

# Assessing the School-based Prevention Programs and Mental/Behavioral Health Needs of St. Charles County Youth in 2019

*St. Charles County Community and Children's Resource Board - CCRB*

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**St. Charles County –Key Findings**  
**By Berry Organizational & Leadership Development LLC.**

In the Spring of 2019, Superintendents, Principals, Assistant Principals, Counselors, and other key staff across the St. Charles County Public School Districts were asked to participate in an assessment of their students' mental and behavioral health needs. At least one staff member from every school building in the district responded (at least partially) to the assessment. Their responses have been analyzed and organized in various tables presented in this report to allow the CCRB, school administrators, school counselors, and behavioral health-focused agencies in our community to have a more accurate understanding of the behavioral and mental health needs of our students across the county.

It is recommended that school personnel review the findings about their students' needs, and identify areas that require attention. There may be needs for modification or enhancement of current programs/approaches; or perhaps additional or expanded services from agencies that the CCRB funds. Communication between our school districts and our funded partners is encouraged so that adjustments can be made to existing curriculum or currently provided services for the 2019-2020 school year. Our funded partners will be preparing their CCRB funding applications soon with an early fall deadline, with funding decisions to be made for programs/services beginning in January of 2020.

Throughout this report, you will see red and green highlighting utilized to focus on specific results, either positive or negative. Notes have been provided after certain tables to provide an explanation of the highlighting that has been utilized. Please note that sample sizes vary considering that not all participants identified themselves as a certain role, or at a certain grade level, or in some cases completed only portions of the assessment (due to limited knowledge, an area not being applicable to the staff member, or skipping sections of the assessment).

Grade Level	#	% Grade Level
Elementary (K-5)	95	43%
High School (9-12)	62	28%
Middle School (6-8)	43	20%
Multiple grade levels	20	9%
Total	220	100%

<b>Role by School District</b>	<b>#</b>	<b>%</b>
<b>Fort Zumwalt</b>	<b>63</b>	<b>29%</b>
Assistant Principal	5	8%
Counselor/Social Worker	38	60%
Executive Director of Special Services	1	2%
Special Services Coordinator	1	2%
Superintendent/Principal	18	29%
<b>Francis Howell</b>	<b>87</b>	<b>39%</b>
Administrator	1	1%
Assistant Principal	6	7%
Coordinator	1	1%
Counselor/Social Worker	56	64%
Dean of Students	1	1%
Superintendent/Principal	22	25%
<b>Orchard Farm</b>	<b>10</b>	<b>5%</b>
Counselor/Social Worker	5	50%
Superintendent/Principal	5	50%
<b>St. Charles</b>	<b>24</b>	<b>11%</b>
Counselor/Social Worker	13	54%
Superintendent/Principal	11	46%
<b>Wentzville</b>	<b>37</b>	<b>17%</b>
Assistant Principal	1	3%
Counselor/Social Worker	25	68%
Director	1	3%
Superintendent/Principal	10	27%
<b>Grand Total</b>	<b>221</b>	<b>100%</b>

<b>District Grade Level</b>	<b>#</b>	<b>%</b>
<b>Fort Zumwalt</b>	<b>63</b>	<b>29%</b>
Elementary (K-5)	24	38%
High School (9-12)	20	32%
Middle School (6-8)	15	24%
Multiple grade levels	4	6%
<b>Francis Howell</b>	<b>87</b>	<b>40%</b>
Elementary (K-5)	38	44%
High School (9-12)	24	28%
Middle School (6-8)	18	21%
Multiple grade levels	7	8%
<b>Orchard Farm</b>	<b>10</b>	<b>5%</b>
Elementary (K-5)	4	40%
High School (9-12)	2	20%
Middle School (6-8)	2	20%
Multiple grade levels	2	20%
<b>St. Charles</b>	<b>24</b>	<b>11%</b>
Elementary (K-5)	10	42%
High School (9-12)	7	29%
Middle School (6-8)	4	17%
Multiple grade levels	3	13%
<b>Wentzville</b>	<b>36</b>	<b>16%</b>
Elementary (K-5)	19	53%
High School (9-12)	9	25%
Middle School (6-8)	4	11%
Multiple grade levels	4	11%
<b>Grand Total</b>	<b>220</b>	<b>100%</b>

## **Most Critical Behavioral Health Issues Students Face (data tables on pgs. 4-7)**

Across all of the school districts in St. Charles County, the top three most critical issues were “anxiety, worry a lot, fear” (90%), “friend/peer relationships, social skills, problem solving, and self-esteem” (89%), and “controlling emotions, anger management, and conflict resolution” (79%). These issues were highest among the elementary grade levels with “anxiety, worry a lot, fear” at 93%, “friend/peer relationships, social skills, problem solving, and self-esteem” at 96%, and “controlling emotions, anger management, and conflict resolution” at 99% across the 95 staff respondents. All three of these “issues” had more than 80% of the staff from the middle and high school grades as well, with “controlling emotions, anger management, and self-esteem” at somewhat lower levels than for the elementary students (99% of elementary, in comparison to 65% for middle school, and 50% for high school). Anxiety was rated as the most critical issue among middle school staff (91%; N = 43) and high school staff (92%; N = 62). These findings lend support for more regular behavioral-health programming on general coping mechanisms, and at early ages, to better equip our youth to respond to these occurrences throughout their life. This type of curriculum is in high demand across the county. One possible recommendation is for the stakeholders to identify a way to incorporate this type of curriculum more regularly into the school schedule, perhaps as 5-10-minute weekly or monthly lessons by key staff. The existing partnerships between the funded agencies and the school districts could allow for a more universal approach within St. Charles County. With limited staff among the funded agencies to provide this type of curriculum on a weekly basis, it may be ideal for the agencies to develop and train on the curriculum for these three common behavioral health issues the students face. Curriculum for coping with “depression and being sad a lot” could also be included, since this was identified by more than 45% of staff at every grade level and 61% overall (fifth most critical BH issue) so students who may need additional support could get this through the funded CCRB programs.

Resources to support and treat students considering/engaging in “self-harm and/or suicide” need to be analyzed on a building level as well. “Self-harm and suicide” was the fourth most critical behavioral health issue students face (identified by 61% of staff overall), especially at the middle school level (70%), but also at alarming percentages for high school grades (77%). At a minimum, it is recommended that staff who can identify students who are at risk and connect them expediently with the resources, are available and/or accessible. If school personnel have experienced unnecessary wait times for these at-risk students, further action may be necessary to ensure this is not repeated.

“Feelings of acceptance/belonging” was the 6<sup>th</sup> most critical issue overall (42% of staff), and while it was most prevalent at the elementary grades, all three grade level staff identified a moderate percentage of students with these needs (FH). Staff at Wentzville school district rated this much higher than any other school district (70% with the next highest school district at 39%). This may have something to do with the increase in child population, school buildings, and re-zoning that is occurring in Wentzville. Having programs at school where kids can find a way to feel like they belong is important, and students can be surveyed to determine if they feel this is addressed or is lacking in their building. Further, the existence and/or development of before- or after-school groups for youth with similar diagnoses, traumas, experiences, etc., where support can be provided, could be necessary.

“Bullying/cyber-bullying” was the 7<sup>th</sup> most critical behavioral health issue overall (41% of staff), but this is mostly experienced within the middle school grades (53% for middle, 40% for high school, and 28% for elementary). Wentzville school district had 9% more staff rate this as critical than any other school district (54%). “Bullying/cyber-bullying” as a prevention topic has a great amount of coverage within the schools so staff responses and resources available for students who are victims or perpetrators of bullying should continue to be reviewed on an annual basis. If additional resources are deemed necessary, or the prevention programs are not present, the CCRB funding could be viewed as a possible resource to remedy

### Most Critical Behavioral Health Issues Students Face -Total Respondents- School Districts

	Adj. Average	Fort Zumwalt	Francis Howell	Orchard Farm	St. Charles	Wentzville
Sample Size		62	87	11	24	37
Anxiety, worry a lot, fear	<b>90%</b>	94%	90%	82%	92%	92%
Friend/peer relationships, social skills, problem solving, and self-esteem	<b>89%</b>	87%	90%	82%	96%	89%
Controlling emotions, anger management, and conflict resolution	<b>79%</b>	69%	82%	82%	79%	81%
Self-harm and suicide	<b>55%</b>	58%	53%	55%	50%	59%
Depression/sad a lot	<b>53%</b>	61%	59%	36%	50%	59%
Feelings of acceptance/ belonging	<b>42%</b>	35%	39%	36%	29%	70%
Bullying/cyber-bullying	<b>41%</b>	40%	28%	36%	46%	54%
Coping with grief, loss, and/or divorce	<b>31%</b>	42%	39%	0%	38%	35%
Drug and/or alcohol use and abuse	<b>29%</b>	19%	23%	27%	50%	27%
Abuse and neglect issues (body safety)	<b>23%</b>	24%	23%	9%	33%	24%
Housing instability/nowhere to live	<b>18%</b>	11%	8%	18%	42%	11%
Online safety	<b>14%</b>	19%	17%	18%	8%	8%
Unhealthy dating relationships	<b>5%</b>	11%	5%	0%	4%	5%
Threats of violence or being injured by another peer	<b>4%</b>	2%	9%	0%	4%	3%
Other:	<b>1%</b>	3%	3%	0%	0%	0%
Gang violence	<b>0%</b>	0%	0%	0%	0%	0%

Other Responses (by school district and grade level): Fort Zumwalt – 1 - Elementary (K-5), Unhealthy home conditions. Both physically/emotionally. Francis Howell – 3 - Elementary (K-5), Parental drug abuse. Middle School (6-8), Vaping/smoking. Multiple grade levels - Coping with accelerated academic achievement (perfectionism).

this need. Annual presentations showing students where to report bullying and how to respond to bullying is recommended at every grade level, but can be done internally and/or with partnering agencies.

“Coping with grief, loss, and/or divorce”, was a critical issue found most commonly at the elementary school grades (8<sup>th</sup> most critical mental health issue overall, but 4<sup>th</sup> highest at the elementary level). There were 28% of middle school staff and 19% of high school staff who rated this as a critical BH issue. A possible recommendation is for each school to have a plan/process for students who have experienced this, which may include collaboration with funded agencies who have specialists for students with greater needs. A common approach that could be utilized is to have group sessions available to students before, during, or after school.

“Drug and/or alcohol use and abuse” was noted as a critical BH issue at the middle (26%) and high school grade levels (60%). St. Charles City school district had the highest percentage of staff rate this as an issue (50%) among all of the schools by a significant amount. School staff and funded partners could meet on an annual basis to review the curriculum so that it closely aligns with trends seen within the student population, in addition to a review of the resources and process for staff to utilize when students are using/abusing drugs or alcohol.

**Most Critical Behavioral Health Issues Students Face -All Grade Levels (data tables on pgs.3-7)**

	Adj. Average	Elementary (K-5)	Middle School (6-8)	High School (9-12)	Multiple grade levels	Average
<b>Sample Size (total = 221)</b>		<b>95</b>	<b>43</b>	<b>62</b>	<b>20</b>	
Anxiety, worry a lot, fear	<b>90%</b>	<b>93%</b>	91%	92%	85%	91%
Friend/peer relationships, social skills, problem solving, and self-esteem	<b>87%</b>	<b>96%</b>	88%	81%	85%	90%
Controlling emotions, anger management, and conflict resolution	<b>76%</b>	<b>99%</b>	65%	50%	90%	78%
Self-harm and suicide	<b>61%</b>	33%	70%	<b>77%</b>	65%	55%
Depression/sad a lot	<b>61%</b>	46%	58%	<b>73%</b>	65%	58%
Bullying/cyber-bullying	<b>42%</b>	28%	<b>53%</b>	40%	45%	38%
Feelings of acceptance/belonging	<b>41%</b>	<b>45%</b>	44%	35%	40%	42%
Coping with grief, loss, and/or divorce	<b>32%</b>	<b>56%</b>	28%	19%	25%	37%
Drug and/or alcohol use and abuse	<b>32%</b>	1%	26%	<b>60%</b>	40%	26%
Abuse and neglect issues (body safety)	<b>25%</b>	<b>36%</b>	7%	11%	45%	24%
Housing instability/ nowhere to live	<b>17%</b>	<b>12%</b>	9%	11%	35%	14%
Online safety	<b>14%</b>	20%	<b>21%</b>	6%	10%	15%
Unhealthy dating relationships	<b>6%</b>	0%	0%	<b>21%</b>	5%	6%
Threats of violence or being injured by another peer	<b>5%</b>	<b>6%</b>	0%	3%	10%	5%
Other:	<b>3%</b>	2%	2%	2%	5%	2%
Gang violence	<b>0%</b>	0%	0%	0%	0%	0%

For the table on this page, the red highlighting is used to identify the grade level with the highest percentage for the most critical behavioral health issue students face.

“Abuse and neglect issues (body safety)”, emerged as a critical BH issue among the elementary grades (36%), with less than 15% of middle and high school staff recognizing it as a critical issue. Prevention programming covers these issues with age-appropriate content throughout elementary and middle school. Beyond that, school districts could communicate with and utilize resources from the agency with established credibility in this field, The Child Center, to ensure resources and procedures are up-to-date and to share these with school staff so students who may be at-risk can be identified and helped. St. Charles City school district had 33% of staff who rated this as critical, which is 9% higher than the next school district. Orchard Farm only had 9% of staff rate this as critical, the lowest among all of the districts.

“Housing instability/nowhere to live” was the 11<sup>th</sup> highest prioritized issue with 18% of staff rating it as critical. The percentages of staff were pretty consistent across all of the grade levels. However, it is

apparent that the need is greater in St. Charles (42% of staff) and Orchard Farm (18%), both of whom were being impacted by the local flooding during the spring of 2019, creating some of the displacement. Housing resources are regularly available and accessible in St. Charles County, so providers and school districts should coordinate on an annual basis to cover the available resources and services, and ensure the community is aware.

“Online safety” is viewed as a critical BH issue at the elementary (20%) and middle school (21%) grade levels, but not as much at the high school grades (6%). Data is available for school districts to review availability so that this topic is properly covered on an annual basis in a school setting. Online safety training should begin as early as students in these school districts are accessing online resources, and parents could be included in this educational effort, to ensure greater protection of these youth.

“Unhealthy dating relationships” was a critical issue with 21% of high school staff respondents, but not at any other grade level. There were 11% more staff from Fort Zumwalt (FZ) who rated this as a critical issue than any other school district (35% for FZ staff for high schoolers, compared to next highest at 22% for Wentzville. The recommendation is to begin programs and services in 9<sup>th</sup> grade across the county.

“Threats of violence or getting injured by another peer” was a critical issue by 6% of elementary grade staff and 3% of high school grade staff overall. Francis Howell staff rated this higher than any other school district. Schools and funded partners could work together to ensure resources for these issues are known and easily available/provided.

“Gang violence” was not rated as a critical issue by any staff in St. Charles County as of 2019.

### Most Critical Behavioral Health Issues Students Face -Prioritized by Grade Level

Elementary (K-5)	%	Middle School (6-8)	%	High School (9-12)	%
<i>Controlling emotions, anger management, and conflict resolution</i>	99%	<i>Anxiety, worry a lot, fear</i>	91%	<i>Anxiety, worry a lot, fear</i>	92%
<i>Friend/peer relationships, social skills, problem solving, and self-esteem</i>	96%	<i>Friend/peer relationships, social skills, problem solving, and self-esteem</i>	88%	<i>Friend/peer relationships, social skills, problem solving, and self-esteem</i>	81%
<i>Anxiety, worry a lot, fear</i>	93%	<i>Self-harm and suicide</i>	70%	<i>Self-harm and suicide</i>	77%
<i>Coping with grief, loss, and/or divorce</i>	56%	<i>Controlling emotions, anger management, and conflict resolution</i>	65%	<i>Depression/sad a lot</i>	73%
<i>Depression/sad a lot</i>	46%	<i>Depression/sad a lot</i>	58%	<i>Drug and/or alcohol use and abuse</i>	60%
<i>Feelings of acceptance/belonging</i>	45%	<i>Bullying/cyber-bullying</i>	53%	<i>Controlling emotions, anger management, and conflict resolution</i>	50%
<u>Abuse and neglect issues (body safety)</u>	<u>36%</u>	<i>Feelings of acceptance/belonging</i>	44%	<i>Bullying/cyber-bullying</i>	40%
<u>Self-harm and suicide</u>	<u>33%</u>	<u>Coping with grief, loss, and/or divorce</u>	<u>28%</u>	<u>Feelings of acceptance/belonging</u>	<u>35%</u>
<u>Bullying/cyber-bullying</u>	<u>28%</u>	<u>Drug and/or alcohol use and abuse</u>	<u>26%</u>	<u>Unhealthy dating relationships</u>	<u>21%</u>
<u>Online safety</u>	<u>20%</u>	<u>Online safety</u>	<u>21%</u>	Coping with grief, loss, and/or divorce	19%
Housing instability/ nowhere to live	12%	Housing instability/ nowhere to live	9%	Housing instability/ nowhere to live	11%
Threats of violence or being injured by another peer	6%	Abuse and neglect issues (body safety)	7%	Abuse and neglect issues (body safety)	11%
Other:	2%	Other:	2%	Online safety	6%
Drug and/or alcohol use and abuse	1%	Threats of violence or being injured by another peer	0%	Threats of violence or being injured by another peer	3%
Unhealthy dating relationships	0%	Unhealthy dating relationships	0%	Other:	2%
Gang violence	0%	Gang violence	0%	Gang violence	0%

## **Interpretation of Necessity and Availability of BH Prevention Programming (data tables on pgs. 11-14)**

School staff were asked to respond to the necessity and availability of each prevention program topic and BH-service in order to identify topics where high need is present, yet availability is low or limited. Not all of the topics or services should be available at each of the grade levels. For example, healthy dating relationships and teen parent services do not need to be available in the elementary grades as a prevention program. For the "Prevention Programs Currently Needed" tables in each school district report, the top five topics with the highest percentage of need (column titled "% Needed") were highlighted red, in addition to the highest percentage in the "Combined Limited or NO availability" column highlighted red. Therefore, if you see a topic in those tables with red highlighting in the need and limited availability column, it signifies that some action/strategic planning may be necessary to ensure those topics are available at that grade level. Green highlighting was used to show a low percentage of need, so if availability is low, support is most likely not required (or can be minimized). The same highlighting criteria was applied to the "Services Currently Needed" tables. The key findings by grade level, which identify the topics that had the highest percentage of need and combined no/low availability, are also available in the reports. Here are some recommendations:

- Programs with a high percentage of need could be analyzed by building based on availability.
- Topics with moderate-high levels of need assessed in combination with one of the highest percentages for limited/no availability should not be overlooked for consideration for new or modified programming. School building data provided to the superintendents could be viewed to assess which buildings lack this type of program, so action/planning can support those schools in the near future.
- Stakeholders could review the building analysis tables to ensure that key topics are available at some level within the school buildings. Since many topics had more than 70% of staff respondents rate them as needed at the middle school level, these grade levels may have considerably more needs that they are facing than any of the other grade levels. While it may not be feasible to consider inclusion of a mental/behavioral-focused class within the school week for all grade levels, the middle school grades may be the ideal time to consider this as an option.
- Other topics that were in the top five for need, but were not in the top five for limited availability, should lead to a review of the buildings where availability may be a concern.

## **Behavioral Health Services Identified with High Percentage of Need and Limited/No Availability (data tables on pages 18-22)**

For the total sample of respondents, access to psychiatrists and psychological evaluation within the community was the highest rated need (97%) combined with the highest percentage (88%) of low or no availability. Psychologists/counselors for students with moderate to severe social, emotional or BH needs (93% need; 81% low/no availability) and services for youth dealing with trauma (97% need; 78% low/no availability) were also viewed as a great need, and with limited availability across all grade levels. A review of the services available to school staff should be completed every year by providers and administrators, so that if there is no availability, action can ensue.

These findings support what other research in ours and other local communities has found; there is a great need for psychological evaluations, psychiatry services, and counseling/therapy to support our students, including services that are trauma-based/trauma-informed. Perhaps these findings require a more dynamic approach such as the identification of a new career or path that could ultimately place more individuals in these types of jobs without required an advanced degree. Perhaps certified teachers can go through a series of class work to allow them to conduct group sessions with trauma-informed practices and/or to carry out generalized prevention programming.

### Primary barriers students encounter when trying to address a BH need/issue (by Staff who Responded)

School staff were provided a list of potential barriers students may encounter when trying to address a BH need or issue, with the prioritized list of barriers presented above (in the grand total column) and by grade level. Overall, the top five barriers across all grade levels were:

- Lack of parent involvement to assist student with the need.
- Lack of access to mental health professionals for services.
- Severity of students' problems.
- Lack of time within the school day to respond to the youth with the behavioral health need
- Lack of sufficient resources for student support services at school.

These were consistently the top five barriers for each grade level. There needs to be increased attention focused on bridging the gap between the school and home environment as it relates to behavioral health. General coping mechanisms need to be taught to teachers, students, and/or parents, with an individualized approach. Dr. Berry has a program concept that can be piloted within the schools at the teacher/counselor level, to engage in the student in identifying activities that help them, and share this information and resources with parents so that all of the individuals involved are speaking the same “language” and using the same strategies. Some of this learning needs to be incorporated into the school day so that it can be connected to the home, school, and individual where all of the involved individuals are using a common language.

### Primary barriers students encounter when trying to address a BH need/issue (by Staff who Responded)

	Elem. (K-5)	High S. (9-12)	Middle S. (6-8)	Grand Total
Lack of parent involvement to assist student with the need.	83%	82%	78%	81%
Lack of access to mental health professionals for services.	82%	84%	62%	77%
Severity of students' problems.	85%	73%	68%	76%
Lack of time within the school day to respond to the youth with the behavioral health need	81%	77%	70%	76%
Lack of sufficient resources for student support services at school.	72%	70%	57%	67%
Students have difficulty accessing services due to transportation limitations.	37%	48%	49%	45%
Unavailability of assessment/treatment resources in the community.	37%	34%	16%	34%
Lack of information/training.	37%	16%	30%	29%
Lack of sufficient resources for special education services.	31%	18%	8%	21%
Students require too many modifications/accommodations to assist.	18%	18%	5%	14%
Lack of support from school district administration.	15%	9%	5%	13%
Other:	9%	16%	5%	10%
Lack of clear, consistent, school behavior rules/policies.	14%	2%	5%	9%
Sample Size	78	44	37	173

### Most Common Referrals

The top 5-7 referrals per grade level are highlighted in green per school district in this table. This list of resources can be shared with staff members to ensure that all principals and counselors are aware that they are available and can be utilized. Approximately 10-20% of survey respondents did not provide any referrals. Please note that not all of these programs are funded by CCRB. CCRB could provide an updated resources'/services' list to the school districts one an annual basis after confirming information with agencies.

	Elementary (K-5)	Middle School (6-8)	High School (9-12)	Multiple grade levels	Total
Compass Health Network (formerly Crider Health Center)	78%	72%	59%	93%	73%
Preferred Family Healthcare	51%	72%	78%	60%	63%
Youth In Need	38%	67%	72%	67%	55%
Behavioral Health Response	46%	56%	63%	27%	51%
Child Center Inc.	48%	31%	7%	27%	32%
Sts. Joachim and Ann Care Service	29%	33%	20%	20%	27%
F.A.C.T. (Partnership With Families)	29%	21%	11%	13%	21%
Lutheran Family and Children's Services	21%	28%	17%	20%	21%
CHADS for Mental Health	14%	23%	28%	13%	20%
St. Louis Counseling (formerly Catholic Family Services)	16%	8%	17%	7%	14%
St. Louis Crisis Nursery	26%	0%	6%	13%	14%
UMSL Center for Behavioral Health	13%	8%	7%	27%	11%
Epworth Children & Family Services	9%	0%	9%	27%	9%
NAMI St. Louis	2%	18%	11%	7%	8%
Eleventh Circuit Court	4%	8%	11%	20%	8%
LINC St. Charles County	6%	13%	7%	7%	8%
Megan Meier Foundation	6%	15%	6%	7%	8%
Community Living	2%	0%	15%	7%	6%
Big Brothers, Big Sisters	8%	5%	2%	0%	5%
The Sparrow's Nest Maternity Home	1%	3%	13%	7%	5%
United Services for Children	6%	5%	4%	7%	5%
Boys and Girls Club	6%	5%	4%	0%	5%
Community Council of St. Charles County	6%	3%	4%	7%	5%
FamilyForward	5%	0%	6%	13%	5%
Foster and Adoptive Care Coalition	0%	0%	4%	20%	3%
Our Lady's Inn Maternity Home	1%	3%	4%	7%	3%
Nurses for Newborns	1%	0%	0%	0%	1%
Bethany Christian Services	0%	0%	0%	0%	0%
Other:	9%	21%	9%	7%	11%
<b>Total N</b>	95	43	62	20	220
<b>Revised N</b>	85	39	54	15	193

## Appendix

### Prevention Programs Currently Needed -St. Charles County -All Grades - from Staff Who Responded\*

Topic	Needed	Not Needed	N	Adj. N	# Available	# Limited Avail.	Not Available	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmted or NO Avail.	% Needed
Abuse and neglect (body safety) prevention	115	69	195	184	108	75	10	202	193	39%	5%	44%	63%
Anxiety (worry) prevention and control	191	12	203	203	58	112	28	202	198	57%	14%	71%	94%
Bullying/cyber-bullying prevention	148	44	198	192	111	67	20	201	198	34%	10%	44%	77%
Chronic absenteeism prevention	139	50	192	189	56	83	48	199	187	44%	26%	70%	74%
Coping with grief, loss, an/or divorce training	136	47	194	183	68	96	31	199	195	49%	16%	65%	74%
Counseling (at school) for students with social, emotional, or beh. needs	182	18	201	200	85	113	4	202	202	56%	2%	58%	91%
Drug and alcohol use and abuse prevention	106	81	191	187	88	76	28	201	192	40%	15%	54%	57%
Feelings of belonging/acceptance (diversity) training	154	31	196	185	64	71	54	199	189	38%	29%	66%	83%
Healthy dating relationships education	74	99	185	173	32	45	90	195	167	27%	54%	81%	43%
Online safety training	132	50	195	182	73	74	36	198	183	40%	20%	60%	73%
Other	9	16	46	25	2	8	6	30	16	50%	38%	88%	36%
Self- harm and suicide prevention/ resources	154	40	198	194	85	87	24	200	196	44%	12%	57%	79%
Social/emotional skills training (grade/age-focused; peer relationships, self-esteem)	184	15	200	199	82	92	26	201	200	46%	13%	59%	92%

Other Responses: Fort Zumwalt – 1 - Elementary (K-5) - Dealing with unhealthy home life. Francis Howell – 3- Elementary (K-5) - Dealing with Parental drug and alcohol abuse. Middle School (6-8) - Smoking/vaping. High School (9-12) - All district staff trained for diversity. Wentzville -4 - Elementary (K-5)- More training one self-regulation at the classroom level; Secondary trauma for teachers. Middle School (6-8) - Teaching Emotional IQ. High School (9-12) - Education about disordered eating and eating disorders.

**Prevention Programs Currently Needed -St. Charles County -Elementary Grades - from Staff Who Responded\***

Topic	Needed	Not Needed	N	Adj. N	# Available	# Limited Avail.	Not Available	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmtd or NO Avail.	% Needed
Abuse and neglect (body safety) prevention	59	27	89	86	59	30	2	91	91	33%	2%	35%	69%
Anxiety (worry) prevention and control	87	3	90	90	23	48	17	90	88	55%	19%	74%	97%
Bullying/cyber-bullying prevention	65	21	89	86	55	30	5	90	90	33%	6%	39%	76%
Chronic absenteeism prevention	54	30	84	84	20	29	34	88	83	35%	41%	76%	64%
Coping with grief, loss, an/or divorce training	67	17	86	84	29	43	14	88	86	50%	16%	66%	80%
Counseling (at school) for students with social, emotional, or beh. needs	85	6	91	91	38	49	3	90	90	54%	3%	58%	93%
Drug and alcohol use and abuse prevention	18	62	83	80	40	26	15	88	81	32%	19%	51%	23%
Feelings of belonging/acceptance (diversity) training	67	18	88	85	35	24	22	88	81	30%	27%	57%	79%
Healthy dating relationships education	11	68	82	79	5	6	57	86	68	9%	84%	93%	14%
Online safety training	61	24	86	85	44	30	10	87	84	36%	12%	48%	72%
Other	3	10	23	13	1	1	4	12	6	17%	67%	83%	23%
Self- harm and suicide prevention/ resources	63	22	87	85	30	36	19	88	85	42%	22%	65%	74%
Social/emotional skills training (grade/age-focused; peer relationships, self-esteem)	87	4	91	91	46	34	9	90	89	38%	10%	48%	96%

**Prevention Programs Currently Needed -St. Charles County -Middle School Grades- from Staff Who Responded\***

Topic	Needed	Not Needed	N	Adj. N	# Available	# Limited Avail.	Not Available	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmtd or NO Avail.	% Needed
Abuse and neglect (body safety) prevention	16	19	36	35	23	10	3	40	36	28%	8%	36%	46%
Anxiety (worry) prevention and control	38	3	41	41	10	23	6	41	39	59%	15%	74%	93%
Bullying/cyber-bullying prevention	32	8	40	40	20	14	4	39	38	37%	11%	47%	80%
Chronic absenteeism prevention	30	7	38	37	11	22	4	40	37	59%	11%	70%	81%
Coping with grief, loss, an/or divorce training	26	11	38	37	12	17	11	40	40	43%	28%	70%	70%
Counseling (at school) for students with social, emotional, or beh. needs	36	4	40	40	12	27	1	40	40	68%	3%	70%	90%
Drug and alcohol use and abuse prevention	27	11	38	38	19	15	6	41	40	38%	15%	53%	71%
Feelings of belonging/acceptance (diversity) training	32	3	38	35	7	17	15	40	39	44%	38%	82%	91%
Healthy dating relationships education	17	15	33	32	15	13	7	38	35	37%	20%	57%	53%
Online safety training	28	7	38	35	12	14	10	40	36	39%	28%	67%	80%
Other	3	1	7	4		3		4	3	100%	0%	100%	75%
Self- harm and suicide prevention/resources	31	7	39	38	18	19	3	40	40	48%	8%	55%	82%
Social/emotional skills training (grade/age-focused; peer relationships, self-esteem)	35	3	38	38	11	25	4	40	40	63%	10%	73%	92%

**Prevention Programs Currently Needed -St. Charles County -High School Grades - from Staff Who Responded\***

Topic	Needed	Not Needed	N	Adj. N	# Available	# Limited Avail.	Not Available	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmtd or NO Avail.	% Needed
Abuse and neglect (body safety) prevention	29	19	54	48	18	30	3	56	51	59%	6%	65%	60%
Anxiety (worry) prevention and control	52	4	56	56	19	33	4	56	56	59%	7%	66%	93%
Bullying/cyber-bullying prevention	42	10	54	52	27	20	8	56	55	36%	15%	51%	81%
Chronic absenteeism prevention	47	8	56	55	22	27	5	56	54	50%	9%	59%	85%
Coping with grief, loss, an/or divorce training	33	15	55	48	21	29	4	56	54	54%	7%	61%	69%
Counseling (at school) for students with social, emotional, or beh. needs	51	3	55	54	25	31		56	56	55%	0%	55%	94%
Drug and alcohol use and abuse prevention	54	1	55	55	22	30	4	56	56	54%	7%	61%	98%
Feelings of belonging/acceptance (diversity) training	44	7	54	51	14	28	12	56	54	52%	22%	74%	86%
Healthy dating relationships education	39	11	55	50	9	25	18	56	52	48%	35%	83%	78%
Online safety training	35	13	55	48	12	26	12	56	50	52%	24%	76%	73%
Other	3	3	13	6	1	4	1	10	6	67%	17%	83%	50%
Self- harm and suicide prevention/ resources	47	8	56	55	32	23	1	56	56	41%	2%	43%	85%
Social/emotional skills training (grade/age-focused; peer relationships, self-esteem)	49	6	56	55	16	28	12	56	56	50%	21%	71%	89%

### Additional Comments About Group-oriented Prevention Needs of Students

<b>Fort Zumwalt</b>
<i>Elementary (K-5)</i>
As the school counselor, it would be my job to provide these services to students, however, the weight of this job can get in the way of doing the most important part of my job, counseling!
For each of the "not available" checks, I am the person providing those services-usually on a case-by-case basis. Some of the skills are taught via whole group in a classroom, but again, I am the one teaching those classes. We have The Child Center, NCADA, and Crider/Compass all come to present to my students and they are amazing! The individualized services provided by Preferred Family and Compass are not available for the majority of my students due to insurance requirements. Many of my kids needing services for individual therapy do not qualify for the services provided on site because they do not have Medicaid. This has been one of the biggest struggles for this building. The need is there, but because the parents are able to provide insurance, my students are denied services.
I am the only counselor in a school of over 400. I run small groups throughout the year and due to my other duties, I can't make enough groups for all the students and their needs.
Many of these groups are managed by the counselor and it is hard to be consistent with groups when called out for various other matters.
Our admin and school counselors provide many of the services with students as needed. However, programing and services of support for them is limited.
Preferred health care works in my school to offer group and Individual Counseling and therapy. They used to come twice a week but since they didn't receive full funding, they had to cut that to once a week. The need for these services in our other Elementary Schools is critical. I am the Curriculum Coordinator for Elementary Counselors, so I am aware of the needs in all of our Elementary Schools.
We have a counselor and that allows us to mark "available," however, we need more support that just one counselor.
We have Compass Health and Crider working with our students, however due to the intense needs in the area, they are here only 1 time per week. Our school-based counselor is wonderful, but many of our kiddos need so much more.
<i>Middle School (6-8)</i>
Programs are brought into the school for limited presentations through the PE classes. School Counselors then follow up with concerning students or issues. To achieve the amount of services the students need, we need twice the counselors we have now to work in the buildings every day.
<i>High School (9-12)</i>
All of these services are provided by me, (name redacted), the Crisis Counselor are Fort Zumwalt (specific high school name redacted). The issue is that I am only one person and it can be difficult for me to reach all students who could use support around these issues.
Groups seem to be something we need for our students. Our crisis counselor would be able to serve more students faster with group-oriented counseling.
I feel many of these topics are "touched upon" but are not discussed with students enough to be truly effective. It would require infringing on curriculum class time and that is very difficult to get access to in the high school setting.
In my opinion there needs to be a mandatory class to teach and educate our students about mental health, emotional, behavioral needs, societal issues, media etiquette, social media use, character education, career exploration, etc. Our Health class in the PE department is not enough.
The needs of our students continue to increase but the resources available have not - making it difficult to keep up or provide what I believe is adequate support.

We address most of these issues at our school but our resources are limited. Between the four counselors and one crisis-counselor, we don't have enough time in our day to address these issues adequately for our growing population.
We address most of these issues within our school, but our resources are limited. Between the 4 counselors and 1 crisis counselor we don't have enough time in our days to address all of these issues adequately. When community resources are available and made aware, we do utilize them.
Would like more programs to address chronic absenteeism prevention - we cannot help students who are not here.
<b>Francis Howell</b>
<i>Elementary (K-5)</i>
Crider provides bullying prevention and anger management for grades K-5. Kids Rights provides cyber bullying prevention for 5th grade. Kids Rights does Body Safety for 1st and 4th grades. I would love to see prevention groups for anxiety and social/emotional skills training.
Grief needs seem to be higher than in past years. Suicide and self-harm prevention as well.
The counselors do a good job offering groups to meet the needs of the students but there is not enough time to provide intensive support. With so many students, we have to rotate our groups so most last from 6-8 sessions which is only the tip of the iceberg for some students.
We have seen a lot more kids with anxiety concerns. It would be helpful to have additional resources to help these students in the school setting. We have also had a lot of students diagnosed with ADHD, but are not medicated. We struggle with giving these students the tools that they need to be successful at school.
<i>Middle School (6-8)</i>
I feel like with mental health, we are currently more reactive than proactive, which influenced my answers to this question. We have some services available to limited students as needed, but feel we need more a more universal approach to some of these concerns (teaching awareness, empathy, tolerance, well-being strategies, etc.) as well as small group for limited students based on level of need (specific mental health needs, both short term and long term concerns).
The majority of the availability of these resources comes from the ESC and grade level guidance counselors, which means we are only able to reach a small population of students. I believe some there is some discussion of these topics during health class, but I do not know how in-depth those conversations are. We are in need of more intensive and on-going services.
We have a need for counseling and group work in a wide variety of topics. My concern is pulling kids from educational needs to reach these needs. I almost feel like we need to restructure the entire day or weekly schedule so kids have built in time for groups/counseling when appropriate.
<i>High School (9-12)</i>
<a href="https://www.schoolcounselor.org/asca/media/asca/home/SCCompetencies.pdf">https://www.schoolcounselor.org/asca/media/asca/home/SCCompetencies.pdf</a> Public high schools need to adopt the American School Counseling Association guidelines and practices. Public schools in our region adopt PLTW, National standards for many core contents. We need to invest in our students by providing Comprehensive counseling programs k-12. Helping students be better humans so that they can tackle the challenges of life in school and beyond. Districts need to adopt the professional association guidelines for 1 school counselor to every 250 students.
<b>Orchard Farm</b>
<i>Elementary (K-5)</i>
We would welcome assistance with these groups, but our experience has been that the outside agencies we partner with have a lot of staff turnover which leads to inconsistency and poor service delivery.
<i>Middle School (6-8)</i>
LGBTQ

Not sure if Vaping is considered a drug or not, but there is a need for training in this area.
<i>Multiple grade levels</i>
We do have these services in place but we don't have enough support to get solid programming. Our responsive service caseloads have gotten so big that the programming for prevention has really not be achievable.
<b>St. Charles</b>
<i>Elementary (K-5)</i>
Many of the services that I marked as available are available because I try to provide them to the best of my ability as a school counselor. We don't necessarily have outside programming for these things.
Our students need a lot of help with self-regulation, emotional wellness, and resilience training. It is my number one concern.
We have a social worker that visits one day a week. This support is very limited such that if the social worker has a training or an emergency, support is not provided. We could really use a crisis counselor to help with students experiencing trauma.
We strongly are in need of small group counseling and one-on-one counselors.
<i>High School (9-12)</i>
Due to the need for individual services for students and other required tasks, it is difficult for us to provide group lessons to students.
<b>Wentzville</b>
<i>Elementary (K-5)</i>
In the section above, I marked all as 'available, but students have limited access', this is most readily due to the abundance of students needing assistance and support in said area.
School counselors offer Self-Esteem, Divorce, Anxiety, Grief, and Anger-Management Groups on an annual basis. These groups are based on teacher and/or parent referrals.
We have school counselor's in our buildings, but the outside agencies who present are limited to depression, anxiety, suicide prevention, etc. I would love to see more available to our higher needs students as well as all students on the prevention level.
We offer small groups for Grief, Divorce, Anxiety, Social Skills, Anger Management and Self-Regulation. These groups are made up of students that are referred by parents or teachers and parent permission is required.
<i>High School (9-12)</i>
There are plenty of programs that are offered in our district and at our school, there are just too many students per counselor, there is not enough time or staff to address every issue.
We have very limited prevention programs at the H.S. level compared with elem/middle school - just 2 or 3 agencies providing one classroom lesson for one grade level, which is not as helpful as, say, 2-3 lessons per topic for each grade level. We have a need for trained presenters to consult with teachers about how to integrate social emotional skills into their curriculum, in a way that is highly engaging and relevant for students. For our teachers to teach.

**Services Currently Needed -St. Charles County -All Grades - from Staff Who Responded\***

Services	Needed	Not Needed	N	Adj. N	# Avail.	# Limited Avail.	Not Avail.	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmtd or NO Avail.	% Needed
Psychologists/Counselors, in/near the community, for students with moderate to severe social, emotional, or behavioral needs	183	14	200	197	36	152	1	199	189	80%	1%	81%	93%
Psychiatrists/Psychiatry (access to medications and psychological evaluations), in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications.	191	5	200	196	22	153	13	199	188	81%	7%	88%	97%
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.	166	21	196	187	55	129	4	199	188	69%	2%	71%	89%
Drug and alcohol use/abuse treatment	115	37	195	152	55	79	9	197	143	55%	6%	62%	76%
Services for teens who are pregnant and/or parenting.	72	53	195	125	33	65	8	196	106	61%	8%	69%	58%
Services for youth in crisis.	177	10	199	187	48	124	3	197	175	71%	2%	73%	95%
Services for youth dealing with trauma.	181	6	195	187	36	125	4	190	165	76%	2%	78%	97%

<b>Services Needed the Most - Other Responses</b>
<b>Fort Zumwalt</b>
<i>Elementary (K-5)</i>
Family Resources for all of the above as well as for youth.
In school services for students who don't have access to community services for physical and mental health.
Services for the families of the students dealing in trauma.
<i>High School (9-12)</i>
There are services available but they are stretched very thin.
<b>Francis Howell</b>
<i>Elementary (K-5)</i>
Ongoing, yearly training for school counselors working with our students
<i>Multiple grade levels</i>
Need more services for housing for transient youth in St. Charles county
<b>Orchard Farm</b>
<i>High School (9-12)</i>
Services are available, but often not within our own district/community.
<b>St. Charles</b>
<i>Elementary (K-5)</i>
We have limited help with the items. It would be extremely helpful to have a full-time social worker in each school along with an additional counselor in each school. Looking at the number of students at each school instead of the intensity of social/emotional needs at each school isn't an accurate gauge of the amount of staff support needed anymore.
<b>Wentzville</b>
<i>High School (9-12)</i>
Many of our African American families like to have community-based programs to mentor students such as would be found in St. Louis County programs and churches. They are not necessarily looking for counseling services but rather community support and mentorship.
The service I feel is most needed is an alternative to hospitalization and to IOP (which is primarily groups). We need a 24/7 crisis center which prioritizes intensive individual and family therapy. There is also a critical need for therapists with advanced skills in family therapy models to work with complicated families- most individual therapists do limited family work even when that would be the most effective intervention. Lastly, we need school-based therapists trained in evidence-based modalities to use with teens with history of sexual/physical abuse, sexual assault, domestic violence, etc.

**Services Currently Needed -St. Charles County -Elementary Grades - from Staff Who Responded\***

Services	Needed	Not Needed	N	Adj. N	# Avail.	# Limited Avail.	Not Avail.	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmtd or NO Avail.	% Needed
Psychologists/Counselors, in/near the community, for students with moderate to severe social, emotional, or behavioral needs	85	2	88	87	14	68	0	87	82	83%	0%	83%	98%
Psychiatrists/Psychiatry (access to medications and psychological evaluations), in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications.	86	0	88	86	10	66	5	87	81	81%	6%	88%	100%
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.	79	5	87	84	17	62	2	87	81	77%	2%	79%	94%
Drug and alcohol use/abuse treatment	40	13	85	53	13	24	5	85	42	57%	12%	69%	75%
Services for teens who are pregnant and/or parenting.	15	20	85	35	5	15	5	85	25	60%	20%	80%	43%
Services for youth in crisis.	77	2	88	79	17	52	1	86	70	74%	1%	76%	97%
Services for youth dealing with trauma.	82	1	87	83	16	50	1	83	67	75%	1%	76%	99%

**Services Currently Needed -St. Charles County -Middle School Grades - from Staff Who Responded\***

Services	Needed	Not Needed	N	Adj. N	# Avail.	# Limited Avail.	Not Avail.	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmtd or NO Avail.	% Needed
Psychologists/Counselors, in/near the community, for students with moderate to severe social, emotional, or behavioral needs	36	5	41	41	7	34	0	41	41	83%	0%	83%	88%
Psychiatrists/Psychiatry (access to medications and psychological evaluations), in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications.	39	2	41	41	4	34	3	41	41	83%	7%	90%	95%
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.	32	8	41	40	12	28	0	41	40	70%	0%	70%	80%
Drug and alcohol use/abuse treatment	27	8	41	35	11	25	1	41	37	68%	3%	70%	77%
Services for teens who are pregnant and/or parenting.	16	13	41	29	5	17	1	41	23	74%	4%	78%	55%
Services for youth in crisis.	37	3	41	40	10	28	0	41	38	74%	0%	74%	93%
Services for youth dealing with trauma.	38	2	40	40	7	28	0	39	35	80%	0%	80%	95%

**Services Currently Needed -St. Charles County -High School Grades - from Staff Who Responded\***

Services	Needed	Not Needed	N	Adj. N	# Avail.	# Limited Avail.	Not Avail.	N	Adj. N	% Limited Avail.	% NOT Avail.	Combined Lmt'd or NO Avail.	% Needed
Psychologists/Counselors, in/near the community, for students with moderate to severe social, emotional, or behavioral needs	50	3	54	53	13	39	0	54	52	75%	0%	75%	94%
Psychiatrists/Psychiatry (access to medications and psychological evaluations), in/near the community, for students with moderate to severe social, emotional, or behavioral needs that require medications.	51	2	54	53	7	42	3	54	52	81%	6%	87%	96%
Home or community-based services that provide housing, food, clothing, and other basic needs' items to families with children in need.	41	7	52	48	22	31	0	54	53	58%	0%	58%	85%
Drug and alcohol use/abuse treatment	38	11	52	49	26	25	1	54	52	48%	2%	50%	78%
Services for teens who are pregnant and/or parenting.	34	13	52	47	18	27	2	53	47	57%	4%	62%	72%
Services for youth in crisis.	49	4	54	53	16	35	1	53	52	67%	2%	69%	92%
Services for youth dealing with trauma.	46	2	51	48	9	38	2	51	49	78%	4%	82%	96%

<b>Other Referrals Provided</b>
<b>Elementary</b>
Annie's Hope
Care to Learn, We Love St. Charles, and Neighbor Helping Neighbor
Crisis Nursery
I frequently refer families to private practice LPC's and play therapists.
I refer a lot of students with access to transportation and funds to private practice in order to get seen sooner.
Morning Star Church Operation Back Pack & Holiday Assistance
Schiele Clinic St. Louis, MO
We have a counselor that functions as our social worker and whom we refer to and he does most of this.
<b>Middle School</b>
Many of these resources are referenced by our counselor much more than myself.
I don't, as I am not aware of what each of these do. I usually refer students to our crisis counselor.
Private counselors
Private Practice Counselors
Private practice service providers
Private therapists at agencies; Mercy to be hospitalized for suicidal ideation/intent
Unlimited Potential & Riverbirch Counseling
<b>High School</b>
Private Practice therapists
St Louis Behavioral Medicine, Alternative Behavioral Care
Private Practice Counseling Offices
CenterPoint hospital, mercy behavioral health
Alternative Behavioral Care
<b>Multiple Grade Levels</b>
Neighbor Helping Neighbor & We Love St. Charles

### Redundant prevention programming across the CCRB-funded programs and/or school-provided programs

	#	%
No	172	92.5%
Yes*	14	7.5%
Grand Total	186	

	%
Fort Zumwalt	89.5%
Francis Howell	97.1%
Orchard Farm	100.0%
St. Charles	95.0%
Wentzville	83.9%

### \*Responses for Redundant Prevention Programming

<b>Fort Zumwalt</b>
<i>Middle School (6-8)</i>
Compass, HN, KUTO, and NAMI suicide prevention and awareness trainings
We have multiple agencies coming in to help students with home life and mental health issues. We have several programs that go over suicide prevention, healthy relationships, bullying, and online safety.
<i>High School (9-12)</i>
Pretty much everything. CCRB programs are helpful, but they are an extension of activities that schools are doing to some extent, even if it's small.
The need is present!
<b>Francis Howell</b>
<i>Elementary (K-5)</i>
Educational Support Counselors hired within the school district, and Compass Mental Health counselors that are school-based.
Yes, but the outside programming is very short term and we simply continue and reinforce which is very much needed.
<i>Multiple grade levels</i>
Need services that do not have so many constraints of economics of parent i.e. private pay or Medicaid. Having PFH in the schools more consistently to educate and help students is very helpful without the worry of the child's insurance situation thanks
<b>Orchard Farm – No Comments</b>
<b>St. Charles – No Comments</b>
<b>Wentzville</b>
<i>Elementary (K-5)</i>
It is not redundant, but rather needed to continue to support our students as they learn and grow and experience new knowledge in life.
Possibly ... online safety, Compass & Child Center?
Violence Prevention and Coping Skills (Anger and conflict Resolution and bullying and Teasing, Bullying and Personal Safety, and Bullying and Cyber bullying). The Child Center (body safety program) and On-line Prevention. CHADS Coalition (Signs of Suicide).
<i>Middle School (6-8)</i>
Suicide Prevention
<i>High School (9-12)</i>
Healthy relationships. I believe Bridgeway does healthy relationships, but I believe the presentations done by Safe Connections are more engaging to students.

**“Other” barriers students encounter when trying to address a BH need/issue (by Staff who Provided an “other response)**

<b>Fort Zumwalt</b>
<i>Elementary (K-5)</i> - A big barrier I've found is that if someone has private insurance vs. Medicaid the resources that are available are more limited or obstructs from getting some of the services that are needed.
Access to services is an overall problem.
It takes so many people to do this right.
Lack of Mental Health Professionals in the Elementary School.
My office is shared with many other people like Oasis tutor, Crider Specialist, Crider Therapist. Some days I am out more than in and hard to be consistent with the students that I see.
<i>High School (9-12)</i> - Lack of psychologist and counselors available to families. Long wait times.
Understaffed at the schools.
<i>Multiple grade levels</i> - Outpatient youth programs (under 12) for medication adjustments/meds wash, counseling, psychological evaluation.
<b>Francis Howell</b>
<i>Elementary (K-5)</i> - Available, ongoing training for school counselors needs to be available. Spending time rewriting curriculum that we only use 1 hour per quarter is frustrating. More practicality is needed in our training.
Families whose first language isn't English who need supports.
<i>Middle School (6-8)</i> - Difficulty getting appointments to psychiatrists/psychologists in a timely manner. Additionally, staff turnover at mental health facilities negatively impacting treatment/outcomes.
Financial barriers
<i>High School (9-12)</i> - There is a dearth of Psychiatrists available to treat youth. Also, wait times are very long. Parents have difficulty getting kids to appointments and for low income families, they cannot miss work to get the child services.
<i>Multiple grade levels</i> - Students have difficulty accessing services due to financial limitations.
<b>Wentzville</b>
<i>High School (9-12)</i> - Bilingual service providers (Spanish)
Financial Burdens, No continuity of care between counselor, Psych, and School, no access to Psychiatrists unless they go the Hospital.
Insurance that the students have or do not have limiting students gaining access to quality intensive services.
Many families have limited motivation to take the child to therapy each week or work 2 jobs. That's why more school-based individual services at the high school level are critical. Plus, we need healthy relationship prevention and therapy services when relationships become violent.

## Behavioral/Mental Health Service Needed the Most for Students

<b>Fort Zumwalt</b>
<i>Elementary (K-5)</i>
Access to counseling/therapy to include student and family
Dealing with anxiety and trauma. Our students need more access to counseling during the day for students in crisis. We do not have adequately trained personnel to deal with these students' needs. We also hear more self-harm/suicidal ideation from students.
Emotional dysregulation/behaviors/outbursts, social relationships, keeping other kids safe and learning in these moments of dysregulation
Families need EASY access to services that don't put their jobs in jeopardy to receive. Often, they have to take off work to meet with those providing services which causes them the loss of wages or even the loss of their job. Mental health services need to be easier to access. Parents are often turned off by the mounds of paperwork they have to fill out and many of them aren't willing or able to get their kids to appointments that aren't provided at school. The wait at many free/sliding scale providers is very long making it even more difficult for the kid and family. Families also need access to parenting classes and help. They don't always know where or how to get help and they often won't ask the school for it. If it was readily available, they might seek it out more willingly.
Helping students with trauma, social skills, social/emotional needs
In school counseling and therapy
More accessibility for services for student in need, limit red tape for accessing services (too difficult to receive = little/no parent follow through)
More availability for Crider/Compass Health workers. Our students need more than 1 time per week.
More counselors
More psychiatrists
More than one counselor at school to assist students on a daily basis....570 students to 1 counselor is too many kids to effectively be able to support student's needs. Also, availability of therapy in school for students that have private insurance. Currently, only students that are on Medicaid have an opportunity to get outside agency support within the school day. Many parents don't have time, financial resource, or desire to take their child to therapy even though it is needed. Having in school therapy available to a larger population of students would be so helpful.
Our students, who are on Medicaid, and have a need to see a psychiatrist usually have a very long wait before being seen. These kids exist in crisis for many months.
Social worker or school psychologist
Support, coping skills, and resources for kiddos who struggle with anxiety, depression, and self-regulation.
We need a 2nd counselor and social worker to help our students and families in need.
<i>Middle School (6-8)</i>
Dealing with anxiety, developing coping skills
I truly believe students need depression and anxiety coping skills. Nothing seems to be enough at this point for students in our area. They don't understand how good it is here and that adversity is not what they believe it to be, an end. It's frustrating, as grit is very lost on this generation of student. They have many redeeming qualities, but their ability to deal with adverse situations is shockingly not present.
It would be helpful to have a mental health agency to partner with that could help facilitate groups at the school, such as, emotional/social skills, grief groups, divorce groups, etc.
Mental Health Counselors
More counselors needed for in-school therapy

More psychiatry/counseling for low income.
Psychiatry
We need more school counselors to be able to run support groups and provide more individual counseling services on site for students whose parents will not take them to the services in the community.
Psychiatric services with shorter wait times (i.e. not booking appointments that are months away)
<i>High School (9-12)</i>
Anxiety, depression
Anxiety, Depression, and Substance Abuse
Assessment and Counseling Services for those who cannot afford it or do not have insurance.
At school: emotional support for students. In the community: parenting skills/support for adults. The VAST majority of problems we see students experiencing have a direct correlation with a weak family/parenting structure, with parents leaving the "fix my kid" problems to others, wondering why their child is having so much trouble and not recognizing that the lack of parenting when the child was young resulted in most of the issues we see. The majority of our student population does just fine; however, the small number of students who do have issues didn't develop them once they got to high school... it's most often a result of years of poor parenting.
Community or School based Therapists that have a sliding scale fee and have access to the school and home - parents/guardians miss appointments or do not have transportation and then the kid has to wait a month to get in again increasing their chances of escalating mental health needs. Access to Psychiatrists who work with youth.
Coping with anxiety
Free/affordable counseling for youth struggling with depression and/or anxiety
Help with anxiety
Psychiatric services.
Services that focus on anxiety, depression, peer relationships, thoughts of suicide, attempted suicide, bullying and coping skills.
Students dealing with mental illness issues and issues of depression.
Suicide prevention general mental illness
<i>Multiple grade levels</i>
Accessible therapy/counseling and psychiatric treatment
Free counseling/psychiatry services for children without a 6+ month wait time
Professional development for the teachers and school district staff on mental health and trauma and resources for the students and parents
<b>Francis Howell</b>
<i>Elementary (K-5)</i>
Anxiety and dealing with emotions Many students seek control when their home lives are out of control.
Anxiety prevention/skills building groups. Social emotional skills training-emotions management, peer relationships.
Counseling for trauma, more mental health services for younger children ages 5-15. Anxiety support groups & counseling. Parenting classes
Counselors, support to help with students who have trauma, lack of emotional control, anger management.
Doctors that prescribe medication that are accessible for school age children. The availability to get an appointment either in an emergency or within a normal amount of time.
Emotional regulation
Family crisis and community resources
Free testing services for families

Inpatient psychiatric services for children
Mental health and medication services for those with financial needs.
More in-school options. Many families don't have the ability to get their children the services they need outside of the school day.
Ongoing training for school counselors working with these traumatized students; one time a year is not enough. Access to play therapy techniques to school counselors, not just ESCs. More meeting times for counselors at FHSD 4 x per year is not enough. Monthly would be good.
Outside counseling resources that can see families or come into the school setting to provide services
Parents are lacking access to child psychiatrists in our community. Many have initial appointments that are 6-10 months out. In the meantime, their children are having severe behaviors at school and home. We have seen an increase of physically aggressive behaviors at school and our options are limited in dealing with them.
Psychologists/Psychiatrists that will see/treat young patients (under 13 years old) without a 6-month waiting period to be seen initially
Support for very young students who have experienced trauma and support for elementary students with mental health issues.
We have had more mental health issues in the school setting than ever before. Ways to help parents who choose to not medicate their children, is definitely a concern. We have students diagnosed with mental health diagnosis and then we are expected to "fix" them with a 504 plan or the resources that we currently have available. Accommodations in the classroom are not enough to meet the needs of these children.
Hospitals/treatment centers for assessment and short (or long) term stays of mental health crisis in young children (5-10 yrs. old). Child Psychiatrists
Counseling for kids with complex trauma. Grief/loss programs. Suicide/self-harm prevention.
<i>Middle School (6-8)</i>
Anxiety Intervention
Anxiety, trauma, self-worth, suicide prevention, grief
Earlier interventions for students who are experiencing anxiety, depression, loss, and feelings of disconnection. Many students also need help with better understanding their emotions, peer relationships, and family dynamics. We are seeing a tremendous amount of self-harm and suicidal ideation, and many of the above factors are noted when children are discussing why they are having suicidal thoughts.
Services that address youth anxiety/depression, bullying/cyber bullying, social emotional skills, acceptance/diversity, and self-harm/suicide.
Suicide assessments
Trauma
Trauma, suicidal ideation, anxiety, depression
We actually have a great deal of services offered and feel we have plenty and are in good standing with our services.
<i>High School (9-12)</i>
Anxiety and depression counselors
Child Psychiatry
Counselors who push in during school hours like Crider/Compass but not just for students who have Medicaid. There are parents who cannot get their children to counseling but approve of counseling services at school.
Counselors who teach concrete coping skills and ways to manage emotions and problem solve life situations. Counselors who are highly trained in dialectical behavior therapy, EMDR, true cognitive behavior therapy methods.
Drug Abuse, Suicidal Thoughts, Stress/Anxiety Disorder

Drug prevention and support after drug treatment
Mental health services for victims of physical or emotional trauma.
More Drug use /abuse
Psychiatric availability
School counselors that have can devote 80% of their time to direct student services. Crisis intervention between home and school.
Suicide/self-harm prevention and drug and alcohol prevention
Treatment for Anxiety
Working with students who struggle with their emotions.
<i>Multiple grade levels</i>
Affordable housing, transportation, in home intensive support for high need's families
Counselors/Therapists that specialize in Autism.
Psychiatry. Highly trained therapists in attachment, trauma, and self-harm
Trauma informed therapeutic services for individuals as well as their families
<b>Orchard Farm</b>
<i>Elementary (K-5)</i>
Counseling support for students and their families with significant social/emotional concerns.
Mental health therapist
<i>Middle School (6-8)</i>
Additional support for students with trauma who struggle with regulation and executive functioning skills.
<i>High School (9-12)</i>
Services related to depression and anxiety.
<i>Multiple grade levels</i>
We need more help with psychiatry and the wait-lists are unbelievably long. We also need help with psych evals as well. UMSL fills up too fast. We could use more homebased counseling where providers come to the home. Transportation is a huge issue and is not going to change so we need to bring services to the families. Youth in Need needs more funding because they do a really great job in our district and there is limited red tape which is amazing for families in need.
<b>St. Charles</b>
<i>Elementary (K-5)</i>
Bully/cyber bullying prevention, anxiety prevention, and peer relationships
Crisis Counselor or Family Counselor. One school counselor within the building cannot proactively address the increasing needs of our students and their families.
Emotional regulation, trauma and crisis.
Full time social workers to connect families with lacking basic needs so counselors can focus on providing coping skills/emotional regulation work.
Self-Regulation, emotional wellness, resiliency skills.
Students emotional/Social/Trauma
Students who escalate quickly to harming staff or students and destroying property
Supporting student with trauma, supporting families with how to meet their child's needs
Group counselors and one on one school-based counselors
<i>Middle School (6-8)</i>
Additional support for mental health kiddos
Social Emotional support for students/staff in crisis.

<i>High School (9-12)</i>
Access to reliable mental health support (counseling, psychiatry, etc.). There have been some concerns with the level of services being provided. Insurance seems to be a huge barrier when referring to outside entities.
Anxiety and Depression.
More Therapy options for students with private insurance that can receive services within the school day.
<i>Multiple grade levels</i>
Family-based counseling,
Our students need support dealing with the various ACEs (traumas) they have experienced. Students are using marijuana at an increasing rate and lack motivation and resiliency to finish high school. Attendance at our school is a huge concern.
<b>Wentzville</b>
<i>Elementary (K-5)</i>
Access to more psychiatrists. More access to community-based services for students who have no insurance or private insurance.
Conflict resolution, social skills: taking turns, sharing, being golden rule, dealing with disappointment/ not getting what you want.
Mental health service needed for students are treatment for depression and suicide ideation, anxiety a huge problem.
Play therapy, counseling
Psychiatry. More in-school therapists. More access to counselors in the school
Social-emotional regulation
We have great programs in place but they don't have the means to address all of the students that need them. Crider Counselors do a great job but are limited to the number of students on their caseload. Many students need Psychiatrists but there aren't enough in the area.
We have great services available in the area however, they are limited in the number of students that they can provide services for. There is a need for therapist and/or psychiatry services for some students, and due to the type of insurance families may have, they may not be eligible for services.
We need a greater number of service providers than we have available now. What we have is fantastic, just limited in number.
We need help training students in self-regulation.
Support for student who deal with anxiety, depression. Access to therapists, psychologists, etc. closer to our community to cut down travel time for parents. Outpatient counseling groups closer to our community.
<i>Middle School (6-8)</i>
Seems like we have more students struggling with anxiety.
Using Social Media Properly and its impacts on students' mental health
<i>High School (9-12)</i>
Community support for those who identify as minorities. Community based mentorship for those identifying as African American and more support groups and meeting locations for students identifying as LGBT.
Do you mean prevention or service? confusing question... We need well-trained, experienced school-based therapists for high-need teens (chronically suicidal, self-harming, etc.) - without all the restrictions the agencies require (Crider's Medicaid mandate and Youth in Need's mandate that most services be group). We also need school-based therapists specializing in working with teen survivors of sexual violence and dating relationships.
Social/Coping Skills
There are behavioral/mental health services available, just not enough to serve everyone who needs help
<i>Multiple grade levels</i>
Access to a psychiatrist.

### School Counselors Provide Behavioral Health Training – by School District

School District	Yes		No	
Fort Zumwalt	48	83%	10	17%
Francis Howell	70	97%	2	3%
Orchard Farm	8	89%	1	11%
St. Charles	15	71%	6	29%
Wentzville	26	84%	5	16%
<b>Grand Total</b>	<b>167</b>	<b>87%</b>	<b>24</b>	<b>13%</b>

### Training Topics Provided by School Counselors

	Fort Zumwalt	Francis Howell	Orchard Farm	St. Charles	Wentzville	Total
Social/emotional skills training (grade/age-focused; peer relationships, self-esteem, etc.)	35	54	5	13	18	125
Bullying/cyber-bullying prevention	36	47	5	11	18	117
Conflict and anger management	30	46	6	13	18	113
Anxiety (worry) prevention and control	27	49	5	12	16	109
Coping with grief, loss, an/or divorce training	23	39	6	8	20	96
Self-harm and suicide prevention/resources	26	42	1	8	17	94
Feelings of belonging/acceptance (diversity) training	27	40	4	6	14	91
Abuse and neglect (body safety) prevention	20	38	2	9	13	82
Chronic absenteeism prevention	18	33	4	5	8	68
Drug and alcohol use and abuse prevention	22	29	1	3	10	65
Online safety training	19	26	2	4	12	63
Healthy dating relationships education	9	17		1	5	32
Other:	5	3			3	11
<b>Total</b>	<b>47</b>	<b>70</b>	<b>9</b>	<b>15</b>	<b>26</b>	<b>167</b>

### Other External Sources Provide Behavioral Health Training – by School District

School District	Yes		No	
Fort Zumwalt	49	86%	8	14%
Francis Howell	61	85%	11	15%
Orchard Farm	6	75%	2	25%
St. Charles	20	91%	2	9%
Wentzville	28	90%	3	10%
<b>Grand Total</b>	<b>164</b>	<b>86%</b>	<b>26</b>	<b>14%</b>

### Training Topics Provided by Other External Sources

	Fort Zumwalt	Francis Howell	Orchard Farm	St. Charles	Wentzville	Total
Abuse and neglect (body safety) prevention	26	36	3	10	12	87
Drug and alcohol use and abuse prevention	22	31	6	10	13	82
Bullying/cyber-bullying prevention	26	28	4	7	13	78
Self-harm and suicide prevention/resources	24	21	1	12	17	75
Online safety training	14	21	4	3	10	52
Conflict and anger management	15	13	2	8	7	45
Social/emotional skills training (grade/age-focused; peer relationships, self-esteem, etc.)	15	12	3	5	7	42
Healthy dating relationships education	12	8	1	3	8	32
Coping with grief, loss, an/or divorce training	11	8	1	6	5	31
Anxiety (worry) prevention and control	10	6		4	4	24
Chronic absenteeism prevention	7	11		2	2	22
Feelings of belonging/acceptance (diversity) training	7	1		1	4	13
Other	2	1			2	5
<b>Total</b>	<b>48</b>	<b>61</b>	<b>7</b>	<b>20</b>	<b>28</b>	<b>164</b>

### Scheduling Issues/Challenges with Providers -by Grade Level

	No		Yes		Total
<b>Fort Zumwalt</b>	<b>50</b>	<b>91%</b>	<b>5</b>	<b>9%</b>	<b>55</b>
Elementary (K-5)	20	87%	3	13%	23
Middle School (6-8)	13	93%	1	7%	14
High School (9-12)	14	93%	1	7%	15
Multiple grade levels	3	100%		0%	3
<b>Francis Howell</b>	<b>58</b>	<b>88%</b>	<b>8</b>	<b>12%</b>	<b>66</b>
Elementary (K-5)	25	89%	3	11%	28
Middle School (6-8)	13	87%	2	13%	15
High School (9-12)	16	94%	1	6%	17
Multiple grade levels	4	67%	2	33%	6
<b>Orchard Farm</b>	<b>4</b>	<b>67%</b>	<b>2</b>	<b>33%</b>	<b>6</b>
Elementary (K-5)	2	67%	1	33%	3
Middle School (6-8)	1	100%		0%	1
High School (9-12)	1	100%		0%	1
Multiple grade levels		0%	1	100%	1
<b>St. Charles</b>	<b>14</b>	<b>74%</b>	<b>5</b>	<b>26%</b>	<b>19</b>
Elementary (K-5)	6	75%	2	25%	8
Middle School (6-8)	3	75%	1	25%	4
High School (9-12)	4	80%	1	20%	5
Multiple grade levels	1	50%	1	50%	2
<b>Wentzville</b>	<b>25</b>	<b>93%</b>	<b>2</b>	<b>7%</b>	<b>27</b>
Elementary (K-5)	16	100%		0%	16
Middle School (6-8)	2	67%	1	33%	3
High School (9-12)	5	83%	1	17%	6
Multiple grade levels	1	100%		0%	1
<b>Grand Total</b>	<b>151</b>	<b>87%</b>	<b>22</b>	<b>13%</b>	<b>173</b>

### Challenges Per School District and Grade Level

CONFIDENTIAL DATA PROVIDED FOR CCRB BOARD REVIEW ONLY

<b>Additional Comments</b>
<b>Fort Zumwalt</b>
<i>Elementary (K-5)</i>
I am very thankful for the CCRB and its partnerships with agencies to provide resources for students in need. While there is definitely an increase in resources with the CCRB's help, the need is still great.
Preferred Health Care has been a God send to me and my students. Natasha and Courtney do a fabulous job. With one Counselor in each Elementary School in our district the need for Mental Health Care is overwhelming. Please consider more funding for PFH to work in all of our schools.
The public school needs help and support. We are getting asked from all sides to perform and do our best. It is very difficult with all of the needs that face our teachers with curriculum challenges and student challenges in our schools today.
We have seen a tremendous increase in the needs for services for students with trauma. The anxiety and depression feelings/behaviors our students are experiencing (including self-harm statements) are presenting earlier and earlier, as well. We need a lot more supports and training in these areas.
<i>Middle School (6-8)</i>
Thank you for all your help in supporting our students and the youth in our community! Without your assistance we would not have near the services available for our students and their families!
<i>High School (9-12)</i>
In many cases, we rely too much on the students to come to the adults for help. We need to make time within the school day to address these issues and educate our students. We need to be more proactive and less reactive.
There seems to be inconsistency between districts with how they approach mental health supports coming into the school which may create inconsistency with access to treatment.
We appreciate the school-based therapist, but one-half day a week does not go very far.
<b>Francis Howell</b>
<i>Elementary (K-5)</i>
FRANCIS HOWELL has many services, but I feel as if more and more we need mental health providers to support our school counselors. It would be wonderful if there were mental health/outpatient clinics at a reasonable fee for families. Also, parent support for understanding mental health issues.
I believe the school is becoming the front line of services available to children today. So often our parents cannot afford to get mental health services for their child outside of school, they cannot take off work for appointments, they have no co-parent to help them with the behaviors in the evening, or they simply do not have the skills to help their child. Counselors on the other hand, have the skills but not the time for the amount and severity of mental health issues occurring today. We are doing the best we can with very limited resources and time. Having additional support at the school on a consistent basis would be extremely beneficial.
Our district is moving in such a positive direction with how we help children. However, how we treat each other as staff members needs some refining, especially when we have staff members struggling with mental health concerns themselves. Our staff members are not kind or helpful to team members struggling with mental health concerns. It's quite sad.
<i>High School (9-12)</i>
I also think we need a lot more prevention and treatment services for kids with substance issues.
It is great to have an organization that provides funding, support, services to the children in the county and students I work with (at home and/or school).
<i>Multiple grade levels</i>

I am new to St. Charles CO as of October, and am very interested in continuing to learn more about resources available to my students and their families. I would like to bring in agencies next year on a variety of topics to assist my students/families in obtaining much needed support and resources. Thank you for the work you are doing to help support the most vulnerable individuals in our communities.

Our younger student populations (elementary) NEED strong, highly trained, clinical community services to address their mental health. There is a significant rise in suicidal ideation, PTSD in our younger children and the community is struggling to support them and their parents. Our community is also at a loss in supporting our students' psychiatry need. Students are waiting 3-6 months for a psychiatry appointment and utilizing an acute system of hospitalizations for immediate response thus creating further inconsistency in client care. When utilizing one community agency (Preferred) for substance prevention and treatment, and this is ineffective, our community lacks opportunity for other options.

The work of PFH has been instrumental to not only changing lives but saving lives! I believe this county does support their youth, but with the parental struggles many more youth are leaving home with nowhere to go that is safe and if when we call for emergency services, we are always told they are full and referred to St. Louis city for supports. We need a larger crisis youth center with laundry, food, beds, showers, and job help to help these young people stay safe and not be looking for other ways to fund their safety.

### **Orchard Farm**

*Elementary (K-5)*

Thank you for ALL you do to help our students, their families, and us. We really appreciate it!

We truly appreciate the services offered by CCRB-funded agencies but have been somewhat disappointed by the high turnover in some of the agencies that have led to inconsistent service delivery as well as the availability of some of the other agencies.

*Middle School (6-8)*

Thank you for all you are already doing! We wouldn't be anywhere close to being able to provide services to our students without assistance from organizations like yours.

### **St. Charles**

*Elementary (K-5)*

The CCRB is an incredible resource for my students. I think a lot of the barriers are things that are so hard to solve such as all the issues that are associated with poverty. Thank you for being available to my students!

We need FT personnel to truly make an impact on students with behavioral needs. We do not have the manpower or resources available to help these students, especially at the elementary level. The sooner we address their needs, the sooner they will develop coping skills.

*Middle School (6-8)*

We deeply appreciate the support from CCRB funded resources. Without the help, we would be even more strapped to meet the needs of our most vulnerable/needy students.

### **Wentzville**

*Elementary (K-5)*

I appreciate everything the CCRB has provided for our students. While we would like more, we have more than a lot of areas.

Thank you very much for the programs and funding you provide. I am seeing an increase in the last five years in the amount of services offered to support the mental health of our youth. While more support is still needed, I believe we are headed in the right direction.

There are great resources in the community and within schools. The problem seems to be the huge increase in the number of children that need these resources. There just aren't enough to meet the needs of all that need them. When we all work together, we are very helpful for that family! There just aren't enough of us to go around...

*High School (9-12)*

Thanks for asking us! One additional suggestion is to give some funding directly to school districts to help pay for specialized services provided by school-employed mental health professionals who are embedded in schools and know the students the best. And consider paying an extra stipend for the district's crisis counselors to meet with students at school after school hours. Or pay for the salaries of subs to come and cover classrooms for teachers to be able to participate in all day training.

This may be beyond what CCRB is able to fund, but more intensive in-home services that do not have restrictions in terms of age (16 and up) or insurance (Medicaid only). We have a number of students in our district who could benefit from intensive in-home services. Another concern, is that I have been told hospitals are not willing to take youth in who are violent and suicidal. I'm not sure where we turn when we have students in our district who are aggressive and need to be hospitalized. Lengthy waits in hospital ER's to be assessed are a problem for our families. Waiting 12 hours to be assessed is too much. Thank you.

## About the Consultant Who Prepared This Report

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Cynthia Berry, Ph.D., is a Psychologist with a specialization in Industrial/Organizational, Personality and Experimental Psychology, and founded BOLD, Berry Organizational and Leadership Development, LLC in January of 2006. BOLD, LLC is a 100% woman-owned business registered with the State of Missouri.

She has over twenty-one years of experience in Human Resources, Organizational and Fund Development, Evaluation and Research including large-scale community needs assessments and customer/employee/stakeholder surveys, Psychometrics and Employee and Management Training. She has vast experience in organizational and community-based assessments allowing for guided strategic plan development complete with outcome measurement tools and procedures to match. Many of the community-based projects assess opinions, satisfaction and needs relating to a specific area of interest within a community.

BOLD is further strengthened by providing services for full organizational and program budget development, fund development and writing in-depth policies and procedures. She has worked with numerous not-for-profits, for-profits and government agencies involving strategic program planning and development, employee development, fundraising and/or fund development, survey/outcome development, board facilitation activities, and organizational assessments. Since 2007, 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, and the implementation of various quality improvement projects. Finally, she was an adjunct professor for the Evaluation of Programs and Services Master's level course at the George Warren Brown School of Social Work at Washington University from 2012 through 2019.