2	29%	4	29%	7	11%
Moderate problem	0	0%	0	0%	0	0%	0	0%	0	0%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	30		13		7		14		64	
Heroin	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	30	100%	12	92%	6	75%	10	83%	58	92%
Minor problem	0	0%	1	8%	2	25%	2	17%	5	8%
Moderate problem	0	0%	0	0%	0	0%	0	0%	0	0%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	30		13		8		12		63	
Hallucinogens	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	30	100%	11	92%	6	75%	10	83%	57	92%
Minor problem	0	0%	0	0%	2	25%	2	17%	4	6%
Moderate problem	0	0%	1	8%	0	0%	0	0%	1	2%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	30		12		8		12		62	
Fentanyl	Pre-K/Elem. (PK-5)		Middle (6-8)		High (9-12)		Multiple/ Other		Total	
Not a problem	30	100%	11	92%	5	83%	9	82%	55	93%
Minor problem	0	0%	1	8%	1	17%	2	18%	4	7%
Moderate problem	0	0%	0	0%	0	0%	0	0%	0	0%
Serious problem	0	0%	0	0%	0	0%	0	0%	0	0%
Total	30		12		6		11		59	

Table 13. Additional information to share regarding the additional services offered by the JCCMHFB.

School District	Grade level	Additional information to share regarding the additional services offered by the JCCMHFB
DeSoto	Multiple grades	Inject funding at the local level where it can have the largest impact for the individuals the dollars were meant to service. Make the individuals you grant money to show the results on a quarterly basis and utilize data to drive the decisions making behind the dollars
Fox	Elem. (K-5)	I noticed some services listed in the questionnaire that I did not know about; I would love to get more information
Grandview	High (9-12)	<i>Comment redacted from public version of this report; included in confidential section.</i>
Jefferson R-7	Multiple grades	There is a need to review services provided to all Jefferson County' Schools to minimize overlap of services.
Northwest	Elem. (K-5)	One of the agencies (agency name redacted) does provide student transportation during the school day to our Valley campus which is helpful; however, parents must be present for the initial intake. Parents often lack sufficient transportation to attend. Can you offer a virtual intake option, so our students do not have to suffer for parental hardships?
Northwest	Middle (6-8)	If these services are all available, I am completely unaware. Maybe we need information for all these services again.
Sunrise	Multiple grades	I appreciate this organization identifying there is a need for more services in the area.

Table 14. Additional Feedback for JCCMHFB

School District	Grade level	Additional comments to share with the JCCMHFB staff and directors
DeSoto	Multiple grades	Thank you for your services and for serving.
Hillsboro	Elem. (K-5)	I am very eager to have more resources to provide for our parents. Often parents are struggling and do not know where to go for help.
Northwest	Elem. (K-5)	We would love help in speeding up services for our students who are emotionally disturbed.
Northwest	Elem. (K-5)	I appreciate the support we do receive. I feel there is so much more that needs to be done to help our youth and community. How can we work together to improve attendance of our chronic students? We call home, hold parent/teacher conferences, do home visits, school counseling, develop behavior plans, send attendance letters, connect with our school social worker, and last resort is hotline.
Northwest	Multiple grades	We appreciate what you do to support the many diverse needs in the county. We know this is a challenge for us all, and we appreciate the opportunity to provide input and access the resources you offer.
Windsor	Elem. (K-5)	Thank you for getting input on this. Our kids need help and if we do not provide it, they will find solutions in inappropriate places and manners.



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Cynthia Berry, Ph.D., is a psychologist with a specialization in Industrial/Organizational, Personality and Experimental Psychology, and founded Berry Organizational and Leadership Development (BOLD), LLC in January of 2006. She has over 24 years of experience in Human Resources, Organizational and Fund Development, Program Evaluation, and Research including large-scale community health needs assessments, Psychometrics, and Employee/Management Training. Before BOLD, she was a Managing Director of Human Resources & Safety/Risk Management at the City of O'Fallon, Missouri.

Cynthia's program evaluation and assessment development expertise, paired with her experience in organizational behavior, human resources, applied health, mental health, and youth/individual development, has led to successful grant requests and fundraising for not-for-profits in St. Charles, Lincoln, Montgomery, St. Louis, and Warren Counties in Missouri. Cynthia has personally raised over \$10 million dollars for many programs she has helped develop and implement. Furthermore, she has strengthened many not-for-profits with the development of measurement tools and processes to track outcomes, procedures to guide decision-making, systems to manage clients' service delivery, and the implementation of various quality improvement projects, including leading a capital campaign and a COA accreditation.

In the last 10 years, Dr. Berry has completed the Lincoln, Franklin, St. Charles, and St. Louis County Needs Assessments focused on the behavioral health and substance use of youth, in addition to working with various children's services funding boards on many youth-focused projects. She has also worked on the Seniors Count initiative to fund seniors living independently, and with Behavioral Health Network to complete the St. Louis City Youth Behavioral Health Needs Assessment. Finally, she was an adjunct faculty member at the Brown School of Washington University teaching the Evaluation of Programs and Services from 2012 through 2019.