



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

## ***Public Report***

*Community and Children's Resource Board of St. Charles County, Missouri  
(CCRB)*

*October 2025*

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**Note:** The feedback tables contain direct input from school staff. To preserve the authenticity of their perspectives, content has not been edited by BOLD, LLC, beyond the correction of spelling errors. Review with caution.

**Note about the Confidential Report:** Information designated as confidential has been compiled in a separate report, accessible only to CCRB staff and board members for internal review and follow-up. Relevant sections have also been shared directly with the agencies to whom the confidential data or feedback pertains.

## Key Findings

A total of 227 school staff members across the five public school districts in St. Charles County, Missouri, participated in a comprehensive assessment regarding the school-based behavioral and mental health (BH/MH) programming funded in part, or in whole, by Community and Children's Resource Board (CCRB). The comprehensive assessment sought to identify St. Charles County students' mental and behavioral health needs, service availability, and system barriers. The survey was administered in the spring of 2025 and distributed to a broad range of school personnel, including superintendents/principals, assistant principals, counselors/social workers, and other staff with specialized roles in student behavioral health and support.

### 1. High and Escalating Student Mental Health Needs Across All Grades

Students across all grade levels are experiencing elevated levels of mental health distress, with anxiety, peer challenges, and emotional regulation as the most commonly reported concerns.

- ❖ Anxiety (92%), peer relationship struggles (87%), and emotional regulation difficulties (82%) topped the list of staff-reported concerns.
- ❖ Middle and high school staff highlighted significant rates of suicidal ideation (66% middle; 41% high) and depression (73% high).
- ❖ Emotional dysregulation and peer conflict were especially acute in elementary (97%) and pre-K grades, indicating early onset of behavioral health struggles.

### 2. Widespread Gaps in Prevention Programs

When assessing the availability and necessity of school-based prevention programs, staff identified major gaps among the full sample, especially in programs aimed at absenteeism, grief, and emotional skill-building.

- ❖ Chronic absenteeism prevention was the most commonly identified gap (47% not available, 37% insufficient).
- ❖ Additional programs needing expansion included grief/divorce supports and school success/advocacy skills.
- ❖ Only two programs, abuse and neglect prevention (81%) and suicide prevention (62%), were rated sufficient by a majority of staff.
- ❖ Anxiety prevention (54%) and conflict management (52%) were widely available but not meeting student needs.



### 3. Severe Shortages in Direct Services

Across all grade levels, direct service programs were seen as either unavailable or ineffective, particularly in psychiatric care, evaluation, and crisis response.

- ❖ Access to school-based psychiatrists was the most significant service gap, cited by 65% of respondents.
- ❖ Truancy interventions were also severely lacking or ineffective across school and community contexts.

- ❖ Staff reported that psychologists/therapists and crisis intervention teams in both schools and the community were available but unable to meet demand.

#### **4. Persistent Barriers Undermining Access to Mental and Behavioral Health Services**

School staff identified a range of persistent barriers that limit student access to mental and behavioral health services. These barriers span family-related challenges, workforce and capacity issues, logistical constraints, and systemic coordination gaps. The following themes represent the most persistent and frequently reported obstacles.

- ❖ Lack of parent involvement was the most commonly reported barrier (69%), particularly among middle school staff (70%). Additional challenges included difficulty obtaining parental consent (28%), stigma surrounding mental health (39% among middle school staff), and concerns about parental mental health and follow-through on referrals.
- ❖ Forty-three percent (43%) of staff reported limited access to mental health professionals, with concern rising to 82% among those serving multiple grade levels. High provider turnover (47%) and burnout (39%) further impacted service consistency and availability.
- ❖ Half of the staff respondents (50%) reported limited time during the school day to address mental and behavioral health needs, with even higher rates among pre-K/elementary staff (54%) and middle school staff (57%). Staff also noted space limitations for service delivery and conflicts with core instruction time.
- ❖ Among staff working with younger students, 51% cited severity of student needs and emphasized the need for earlier identification and more timely referrals for behavioral or developmental concerns.
- ❖ Staff highlighted fragmented coordination among schools, providers, and funders. Common logistical barriers included transportation challenges (27%), long waitlists, and unclear referral pathways, all of which limit consistent access to services.

#### **5. Staff-Identified Priorities Emphasize Embedded, Equitable, and Proactive Supports**

When asked what they would most like to add or improve, school personnel consistently prioritized on-site services, streamlined coordination, and increased support for families.

- ❖ Top requests included **full-time, school-embedded therapists** and expanded **psychiatric support**.
- ❖ Staff also emphasized the need for **family outreach, truancy support, emotional regulation programming**, and **improved referral processes**.

#### **6. Staff Perceptions of Who Provides Prevention and Direct Services Within the School Building**

When asked about who provides prevention and direct services in their school building, responses show that services are provided by a diverse group of providers, including internal school staff, CCRB-funded organizations, law enforcement, and others, with internal school staff providing the most services. This demonstrates school districts' commitment to the mental health of their students by investing their own resources as well as welcoming outside groups.

- ❖ Out of 16 prevention categories, internal school staff were chosen as the most common provider of services in 7 categories, with CCRB-funded provider services shown as the most common in 5 categories.
- ❖ Similarly, out of 9 direct service categories, internal staff were chosen as the most common provider of services in 6 categories, while CCRB-funded services were shown as the most common in 2 categories.

## In-Depth Summary Findings

A total of 227 school staff members across the five public school districts in St. Charles County, Missouri, participated in a comprehensive assessment regarding the school-based behavioral and mental health (BH/MH) programming funded in part, or in whole, by the Community and Children's Resource Board (CCRB). The survey was administered in the spring of 2025 and distributed to a broad range of school personnel, including superintendents/principals, assistant principals, counselors/social workers, and other staff with specialized roles in student behavioral health and support (Table 1A).

**Table 1A. (abbreviated) Survey Respondents by School, Grade Level, and Role**

	Early Education (Pre-K)	Elementary (K-5)	Middle School (6-8 or 5-8)	High School (9-12)	Multiple Grade Levels	Total
<b>City of St. Charles</b>	1	8	5	7	2	23
<b>Fort Zumwalt</b>	2	29	13	10	3	57
<b>Francis Howell</b>	5	14	12	8	6	45
<b>Orchard Farm</b>	1	4	2	5	5	17
<b>Wentzville</b>	2	46	18	14	5	85
<b>Grand Total</b>	<b>11</b>	<b>101</b>	<b>50</b>	<b>44</b>	<b>21</b>	<b>227</b>

The five participating school districts included Wentzville (85 respondents), Fort Zumwalt (57), Francis Howell (45), City of St. Charles (23), and Orchard Farm (17). Of the 227 total respondents, 11 were affiliated with early education (Pre-Kindergarten), 101 represented elementary grade levels (typically Kindergarten through 5th grade), 50 worked in middle schools (5th through 8th grade or 6th through 8th grade), and 44 served high school students (9th through 12th grade). An additional 21 respondents reported working across multiple grade levels, spanning pre-K through 12th grade. Representation was broad and included school counselors and social workers (the largest group, with 136 total respondents), administrators (47 superintendents/principals or assistant principals), and other support personnel such as behavior analysts, mental health consultants, special education staff, and student services directors. This diverse respondent pool ensured comprehensive insights into both the strengths and ongoing needs of school-based behavioral health services across the county.

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

School personnel were asked to identify the most pressing behavioral and mental health concerns they observed among students during March and April of the 2024–2025 school year (N = 227 respondents). Findings revealed consistent concerns across grade levels (Table 2):

- The most frequently reported issue was **“anxiety, worry a lot, fear,”** identified by 92% of respondents (N = 208), reinforcing the continued impact of anxiety-related symptoms among youth across all grade levels.
- The second most cited concern was **“friend/peer relationships, social skills, problem solving, and self-esteem,”** noted by 87% of respondents (N = 197).
- Close behind, 82% of staff (N = 187) identified **“controlling emotions, anger management, and conflict resolution”** as a major concern, highlighting ongoing needs for emotional regulation and behavioral support.
- **“Feelings of acceptance/belonging”** emerged as the fourth most common issue (49%, N = 111), suggesting increased awareness of social-emotional climate and student connection within schools.

- **“Depression/sad a lot”** was the fifth most cited concern at 43% (N = 98), followed closely by **“suicidal ideations/suicide”** at 40% (N = 90), reflecting the continued importance of monitoring internalizing behaviors and crisis risk.
- Other significant concerns among the 227 respondents included **truancy/educational neglect (37%, N = 84)**, **coping with grief, loss, and/or divorce (33%, N = 74)**, **bullying/cyber-bullying (31%, N = 70)**, **self-harm (25%, N = 56)**, and **online safety (22%, N = 51)**.

These findings underscore the widespread prevalence of anxiety, interpersonal difficulties, emotional dysregulation, and mental health risk factors among students in St. Charles County schools, pointing to a critical need for continued and expanded mental health supports across the system. This data was also examined by grade level to determine the most critical issues specific to each developmental group.

<b>Table 2. (abbreviated) Top Behavioral/Mental Health Issues of Youth – May 2025 – Full Sample and Grade Levels</b>	<b>% Pre-K &amp; Elem.</b>	<b>% Middle</b>	<b>% High</b>	<b>% Full</b>
Anxiety, worry a lot, fear	91%	90%	95%	92%
Friend/peer relationships, social skills, problem solving, and self-esteem	92%	86%	75%	87%
Controlling emotions, anger management, and conflict resolution	97%	60%	70%	82%
Feelings of acceptance/belonging	46%	62%	45%	49%
Depression/sad a lot	29%	44%	73%	43%
Suicidal ideations/suicide	23%	66%	41%	40%
Truancy/educational neglect	24%	40%	59%	37%
Coping with grief, loss, and/or divorce	46%	18%	20%	33%
Bullying/cyber-bullying	26%	50%	27%	31%
Self-harm	8%	48%	41%	25%
Online safety	15%	32%	20%	22%
Food and basic needs insecurity	27%	8%	5%	17%
Drug and alcohol use and abuse	0%	10%	57%	17%
Abuse and neglect issues (body safety)	17%	2%	2%	12%
Housing instability/nowhere to live	13%	8%	14%	11%
Unhealthy dating relationships	0%	2%	23%	6%
Threats of violence or being injured by another peer	7%	8%	2%	6%
Eating disorders	0%	0%	2%	1%
Child trafficking/commercial sexual exploitation	0%	2%	0%	0%
Gang violence	0%	0%	0%	0%
Total Sample	112	50	44	227

Note: pre-K = pre-kindergarten; elem. = elementary

## Grade Level Insights

### Pre-K and Elementary Grades

Among the 112 respondents working with early education and elementary-grade students, school staff reported a clear and consistent pattern of BH/MH concerns specific to younger learners (Table 2). While many of the top issues mirrored those seen across the full sample, the intensity and prioritization of concerns among this group showed meaningful differences that reflect unique developmental needs.

- The most frequently reported issue was **“controlling emotions, anger management, and conflict resolution,”** identified by 97% of these staff (N = 109). This was even higher than the already elevated full-sample rate of 82%.
- Ranked second was **“friend/peer relationships, social skills, problem solving, and self-esteem,”** reported by 92% of staff (N = 103). This issue was also highly prevalent across the full sample (87%) but was reported at a higher rate among those working with younger children.

- **“Anxiety, worry a lot, fear”** was the third most cited concern, noted by 91% (N = 102), again nearly mirroring the full sample (92%) but suggesting that anxiety is a salient issue even among the youngest students. While often thought of as a concern that emerges in adolescence, these results suggest that worry and emotional distress are already common in early grades.
- Two concerns tied for fourth place, **“coping with grief, loss, and/or divorce”** and **“feelings of acceptance/belonging,”** each reported by 46% of respondents (N = 52). These percentages are higher than those observed in the full sample for these issues (33% and 49%, respectively).
- Other issues were less commonly selected but still present at meaningful rates, including **“depression/sad a lot” (29%), “food and basic needs insecurity” (27%),** and **“bullying/cyber-bullying” (26%).** **Truancy/educational neglect** was selected by only 24% of respondents (N = 27), a much lower rate than the 37% observed across the full sample.

Issues related to **dating violence, substance use, eating disorders, and child trafficking** were not identified at all among Pre-K and elementary students, as expected for this age group. These findings emphasize that while younger students may not yet present with more severe internalizing or risk-based behaviors at high rates, emotional dysregulation, peer difficulties, and early signs of anxiety are already significant concerns. Programs that build emotional competence, social skills, and resilience in early education settings remain essential for prevention and long-term mental health promotion.

### Middle School Grades

Among the 50 school staff respondents working with middle school students, a distinct pattern of BH/MH concerns emerged that reflects both the transitional nature of early adolescence, and the heightened emotional, social, and identity-related challenges students face at this stage (Table 2). While several core concerns aligned with those reported across the full sample, others were elevated in severity or frequency among middle school youth.

- The most commonly reported issue was **“anxiety, worry a lot, fear,”** identified by 90% of middle school staff (N = 45). This mirrors the overall trend across all grade levels.
- Ranked second was **“friend/peer relationships, social skills, problem solving, and self-esteem,”** reported by 86% (N = 43).
- **“Suicidal ideations/suicide”** emerged as the third most frequently reported concern, selected by 66% of middle school staff (N = 33). This is substantially higher than the 40% reported in the full sample and represents a clear area of concern, especially when viewed in tandem with the high rates of **“self-harm” (48%)** and **“depression/sad a lot” (44%)** among this age group.
- **“Feelings of acceptance/belonging”** was identified by 62% of staff (N = 31).
- **“Controlling emotions, anger management, and conflict resolution”** was cited by 60% (N = 30), ranking lower than in the Pre-K/elementary group (97%) and the full sample (82%).
- Additional concerns included **bullying/cyber-bullying** (50%, N = 25), **truancy/educational neglect** (40%, N = 20), and **online safety** (32%, N = 16).



Overall, middle school staff reported a concentration of concerns centered on internalizing symptoms (anxiety, suicidal ideation, depression), peer dynamics, and emotional belonging. These data highlight the urgent need for mental health programming that is both prevention- and crisis-oriented, with embedded supports that address emotional wellbeing, social connection, and safety within the middle school environment.

## High School Grades

Among the 44 high school staff respondents, a complex picture of student behavioral and mental health emerged, one characterized by elevated internalizing symptoms, persistent social-emotional challenges, and increasing risk behaviors common during late adolescence (Table 2). While many of the top concerns aligned with those seen across younger grades, the intensity and nature of concerns shifted at the high school level.

- **“Anxiety, worry a lot, fear”** was the most frequently reported concern, cited by 95% of high school staff (N = 42). This is the highest rate observed across any grade level and slightly above the full-sample average (92%).
- **“Friend/peer relationships, social skills, problem solving, and self-esteem”** was the second most commonly reported concern, noted by 75% of respondents (N = 33). This mirrors its continued relevance from earlier grade levels.
- Closely following was **“depression/sad a lot”** (73%, N = 32), a markedly higher rate than observed among pre-K/elementary students (29%) and even the full sample (43%). This reflects a concerning trend in adolescent emotional health, particularly when viewed alongside high reports of **“suicidal ideations/suicide”** (41%) and **“self-harm”** (41%).
- **“Controlling emotions, anger management, and conflict resolution”** was identified by 70% of staff (N = 31), maintaining its prominence as a key concern throughout the K–12 continuum.
- **“Truancy/educational neglect”** was reported by 59% (N = 26), a higher rate than in middle school (40%) and elementary grades (24%).
- **“Drug and alcohol use and abuse”** was cited by 57% of high school staff respondents (N = 25).
- Additional concerns such as **“feelings of acceptance/belonging”** (45%), **“bullying/cyber-bullying”** (27%), and **“unhealthy dating relationships”** (23%) remained prominent, indicating continued risk around relational dynamics and social-emotional safety. Lower-frequency issues included **housing instability** (14%), **grief/loss/divorce** (20%), and **online safety** (20%).



In total, these findings point to a high prevalence of anxiety, depression, suicidality, and substance use among high school students in St. Charles County.



## Behavioral/Mental Health Prevention Program Availability and Necessity Assessment

School staff were asked to assess both the **availability** and **perceived necessity** of a range of behavioral and mental health prevention programs offered within their schools (see Table 3A). The resulting data provide critical insight into which programs are sufficiently available and effective, which are lacking, and where unmet needs persist, offering a valuable roadmap for strategic planning and investment.

The table is organized into four key columns reflecting staff perceptions:

- **“% Available & Meets Needs”**: Programs highlighted in green were rated by more than 49.9% of staff as both available and sufficient in meeting student needs. These represent strong areas of service delivery.
- **“% Available, Does Not Meet Needs”**: Programs highlighted in red within this column are available but fall short of fully meeting student needs, according to more than 49.9% of respondents. These programs may require expansion, enhancement, redesign, and/or education.
- **“% Not Available & Not Needed”**: No color highlighting is used here, as these represent areas where services are neither present nor perceived as necessary.
- **“% Not Available & Needed”**: Programs in this category, highlighted in red if over 24.9%, signal high-priority service gaps where staff expressed a clear need for support that is currently unavailable.
- **“DK”**: Linked to “don’t know” responses from school staff.

Across all grade levels and districts, four programs were most frequently flagged as **not available but needed** by more than 24.9% of staff:

- **Chronic absenteeism prevention** received the highest level of concern, with 47% of respondents identifying it as needed but unavailable. An additional 37% reported that although such a program exists, it is not adequately meeting student needs.
- **Coping with grief, loss, and/or divorce training** was marked as not available but needed by 25% of staff, and insufficient by an additional 36%.
- **School success/advocacy skills training** was considered unavailable but necessary by 25%, with another 30% indicating it is available but inadequate.
- **Eating disorder management** was identified by 25% of staff as not available but needed; however, 48% rated it as not available and not needed, indicating it is not currently seen as a high-priority topic for students.

Several other programs were widely available but still perceived as insufficient, including:

- **Anxiety/worry prevention and control**, which 54% of staff rated as available but not meeting needs (only 25% found it sufficient), while 20% stated it was not available but was needed.
- **Conflict and anger management prevention**, noted as insufficient by 52%, with only 24% stating it fully met current needs, and 21% who stated it was not available and needed.



The strongest-performing programs, those rated by more than 49.9% of staff as both available and meeting needs, were:

- **Abuse and neglect (body safety) prevention (81%)**
- **Self-harm and suicide prevention/resources (62%)**
- **Online safety (49%)** and **bullying/cyberbullying (47%)** were right below the threshold.

## Grade-Level Insights

To ensure more targeted service planning, Tables 3B through 3D disaggregate the findings by grade level, illustrating how student needs and service availability shift across developmental stages.

### Pre-K and Elementary Grades

The most prominent service gaps for younger students were:

- **Chronic absenteeism prevention**, rated as not available and needed by 45%, with another 33% reporting it was available but insufficient.
- **Coping with grief, loss, and/or divorce**, marked by 25% as not available and needed, and 34% as available but not meeting needs. 37% rated this as available and meeting needs.

Programs with the greatest concern around insufficient implementation (i.e., available but not meeting needs) included:

- **Anxiety/worry prevention and control**
- **Conflict and anger management prevention**, both cited by 56% of staff

In contrast, the most robustly rated programs for Pre-K/elementary grades were:

- **Abuse and neglect (body safety) prevention (86%)**
- **Self-harm and suicide prevention/resources (62%)**
- **Bullying/cyber-bullying prevention (57%)**
- **Online safety training (56%)**
- **Drug and alcohol use/abuse prevention (55%)**

### Middle School Grades

Service gaps became more complex at the middle school level. The five most frequently cited programs as **not available but needed** were:

- **Chronic absenteeism prevention (53%)**, with another 41% saying it does not meet needs.
- **Eating disorder management (32%)**, also rated as insufficient by 32%. 18% of staff rated this as available but not needed, with an additional 18% who rated that it met current needs.
- **School success/advocacy skills training (29%)**, with 38% noting it is available but not meeting needs.
- **Feelings of belonging/acceptance training (28%)** also marked insufficient by 38% (available but not fully meeting needs). An additional 31% rate this as available and meeting needs.
- **Violence prevention (27%)**, with another 19% citing gaps in effectiveness. However, 50% of staff rated that it met needs.



Several programs were flagged as available but widely inadequate:

- **Anxiety/worry prevention and control (58%)**
- **Drug/alcohol use prevention (58%)**
- **Conflict and anger management prevention (56%)**

- **Coping with grief, loss, and/or divorce (55%)**
- **Bullying/cyber-bullying prevention (50%)**

Well-established programs at this level (rated highest for meeting needs) included:

- **Abuse and neglect (body safety) prevention (83%)**
- **Healthy dating relationships education (67%)**
- **Self-harm and suicide prevention/resources (59%)**
- **Online safety training (53%)**
- **School success/advocacy skills training (50%)**

## High School Grades

High school staff reported the most diverse range of service needs. Programs most frequently cited as **not available but needed** included:

- **Conflict and anger management prevention** – 52% reported this service is not available but needed; an additional 28% said it is available but does not fully meet student needs
- **Chronic absenteeism prevention** – 50% identified it as not available but needed; 33% said it is available but insufficient
- **School success/advocacy skills training** – 43% reported it is not available but needed; 26% said it is available but does not fully meet needs
- **Belonging and acceptance training** – 40% identified this as not available but needed; 25% said it is available but insufficient
- **Eating disorder management** – 39% reported it is not available but needed with 28% who stated it was available but not needed.
- **Social and emotional skills training** – 30% said it is not available but needed; 39% reported it is available but does not fully meet needs
- **Anxiety and worry prevention/support** – 29% reported it is not available but needed; 38% said it is available but insufficient
- **Support for coping with grief, loss, and/or divorce** – 32% identified it as not available but needed; while only 12% said it is insufficient, 40% reported that it is available but does not fully meet needs

The program most often cited as **available but insufficient** was:

- **Drug and alcohol use prevention (67%), with an additional 13% who noted it is available and needed.**

Programs identified as available and meeting current needs in high school included:

- **Self-harm and suicide prevention/resources (68%)**
- **Abuse and neglect (body safety) prevention (64%)**
- **Child trafficking/commercial sexual exploitation prevention (58%)**
- **Healthy dating relationships education (50%)**

These findings reflect a nuanced and developmentally aligned picture of prevention programming in St. Charles County schools. Additional feedback provided by school staff that is organized by school district and grade level is included on the page after Table 3A.

## Summary of Perceived Prevention Topic Providers by Type

The following summary reflects school staff perspectives on who is delivering various prevention-related services across St. Charles County. These data come from survey responses submitted by school-based professionals and administrators who are knowledgeable about programming available in their respective school buildings. In each topic area there were multiple providers reflected; CCRB-funded, internal school staff, law enforcement, and other.

Table 4A presents the percentages of respondents who identified a given type of provider including CCRB-funded agencies, internal school staff, law enforcement, or other nonprofits for each topic. These figures indicate **perceived provider presence** rather than confirmed funding shares or program intensity based on their initial responses. However, upon reviewing open-ended responses from staff who selected “other” as the provider type, many of these entries were found to reference either CCRB-funded agencies or internal school staff. These responses were re-coded accordingly to more accurately reflect perceived provider attribution. The updated percentages are displayed in Table 4B.

This recalibration revealed that school staff more frequently identified CCRB-funded providers than initially reported, indicating that CCRB-supported programming may be more visible within schools than previously assumed. For example, CCRB attribution increased from 50% to 67% for abuse/neglect prevention, from 41% to 55% for self-harm and suicide prevention, and from 33% to 39% for online safety training. Therefore, the narrative below reflects the calibrated percentages of the provider by prevention program type. The summary below highlights in dark green the most prevalent provider and in light green the second most prevalent provider.

**Table 4B (condensed). Type of Provider by Prevention Topic – All School Districts in St. Charles County (Full Table 4B is in the Tables section)**

Topic	CCRB funded	Internal school staff	LE	Other	No provider	DK
Abuse and neglect (body safety) prevention	67%	17%	3%	1%	3%	10%
Anxiety/worry prevention and control	22%	61%	1%	0%	9%	7%
Bullying/cyber-bullying prevention	45%	32%	3%	1%	8%	11%
Child trafficking/ commercial sexual exploitation prevention	25%	8%	4%	1%	33%	30%
Chronic absenteeism prevention	1%	37%	15%	1%	34%	13%
Conflict and anger management prevention	29%	51%	3%	0%	8%	8%
Coping with grief, loss, and/or divorce training	14%	58%	1%	5%	12%	10%
Drug and alcohol use and abuse prevention	20%	24%	33%	1%	14%	9%
Eating disorder management	1%	13%	1%	4%	49%	33%
Feelings of belonging/acceptance training	13%	57%	1%	0%	17%	12%
Healthy dating relationships education	24%	16%	1%	0%	32%	27%
Online safety training	39%	34%	3%	1%	12%	11%
Self-harm and suicide prevention/resources	55%	31%	1%	1%	6%	6%
Social/emotional skills training (grade/age-focused)	24%	63%	1%	0%	6%	6%
School success/school advocacy skills training	11%	56%	1%	0%	15%	18%
Violence prevention	25%	19%	12%	0%	22%	22%

## 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 for youth focused on behavioral and mental health (see Table 5A and 5B divided by services being in the school or in the nearby community). These tables follow the same structure as Table 3A to maintain consistency in analysis and interpretation. Across all districts and grade levels, several direct services were repeatedly identified as either unavailable or insufficient to meet student needs by more than 24.9% of staff:

- **Access to psychiatrists within schools** emerged as the most critical gap, with **65% of respondents** identifying it as **not available but needed**. An additional 6% reported the service as available but **not fully meeting student needs**.
- **Truancy intervention programs** were also consistently flagged:
  - **Community-based programs** were rated as not available but needed by **36%**, and as insufficient by another 50%.
  - **School-based programs** were marked not available and needed by **29%**, with **58%** stating that even where available, these services did not fully address student needs.

Other programs with **widespread availability but inadequate coverage** included:

- **Psychologists/therapists/counselors in both the community (67%) and the school (61%).**
- **Psychiatrists in the surrounding community (61%),** plus 9% who noted it was not available but not needed.
- **Substance use/abuse treatment programs in the surrounding community (61%).**
- **Crisis intervention services in the surrounding community (61%).**
- **Trauma-informed counseling and support services in both the community (57%) and the school (52%).**
- **Basic needs assistance services including provisions for housing, food, clothing, and other basic needs for students experiencing insecurity (57%).**
- **Psychological assessment and evaluation services (54%),** with 19% of staff rated it as not available yet needed.

Importantly, **no direct service program type was rated by more than 49.9% of staff as both available and meeting current needs** across the full sample. This suggests a widespread perception that existing services, whether within schools or in the community, are falling short of fully addressing the mental and behavioral health needs of students. Additional staff comments can be found after Table 3B, with a majority of the comments referencing truancy.

### Grade-Level Insights

To ensure more targeted service planning, Tables 5C through 5H disaggregate the findings by grade level, illustrating how student needs and service availability shift across developmental stages.

#### Pre-K and Elementary Grades

The most significant service gap for early education and elementary students was **access to psychiatrists in schools**, with **58% of respondents** stating this service is **not available but needed**, and another 8% noting that it is available but inadequate.

High levels of concern were also expressed about **truancy intervention**, with:

- **39%** identifying **community-based programs** as not available but needed, and another **44%** rating them as insufficient.
- **30%** reporting **school-based truancy efforts** as not available, with another **57%** indicating they fall short of expectations.

Programs most frequently identified as **available but insufficient** included:

- **Mental health professionals in the community (70%) and schools (54%)**
- **Community-based psychiatric services (68%)**
- **Crisis intervention in the community (64%)**
- **Psychological assessment services (61%)**
- **Basic needs supports (57%)**
- **Trauma-informed counseling in the community (52%)**



As with the countywide trends, **no programs** serving Pre-K or elementary students were rated by a majority of staff as both **available and meeting current needs**.

### Middle School Grades

Among middle school staff, **access to psychiatrists in schools** was the most urgent unmet need, with a striking **74%** of respondents reporting it as **not available but needed**, the highest rate across all grade levels. Another 4% noted that while the service exists, it does not effectively meet needs.

Other significant gaps included:

- **Psychological assessment and evaluation services**, with **36%** identifying them as unavailable but needed, and **another 36%** indicating they are currently insufficient.
- **Truancy intervention services** were also flagged: **32% (community)** and **25% (school)** rated these as unavailable, while **64%** across both domains cited implementation concerns.

Programs most frequently identified as **available but not meeting needs** included:

- **Substance use/abuse treatment programs in the community (73%)**
- **School-based trauma-informed counseling (68%)**
- **Psychologists/Therapists/Counselors** in both **schools (68%) and communities (52%)**
- **School-based crisis intervention services (63%)**
- **Basic needs supports (56%)**



The **only program** rated by more than 49.9% of middle school staff as both **available and effective** was **trauma-informed counseling services in the surrounding community**.

## High School Grades

In high schools, the top three services flagged as **not available but needed** were:

- **Access to psychiatrists in schools (63%)**
- **Community- (39%) and school-based (32%) truancy programs**

In addition, **another third or more of staff** indicated that the truancy interventions that do exist are **not adequately serving students** (33% community; 42% school).

The following services were most frequently identified as **available but did not meet needs**:

- **Psychiatrists in the community (67%)**
- **Psychologists/Therapists/Counselors in schools (65%) and in the community (58%)**
- **Substance use/abuse treatment, both in schools (63%) and community settings (56%)**
- **Crisis intervention services, both community-based (61%) and school-based (50%)**
- **Trauma-informed counseling in the community (59%)**
- **Basic needs support (56%)**

Unlike other grade levels, one program was identified by a majority of high school staff as both **available and meeting needs: support services for pregnant and parenting teens**, cited by **63%** as sufficient, a clear strength to build on.



These results highlight the complexity of behavioral and mental health service access for students across St. Charles County schools. While a few services such as support for pregnant and parenting teens at the high school level were rated as adequately available, the vast majority of programs were identified as either insufficient or entirely absent across grade levels. Critical service gaps were consistently noted in access to school-based psychiatrists, truancy intervention, psychological assessments, substance use treatment, and trauma-informed counseling. These needs were particularly pronounced at the middle and high school levels, though elementary staff also reported widespread inadequacy in basic needs assistance and mental health provider access. Targeted investment is warranted to strengthen service capacity and ensure equitable, developmentally appropriate access to care.

## Summary of Perceived Direct Service Program Providers by Type

School staff across St. Charles County, including counselors, principals, and other in-building professionals were asked to report who provides various direct mental and behavioral health services to students in their schools. These individuals are typically well-informed about service delivery within their own buildings and are considered reliable sources of information. In each topic area there were multiple providers reflected; CCRB, internal school staff, law enforcement, and other. The data in Table 6A reflect staff-identified provider types and offer valuable insight into how services are delivered or experienced at the building level, though they do not capture program dosage, funding proportions, or consistency across all districts.

While many staff selected from the predefined list of CCRB-funded providers or school-based services, a portion selected the “other” option and submitted open-ended responses. In the prevention programming section of this report, similar “other” entries were reviewed and, when clearly identifiable, re-coded into more accurate categories such as CCRB-funded agencies or internal school staff. However, due to the wide variation in how direct service provider write-ins were described, applying the same recalibration process was not practical. Reclassifying these responses would have required interpretation or assumptions about provider identity that could compromise data accuracy. As a result, “other” responses have been retained in their original form in the direct service tables, without reclassification. To support interpretation, readers are encouraged to consult the supplemental tables provided in this section, which list all “other” write-in responses by direct service topic (Table 6B). These listings offer transparency and may assist districts and CCRB partners in identifying services that are present but inconsistently recognized or labeled. This approach preserves the full range of qualitative input while allowing for localized interpretation. Moving forward, districts and provider agencies may benefit from efforts to educate school staff about which services are funded by internal school resources versus those funded by CCRB, to improve recognition, attribution, and coordination of available supports.

**Table 6A (condensed). Type of Provider by Direct Service Program – All School Districts in St. Charles County (Full Table 6A is in the Tables section)**

Service	CCRB funded	Internal school staff	Other	No provider	DK
Psychologists/Therapists/Counselors	41%	46%	5%	1%	7%
Psychiatrists	40%	3%	10%	26%	20%
Psychological Assessment and Evaluation Services	29%	35%	10%	9%	16%
Basic needs assistance services	19%	41%	16%	5%	18%
Substance use/abuse treatment programs	39%	10%	2%	13%	36%
Crisis intervention services	30%	49%	6%	3%	12%
Support services for pregnant and parenting teens	8%	9%	1%	19%	63%
Trauma-informed counseling and support services	32%	47%	6%	6%	10%
Truancy intervention programs	9%	36%	18%	19%	18%

These responses provide a useful snapshot of how school-based professionals understand the delivery of direct mental and behavioral health services within their buildings. While many services appear to be supported through a mix of internal staff and CCRB-funded programs, there are also areas of limited awareness or uncertainty, particularly for specialized supports such as psychiatric care, substance use treatment, and services for pregnant or parenting teens. The findings highlight both strengths and potential gaps in service availability or communication. Staff comments throughout the survey reinforced the importance of CCRB-funded programs as a critical supplement to internal efforts, particularly in areas where schools report limited capacity. These data can help guide further inquiry into where additional

support, clarification, or investment may be needed to ensure consistent access across all schools and districts.

## Primary Barriers to Addressing Behavioral/Mental Health Needs in St. Charles County Schools

School staff across St. Charles County were asked to identify the most common barriers they observed students facing when trying to access behavioral or mental health (BH/MH) services (see Table 7;  $N = 109$ ). Responses revealed several persistent and cross-cutting challenges that limit students' ability to obtain timely, effective care, both within schools and through community-based providers. Additional staff feedback is located after Table 7 (in the Tables section).

- The most commonly reported barrier was **lack of parent involvement to assist the student with the need**, cited by **69% of respondents (N = 75)**. This highlights the critical role of caregiver engagement in supporting student mental health, whether in facilitating service access, reinforcing coping strategies at home, or ensuring follow-through with recommendations. Rates were especially elevated at the elementary (74%), middle school (70%), and multi-grade (73%) levels.
- The second most frequently cited barrier was **lack of time during the school day to respond to students with BH/MH needs**, selected by **50% of staff (N = 55)**. This was a shared concern across **pre-K (57%), middle school (57%), and elementary (54%)**, indicating that in early and middle grades, educators and school-based providers often struggle to find time within packed academic schedules to support students in need. While slightly lower, this barrier also affected high school staff (36%).
- **Severity of students' mental or behavioral health challenges** was tied as the second most noted barrier, identified by **50% of respondents (N = 54)**. Among staff serving multiple grade levels, **91%** cited this issue, followed by **71%** of Pre-K staff. This reflects a growing concern that student needs are becoming more acute and complex, often exceeding the scope of what school personnel or available community providers can adequately address.
- **High turnover among external referral agencies**, which disrupts continuity of care and coordination, was reported by **47% of respondents (N = 51)**. Elementary staff (52%) and those working across grade bands (64%) were especially affected, highlighting the burden placed on schools to navigate shifting provider relationships.
- **Limited access to mental health professionals for services** was cited by **43% (N = 47)** of respondents overall, with concern highest among staff who serve multiple grade levels (82%). This aligns with broader provider shortage concerns and long waitlists often reported in the region.

Other barriers noted included:

- **Burnout among school staff**, limiting their capacity to support students (39%)
- **Lack of parental consent** (28%), particularly in elementary and middle schools
- **Transportation barriers** (27%), which affect the ability of students to access off-site services or evaluations, with elevated concern among multi-grade staff (45%)
- **Student reluctance to engage with services** due to past negative experiences or mistrust (26%), particularly among middle school staff (48%)
- **Insufficient resources for student support services at school (25%) and limited awareness of available resources (21%)**
- **Stigma around mental health (20%)**, most prominent at the middle (39%) and high school levels (29%)

**Table 7 (abbreviated). Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – May 2025 (Full Table 7 is in the Tables section)**

<b>Barriers</b>	<b>Pre-K &amp; Elem.</b>	<b>Middle</b>	<b>High</b>	<b>Multiple Grade Levels*</b>	<b>Full</b>
Lack of parent involvement to assist student with the need.	69%	70%	64%	73%	69%
Lack of time within the school day to respond to the youth with the behavioral/mental health needs.	54%	57%	36%	36%	50%
Severity of students' problems.	51%	30%	43%	91%	50%
High staff turnover with referring agencies, leading to inconsistent support for students.	49%	39%	36%	64%	47%
Lack of access to mental health professionals for services.	43%	30%	36%	82%	43%
Burnout among school staff, reducing the capacity to provide adequate support.	44%	22%	21%	64%	39%
Lack of parental consent.	28%	26%	29%	27%	28%
Students have difficulty accessing services due to transportation limitations.	25%	22%	29%	45%	27%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	18%	48%	29%	18%	26%
Lack of sufficient resources for student support services at school.	28%	17%	21%	27%	25%
Limited awareness of available resources within the community and/or school district.	23%	13%	21%	27%	21%
Stigma around mental health issues (from peers or others).	8%	39%	29%	36%	20%
Inadequate coordination between schools and CCRB-funded mental health providers.	11%	13%	7%	27%	13%
Lack of sufficient resources for special education services at school.	15%	4%	7%	27%	13%
Unavailability of assessment/treatment resources in the community.	15%	9%	7%	18%	13%
Inadequate coordination between schools and other external mental health providers.	10%	0%	7%	9%	7%
Lack of support from school administration.	10%	0%	0%	0%	6%
Lack of clear, consistent, school behavior/rules/policies.	8%	0%	0%	0%	5%
Students' fear of disciplinary action for expressing behavioral health needs.	3%	9%	0%	0%	4%
<b>Total Sample of Respondents</b>	<b>61</b>	<b>23</b>	<b>14</b>	<b>11</b>	<b>109</b>

\* Completed by staff who work across multiple grade levels.

## Grade-Level Insights

### Pre-K and Elementary Grades

Staff working with younger students highlighted a range of structural and logistical barriers. The most frequently cited challenges included **limited parental involvement** (69%), **lack of time during the school day** to address student needs (54%), and the **severity of student issues** (51%). Nearly half (49%) also reported difficulties due to **high turnover** within referring agencies, which resulted in inconsistent support for students. Additionally, 44% pointed to **burnout among school staff** as a significant concern.

### Middle School Grades

Middle school staff reported several of the **highest levels of concern** across barrier types. Alongside **lack of parent involvement** (70%) and **limited time to respond to students** (57%), nearly half (48%) noted **student reluctance to engage** in services due to mistrust or negative prior experiences. Stigma around mental health was also cited by **39%**, in addition to provider turnover (39%).



### High School Grades

High school staff cited **lack of parent involvement** (64%) and **severity of student needs** (43%) as the most common barriers to effective support. Although **time constraints** in the school day were reported less frequently (36%), concerns about **high staff turnover** and **limited access to mental health professionals** were equally prominent. Additional challenges included inadequate community mental health staffing.

## Additional Insights on Student Access to Mental and Behavioral Health Services

In addition to identifying unmet needs and resource gaps, school personnel across St. Charles County offered broader insights into the structural and cultural barriers that inhibit student access to mental and behavioral health services. These qualitative responses highlight system-level disconnects, persistent service inequities, stigma-related challenges, and missed opportunities for cross-sector collaboration (Table 8 provided only in the confidential report). While fewer in number, these reflections point to important considerations for enhancing the effectiveness, equity, and reach of current service models. (Note: high prevalence means it was noted by five or more staff in their comments)

### 1. Limited Capacity Among Community Providers

#### Prevalence: High

Even when families are willing and eligible to engage in services, provider capacity remains a barrier. Schools reported frequent delays in starting therapy due to community clinician shortages and long waitlists. Several staff also mentioned the limited number of provider hours available through school-based contracts.

- *“There are simply not enough providers that have availability within one to two weeks. Many students need to wait for months.”* – Fort Zumwalt, Elementary
- *“We often hear from parents that there are long waits for psychiatry and psychological evaluation appointments in the community.”* – Wentzville, Elementary

- “All of our direct service providers are helpful, but there are simply not enough spaces.”  
– Wentzville, Middle

## 2. Insurance-Based Disparities in Access to Services

### Prevalence: High

Staff across multiple districts identified a significant disparity in service access between students with Medicaid and those with private insurance. Some community providers prioritize or exclusively serve Medicaid clients due to funding constraints, leaving families with private insurance either unable to access services or forced to pay out-of-pocket. Waitlists for those few providers who do accept private insurance were described as prohibitively long.

- “There are limited resources for students who have private insurance.” – Wentzville, Elementary
- “Availability is much more limited for insurance use.” – Orchard Farm, Pre-K

## 3. Stigma, Mistrust, and Family Engagement Barriers

### Prevalence: High

Several respondents noted that stigma around mental health, mistrust of systems, or lack of awareness among families inhibits service utilization. In some cases, families are hesitant to engage due to cultural beliefs or logistical barriers such as transportation, scheduling, or discomfort with discussing mental health. In others, parental non-responsiveness to referrals or intake procedures has delayed or prevented service delivery altogether.



- “I think there is a stigma about mental wellness and mental health... some may need extra support on how to reach better mental wellness.” – Fort Zumwalt, Elementary
- “Families may be hesitant or unable to pursue services due to logistical challenges, mistrust, or stigma.” – City of St. Charles, Elementary
- “Many times, there is a struggle for parents to follow through for permission, such as with Compass... That makes it hard for our Compass providers to begin services.” – City of St. Charles, Elementary

### Individualized responses included:

- Systemic gaps in pediatric referral pathways - pre-K staff raised concerns about the lack of timely developmental or behavioral health referrals from pediatricians. Many young children with significant delays or mental health concerns arrive at school without having been connected to services such as First Steps, Parents as Teachers, or early intervention assessments. This disconnect delays essential supports and exacerbates family stress. – Francis Howell, Pre-K
- Need for systems-level coordination and proactive approaches... that bridge school services, community providers, and family engagement. Rather than reacting to crises or relying on fragmented efforts, the respondent called for aligned partnerships and infrastructure to better identify, connect, and support students across the full continuum of need. – City of St. Charles, Elementary
- Change in August date for the Community Services Summit since it falls in the first week of school training for staff. – City of St. Charles, Elementary
- Early support in the pediatric community for kids with significant ADHD symptoms to avoid struggling in their later years of development – Francis Howell, Pre-K

## Unmet Mental and Behavioral Health Needs: School and Community Service Gaps

School staff were asked to describe the BH/MH services they believe are lacking or insufficiently available within school and community settings. Their qualitative responses revealed consistent and compelling themes across grade levels and districts (Table 9 provided only in the confidential report). The following section synthesizes these responses through thematic analysis, prioritizing the most prevalent areas of concern and need.

### 1. Limited Access to School-Based and Community Mental Health Providers

**Prevalence:** Extremely High (more than 20 staff comments)

Staff overwhelmingly reported that existing school-based mental health resources such as embedded therapists, social workers, and behavioral health providers are inadequate to meet student demand. High caseloads, provider turnover, and long waitlists were frequently cited as barriers to consistent, effective care. Similar constraints were noted for community-based providers, particularly when attempting to refer students with more acute or specialized needs.

- *“We would like to have as many agencies (outside providers) as possible. We have nine visiting counselors with full caseloads and we still cannot meet the needs.”* – City of St. Charles, Middle
- *“In-home counseling support for families of young children.”* – Francis Howell, Pre-K
- *“We just need more people here on a daily basis to provide for our students.”* – Wentzville, Elementary

### 2. Chronic Absenteeism and Truancy Support Deficits

**Prevalence:** Very High (Middle and High School Levels; more than 15 staff comments)

School staff emphasized the growing impact of chronic absenteeism on student well-being and academic progress. Truancy-related concerns are especially prevalent in middle and high school settings, with repeated calls for more robust, coordinated support systems to address school avoidance, family disengagement, and underlying behavioral health drivers. The lack of tailored interventions has hindered schools’ ability to re-engage students effectively.



- *“Attendance concerns at the high school level.”* – City of St. Charles, Elementary
- *“Effective supports for students with chronic absenteeism and truancy is a major need.”* – Wentzville, Middle
- *“Attendance support for extreme truanancies.”* – Francis Howell, High

### 3. Insufficient Access to Psychiatric Care and Medication Management

**Prevalence:** High (ten or more staff comments)

Staff across multiple districts highlighted a severe lack of psychiatric providers, particularly for students who require evaluation and medication management. Psychiatric appointments are frequently delayed by several months, compromising the continuity and effectiveness of treatment plans. Since none of the schools in St. Charles County have in-house psychiatric staff, families must rely on external providers, many of whom are difficult to access due to geographic, financial, or insurance-related barriers.

- *“Access to psychiatric services are difficult to come by in our community and often have long waits.”* – Orchard Farm, Elementary
- *“A psychiatrist that can meet with families/students for medication purposes. Many can't get in for half a year or more.”* – Francis Howell, High
- *“Psychiatrist available for students and families at school for medication management would be amazing.”* – Francis Howell, Elementary

#### **4. Need for Trauma-Informed Care and Specialized Emotional Support Services**

**Prevalence:** High (ten or more staff comments)

Staff frequently cited a growing need for specialized, trauma-responsive services, particularly for students navigating grief, divorce, abuse, and emotional dysregulation. Many elementary schools reported an increase in behavioral and emotional concerns tied to unaddressed trauma and loss, with insufficient access to grief counselors, small group interventions, and trauma-specific therapeutic supports.

- *“Our school would specifically benefit from groups from Annie’s Hope; we had a high number of parental or sibling deaths.”* – Wentzville, Elementary
- *“Anxiety, behavioral concerns, self-regulation, and emotional control are huge concerns.”* – Wentzville, Elementary

#### **5. Insufficient Parent and Family-Based Mental Health Support**

**Prevalence:** Moderate to High (five or more staff comments)

Educators described a need for programming that equips parents and caregivers with the tools to support their children’s mental health. Suggested services included after-hours family counseling, in-home support, and parent education workshops focused on emotional regulation and anxiety. Many families face challenges managing children’s mental health outside of school hours, and staff noted that parental stress or misunderstanding of mental health issues can compound student difficulties.

- *“Parent and family counseling that is offered on school property, but after hours.”* – Francis Howell, Elementary
- *“We need more support for anxious parents to help them understand how their own anxiety is impacting their child's.”* – Francis Howell, Pre-K
- *“I think there needs to be more support for parents who have children with a mental illness and how to support them better.”* – Fort Zumwalt, Elementary

#### **6. Barriers to Access Due to Insurance and Financial Constraints**

**Prevalence:** Moderate to High (five or more staff comments)

A pervasive barrier to accessing mental health services both in school and the broader community is the misalignment between service availability and insurance coverage. Many providers either do not accept private insurance or only serve Medicaid-eligible students, leaving a significant number of families without viable options or with high out-of-pocket costs for families. These financial limitations create inequities in service access and restrict timely intervention for students with pressing mental health needs.

- *“We need SBT services in our building that can take more than just Medicaid. Lots of our families need support but also have private insurance.”* – Fort Zumwalt, Elementary
- *“Therapists take limited insurances or don't take insurance at all.”* – City of St. Charles, Elementary
- *“More counselors that take insurance vs private pay rates.”* – Wentzville, High

## 7. Gaps in Early Childhood and Early Elementary Intervention Services

**Prevalence:** Low to Moderate (Pre-K–2nd Grade; three to five comments)

Educators across districts emphasized the need for early identification and intervention supports for young learners. Staff described a lack of access to home-based therapy, play therapy, and early emotional regulation programs, especially those rooted in evidence-based models. There is also a need for therapeutic supports that address the parent-child relationship, improve school readiness, and support behavioral regulation during critical developmental stages.

- *“More services for Birth–5 with emotional regulation strategies for families and children.”* – Francis Howell, Elementary
- *“Early prevention services for K-2. Compass only often covers Medicaid only, which can be a barrier.”* – Fort Zumwalt, Elementary
- *“We also need access to PCIT, registered play therapists, CPRT and other evidence-based models.”* – Francis Howell, Pre-K

## 8. Overreliance on School Counselors for Mental Health Support & Need for More Information/Coordination

**Prevalence:** Low (Primarily High School; two or less comments)

Staff noted that school counselors, whose roles are traditionally academic and guidance-oriented, are increasingly expected to manage significant mental health responsibilities. This shift has placed considerable strain on counseling teams, leading to both service limitations and burnout, and highlights the need for embedded mental health professionals with clinical training to respond to crises and deliver sustained therapeutic support.

- *“Our building’s counselors aren’t trained or able to counsel/regulate students for an hour at a time.”* – Francis Howell, High
- *“Coordination of information about the resources... I’m not always sure in which direction to tell the students to seek support.”* – Fort Zumwalt, High

*Other comments included references to:*

- Seeking day care options for special education students when they are not in school
- Issues with social media use
- Needing therapists that speak Spanish
- Transportation options for families who do not have Medicaid
- The need for substance use programs in addition to improvement of these programs
- Education for non-mental health staff
- Faster screening/diagnosis for youth needing service

### Grade-Level Insights

- **Pre-K and Elementary School Grades:** A clear emphasis was placed on early childhood prevention and intervention, trauma support, and services that engage both children and caregivers. Emotional regulation, anxiety, and grief-related challenges are prominent. It was noted that service access is particularly limited for families without Medicaid.
- **Middle School Grades:** Chronic absenteeism, anxiety, and school avoidance were dominant concerns. Staff requested expanded therapeutic services and targeted group supports for peer conflict and behavioral issues.
- **High School Grades:** Critical gaps exist in access to psychiatric care, medication management, and crisis response. School counselors are often overextended, and mental health needs have outpaced internal capacity. Attendance concerns and emotional health challenges were noted as being deeply intertwined.

## Staff-Identified Priorities for Enhancing School Mental and Behavioral Health Services

School staff were asked to identify one BH/MH service they would add or improve at their school and to explain why. Their responses highlight both broad systemic needs and more targeted opportunities to strengthen student support (Table 10 only included in the confidential report). The analysis below summarizes the most frequently cited priorities, organized by theme, and ranked by how often they appear across districts and grade levels. Each theme is accompanied by descriptive insights and representative staff quotes. However, one theme contained confidential feedback regarding one agency, and is therefore only presented in the confidential report, in addition to access to Table 10.

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

**Prevalence:** Extremely High (more than 40 comments referenced this need)

The most consistently cited priority was expanding access to embedded mental health professionals, particularly licensed therapists, Educational Support Counselors (ESCs), and crisis counselors, who are solely dedicated to the school site. Staff described how existing providers are stretched thin across multiple campuses or constrained by limited availability, resulting in delays or insufficient support for students with high needs. Within this category, four staff identified the need for social workers.

- *“I would add a full-time, school-embedded mental health therapist dedicated solely to our building. This would allow for immediate access to therapeutic support, reduce the stigma of leaving campus for services, and help us build stronger, more consistent relationships with students in need.”* – City of St. Charles, Elementary
- *“We would benefit from more 1:1 therapist sessions for our high-needs students. Our current therapists are great; however, we could use more availability.”* – Wentzville, Middle
- *“We serve over 975 students and have only one ESC. Fairmount needs more social/emotional counseling support.”* – Francis Howell, Elementary

### 2. Parent and Family Support Programs

**Prevalence:** Moderate to High (more than five comments)

Staff noted that students’ mental health needs are often deeply influenced by familial stressors, including trauma, divorce, incarceration, poverty, and intergenerational adversity. Respondents called for more robust social work supports, parent coaching, and caregiver education programs, especially those that help families navigate systems, access resources, and develop positive parenting strategies.

- *“I wish we had something for the parents. Our students that experience poverty and trauma are just in this generational cycle.”* – Orchard Farm, Elementary
- *“Groups for parents/caregivers to inform them of a variety of issues/topics.”* – Francis Howell, Multiple
- *“Some families need to be helped through an entire process. Providing resources is not nearly enough.”* – Wentzville, Middle



### 3. Emotional Regulation and Anxiety Supports for Students

**Prevalence:** Moderate to High (more than five comments)

Educators described a growing need for consistent, developmentally appropriate programming focused on emotional regulation, stress management, and

anxiety reduction. These needs were particularly emphasized at the elementary level, where students' dysregulation is impacting classroom environments and staff capacity.

- *“Emotional regulation for angry and/or anxious students. These concerns disrupt the learning environment and exhaust school resources.”* – Wentzville, Elementary
- *“I would like to see programing centered solely on anxiety as it is severely growing in young children and impacting their educational experiences.”* – Orchard Farm, Elementary
- *“We would always love more ways to support our students that have anxiety or executive functioning deficits.”* – Francis Howell, Elementary

#### **4. Expand Psychiatric Care and Medication Support in Schools**

**Prevalence:** Moderate to High (more than five comments)

A substantial number of staff identified psychiatry and medication management services as a critical gap. Specifically, schools need access to child psychiatrists or Psychiatric Mental Health Nurse Practitioners (PMHNPs) who can evaluate and prescribe as needed. Families who are not eligible for Medicaid or cannot attend appointments outside school often face prolonged delays in care.

- *“Access to school psychologists and child psychiatrists, quick assessments/evaluations, funding more internal mental health professionals.”* – City of St. Charles, Multiple
- *“Psychiatry services for medication management. Not all families are able to access these types of services outside of the school setting.”* – Francis Howell, Elementary
- *“I would add access to psychiatry or a Psychiatric Mental Health Nurse Practitioner (PMHNP) who can provide medications to students.”* – Wentzville, Multiple

#### **5. Supports for Truancy, Attendance, and School Avoidance**

**Prevalence:** Moderate to High (more than five comments)

Truancy and chronic absenteeism remain priority concerns across districts, particularly at the elementary and middle levels. Staff emphasized the need for more coordinated, multi-tiered supports that actively engage families and address barriers to regular attendance, including mental health, transportation, and parenting challenges.

- *“Truancy prevention/support for students and families. We are struggling more with truancy since COVID and are not sure how to help after reaching out multiple times to the family and children's division.”* – Wentzville, Elementary
- *“Attendance is a big problem, but with the ages we work with it usually comes down to being a parental problem which is hard to address.”* – Francis Howell, Elementary
- *“Help with school avoidance, possibly through groups.”* – Francis Howell, High

*Other comments included references to:*

- Need for Pinocchio (two comments)
- Screening/evaluation support (two comments)
- More efficient communication with the providers
- Bullying prevention and education
- Additional training for school staff
- Support for students whose parents are divorcing
- Collaboration with shared funding opportunities to provide mental health supports
- Drug abuse prevention



### Grade-Level Insights

- **Pre-K and Elementary:** Priorities include early identification of emotional and behavioral needs, increased access to embedded therapists, support for emotional regulation, and expanded parent involvement. Emotional and behavioral dysregulation among younger students is a recurring concern.
- **Middle School:** Staff highlighted the need for increased 1:1 therapeutic sessions, social-emotional learning groups, and truancy prevention efforts. The loss or transition of mental health staff significantly disrupts service access.
- **High School:** Priorities include increased access to in-school therapy and additional crisis response capacity.

### **Enhancing Capacity: Resource, Staffing, and Support Needs Identified by School Personnel**

School-based staff were asked to identify specific resource and staffing needs that would enhance their capacity to meet students' BH/MH needs. Across all grade levels and districts, staff expressed urgent demand for expanded personnel, improved access to specialized roles, and more comprehensive infrastructure to support the rising intensity and volume of student needs (Table 11). The themes below reflect the most frequently mentioned priorities and include representative commentary.

**Note:** While some themes in this section overlap with priorities described previously, such as the need for additional therapists and embedded mental health roles, staff offered more logistical and staffing-specific insights here, often expanding on implementation challenges and infrastructure gaps.

#### **1. Expanded Access to School-Based Therapists and ESCs**

**Prevalence:** Extremely High (more than 20 comments)

Respondents across districts emphasized the urgent need for additional school-based mental health professionals, particularly Educational Support Counselors (ESCs), licensed therapists, and counselors dedicated full-time to each building. Staff repeatedly described current service models as insufficient to meet demand, with significant caseload burdens and frequent waitlists. Many noted that increasing

availability of these embedded roles would meaningfully improve both student outcomes and staff capacity to respond to crises.

- *“Having a dedicated Educational Support Counselor in each elementary building would be absolutely game-changing... We have seen a dramatic increase in high levels of anxiety... and a significant rise in suicidal ideation in younger students.”* – Wentzville, Elementary
- *“We need to have school counselors more available and have a full-time ESC in each building.”* – Wentzville, Elementary
- *“Additional school-based therapists and community support specialists would be incredibly helpful. We have so many students who are on a waitlist or are struggling to get help.”* – Fort Zumwalt, Middle

## 2. Increase in Licensed Mental Health Providers, Social Workers, and Psychologists

**Prevalence:** Extremely High (more than 20 comments)

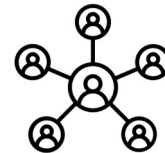
Staff advocated for increased hiring of licensed social workers, clinical psychologists, and community-based mental health providers to better meet the complex needs of students and families. In some cases, existing staff are shared across buildings or limited to Medicaid clients, creating significant service access barriers. A number of respondents suggested transitioning key roles, such as therapists from contracted to district-employed staff, to increase continuity and accountability.

- *“To hire more licensed social workers or counselors.”* – City of St. Charles, Multiple
- *“If we had a psychologist on staff, that would be very helpful for students and families.”* – Wentzville, Elementary
- *“It would be easier for us to have our own district staff members performing these duties.”* – Orchard Farm, Elementary

## 3. Expanded Small Group Intervention Capacity

**Prevalence:** Moderate to High (more than five staff comments)

There was a widespread call to expand small group intervention opportunities. Staff requested more structured group offerings for skills development in emotional regulation, social interaction, anxiety, grief, and behavioral coping.



- *“Groups that address anxiety and depression.”* – City of St. Charles, High
- *“More options for Tier 2 interventions—small group or individual lessons.”* – Francis Howell, Pre-K

## 4. Resource Navigation and Family-Centered Support

**Prevalence:** Low to Moderate (three to five staff comments)

Several staff highlighted a need for expanded resource coordination and in-home support services to assist families navigating poverty, trauma, and systemic barriers. Suggestions included hiring additional social workers to assist with outreach and follow-through, improving transportation support, and offering therapeutic services that extend beyond the school setting.

- *“A resource to refer families to when they have an insecurity of some kind... someone who can directly reach out to families.”* – City of St. Charles, Elementary
- *“Support groups for parents of students with special needs might be a great idea.”* – Fort Zumwalt, Pre-K

## 5. Staffing for Behavioral Support and Tiered Intervention

**Prevalence:** Low (two or less staff comments)

Two staff requested dedicated behavior specialists or interventionists to support students with significant behavioral dysregulation, particularly those in Tier 2 and Tier 3 interventions. In several cases, staff also requested relief from non-counseling duties so school counselors can focus on their core support roles.

- “A Behavior Support Specialist... students need the expertise and support of someone with training and experience in behavioral dysregulation due to a mental health diagnosis.” – Fort Zumwalt, Elementary
- “Counselors working in their job capacity and not doing so many ‘non-counseling’ jobs. More counselors on staff.” – Fort Zumwalt, Middle

*Other comments included references to:*

- Additional training/education sharing with school staff (two comments)
- Address issues with chronic absenteeism and truancy (two comments)
- Free grief counseling
- Increases in student anxiety
- Increases in suicidal ideation among students
- Need for transportation
- Better pay for staff including bus drivers to minimize the amount of time students are on the bus



### Grade-Level Insights

- **Pre-K and Elementary:** Most frequently identified needs included full-time ESCs, increased access to SEL), expanded behavioral support staffing, and access to school psychologists. Emotional dysregulation, anxiety, and family stressors are pressing concerns.
- **Middle School:** Priorities include increased 1:1 therapist availability, additional Compass staff, and more structured group interventions. Turnover among outside providers creates significant service disruptions.
- **High School:** Schools highlighted a need for expanded crisis response, group-based therapy, psychiatry access, and better professional development for school counselors working with high-acuity students.

### **Final Comments and Reflections for the CCRB**

School personnel were invited to share final reflections with the CCRB. The majority of responses expressed deep appreciation for CCRB-supported services and their impact on student well-being (Table 12 provided only in the confidential report). The narrative below summarizes the major themes that emerged from their open-ended feedback, organized into key categories with illustrative quotes.

#### **1. Widespread Appreciation for CCRB-Funded Services**

Most respondents (12 citations) used this opportunity to express sincere gratitude for the programs and support made possible through CCRB funding. Staff emphasized the value these services bring to students and families, particularly those facing financial or logistical hardship. Specific praise was directed toward school-based mental health programs and the availability of no-cost interventions for high-need students.

- *“Thank you for supporting our students with the many programs you fund! If only there was more funding to increase staffing.”* – Wentzville, Elementary
- *“We appreciate your support for helping ensure a safe climate for mental health needs of our students!”* – City of St. Charles, Middle

## **2. Concerns About Service Coordination and Provider Consistency**

A small number of school counselors (4) expressed concerns about the inconsistency and/or coordination issues with outside provider agencies, particularly related to staff turnover and shifting Medicaid eligibility requirements. These changes make it difficult for school staff to confidently refer families, especially when referral processes feel unclear or burdensome. There was a call for clearer expectations and coordination between districts and providers.

- *“We do not want to ‘sell’ these programs to our families, only for them to get burned by them. It hurts our relationships with families.”* – Orchard Farm, Elementary
- *“The insurance back and forth....has made it extremely difficult... Families are led to jump through loopholes and it is not an easy transition process.”* – Orchard Farm, Elementary
- *“I would like to meet and set school district expectations for these outside agencies. They are often ineffective and not consistent.”* – Orchard Farm, Elementary

*Other individual comments included were:*

- *“I’m concerned that the economic issues we are beginning to face as a nation will impact students and families, loss of housing, jobs, etc.”* – Orchard Farm, Multiple
- *“Would love to see a program set up in conjunction with the prosecutor’s office to help with chronic absenteeism. I would also like strict rules in place for access to social media at school.”* – Fort Zumwalt, Middle.
- *“I just need to do a better job seeking out the information provided so I can better help.”* – Fort Zumwalt, High
- Other needs were identified as: transportation assistance for families, utility assistance, and before and after-school care for students from under-resourced families.

## Tables Presenting Information

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

	Early Education (Pre-K)	Elementary (K-5)	Middle School (6-8 or 5-8)	High School (9-12)	Multiple Grade Levels	Total
<b>City of St. Charles</b>	<b>1</b>	<b>8</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>23</b>
Assistant Principal	0	1	0	0	0	1
Counselor/Social Worker	1	6	4	6	2	19
Superintendent/Principal	0	1	1	1	0	3
<b>Fort Zumwalt</b>	<b>2</b>	<b>29</b>	<b>13</b>	<b>10</b>	<b>3</b>	<b>57</b>
Assistant Principal	0	4	2	3	0	9
Counselor/Social Worker	2	18	8	4	2	34
Superintendent/Principal	0	7	3	3	1	14
<b>Francis Howell</b>	<b>5</b>	<b>14</b>	<b>12</b>	<b>8</b>	<b>6</b>	<b>45</b>
Assistant Principal	0	0	3	0	0	3
Behavior Analyst	0	0	0	0	1	1
Counselor/Social Worker	3	7	6	6	2	24
Director of Alternative Learning	0	0	0	0	1	1
Mental Health Consultant	0	0	0	0	2	2
Parents As Teachers Coordinator	1	0	0	0	0	1
Special Education Teacher	0	1	0	0	0	1
Superintendent/Principal	1	6	3	2	0	12
<b>Orchard Farm</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>17</b>
Assistant Principal	0	1	0	1	0	2
Counselor/Social Worker	1	3	1	3	3	11
Executive Director of Student Services	0	0	0	0	1	1
Superintendent/Principal	0	0	1	1	1	3
<b>Wentzville</b>	<b>2</b>	<b>46</b>	<b>18</b>	<b>14</b>	<b>5</b>	<b>85</b>
Assistant Principal	0	7	5	5	1	18
Counselor/Social Worker	1	28	10	8	1	48
School Support Interventionist	0	2	0	0	0	2
Section 504 Support	0	0	0	0	1	1
SSI	0	1	0	0	0	1
Superintendent/Principal	1	8	3	1	1	14
Supervisor	0	0	0	0	1	1
<b>Grand Total</b>	<b>11</b>	<b>101</b>	<b>50</b>	<b>44</b>	<b>21</b>	<b>227</b>

**Table 1B. CCRB Partner Agency Services by availability in School District**

Partner Agency	City of St Charles	Fort Zumwalt	Francis Howell	Orchard Farm	Wentzville	Private Schools
Big Brothers Big Sisters of Eastern Missouri / Group Mentoring			X			
CHADS Coalition for Mental Health / Signs of Suicide (SOS)	X	X	X	X	X	
CHADS Coalition for Mental Health / Social Emotional Wellbeing	X	X	X	X	X	
CHADS Coalition for Mental Health / Family Support	X	X	X	X	X	
Chestnut Health Systems Inc. / Project Access						X
Compass Health, Inc. / Pinocchio					X	X
Compass Health, Inc. / School-Based MHS	X	X	X	X	X	X
Compass Health, Inc. / Violence Prevention	X	X	X	X	X	X
Gateway Alliance against Human Trafficking / Breaking the Chains			X			
KUTO, a corp / Suicide Safety	X	X	X	X	X	
Lutheran Family and Children's Services of Missouri / Mental Health Counseling	X			X		X
Megan Meier Foundation / Counseling & Support Center	X	X		X		
Megan Meier Foundation / School Attendance Initiative	X					
NAMI St. Louis / Ending the Silence		X				X
Preferred Family Healthcare, Inc. / Team of Concern	X	X	X	X	X	
PreventEd / Prevention First	X		X			
Saint Louis Counseling, Inc. / School Partnership Program	X		X			X
The Child Advocacy Center of Northeast Missouri, Inc. / Child Abuse Prevention	X	X	X	X	X	X
ThriVe St. Louis, Inc. / Best Choice		X				X
Youth In Need, Inc / Crisis Intervention	X	X	X	X	X	
Youth In Need, Inc / Mental Health Counseling	X		X	X	X	

<b>Table 2. Top Behavioral/Mental Health Issues of Youth – May 2025 – Full Sample and Grade Levels</b>	<b># Pre-K &amp; Elem.</b>	<b># Middle</b>	<b># High</b>	<b># Full</b>	<b>% Pre-K &amp; Elem.</b>	<b>% Middle</b>	<b>% High</b>	<b>% Full</b>
Anxiety, worry a lot, fear	102	45	42	208	91%	90%	95%	92%
Friend/peer relationships, social skills, problem solving, and self-esteem	103	43	33	197	92%	86%	75%	87%
Controlling emotions, anger management, and conflict resolution	109	30	31	187	97%	60%	70%	82%
Feelings of acceptance/belonging	52	31	20	111	46%	62%	45%	49%
Depression/sad a lot	32	22	32	98	29%	44%	73%	43%
Suicidal ideations/suicide	26	33	18	90	23%	66%	41%	40%
Truancy/educational neglect	27	20	26	84	24%	40%	59%	37%
Coping with grief, loss, and/or divorce	52	9	9	74	46%	18%	20%	33%
Bullying/cyber-bullying	29	25	12	70	26%	50%	27%	31%
Self-harm	9	24	18	56	8%	48%	41%	25%
Online safety	17	16	9	51	15%	32%	20%	22%
Food and basic needs insecurity	30	4	2	39	27%	8%	5%	17%
Drug and alcohol use and abuse	0	5	25	38	0%	10%	57%	17%
Abuse and neglect issues (body safety)	19	1	1	27	17%	2%	2%	12%
Housing instability/nowhere to live	14	4	6	26	13%	8%	14%	11%
Unhealthy dating relationships	0	1	10	14	0%	2%	23%	6%
Threats of violence or being injured by another peer	8	4	1	13	7%	8%	2%	6%
Other (see below):	4	2	3	9	4%	4%	7%	4%
Eating disorders	0	0	1	2	0%	0%	2%	1%
Child trafficking/commercial sexual exploitation	0	1	0	1	0%	2%	0%	0%
Gang violence	0	0	0	0	0%	0%	0%	0%
<b>Total Sample</b>	<b>112</b>	<b>50</b>	<b>44</b>	<b>227</b>				

Other Direct Staff Feedback:

- Parent education and support for behavioral issues; in-home support. (Francis Howell, Pre-K)
- Transportation for non-Medicaid families, including our elderly population. Adequate childcare for students with mental health issues. (Francis Howell, Pre-K)
- Executive functioning. (Wentzville, Elementary)
- Using our hands as opposed to social interaction to solve problems. (Francis Howell, Elementary)
- LGBTQ+ issues and not feeling accepted and supported at home, school or the community. (Francis Howell, Middle)
- Navigating parental dynamics in conjunction with emotions. (Francis Howell, Middle)
- Cell phone "addiction" impacting academics, ability to focus/attend on schoolwork, and distraction. (Wentzville, High)
- Healthy boundaries and relationships with parents. (Wentzville, High)
- School-based issues (attendance, lack of motivation, etc.). (Wentzville, High)

**Table 3A. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment**

Full Sample	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed	Total #	Don't Know #
Abuse and neglect (body safety) prevention	81%	13%	4%	1%	141	7
Anxiety/worry prevention and control	25%	54%	1%	20%	138	9
Bullying/cyber-bullying prevention	47%	42%	6%	5%	140	7
Child trafficking/commercial sexual exploitation prevention	35%	11%	39%	14%	97	48
Chronic absenteeism prevention	8%	37%	8%	47%	139	11
Conflict and anger management prevention	24%	52%	4%	21%	135	12
Coping with grief, loss, and/or divorce training	33%	36%	7%	25%	138	13
Drug and alcohol use and abuse prevention	40%	37%	18%	4%	134	14
Eating disorder management	11%	16%	48%	25%	106	41
Feelings of belonging/ acceptance training	37%	30%	9%	24%	128	19
Healthy dating relationships education	34%	13%	40%	12%	122	25
Online safety training	49%	35%	5%	11%	131	15
Self-harm and suicide prevention/resources	62%	26%	8%	4%	142	6
Social/emotional skills training (grade/age-focused)	40%	40%	2%	17%	144	4
School success/school advocacy skills training	36%	30%	10%	25%	115	32
Violence prevention	35%	28%	18%	19%	116	32

<b>Avail.</b>	Available
<b>Not Avail.</b>	Not Available
<b>DK</b>	Don't know
<b>Adj. N</b>	Adjusted sample size after removing the don't know responses and the blank responses.

**Other Direct Staff Feedback tied to Availability/Necessity:**

- In-home support and parent coaching for behavioral issues. (Francis Howell, Pre-K)
- I feel like we have resources available to us to meet these needs. (Francis Howell, Elementary)
- Drug and alcohol abuse programming is through Wentzville PD - START Program (Wentzville, Elementary)
- The two I marked "don't know," I work with K-2<sup>nd</sup> grade, so those are not a thing for my kids, but could be for the 3<sup>rd</sup>-5<sup>th</sup> grade kids. I also think parent information would be amazing in all of these topics. (Wentzville, Elementary)

**Table 3B. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment – Pre-K & Elementary Grades**

<b>Pre-K and Elementary</b>	<b>Avail. &amp; Meets Needs</b>	<b>Avail. Does Not Meet Needs</b>	<b>Not Avail. &amp; Not Needed</b>	<b>Not Avail. &amp; Needed</b>	<b>DK</b>	<b>Adj. N</b>	<b>Total</b>	<b>DK</b>	<b>% Avail. &amp; Meets Needs</b>	<b>% Avail. Does Not Meet Needs</b>	<b>% Not Avail. &amp; Not Needed</b>	<b>% Not Avail. &amp; Needed</b>
Abuse and neglect (body safety) prevention	66	10	1	0	2	77	79	3%	86%	13%	1%	0%
Anxiety/worry prevention and control	16	41	0	16	5	73	78	6%	22%	56%	0%	22%
Bullying/cyber-bullying prevention	43	25	6	1	4	75	79	5%	57%	33%	8%	1%
Child trafficking/commercial sexual exploitation prevention	9	1	29	7	33	46	79	42%	20%	2%	63%	15%
Chronic absenteeism prevention	7	23	8	31	9	69	78	12%	10%	33%	12%	45%
Conflict and anger management prevention	20	41	3	9	5	73	78	6%	27%	56%	4%	12%
Coping with grief, loss, and/or divorce training	26	24	3	18	8	71	79	10%	37%	34%	4%	25%
Drug and alcohol use and abuse prevention	36	6	22	2	13	66	79	16%	55%	9%	33%	3%
Eating disorder management	4	1	41	7	26	53	79	33%	8%	2%	77%	13%
Feelings of belonging/acceptance training	28	19	8	14	10	69	79	13%	41%	28%	12%	20%
Healthy dating relationships education	6	1	44	6	21	57	78	27%	11%	2%	77%	11%
Online safety training	40	18	5	8	7	71	78	9%	56%	25%	7%	11%
Self-harm and suicide prevention/resources	45	13	10	5	5	73	78	6%	62%	18%	14%	7%
Social/emotional skills training (grade/age-focused)	31	31	2	13	2	77	79	3%	40%	40%	3%	17%
School success/school advocacy skills training	24	15	9	13	17	61	78	22%	39%	25%	15%	21%
Violence prevention	20	13	17	10	19	60	79	24%	33%	22%	28%	17%

**Table 3C. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment – Middle School Grades**

Middle School	Avail. & Meets Needs	Avail. Does Not Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Abuse and neglect (body safety) prevention	24	3	1	1	2	29	31	6%	83%	10%	3%	3%
Anxiety/worry prevention and control	8	18	0	5	2	31	33	6%	26%	58%	0%	16%
Bullying/cyber-bullying prevention	15	16	0	1	0	32	32	0%	47%	50%	0%	3%
Child trafficking/commercial sexual exploitation prevention	10	3	6	2	8	21	29	28%	48%	14%	29%	10%
Chronic absenteeism prevention	0	14	2	18	0	34	34	0%	0%	41%	6%	53%
Conflict and anger management prevention	4	14	1	6	7	25	32	22%	16%	56%	4%	24%
Coping with grief, loss, and/or divorce training	5	16	2	6	5	29	34	15%	17%	55%	7%	21%
Drug and alcohol use and abuse prevention	11	18	1	1	1	31	32	3%	35%	58%	3%	3%
Eating disorder management	5	9	5	9	4	28	32	13%	18%	32%	18%	32%
Feelings of belonging/acceptance training	9	11	1	8	4	29	33	12%	31%	38%	3%	28%
Healthy dating relationships education	20	5	1	4	2	30	32	6%	67%	17%	3%	13%
Online safety training	16	13	0	1	2	30	32	6%	53%	43%	0%	3%
Self-harm and suicide prevention/resources	19	12	0	1	0	32	32	0%	59%	38%	0%	3%
Social/emotional skills training (grade/age-focused)	16	12	0	5	0	33	33	0%	48%	36%	0%	15%
School success/school advocacy skills training	7	8	0	6	11	21	32	34%	33%	38%	0%	29%
Violence prevention	13	5	1	7	6	26	32	19%	50%	19%	4%	27%

**Table 3D. Behavioral/Mental Health PREVENTION Programs/Resources Gap/Availability Assessment – High School Grades**

High School	Avail. & Meets Needs	Avail. Does Not Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Abuse and neglect (body safety) prevention	14	4	3	1	3	22	25	12%	64%	18%	14%	5%
Anxiety/worry prevention and control	7	9	1	7	1	24	25	4%	29%	38%	4%	29%
Bullying/cyber-bullying prevention	6	9	1	5	3	21	24	13%	29%	43%	5%	24%
Child trafficking/commercial sexual exploitation prevention	11	5	2	1	6	19	25	24%	58%	26%	11%	5%
Chronic absenteeism prevention	3	8	1	12	1	24	25	4%	13%	33%	4%	50%
Conflict and anger management prevention	4	7	1	13	0	25	25	0%	16%	28%	4%	52%
Coping with grief, loss, and/or divorce training	10	3	4	8	0	25	25	0%	40%	12%	16%	32%
Drug and alcohol use and abuse prevention	4	16	1	3	0	24	24	0%	17%	67%	4%	13%
Eating disorder management	2	4	5	7	6	18	24	25%	11%	22%	28%	39%
Feelings of belonging/acceptance training	5	5	2	8	3	20	23	13%	25%	25%	10%	40%
Healthy dating relationships education	12	6	2	4	0	24	24	0%	50%	25%	8%	17%
Online safety training	5	9	2	5	3	21	24	13%	24%	43%	10%	24%
Self-harm and suicide prevention/resources	17	7	1	0	0	25	25	0%	68%	28%	4%	0%
Social/emotional skills training (grade/age-focused)	6	9	1	7	1	23	24	4%	26%	39%	4%	30%
School success/school advocacy skills training	6	6	1	10	2	23	25	8%	26%	26%	4%	43%
Violence prevention	6	8	3	4	4	21	25	16%	29%	38%	14%	19%

**Table 4A. Type of Provider by Prevention Topic – All School Districts in St. Charles County**

Topic	CCRB funded	Internal school staff	LE	Other	No provider	DK	Total	CCRB funded	Internal school staff	LE	Other	No provider	DK
Abuse and neglect (body safety) prevention	87	29	5	30	5	18	174	50%	17%	3%	17%	3%	10%
Anxiety/worry prevention and control	29	103	2	11	15	13	173	17%	60%	1%	6%	9%	8%
Bullying/cyber-bullying prevention	65	58	6	16	15	20	180	36%	32%	3%	9%	8%	11%
Child trafficking/commercial sexual exploitation prevention	24	11	5	13	47	42	142	17%	8%	4%	9%	33%	30%
Chronic absenteeism prevention	0	56	23	1	51	20	151	0%	37%	15%	1%	34%	13%
Conflict and anger management prevention	48	89	5	3	15	15	175	27%	51%	3%	2%	9%	9%
Coping with grief, loss, and/or divorce training	19	93	1	11	20	17	161	12%	58%	1%	7%	12%	11%
Drug and alcohol use and abuse prevention	27	38	52	9	23	14	163	17%	23%	32%	6%	14%	9%
Eating disorder management	2	18	1	7	69	46	143	1%	13%	1%	5%	48%	32%
Feelings of belonging/acceptance training	21	92	2	2	28	19	164	13%	56%	1%	1%	17%	12%
Healthy dating relationships education	30	24	1	8	48	40	151	20%	16%	1%	5%	32%	26%
Online safety training	58	61	6	11	21	20	177	33%	34%	3%	6%	12%	11%
Self-harm and suicide prevention/resources	75	57	2	25	11	11	181	41%	31%	1%	14%	6%	6%
Social/emotional skills training (grade/age-focused)	34	107	1	11	11	11	175	19%	61%	1%	6%	6%	6%
School success/school advocacy skills training	10	87	2	8	24	28	159	6%	55%	1%	5%	15%	18%
Violence prevention	35	32	20	4	37	37	165	21%	19%	12%	2%	22%	22%

LE = law enforcement

**Table 4B. Type of Provider by Prevention Topic (Recoded) – All School Districts in St. Charles County**

Topic	CCRB funded	Internal school staff	LE	Other	No provider	DK	Total	CCRB funded	Internal school staff	LE	Other	No provider	DK
Abuse and neglect (body safety) prevention	116	29	5	1	5	18	174	67%	17%	3%	1%	3%	10%
Anxiety/worry prevention and control	39	106	2	0	15	13	175	22%	61%	1%	0%	9%	7%
Bullying/cyber-bullying prevention	83	58	6	1	15	20	183	45%	32%	3%	1%	8%	11%
Child trafficking/commercial sexual exploitation prevention	36	11	5	1	47	42	142	25%	8%	4%	1%	33%	30%
Chronic absenteeism prevention	1	56	23	1	51	20	152	1%	37%	15%	1%	34%	13%
Conflict and anger management prevention	52	91	5	0	15	15	178	29%	51%	3%	0%	8%	8%
Coping with grief, loss, and/or divorce training	23	95	1	8	20	17	164	14%	58%	1%	5%	12%	10%
Drug and alcohol use and abuse prevention	32	39	54	2	23	14	164	20%	24%	33%	1%	14%	9%
Eating disorder management	2	18	1	5	69	46	141	1%	13%	1%	4%	49%	33%
Feelings of belonging/acceptance training	22	93	2	0	28	19	164	13%	57%	1%	0%	17%	12%
Healthy dating relationships education	36	24	1	0	48	40	149	24%	16%	1%	0%	32%	27%
Online safety training	69	61	6	1	21	20	178	39%	34%	3%	1%	12%	11%
Self-harm and suicide prevention/resources	102	57	2	1	11	11	184	55%	31%	1%	1%	6%	6%
Social/emotional skills training (grade/age-focused)	43	110	1	0	11	11	176	24%	63%	1%	0%	6%	6%
School success/school advocacy skills training	17	89	2	0	24	28	160	11%	56%	1%	0%	15%	18%
Violence prevention	43	32	20	0	37	37	169	25%	19%	12%	0%	22%	22%

**Table 5. Behavioral/Mental Health Community Services/Resources Gap/Availability Assessment**

<b>A. Full Sample - Direct Services Needed in the Surrounding Community</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the surrounding community - For students with moderate to severe social, emotional, or behavioral needs.	34	81	2	4	5	121	126	4%	28%	67%	2%	3%
Psychiatrists in the surrounding community - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	32	71	2	11	10	116	126	8%	28%	61%	2%	9%
Substance use/abuse treatment programs in the surrounding community - Support/intervention services for students struggling with substance use or addiction.	21	47	8	1	48	77	125	38%	27%	61%	10%	1%
Crisis intervention services in the surrounding community - Immediate support services available to students or their families experiencing a mental health crisis.	34	67	2	6	15	109	124	12%	31%	61%	2%	6%
Trauma-informed counseling and support services in the surrounding community - For students experiencing trauma/grief, including individual or group therapy.	35	59	3	7	20	104	124	16%	34%	57%	3%	7%
Truancy intervention programs in the surrounding community - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	8	46	5	33	31	92	123	25%	9%	50%	5%	36%

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

<b>B. Full Sample- Direct Services Needed in the School</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the school - For students with moderate to severe social, emotional, or behavioral needs.	45	76	2	1	2	124	126	2%	36%	61%	2%	1%
Psychiatrists in the school - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	4	7	28	74	12	113	125	10%	4%	6%	25%	65%
Psychological Assessment and Evaluation Services - Availability of formal psychological testing and diagnostic evaluations for students to assess behavioral concerns and mental health conditions	25	62	5	22	10	114	124	8%	22%	54%	4%	19%
Basic needs assistance services - Provides housing, food, clothing, and other basic needs for students experiencing insecurity.	42	65	3	4	10	114	124	8%	37%	57%	3%	4%
Substance use/abuse treatment programs in the school - Support/intervention services for students struggling with substance use or addiction.	28	37	20	3	37	88	125	30%	32%	42%	23%	3%
Crisis intervention services in the school - Immediate support services available to students or their families experiencing a mental health crisis.	46	56	2	12	8	116	124	6%	40%	48%	2%	10%
Support services for pregnant and parenting teens - Programs providing resources and assistance for these students.	13	13	11	5	82	42	124	66%	31%	31%	26%	12%
Trauma-informed counseling and support services in the school - For students experiencing trauma/grief, including individual or group therapy.	43	60	4	9	8	116	124	6%	37%	52%	3%	8%
Truancy intervention programs in the school - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	9	61	5	30	19	105	124	15%	9%	58%	5%	29%

### **Other Direct Staff Feedback regarding Access/Availability:**

- We could always use extra resources. Also, I do not handle attendance or truancy at my school; our assistant principal does. (City of St. Charles, Elementary)
- We need the ability to refer more students with a decrease in wait time. (City of St. Charles, Multiple grade levels)
- In-home and parenting support and coaching for behavioral issues at the early childhood level is needed. (Francis Howell, pre-K)
- Chronic absenteeism is a problem and we need more than our DJO to help. When we get to the level of "chronic" absences, there is more going on in the home that needs support. Often times, it is either severe anxiety that is keeping a child home, or a parent with mental illness. We could use support in that area. (Francis Howell, Middle School)
- Most of the supports with the 'not fully met' rating is simply because the end-result of these services is often a circular event and/or being inaccessible by some of the community due to insurance/cost, availability, or timeliness. Others such as truancy programs are mostly bark with little to no accountability being held on the parent if their child ends up not coming to school regularly. Feels like a small slap on the wrist and repeat offenses are treated the same as initial offense. (Francis Howell, Middle School)
- For this question: Psychologists/Therapists/Counselors in the school, for students with moderate to severe social, emotional, or behavioral needs, I don't feel rising mental health needs are as available as the need is. ESCs need to partner more with counselors and other staff members to fully support mental health needs that are beyond the scope of teachers, administrators, and academic school counselors' education/expertise. Truancy only has intervention for up to 16.5 years of age. We need an intervention and supports for chronic attendance concerns for 16.5+. (Francis Howell, High School)
- Chronic absenteeism is a huge issue in our community. The lack of transportation and support makes things more difficult. For older kids who go through diversionary meetings with the truancy office have not been successful in my experience. I would also love to see more therapists in our school. The need very much outweighs the available resources. I see many of our students benefitting the most from our outside agencies when there is a licensed therapist supporting them. (Orchard Farm, Multiple grade levels)
- There is a huge need for Intensive Outpatient Services for students under 12. This is not available in school and extremely limited in the community. (Wentzville, Elementary)
- These resources could be available but are shared primarily with counselors. (Wentzville, Elementary)
- We are lucky enough to have access to two play therapists in our school and a principal that was previously a school counselor. Most of the problems that arise are able to be dealt with for the most part. The community has many resources but there is always a long waiting list to get those services. (Wentzville, Elementary)
- It does not appear that any supports available truly support our chronic absent/truant students and their families. (Wentzville, Middle School)
- It does not appear that support available supports our chronically truant students. (Wentzville, Middle School)
- The supports that we have available for chronically absent or truant students do not truly support the needs of the students or their families. (Wentzville, Middle School)

<b>C. Pre-K and Elementary Sample - Direct Services Needed in the Surrounding Community</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the surrounding community - For students with moderate to severe social, emotional, or behavioral needs.	14	45	1	4	2	64	66	3%	22%	70%	2%	6%
Psychiatrists in the surrounding community - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	13	42	2	5	4	62	66	6%	21%	68%	3%	8%
Substance use/abuse treatment programs in the surrounding community - Support/intervention services for students struggling with substance use or addiction.	8	12	7	0	39	27	66	59%	30%	44%	26%	0%
Crisis intervention services in the surrounding community - Immediate support services available to students or their families experiencing a mental health crisis.	16	36	1	3	9	56	65	14%	29%	64%	2%	5%
Trauma-informed counseling and support services in the surrounding community - For students experiencing trauma/grief, including individual or group therapy.	20	30	3	5	7	58	65	11%	34%	52%	5%	9%
Truancy intervention programs in the surrounding community - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	4	18	3	16	24	41	65	37%	10%	44%	7%	39%

<b>D. Pre-K and Elementary Sample - Direct Services Needed in the School</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the school - For students with moderate to severe social, emotional, or behavioral needs.	28	35	1	1	1	65	66	2%	43%	54%	2%	2%
Psychiatrists in the school - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	2	5	17	35	6	60	66	9%	3%	8%	28%	58%
Psychological Assessment and Evaluation Services - Availability of formal psychological testing and diagnostic evaluations for students to assess behavioral concerns and mental health conditions	13	37	2	9	5	61	66	8%	21%	61%	3%	15%
Basic needs assistance services - Provides housing, food, clothing, and other basic needs for students experiencing insecurity.	23	34	2	1	6	60	66	9%	38%	57%	3%	2%
Substance use/abuse treatment programs in the school - Support/intervention services for students struggling with substance use or addiction.	11	6	17	0	32	34	66	48%	32%	18%	50%	0%
Crisis intervention services in the school - Immediate support services available to students or their families experiencing a mental health crisis.	25	28	1	7	4	61	65	6%	41%	46%	2%	11%
Support services for pregnant and parenting teens - Programs providing resources and assistance for these students.	0	2	7	4	52	13	65	80%	0%	15%	54%	31%
Trauma-informed counseling and support services in the school - For students experiencing trauma/grief, including individual or group therapy.	26	27	3	5	3	61	64	5%	43%	44%	5%	8%
Truancy intervention programs in the school - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	3	27	3	14	18	47	65	28%	6%	57%	6%	30%

<b>E. Middle School Sample - Direct Services Needed in the Surrounding Community</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the surrounding community - For students with moderate to severe social, emotional, or behavioral needs.	12	14	1	0	1	27	28	4%	44%	52%	4%	0%
Psychiatrists in the surrounding community - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	12	9	0	4	3	25	28	11%	48%	36%	0%	16%
Substance use/abuse treatment programs in the surrounding community - Support/intervention services for students struggling with substance use or addiction.	5	16	1	0	5	22	27	19%	23%	73%	5%	0%
Crisis intervention services in the surrounding community - Immediate support services available to students or their families experiencing a mental health crisis.	10	11	1	2	3	24	27	11%	42%	46%	4%	8%
Trauma-informed counseling and support services in the surrounding community - For students experiencing trauma/grief, including individual or group therapy.	9	8	0	1	9	18	27	33%	50%	44%	0%	6%
Truancy intervention programs in the surrounding community - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	0	14	1	7	5	22	27	19%	0%	64%	5%	32%

<b>F. Middle School Sample - Direct Services Needed in the School</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the school - For students with moderate to severe social, emotional, or behavioral needs.	8	19	1	0	0	28	28	0%	29%	68%	4%	0%
Psychiatrists in the school - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	1	1	5	20	1	27	28	4%	4%	4%	19%	74%
Psychological Assessment and Evaluation Services - Availability of formal psychological testing and diagnostic evaluations for students to assess behavioral concerns and mental health conditions	5	9	2	9	2	25	27	7%	20%	36%	8%	36%
Basic needs assistance services - Provides housing, food, clothing, and other basic needs for students experiencing insecurity.	10	14	1	0	1	25	26	4%	40%	56%	4%	0%
Substance use/abuse treatment programs in the school - Support/intervention services for students struggling with substance use or addiction.	8	12	2	3	2	25	27	7%	32%	48%	8%	12%
Crisis intervention services in the school - Immediate support services available to students or their families experiencing a mental health crisis.	7	15	1	1	3	24	27	11%	29%	63%	4%	4%
Support services for pregnant and parenting teens - Programs providing resources and assistance for these students.	2	0	4	1	20	7	27	74%	29%	0%	57%	14%
Trauma-informed counseling and support services in the school - For students experiencing trauma/grief, including individual or group therapy.	6	17	1	1	3	25	28	11%	24%	68%	4%	4%
Truancy intervention programs in the school - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	2	18	1	7	0	28	28	0%	7%	64%	4%	25%

<b>G. High School Sample - Direct Services Needed in the Surrounding Community</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the surrounding community - For students with moderate to severe social, emotional, or behavioral needs.	8	11	0	0	1	19	20	5%	42%	58%	0%	0%
Psychiatrists in the surrounding community - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	5	12	0	1	2	18	20	10%	28%	67%	0%	6%
Substance use/abuse treatment programs in the surrounding community - Support/intervention services for students struggling with substance use or addiction.	7	10	0	1	2	18	20	10%	39%	56%	0%	6%
Crisis intervention services in the surrounding community - Immediate support services available to students or their families experiencing a mental health crisis.	6	11	0	1	2	18	20	10%	33%	61%	0%	6%
Trauma-informed counseling and support services in the surrounding community - For students experiencing trauma/grief, including individual or group therapy.	6	10	0	1	3	17	20	15%	35%	59%	0%	6%
Truancy intervention programs in the surrounding community - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	4	6	1	7	1	18	19	5%	22%	33%	6%	39%

<b>H. High School Sample - Direct Services Needed in the School</b>	Avail. & Meets Needs	Avail. Does Not Fully Meet Needs	Not Avail. & Not Needed	Not Avail. & Needed	DK	Adj. N	Total	% DK	% Avail. & Meets Needs	% Avail. Does Not Meet Needs	% Not Avail. & Not Needed	% Not Avail. & Needed
Psychologists/Therapists/Counselors in the school - For students with moderate to severe social, emotional, or behavioral needs.	7	13	0	0	0	20	20	0%	35%	65%	0%	0%
Psychiatrists in the school - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	1	0	5	10	4	16	20	20%	6%	0%	31%	63%
Psychological Assessment and Evaluation Services - Availability of formal psychological testing and diagnostic evaluations for students to assess behavioral concerns and mental health conditions	6	8	1	4	1	19	20	5%	32%	42%	5%	21%
Basic needs assistance services - Provides housing, food, clothing, and other basic needs for students experiencing insecurity.	6	10	0	2	2	18	20	10%	33%	56%	0%	11%
Substance use/abuse treatment programs in the school - Support/intervention services for students struggling with substance use or addiction.	6	12	1	0	1	19	20	5%	32%	63%	5%	0%
Crisis intervention services in the school - Immediate support services available to students or their families experiencing a mental health crisis.	7	10	0	3	0	20	20	0%	35%	50%	0%	15%
Support services for pregnant and parenting teens - Programs providing resources and assistance for these students.	10	6	0	0	4	16	20	20%	63%	38%	0%	0%
Trauma-informed counseling and support services in the school - For students experiencing trauma/grief, including individual or group therapy.	8	8	0	3	1	19	20	5%	42%	42%	0%	16%
Truancy intervention programs in the school - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	4	8	1	6	0	19	19	0%	21%	42%	5%	32%

**Table 6A. Type of Provider by Direct Service Program – All School Districts in St. Charles County**

Service	CCRB funded	Internal school staff	Other	No provider	DK	Total	CCRB funded	Internal school staff	Other	No provider	DK
Psychologists/Therapists/Counselors	70	78	9	2	12	171	41%	46%	5%	1%	7%
Psychiatrists	50	4	13	32	25	124	40%	3%	10%	26%	20%
Psychological Assessment and Evaluation Services	42	50	15	13	23	143	29%	35%	10%	9%	16%
Basic needs assistance services	30	64	25	8	28	155	19%	41%	16%	5%	18%
Substance use/abuse treatment programs	47	12	3	16	43	121	39%	10%	2%	13%	36%
Crisis intervention services	50	82	10	5	20	167	30%	49%	6%	3%	12%
Support services for pregnant and parenting teens	10	11	1	23	75	120	8%	9%	1%	19%	63%
Trauma-informed counseling and support services	52	76	9	10	16	163	32%	47%	6%	6%	10%
Truancy intervention programs	12	50	24	26	25	137	9%	36%	18%	19%	18%

<b>Full List of Direct Services Included in this Item for School Staff to Rate</b>
➤ Psychologists/Therapists/Counselors - For students with moderate to severe social, emotional, or behavioral needs.
➤ Psychiatrists - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.
➤ Psychological Assessment and Evaluation Services - Availability of formal psychological testing and diagnostic evaluations for students to assess behavioral concerns and mental health conditions
➤ Basic needs assistance services - Provides housing, food, clothing, and other basic needs for students experiencing insecurity.
➤ Substance use/abuse treatment programs - Support/intervention services for students struggling with substance use or addiction.
➤ Crisis intervention services - Immediate support services available to students or their families experiencing a mental health crisis.
➤ Support services for pregnant and parenting teens - Programs providing resources and assistance for these students.
➤ Trauma-informed counseling and support services - For students experiencing trauma/grief, including individual or group therapy.
➤ Truancy intervention programs - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.

**Table 6B. Other Type of Direct Service Provider – School Staff Write In Responses**

Psychologists/Therapists/Counselors - For students with moderate to severe social, emotional, or behavioral needs.	#
Community agencies, private practices	1
Compass	3
Compass, Ellie, others	1
LifeStance, Elle Counseling	1
Outside community services (Compass, Mercy, Centerpointe, Local Counseling agencies)	1
Private practitioners	1
Private Therapists	1
Youth In Need, CHADS, Compass in school and other community providers outside of school	1
Total	10

Psychiatrists - Access to licensed psychiatrists for students who may need medication management and continual psychiatric follow-up services.	#
Community agencies, private practices	1
Community MD's	1
Compass	2
Compass and other community providers all outside of school.	1
Compass Health, area psychiatrists i.e., Mercy, private agencies	1
Compass, SSM, Mercy, and others	1
Compass, SSM, Mercy, others	1
In school - no provider; In community - PFH, Compass, private	1
LifeStance, Elle Counseling	1
Outside community services (Compass, Mercy, Centerpointe, Local Counseling agencies)	1
Outside psychiatrists that students access	1
Private Psychiatrists and Hospital systems	1
Total	13

Psychological Assessment and Evaluation Services - Availability of formal psychological testing and diagnostic evaluations for students to assess behavioral concerns and mental health conditions <sup>2</sup>	#
Behavioral Health Response	1
Compass	2
Compass, Mercy, and others	1
Compass, Mercy, others	1
IDEA and 504 evaluations by WSD staff; community providers including Compass outside of school	1
in school - no provider; in community - Compass, private	1
LifeStance, Elle Counseling	1
outside community services (Compass, Mercy, Centerpointe, Local Counseling agencies) and internal school personnel doing academic evaluations	1
Private practitioners	1
Private Psychologists and Hospital systems	1
UMSL	2
We do informal testing for IEP services, but nothing formal.	1
Total	14

Basic needs assistance services - Provides housing, food, clothing, and other basic needs for students experiencing insecurity. <sup>3</sup>	#
Care to Learn	2
Care to Learn and We Love St. Charles	1
Care to Learn, The Way Church	1
Care to Learn-St. Charles; We Love St. Charles	1
Church-based or private non-for-profit organizations (i.e. Eagles Wings, Mobile Market, Calvary Temple, Marcy's Project, Sharing Shed).	1
Churches, other organizations providing food, We Love St Charles	1

Community Charities	1
Differs by need. A local church provides food for the weekends for students in need of that service. Counselor typically works with the family to identify needs and then provides them with local resources to reach out to.	1
District programs, Waypoint church with Operation Backpack	1
Eagle's Wings, food pantries, churches	1
Eagle's Wings, St. Vincent DePaul Minnie Vinnies	1
FHSD mobile market, church organizations	1
Food banks, eagles wings	1
In school - limited resources for clothing vouchers; In community - no provider/very limited for housing.	1
Local churches	3
Local churches and 2-1-1 services	1
Nearby churches, shelters offer support	1
Private churches, Friends of Children at Francis Howell	1
St Charles Community Council	1
Staff refer to outside agencies, but I am unsure all the resources they provide.	1
This is often a community referral other than food provided for the weekend.	1
We have a couple local churches who help us with our families.	1
Youth In Need for Emergency Shelter	1
Total	26

Substance use/abuse treatment programs - Support/intervention services for students struggling with substance use or addiction.	#
Compass, Preferred	2
Law Enforcement	1
More middle school/high school related.	1
PFH	1
PreventEd	1
Total	6

Crisis intervention services - Immediate support services available to students or their families experiencing a mental health crisis.	#
Compass	2
Compass, Law Enforcement	2
Crisis Nursery	1
Differs by need. The counselor typically works with the parent to provide resources and then the parent has to reach out to those places.	1
ESCs and counselors in the building, BHR, YIN/Compass, Inspire	1
ESCs, school counselors, and/or CCRB funded service providers in buildings and other community providers outside of school	1
Hospital Network(s)	1
Private practices	1
Private practitioners and facilities	1
Total	11

Support services for pregnant and parenting teens - Programs providing resources and assistance for these students. <sup>4</sup>	#
Aside from Birthright and counseling services I am unfamiliar with specific agencies that support this demographic	1
Law enforcement	1
Possibly secondary level schools.	1
This is more middle and high school related.	1
Total	4

Trauma-informed counseling and support services - For students experiencing trauma/grief, including individual or group therapy.	#
Annie's Hope. Have had Kids in the Middle in the past but no longer.	1
Compass	2
Compass, Ellie, others	1
Compass, others	1
ESCs, school counselors, and/or CCRB-funded service providers in buildings and other community providers outside of school.	1
Family Forward, but their services are limited in St. Charles County	1
Private practices	1
Private practitioners and facilities	1
Refer to Ranken Jordan or Annie's Hope sometimes	1
We do our best, but don't have the resources to offer group therapy.	1
Wings on Wheels, BJC	1
YIN/Compass	1
Total	13

Truancy intervention programs - Provide outreach, mentorship, and support to reduce students with chronic absenteeism.	#
Bo Ricardi	1
Children's Division, Family court, truancy officers	1
District Truancy Officer	1
DJO	4
DJO partnered with schools	1
Family Court Division-Truancy Officer	1
JJC	1
Juvenile Department is supposed to help, but we don't have much success with this often.	1
Juvenile Office	5
Juvenile office, but it does not meet our family's needs and attendance rarely improves.	6
Law Enforcement	1
School conversations regarding trauma informed. Absenteeism is supported through DJO.	1
We need more support in this area for prevention means.	1
Total	25

**Table 7. Barriers Youth Face Trying to Address a Mental/Behavioral Health Need/Issue – May 2025**

<b>Barriers</b>	<b>Pre-K &amp; Elem.</b>	<b>Middle</b>	<b>High</b>	<b>Multiple</b>	<b>Full</b>	<b>Pre-K &amp; Elem.</b>	<b>Middle</b>	<b>High</b>	<b>Multiple</b>	<b>Full</b>
Lack of parent involvement to assist student with the need.	42	16	9	8	75	69%	70%	64%	73%	69%
Lack of time within the school day to respond to the youth with the behavioral/mental health needs.	33	13	5	4	55	54%	57%	36%	36%	50%
Severity of students' problems.	31	7	6	10	54	51%	30%	43%	91%	50%
High staff turnover with referring agencies, leading to inconsistent support for students.	30	9	5	7	51	49%	39%	36%	64%	47%
Lack of access to mental health professionals for services.	26	7	5	9	47	43%	30%	36%	82%	43%
Burnout among school staff, reducing the capacity to provide adequate support.	27	5	3	7	42	44%	22%	21%	64%	39%
Lack of parental consent.	17	6	4	3	30	28%	26%	29%	27%	28%
Students have difficulty accessing services due to transportation limitations.	15	5	4	5	29	25%	22%	29%	45%	27%
Students' reluctance to engage with available services due to distrust or previous negative experiences.	11	11	4	2	28	18%	48%	29%	18%	26%
Lack of sufficient resources for student support services at school.	17	4	3	3	27	28%	17%	21%	27%	25%
Limited awareness of available resources within the community and/or school district.	14	3	3	3	23	23%	13%	21%	27%	21%
Stigma around mental health issues (from peers or others).	5	9	4	4	22	8%	39%	29%	36%	20%
Inadequate coordination between schools and CCRB-funded mental health providers.	7	3	1	3	14	11%	13%	7%	27%	13%
Lack of sufficient resources for special education services at school.	9	1	1	3	14	15%	4%	7%	27%	13%
Unavailability of assessment/treatment resources in the community.	9	2	1	2	14	15%	9%	7%	18%	13%
Inadequate coordination between schools and other external mental health providers.	6	0	1	1	8	10%	0%	7%	9%	7%
Lack of support from school administration.	6	0	0	0	6	10%	0%	0%	0%	6%
Lack of clear, consistent, school behavior/rules/policies.	5	0	0	0	5	8%	0%	0%	0%	5%
Students' fear of disciplinary action for expressing behavioral health needs.	2	2	0	0	4	3%	9%	0%	0%	4%
<b>Total Sample of Respondents</b>	<b>61</b>	<b>23</b>	<b>14</b>	<b>11</b>	<b>109</b>	<b>61</b>	<b>23</b>	<b>14</b>	<b>11</b>	<b>109</b>

**Other Barriers Identified by School and Grade Level:**

➤ Just a simple lack of time in the day. I am one school counselor to about 380 students. Also lack of identification of those students. (City of St. Charles, Elementary)
➤ The cost of treatment. Long waitlists with some providers. (Fort Zumwalt, Pre-K)
➤ Students with significant mental illness have difficulty managing their emotions and they are hitting and harming staff. Staff members are getting injured after being hit or having items thrown at them. This is affecting morale and a sense of safety in our schools. There is also a high turnover rate for special education teachers and it is becoming more difficult to fill those positions. This results in a lack of training and support for our vulnerable students. (Francis Howell, Elementary)
➤ Counselor ratios. (Wentzville, High)
➤ Parent follow through and transportation can sometimes be a barrier. (Wentzville, Middle)

**Note:** Two comments were redacted due to the sensitivity of the information provided.

## About the Author

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Cynthia Berry is a distinguished psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, showcasing her expertise in Human Resources, Organizational and Fund Development, Program Evaluation, and Research. With a career spanning over 25 years, Dr. Berry has demonstrated exceptional proficiency in large-scale community health needs assessments, psychometrics, and employee/management training.

Dr. Berry's extensive skill set in program evaluation and assessment development, coupled with her deep understanding of organizational behavior, human resources, applied health, mental health, and youth/individual development, has led to remarkable successes in securing grants and fundraising for various not-for-profit organizations across St. Charles, Jefferson, Montgomery, St. Louis, and Warren Counties in Missouri. She has personally raised over \$10 million for numerous programs she has helped develop and implement. Furthermore, Dr. Berry has empowered multiple not-for-profits through the creation of measurement tools, outcome tracking processes, decision-making procedures, and client service delivery management systems, as well as the successful execution of various quality improvement projects. Her leadership in spearheading a capital campaign and achieving COA accreditation has further underscored her commitment to organizational excellence.

Over the past decade, BOLD has emerged as the preeminent expert in Eastern Missouri (including Franklin, Jefferson, Jefferson, St. Charles, and St. Louis Counties) for conducting needs assessments focused on behavioral health and substance use. Dr. Berry has collaborated with children's and adult's services funding boards on numerous projects and made significant contributions to the Seniors Count initiative, aimed at promoting independent living for seniors and addressing their specific needs. From 2012 to 2019, she served as an adjunct faculty member at the esteemed Brown School of Washington University, instructing master's degree students in the Evaluation of Programs and Services.

Dr. Cynthia Berry's experience and diverse accomplishments have firmly established her as a respected authority in psychology and organizational development, particularly in conducting needs assessments that inform community services and enhance program effectiveness.

