Community Summit - 2021

How COVID has Impacted Youth Mental Health

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Local source data will be presented on the affect COVID has had on youth mental and behavioral health. Strategies that have been employed to respond to COVID will be shared, in addition to the challenges that continued through COVID. Finally, the presenter will share recommendations for stakeholders to engage in to improve youth mental health.

Lincoln County – 2020 and 2021 School Staff BH/MH Survey of Students' Needs

Cynthia J. Berry, Ph.D.

Purpose: To assess school personnel about their students' Behavioral Health (BH) & Mental Health (MH) needs and identify areas that require attention.

Goal: To Encourage and Promote the Communication between our school districts and our funded partners so that adjustments can be made to existing curriculum or currently provided services for the 2020-2021 and 2021-20222 school year and beyond.

May lead to:

- ◦ Modifications or enhancement of current programs/approaches; or
- ◦ Additional or expanded services from agencies that the LCRB funds or other funding available in Lincoln County.

Most Critical Behavioral/Mental Health Issues of Lincoln County Students – May, 2020

School personnel were asked to identify up to five of the most critical behavioral/mental health issues they believe the youth they work with encounter when trying to resolve or seek help for these issues. Findings showed that across all grade levels:

- The most critical behavioral health issue was "anxiety, worry a lot, fear" (96%; N = 24).
- The second most critical behavioral health issue was "friend/peer relationships, social skills, problem solving, and self-esteem" (92%; N = 23 out of 25, see Table 2). These two issues flipped their prioritized order from 2019 (see Table 3 in comparison to Table 2) when this item was ranked the highest.
- The third most critical behavioral health issue was once again "controlling emotions, anger management, and conflict resolution" (84%; N = 21 out of 25), similar to the 2019 results.
- The fourth most critical behavioral health issue changed from "self-harm and suicide" (59%; N = 19) in 2019 to "coping with grief, loss, and/or divorce" (56%; N = 14/25) in 2020.
- The fifth most critical behavioral health issue also changed from "depression/sad a lot" noted by 47% of school personnel (N = 15) in 2019 to "feelings of acceptance/belonging" with 52% of the staff respondents (N = 13/25.

Overall, eight BH/MH issues were rated as a critical by more than 40% of the staff respondents.

Tables Presenting Information

Table 2. Top Behavioral/Mental Health Issues of Youth - 2020	#	%
Anxiety, worry a lot, fear	**24**	**96%**
Friend/peer relationships, social skills, problem solving, and self-esteem	**23**	**92%**
Controlling emotions, anger management, and conflict resolution	**21**	**84%**
Coping with grief, loss, and/or divorce	**14**	**56%**
Feelings of acceptance/belonging	**13**	**52%**
Abuse and neglect issues (body safety)	12	48%
Food and basic needs' insecurity	12	48%
Self-harm and suicide	11	44%
Depression/sad a lot	9	36%
Bullying	7	28%
Housing instability/nowhere to live	7	28%
Online safety	5	20%
Drug and alcohol use and abuse	2	8%
Unhealthy dating relationships	1	4%
Other (see below)	4	16%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
Total	25	
Other: Adult mental health concerns/instability (two staff); Parental drug and alcohol use and abuse; Ethical decisions, in person and online, drive to work hard to succeed, kindness toward others.		

Table 3. Top Behavioral/Mental Health Issues of Youth – 2019	#	%
Friend/peer relationships, social skills, problem solving, and self-esteem	**28**	**88%**
Anxiety, worry a lot, fear	**24**	**75%**
Controlling emotions, anger management, and conflict resolution	**23**	**72%**
Self-harm and suicide	**19**	**59%**
Depression/sad a lot	**15**	**47%**
Abuse and neglect issues (body safety)	12	38%
Coping with grief, loss, and/or divorce	12	38%
Feelings of acceptance/belonging	11	34%
Housing instability/nowhere to live	9	28%
Drug and alcohol use and abuse	8	25%
Bullying/cyber-bullying	7	22%
Online safety	7	22%
Unhealthy dating relationships	4	13%
Other:	4	13%
Threats of violence or being injured by another peer	0	0%
Gang violence	0	0%
N = 32		
Other: toxic stress/trauma (Troy; multiple grades); lack of motivation/work ethic (Troy; high school); Parents with mental health issues or sub-standard parenting skills (Elsberry; middle school); and navigating parent mental health and substance abuse issues; symptoms related to past trauma (Troy; Ninth grade center).		

School Staff Perspective on BH Trends of Students Since COVID-19 (assessed in May of 2020)

- ➢ Asked to rate if they believe the issue would increase for students, stay the same, decrease or if they did not know or had not heard as a result of COVID-19.
- ➢ Considering counselors are typically able to interact with students on a daily basis when coming into a physical building, it was expected that they may not know some of this information with limited access to students.
- ➢ This was supported in that out of the 16 possible BH/MH issues, more than 50% of staff reported that they did not know about TEN of the issues including some of the riskier issues including abuse, suicide/self-harm, housing instability, and drug use.
- ➢ Nine BH/MH issues had more than 10% of school staff rate them as increasing trends since COVID-19 began.

Here are the top trends in prioritized order (N = 24):

- 75% - increase in food and basic needs' insecurity.
- 63% - increase in "anxiety, worry a lot, fear".
- 50% - increase in depression/sad a lot".
- 33% - increase in "friend/peer relationships, social skills, problem solving, and self-esteem".
- 33% - increase in "controlling emotions, anger management, and conflict resolution".
- 21% - increase in "coping with grief, loss, and/or divorce".
- 17% - increase in "housing instability/nowhere to live".
- 13% - increase in "abuse and neglect (body safety)".
- 13% - increase in "self-harm and suicide".

Other Concerns:
- I am concerned about abuse and neglect of students, online safety, and mental health however, am not aware of specific situations due to not having regular contact with students and families because of barriers.
- Concerned about abuse and neglect cases, online safety, many of these issues during the COVID-19 closure, but because of the limited contact with students, we don't know the reality of the situation.
- I have concerns about a lot of things, but with the closure I am not hearing or learning about these things.
- Family conflicts; sense of disconnect from peers; lack of motivation.

"In the period of time since your students were sent home for COVID-19, what trends are you experiencing/learning about that students might be facing from the list below?"

	Increased/ increasing	Stayed/ staying (about) the same	Decreased/ decreasing	Don't know/ haven't heard	Total	Increased/ increasing	Stayed/ staying (about) the same	Decreased/ decreasing	Don't know/ haven't heard	Total
Food and basic needs' insecurity	18	1	0	5	24	75%	4%	0%	21%	24
Anxiety, worry a lot, fear	15	3	0	6	24	63%	13%	0%	25%	24
Depression/sad a lot	12	3	0	9	24	50%	13%	0%	38%	24
Friend/peer relationships, social skills, problem solving, and self-esteem	8	4	1	11	24	33%	17%	4%	46%	24
Controlling emotions, anger management, and conflict resolution	8	4	0	12	24	33%	17%	0%	50%	24
Coping with grief, loss, and/or divorce	5	8	0	11	24	21%	33%	0%	46%	24
Housing instability/nowhere to live	4	1	0	19	24	17%	4%	0%	79%	24
Abuse and neglect issues (body safety)	3	3	1	17	24	13%	13%	4%	71%	24
Self-harm and suicide	3	5	0	16	24	13%	21%	0%	67%	24
Drug and alcohol use and abuse	2	1	0	21	24	8%	4%	0%	88%	24
Feelings of acceptance/belonging	2	5	1	16	24	8%	21%	4%	67%	24
Bullying/cyber-bullying	1	1	0	22	24	4%	4%	0%	92%	24
Online safety	1	2	0	21	24	4%	8%	0%	88%	24
Unhealthy dating relationships	0	1	0	23	24	0%	4%	0%	96%	24
Threats of violence or being injured by another peer	0	1	1	22	24	0%	4%	4%	92%	24
Gang violence	0	1	1	22	24	0%	4%	4%	92%	24
Other Concerns (included on the next page)										
> 10% - Increased - highlighted red										
> 50% for "don't know/haven't heard" - highlighted red										

"How has COVID impacted the mental and behavioral health needs of your students, if at all?" (assessed in May of 2020)

- ➢ Among the staff in general, they felt a lack of communication and knowing if the students that they consider higher risk are doing okay.
- ➢ Many staff noted that they are not hearing from the parents either, so they cannot assess what, if any changes are occurring in the home environment and/or with the students.
- ➢ At the time, it was strongly recommended that BH/MH-focused stakeholders, including school districts and providers, identify strategies to increase ways for youth to communicate with others outside of their home on a more regular basis to assess the students' BH/MH-needs, in addition to satisfying educational needs that may be going unnoticed.

COVID IMPACT COMMENTS
"How has COVID impacted the mental and behavioral health needs of your students, if at all?"
Elementary (K-5)
At this time is difficult to tell. I have not had parents reaching out with needs. I am concerned for the safety of some of my students and the mental toll it is taking on both parents and students. Most communication is done in Zoom meetings where kids are saying they are good
Communicating with students during closure has been difficult. I have reached out to all students and individual families and not very many responded, so it is hard to know the reality of their situation. Most of the students/families that I do hear from (pictures sent to me or see them on a class Zoom) they are often families that we do not have concerns for during the normal school year and they seem to have good support at home and are doing well. Have only had one family reach out about self-harm/anxiety that started before Spring Break and flared up right at beginning of school closure.
Communicating with students has been a struggle and not knowing what their needs even are. Many of the families I want to communicate with are not responding to email, phone and/or text. The students who have been participating in Zooms seem to be doing okay but there is a lot of unknown. With not being able to see or hear from many students it has been a struggle to support them.
Communicating with students has been a struggle in not knowing what their needs are as parents have not been responsive to communication attempts (through phone or email) or reaching out and we are not able to lay eyes on students to identify needs.
Communication with students and families has been difficult. Parents have not been reaching out and we have not been laying eyes on students.
I believe it is having a huge impact on our students. Parents have not been reaching out and we are not laying eyes on students. Communication with students is not easy. Lots of unknowns!
I have students whose anxiety has increased as well as their anger, suicidal ideation, depression, etc. From what I've been able to learn about, they are low on resources at home and unable to use school as a buffer to help with food and services.
Increase in sadness from seeing friends and anger towards parents.
Lack of communication with students and families. Families not reaching out as Haley have been prior to the epidemic
Parent requests for food assistance (which the district provides) and parent referrals for individual counseling (my guess is because families are struggling with increased presence and proximity of family).

Covid has made it hard for counselors to recognize and identify student needs and safety concerns. I believe internet safety concerns, feelings of anxiety and a lack of belonging, and personal safety/neglect/abuse are occurring more now than ever; however, we are unaware so we cannot respond appropriately.

Middle School (6-8)

I am worried about so many we have not heard from during this time. I know returning will be difficult for many.
Not sure since it is so new

High School (9-12)

From the few that have responded to my communications, the majority have reported doing ok overall. A few reported increased feelings of depression, isolation, and family conflict. I worry most of all though about the ones that I do not hear from at all. I know they had severe mental health difficulties prior to this, and would assume those haven't gone away.
It has limited our ability to identify students with need. Many students primarily disclose this information face-to-face and it is hard to give quality care and maintenance with limited access to students.
This is something that I think we truly don't know yet. This has been a time of instability for many. Many of our children will be coming back to school having endured some form of trauma. It is difficult to predict what our students will specifically need, however, my guess is we will need more school-wide social-emotional education, community resources to help families who have struggled, individual and group counseling services for students with increased depression and anxiety, and further education regarding social skills, healthy relationships, and healthy communication skills.

Multiple grade levels

In a survey taken by students, most of them report that they are doing alright, while they experience boredom and loneliness, they feel happy in general. This survey was not conducted by a few of the students that I am most worried about however.
Not really sure at this time.
We feel extremely disconnected with many students. I'm sure there are lots of student concerns that are going unaddressed. I have not come up with a good plan to thwart this problem. Social isolation and more time with families is not a good combination for some of our students with high level of needs.

Staff Perspective on Behavioral Health Trends of Students Since COVID-19 – December 2020

"How has COVID impacted the mental and behavioral health needs of your students, if at all?"
- ➢ In December of 2020, asked for difference between their virtual and in-person learners.
- ➢ Given list of behavioral/mental health issues and asked them to rate if they believe the issue would increase for students, stay the same, decrease, or if they did not know or had not heard as a result of COVID-19.
- ➢ Considering counselors are typically able to interact with students on a daily basis when coming into a physical building, it was expected that they may be more limited in their knowledge for the virtual students.
- ➢ This was supported in that out of the 16 possible BH/MH issues, more than 50% of staff reported that they did not know about EIGHT of the issues for VIRTUAL LEARNERS in comparison to only ONE issue with IN-PERSON LEARNERS. This included some of the riskier issues involving abuse, suicide/self-harm, housing instability, bullying/cyber-bullying, and drug use.

Let's first look at the trends among virtual learners. Ten out of the 15 BH/MH issues had more than 10% of school staff rate them as increasing trends since COVID-19 began.

Here are the top trends in prioritized order (N = 29):

- 69% - increase in "anxiety, worry a lot, fear". (63% in May of 2020)
- 48% - increase in "depression/sad a lot". (50% in May of 2020)
- 40% - increase in "friend/peer relationships, social skills, problem solving, and self-esteem" (33% in May of 2020).
- 31% - increase in "coping with grief, loss, and/or divorce" (21% in May of 2020).
- 31% - increase in "controlling emotions, anger management, and conflict resolution" (33% in May of 2020).
- 31% - increase in "feelings of acceptance/belonging" (31% in May of 2020).
- 29% - increase in "self-harm and suicide" (13% in May of 2020).
- 27% - increase in "food and basic needs' insecurity" (75% in May of 2020).
- 18% - increase in "abuse and neglect (body safety)" (13% in May of 2020).
- 18% - increase in "housing instability/nowhere to live" (17% in May of 2020).

There were 10% or more staff who identified three issues as decreasing during the pandemic, which included: bullying/cyber-bullying, threats of violence or being injured by another peer, and feelings of acceptance/belonging.

Other Concerns Provided:
- Basic parental/home structure support.
- Seeing families/adults struggle more with these areas.

For the in-person learners where more staff had more knowledge of and interaction with students there were 12 out of the 15 BH/MH issues where 10% or more of the school staff rated them as increasing trends since COVID-19 began.

Here are the top trends in prioritized order (N = 29):

- 90% - increase in "anxiety, worry a lot, fear." (69% in May of 2020)
- 63% - increase in "depression/sad a lot." (48% in May of 2020)
- 57% - increase in "controlling emotions, anger management, and conflict resolution" (31% in May of 2020).
- 50% - increase in "food and basic needs' insecurity" (27% in May of 2020).
- 47% - increase in "coping with grief, loss, and/or divorce" (31% in May of 2020).
- 40% - increase in "friend/peer relationships, social skills, problem solving, and self-esteem" (40% in May of 2020).
- 38% - increase in "self-harm and suicide" (29% in May of 2020).
- 35% - increase in "feelings of acceptance/belonging" (31% in May of 2020).
- 33% - increase in "housing instability/nowhere to live" (18% in May of 2020).
- 31% - increase in "abuse and neglect (body safety)" (18% in May of 2020).
- 10% - increase in "bullying/cyber-bullying" (X% in May of 2020).
- 10% - increase in "online safety" (X% in May of 2020).

Only one issue was noted by 10% or more staff as decreasing during the pandemic, which was bullying/cyber-bullying.

Staff Perspective on BH Trends of Students Since COVID-19 (assessed in December of 2020)
"Since COVID-19 began in March of 2020, what changes in trends are your VIRTUAL LEARNING students experiencing for each item listed below?" Question was asked for IN-PERSON LEARNING students as well in December of 2020, but not in April/May 2020.

	VIRTUAL LEARNERS					IN-PERSON LEARNERS				
	Increased/ Increasing	Stayed/ staying (about) the same	Decreased/ decreasing	Don't know/ haven't heard	Total	Increased/ Increasing	Stayed/ staying (about) the same	Decreased/ decreasing	Don't know/ haven't heard	Total
Anxiety, worry a lot, fear	69%	7%	0%	24%	29	90%	10%	0%	0%	31
Depression/sad a lot	48%	14%	0%	38%	29	63%	37%	0%	0%	30
Friend/peer relationships, social skills, problem solving, and self-esteem	40%	20%	7%	33%	30	40%	57%	0%	3%	30
Coping with grief, loss, and/or divorce	31%	28%	0%	41%	29	47%	47%	0%	7%	30
Controlling emotions, anger management, and conflict resolution	31%	24%	0%	45%	29	57%	43%	0%	0%	30
Feelings of acceptance/belonging	31%	17%	10%	41%	29	35%	58%	0%	6%	31
Self-harm and suicide	29%	21%	0%	50%	28	38%	48%	0%	14%	29
Food and basic needs' insecurity	27%	37%	0%	37%	30	50%	43%	0%	7%	30
Abuse and neglect issues (body safety)	18%	18%	0%	64%	28	31%	52%	3%	14%	29
Housing instability/nowhere to live	18%	29%	0%	54%	28	33%	53%	0%	13%	30
Drug and alcohol use and abuse	7%	4%	0%	89%	28	7%	43%	3%	47%	30
Bullying/cyber-bullying	7%	14%	14%	66%	29	10%	62%	10%	17%	29
Online safety	4%	29%	0%	68%	28	10%	66%	3%	21%	29
Unhealthy dating relationships	4%	21%	0%	75%	28	3%	43%	3%	50%	30
Threats of violence or being injured by another peer	0%	29%	11%	61%	28	3%	48%	7%	41%	29

> 10% - Increased/Increasing - highlighted red
> 20% for "don't know/haven't heard" - highlighted red

"How has COVID impacted the mental and behavioral health needs of your students, if at all?"

➢ Among the staff in general, the primary theme that emerged was an increase in stress and anxiety among students including a general fear of COVID, especially earlier in the pandemic and school year.

➢ A couple of elementary staff revealed that they have seen stress/anxiety increase in parents' and students' home life, and the probable significant impact to students on the home front.

➢ One staff member noted that they are seeing an increase in students wanting general attention and not necessarily positive or negative; just attention given to them.

➢ There were also a couple of elementary staff who noted that students' fear from COVID had been high, but had recently dissipated.

➢ Younger students especially struggled with the structure in the beginning of the school year after such a long time period at home with mom and/or dad.

➢ Among middle school staff, similar increases were expressed with anxiety, stress, including economic stress of the families, and depression.

➢ Some teachers expressed a general increase in mental and behavioral health needs of their students. Once again, these staff members mentioned that virtual students were struggling academically, and specifically the middle school students "tuning out" teachers during lessons.

➢ The high school staff experiences were very similar to the other grades. One staff member commented that, "this has without a doubt been the most challenging mental health year we have had thus far."

➢ A majority of the high school staff repeatedly declared increases in anxiety and depression, and their students' need for coping skills.

➢ A couple additional staff remarked on the challenged state of the virtual learners, and the loss in personal connections.

➢ Additionally, staff reported many virtual learners are struggling academically, with some who are failing their classes. It is worthwhile to highlight one staff member's comment which noted how anxiety and depression were being exhibited by students who rarely or NEVER presented these feelings previously.

➢ The impact has been widespread.

"For your virtual students and/or students who are temporarily placed on quarantine, are you experiencing any levels of disengagement from the student as it relates to logging on at appropriate times, completing assignments, and/or general engagement with school learning?"

- ➢ Overall, staff overwhelmingly responded to an increase in disengagement among students when learning virtually, including during quarantined periods.
- ➢ Many staff that mentioned the home environment not being as supportive as it should be; in some cases, this was due to technology whereas others it was due to lack of parent or other adult involvement.
- ➢ Many middle and high school students don't regularly log-in and complete assignments, and get very far behind during quarantine periods.
- ➢ A variety of school staff remarked at the individual differences in students being consistent as either a virtual or in-person learner. For example, a student who does poorly in-person tends to do poorly at home learning virtually, and vice versa; a student who generally does well academically in the classroom was able to handle virtual learning very well. This may help schools learn where to offer support and/or intervention.

Primary barriers staff have seen LC students encounter when trying to address a BH Need

Primary barriers students encounter when trying to address a behavioral health need/issue:	IN-PERSON LEARNERS		VIRTUAL LEARNERS	
	#	%	#	%
Lack of parent involvement to assist student with the need.	17	59%	16	55%
Lack of time within the school day to respond to the youth with the behavioral health needs.	16	55%	13	45%
Students have difficulty accessing services due to transportation limitations.	14	48%	12	41%
Lack of sufficient resources for student support services at school.	13	45%	13	45%
Lack of access to mental health professionals for services.	12	41%	13	45%
Severity of students' problems.	10	34%	7	24%
Unavailability of assessment/treatment resources in the community.	10	34%	8	28%
Lack of sufficient resources for special education services.	6	21%	7	24%
Students require too many modifications/accommodations to assist.	4	14%	6	21%
Lack of clear, consistent, school behavior rules/policies.	2	7%	3	10%
Lack of information/training.	0	0%	7	24%
Lack of support from school administration.	0	0%	0	0%
Total	29		29	

Recommendations (at the time)

➢ It was strongly recommended that BH/MH-focused stakeholders, including school districts and providers, identify strategies to increase the ways for youth to communicate with others outside of their home on a more regular basis to assess the students' BH/MH-needs, in addition to satisfying educational needs that may be going unnoticed.

Staff Perspective on Behavioral Health Trends of Students Since COVID-19- May, 2021

In May of 2021, Lincoln County School Staff* were asked various open-ended questions relating to COVID-19, which included:
➢ Their perceptions of the academic and mental health challenges experienced as a result of being quarantined during the pandemic in the 2020-21 school year.
➢ "How has COVID impacted the mental and behavioral health needs of your students, if at all?"
➢ Their perceptions of the COVID impact on the academic paths and/or the educational needs of their students.

Impact of COVID on the MH/BH needs of Students
➢ Primary theme was increased anxiety/worry, depression, anger and feelings of isolation experienced among students. This was expressed by many staff across the grade levels.
➢ By this data collection period, however, some of the initial fear of COVID had dissipated.
➢ Many staff noted the increased need of students for counseling services.
➢ Generally, the private schools remarked on increases in anxiety and anger, but also mentioned that many kids were resilient, and were happy again.
➢ In general, there was a noticeable loss in social interactions and related issues for students during the 2020-21 school year.

Staff Comments - Impact of COVID on the MH/BH needs of Students
➢ "COVID has resulted in increased anxiety, depression, social isolation, absenteeism, truancy, substance use, and academic failure." – High School Counselor.
➢ "Several students reported that the isolation during the Spring and Summer of 2020 was difficult for them. They report that they lost touch with their friends, and now they feel lonely and isolated from them this school year." – Multiple grade levels, Counselor.
➢ "I do not think it is a coincidence that I have conducted substantially more suicide risk screenings and witnessed more panic attacks than ever in my career. While we brought many students back at semester, my virtual students are continuing to struggle academically and remain disengaged from the typical supports they would have if physically at school." – High School, Counselor.
➢ "For many of our students being out of a routine and a safe environment caused them to slide on progress they had been making with both mental and behavioral health concerns. We have seen an increased need for connections and for their personal needs, including some aspect of all areas of concern for teenage mental/behavioral needs." – High School, Superintendent/Principal.
➢ "COVID has increased the number of students in need of counseling and support." – High School, Asst. Principal.

Mental Health Challenges Experienced by Students as a Result of being Quarantined during School Year

- ➢ The general themes from the previous question carried through during periods of quarantine, with an increased sense of anxiety and stress due to getting behind, and depression/sadness, anger, and grief because they had missed out repeatedly on events in their life.
- ➢ Many staff noticed that students were struggling expressing this feeling of loss, and explaining why they feel negative or down.
- ➢ Isolation was also noted by many staff, which resulted in additional social anxiety when students returned to in-person classes during the winter of 2021.

Staff Comments - Mental Health Challenges Experienced by Students as a Result of being Quarantined during School Year

- ➢ "Yes, I have noticed increased anxiety, grief, sadness, and stress in students. It seems that some children are having a hard time dealing with their feelings as a result of spending so much time in quarantine. I also have noticed that students often cannot explain why they are feeling that way." – Multiple grade levels, Superintendent/Principal.
- ➢ "Students are more isolated resulting in increased depression and anxiety. There is also significant anxiety related to returning to school. There has been an increase in social related anxiety, returning to big groups of people, and fear associated with returning and being behind academically." – High school, Counselor.
- ➢ "We have dealt with increased anxiety and sense of isolation. Students, even before the pandemic, had trouble socially--my suspicion is related to effects of online interactions. The pandemic has heightened these concerns in students. Students are less involved in activities, too addicted to online platforms, less engaged socially. They recognize that something is missing from their lives, but sometimes either do not know what is missing, or don't know how to fix it. This is seen highly in students with poor family supports where students are often left on their own for extended periods of time without guidance. In middle school, social interactions define their lives. Students struggle with this anyway, this year it is definitely more of an issue." -Multiple grade levels, Superintendent.

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

➢ When asked about the impact of COVID on the academic paths and/or educational needs of the students, with many staff commenting on the educational lag present with mostly virtual students (see Table 10; present across all grade levels).

➢ Many high school staff remarked on the lacking interest of students in applying to colleges and for student loans, with many of them lacking enough credits to graduate this year.

➢ Troy staff even mentioned the implementation of a new format for credit recovery due to the number of students who had failed or were failing core classes.

➢ Among the schools who were in-person most of the year, their staff noted that it was still too early to gauge the long-term impact and/or that initial loss was minimized as the year progressed.

Staff Comments - COVID Impact on the Academic Paths and/or Educational Needs of Students

➢ "I believe that COVID has impacted the academic path of some students. I think that some kids who were already struggling, that it put them even further behind. This causes great anxiety." – Multiple grade levels, Superintendent/Principal.

➢ "Fewer students are applying to post-secondary institutions, completing the FAFSA, committing to attending colleges or universities. More students are failing high school courses and dropping out." – High school, Counselor.

➢ "Online platforms have made it more difficult for teachers. At times they are teaching live and online students at the same time. We have had trouble helping students who are unable to attend school due to quarantine or illness. We have not been able to help students as much who have selected to remain virtual all year. Some students who have selected virtual all year have had virtually no contact with school. We have some great concerns about some students that have not been in our building all year. Sometimes families who have the least resources have selected to allow students to stay home--quite possibly with some large negative effects. We are not sure what to put in place to help them if they return next fall." - Multiple grade levels, Superintendent/Principal.

➢ "Many virtual students have not been adequately engaged in learning and have missed consistent learning due to lack of support at home." – Elementary grades, Counselor.

➢ "We have had to implement an entirely new format of credit recovery due to the enormous number of students who failed every core class first semester. Freshman year success is the strongest indicator of high school graduation, and this group of Freshman are behind in terms of academic skills, academic behaviors, and graduation credits." – High School, Counselor

➢ "We have several students who will not graduate with their cohort directly related to COVID. We have several other students who are now academically behind and are having to do extra courses to get back on track. " – High School, Superintendent/Principal.

➢ "Yes, it caused our students to miss out on social engagement and robbed them of a feeling of connectedness all youth need." – Middle School, Superintendent/Principal.

Academic Challenges Students Have Experienced from being Quarantined

Overall, staff overwhelmingly responded to an increase in students struggling to keep up with assignments, general disengagement from both students and parents, with limited support from home creating more negative effects for students.

- ➢ In some cases, school staff noted limited accessibility to internet services and limited knowledge among students to access and complete school requirements virtually.
- ➢ The elementary level staff repeatedly remarked that young students had great difficulty completing assignments and in general, attending to and keeping up with school work at home.

Staff Quotes– Academic Challenges Students Have Experienced from being Quarantined

- ➢ "It is difficult for young students to learn virtually. Lack of access to internet service, inconsistent parent support and disengagement all negatively impacted quarantined students." – Elementary grades, Superintendent/Principal.
- ➢ "Students have not done well virtually, overall. Students have done poorly at logging in at appropriate times, taking advantage of resources offered, and not shown strong skills of following through independently when required. Many students are behind due to absences. We work to get them caught up when they return, but it always comes at a cost of something else not learned." - Multiple grades, Superintendent/Principal.
- ➢ "Our virtual learners had substantially more failing grades than in-person. Many would not log in to live instruction or office hours at all. One student who returned to in-person learning this semester had no idea how to submit a lesson to Canvas, the sole platform she was expected to use the entire fall semester. Students who are typically A/B dropped to C/D students. Students who were C/D dropped to F. It is a rare 14-year-old who has the self-discipline to learn exclusively online without any supervision or in-person instruction." – High School, Counselor.
- ➢ "Every academic negative effect to student success has been manifested by a student at some point because of quarantine. When students who are already academically challenged at school miss 14 days both the student and staff have a maximum effort once the student returns to catch them up. This can take time away from helping other students as well." – High School, Superintendent/Principal.

LCRB-funded Mental Health/Behavioral Health Programs
2020 Mid-year Report
COVID IMPACT

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==**Impact of COVID-19 on the mental and behavioral health needs of your clients – Summer, 2020:**==

➢ While Prevention isn't a direct clinical intervention, our staff are anxious to get back to the schools to be with students and offer as much support as possible to students and school staff alike. Covid-19 has had a significant impact on our communities, children, parents, teachers, staff. We are hopeful that with the return to school, some sense of structure and normalcy will help our students and Compass plans to do our part and our very best to provide support where needed. (Compass, Violence Prevention)

➢ Covid-19 has impacted everyone. The disruption to our young student's lives and routines cannot be overlooked as a traumatic event for them. School represents safety and security for many students and this abrupt school year end has certainly caused stress for students and parents alike. While we have not completed a formal assessment to determine the level of anxiety and stress our young students are experiencing, we can all agree that there are long term effects from this pandemic and the need for ongoing support and available care is more important now than ever. (Compass, Pinocchio)

➢ COVID-19 has negatively affected the youth and families our clinical staff serve on a daily basis. The lack of school routine, schedule and on-site school-based supports and nutrition services provided by the school created heightened stress in the home environment that was already stressed by the pandemic. Many of these families were dealing with other issues including increased anxiety about the pandemic and the unknown, lack of financial resources with the loss of employment, etc. Our families served have had higher rates of internal conflict, frustrations and less social interactions which has increased emotional dysregulation. These issues continue today at the time of this report as the uncertainty of the 2020/2021 school year. (Compass, Partnership with Families and School-based Mental Health)

➢ COVID-19 has increased the needs of our clients tremendously. The need for not only resources such as food, clothing, household supplies, utilities, etc. has increased as well as transitioning through the challenges of online schooling, tele-health appointments, learning different applications for communication with providers and having the resources to meet the demands of the schools and psychiatric care providers has been a true struggle.(F.A.C.T., Partnership with Families)

➢ At this time it has not increased the need for referrals of the 12 clients seen during this reporting period. Families are more isolated (already a challenge for many of our families residing in Lincoln and other more rural counties); and have needed additional referrals and resources. Because we are able to drop off some items; and the nurse seeing families in Lincoln County is very familiar with available resources, we have been able to meet the needs/requests of our families. Although we have not needed

to use the funds for any of our Lincoln County families, Nurses for Newborns also receives funding from the state Alternatives to Abortion program. This program allows us to provide rent assistance, utility assistance, job training, child care assistance, etc. (Nurses for Newborns, Keeping Kids Safe)

➢ Since the pandemic began, we have seen an increase in substance use amongst the youth we serve. Youth who were previously remaining substance free have relapsed due to ongoing anxiety and feeling isolated. (Preferred Family Healthcare, Outpatient Substance Abuse)

➢ Youth we serve have identified feeling more isolated and stressed during COVID-19. They have reported there is a lot of unknown which makes their anxiety levels increase. (Preferred Family Healthcare, Team of Concern)

➢ There may be some clients in need of medications for mental health diagnoses such as ADHD. There is reportedly an uptick in Domestic Violence (DV) reports across the country; Lincoln County is not immune to DV and, with food insecurity and other economic strains due to unemployment, many people are more vulnerable than before to experience DV. Parents have been stressed by being quarantined and needing to help with school work without the expertise to do so. Clients who have a moderate to high level of parent-child conflict and trouble regulating their emotions have been anxious and added stress to their parents'/family's already difficult situations. (Presbyterian Children's Homes and Services, Therapeutic Mentoring)

➢ When transition of services began during March 2020 to June 30th when we ran report numbers, our Troy, MO office held 331 telehealth sessions for 83 clients served. Therapists report that children and youth services have increased anxiety, depression related to social isolation, and more observable behaviors related to trauma. Some youth reported that they did not feel they could speak confidentially in a virtual environment due to many people living in their home or lack of a private space. This impacted the quality of the counseling relationship.(St. Louis Counseling, office-based Counseling program)

➢ School-based therapists report difficulty in reaching students in their homes following the school closures. However, those students who were receiving services reported significantly higher levels of anxiety, depression related to social isolation, and poor coping skills. Therapists stated they found that students reported having a harder time concentrating and staying focused which impacted their emotional health but also their academic success.(St. Louis Counseling, school-based Counseling)

➢ Clients report feeling less optimistic, more anxiety and depression. In addition there has been a significant increase in missed appointments for psychiatry. It is speculated that this is due to less ability to pay for medications, barriers to telehealth, and families' inability to maintain all the levels of care needed- academics, medical appointments, counseling appointments. (St. Louis Counseling, Outpatient Psychiatric Services)

➢ Under-resourced families are struggling to adapt to the rapidly changing environment and are impacted by the stress of losing income, securing basic necessities, fears over the virus, and having children home all day, often in overcrowded conditions. Now more than ever, child abuse and neglect

prevention services are CRITICAL for keeping kids safe. Risk factors for abuse such as social isolation, lack of supports, poverty, and high stress levels have increased significantly for many families almost overnight. With schools closed and children sheltering in place at home, at-risk children are even more vulnerable without normal community supports in place. Alarmingly, child abuse hotline reports have decreased by 50% and concerns of increased family violence are growing. (St. Louis Crisis Nursery, Respite Services)

➢ It has impacted our client's in a variety of ways. Some of our client's that were working and are not now terrified to get a job because they are afraid of getting COVID-19. It has impacted their children as well and it is more important now than ever to be there for client's and talk to them about health and their fears. We also make referrals for mental health issues as anxiety has worsened in a population that is already worried where they are going to sleep. (Sts. Joachim and Ann Care Service, Child and Family Development Program)

➢ We know that thousands of children in Lincoln County face a heightened risk of abuse and neglect as Coronavirus-related school closures kept them at home this spring and away from the biggest source of hotline reports – educators. Mandated reporters who usually have eyes on children in the summer (coaches, day camp staff, lifeguards, day care providers, etc.) have also had very limited interaction with children. In addition to physical abuse, sexual abuse and neglect, more children than ever are posting photos, filming themselves or even live-streaming from their bedroom. Despite all of this, the number of child abuse hotlines to the State of Missouri was down 36.73% in May, compared to May 2019. The isolation that is designed to keep people healthy is likely to be detrimental to a child who is being mistreated.   Even as hotline reports plummeted, The Child Center continues to provide essential crisis intervention services like forensic interviews and child & family advocacy. In terms of the mental health of our clients, the agency is seeing some of the most severe cases of abuse we have ever handled, including...   • a little boy who was so severely abused, he dressed in as many layers of clothing as he could find to keep warm, before spending the night in the woods because he knew he could get help the next morning;   • a middle school student so desperate for help, she emailed her entire school detailing her abuse;   •   a 12-year-old who was actually referred for a forensic interview, but didn't end up visiting The Child Center for several weeks because his family wasn't cooperating and the report wasn't considered urgent. However, when he did talk about what happened to him, he detailed three additional incidents of abuse and explained that there was no way to ask for help during online classes because the abuser was closely monitoring him. (The Child Center, Child and Family Advocacy and School-based Prevention)

➢ COVID has impacted the mental and behavioral health of YIN's clients in several ways. Clients appear to feel disconnected from peers and friends while school has not been in session. This has led to feelings of loneliness and sadness. Clients further report missing their teachers and missing having a routine and schedule in their lives.   Some clients are also struggling with sleep issues and increased family conflict. Clients report that being at home with their parents and siblings has caused an increase in arguments and not getting along. Clients seem to stay in their rooms more often to avoid being around family members. This has led to some clients to sleep more and isolate more in their rooms. The isolation has contributed to feelings of sadness, loneliness, and/or frustration and anger.   Clients also seem to struggle with missing out on activities they would normally do. They further report wanting to be able

to go to the store or to see extended family members. The adjustment to staying at home for the past 5 months has worn on them and increased their need for social interactions. (Youth In Need, Counseling)

Modifications to Service Delivery/Program Protocol made by LCRB-funded BH/MH Agencies as a result of COVID-19 – July, 2020:

Agency Name: Compass Health Network
Program Name: Violence Prevention K - 8th grade
Program Type: School-based Prevention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Our school-based program was essentially shut down when schools did not reopen. We produced a few lesson based videos for teachers and families to access.
- We are hopeful that most schools will reopen for the 2020 - 2021 academic year and have some percentage of students attending in person. Should schools be forced to be 100% online, we will adjust to offering online sessions as other providers have developed.

Agency Name: Compass Health Network
Program Name: Pinocchio
Program Type: School-based Prevention Services (for K-2nd graders)
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- During mid March, Compass quickly began converting all clinical services to various virtual platforms. Pinocchio began seeing children through virtual platforms late March and early April through the end of the school year. We estimate that 30% of families engaged in the virtual platforms.
- Some families struggle with having available technology, adequate data packages, and reliable internet services in Lincoln County.
- For the families that did engage, our staff were able to provide regular "check ins" regarding the entire family and connect to needed resources.
- Staying connected to parents during this time has been a critical step in maintaining support to our students.

Agency Name: Compass Health, Inc. d/b/a Compass Health Network
Program Name: The Partnership with Families Program
Program Type: Home and Community-based Family Intervention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Quickly moved to a virtual platform mid-March 2020. This included the use of telephone, tele-video apps (Secured) and other mediums to continue service provision during the pandemic.
- An assessment was added to determine if any needs, food, medicine and other necessities were needed by families beyond the service provision covered within this program; understanding services provided are critical to our community and families served, we strive daily to assess and meet the needs of our neediest neighbors.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- Continue providing services via tele-health to provide continuity of care while supporting the health and safety of staff and customers.

- There continues to be uncertainty about the 2020/2021 school year that is further exacerbated with the COVID-19 pandemic seeing record high numbers cases all across the country. Compass Health Network will remain in close contact with the LCRB on additional protocols and steps that will be taken for the current and future years of programming.

Agency Name: Compass Health, Inc. d/b/a Compass Health Network
Program Name: The School Based Mental Health Specialist Program
Program Type: Home and Community-based Family Intervention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Modifications similar to PWF response above.
- In addition to constant follow-up, Compass Health Network offers COVID-19 testing - including screening for the illness, education on safety precautions (handwashing, wiping down frequently used surfaces, proper PPE use, etc.) and what steps to follow if you believe you have the illness.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- The biggest protocol for the upcoming year is the continued use of tele-health technologies to ensure continuity of care while maintaining the health and safety of customers and staff by maintaining social-distancing protocols at the local, state and national levels.

Agency Name: F.A.C.T.
Program Name: Partnership with Families
Program Type: Home and Community-based Family Intervention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- All of our PSPs stopped seeing their clients in face to face in person meetings in mid-March and started to use Zoom, Facetime, or another online platform to continue to provide supports.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- Continue to meet the needs of our families in a way that is acceptable for the family using whatever platform that works best for them. Some of our families have asked for us to meet with them in person starting in July and we have been able to do that with following the social distance guidelines

Agency Name: Nurses for Newborns
Program Name: Keeping Kids Safe in Lincoln County
Program Type: Home and Community-based Family Intervention Services
- **Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:** Effective March 17th Nurses for Newborns stopped providing in home face-to-face visit. All visits became telehealth - virtual if the family has internet access; and telephone if not. NFN secured funding very early on to purchase cell phones preloaded with Google Duo and with 3 months of unlimited time, which we could give to families in order to provide virtual visits. Our agreement was that families could keep the phones if they kept all of their appointment for at least three months.
- NFN was also contacted early on about accepting a Lincoln County referral for a baby who was born premature and needed weekly weight checks. Although we were not able to provide that for this family, we sought funding to purchase infant scales and developed instruction sheets for weighing the infants

and maintaining the scales. We can now provide this service, eliminating the need for families to make weekly trips to a Dr's office.

- In addition to telehealth visits, NFN can drop off supplies including diapers, formula, gas cards pack n' plays for safe sleep, boxes of food, etc. (see client story).

Agency Name: Presbyterian Children's Homes and Services
Program Name: Therapeutic Mentoring
Program Type: School-based Prevention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Teleconferencing, when internet connectivity is good, phone calls, and in-person "masked" visits with social distancing practices have been utilized as often as possible.
- There are many clients who have disengaged from their mentor and parents who are not responding to phone calls. In a couple of cases involving serious concern for the family's well-being based on known history of behavior/mental health issues, mentors have made unannounced visits to homes just to check on the child's safety and ask if the family needed food or other supplies.
- We have given out masks when available.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- Current planning includes continued phone calls, letters, drive-by checks on clients/parents who don't respond to calls or letters, and visits with COVID precautions including gloves, masks and hand sanitizers. Mentors follow precautions when they go home as well to protect the safety of their own family.
- We have considered the possibility of providing a "courier" service to pick up homework from schools and deliver completed work back to the schools if needed for clients who don't have internet service.
- Understanding that children and youth need recreational outlets we will incorporate more physical activity in open spaces where social distancing can still happen.
- We anticipate there will be a need to retrain coping skills; help clients regain socialization skills; focus daily routines on being ready to learn; and regain self-discipline.
- Some students may also need to regain academic skills lost due to poor on-line learning experiences, due to lack of reliable internet service, or lack of "hands-on" instruction.
- Mentors will spend more time in the school to support students and teachers and respond to "non-life-threatening mental health issues" such as a "meltdown" or emotionally dis-regulated students by employing Trust Based Relational Intervention (TBRI) strategies and Safe Crisis Management verbal de-escalation techniques. We plan on supporting classroom instruction and the teachers by resuming our school-based mentoring programming as soon as it is safe to do so.

Agency Name: Saint Louis Counseling
Program Name: Counseling Services for the Children and Youth of Lincoln Co (office-based)
Program Type: Individual, Group, and Family Counseling Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Saint Louis Counseling was tasked with converting traditional counseling services to telehealth services in a matter of weeks due to COVID-19. All sessions were converted to Zoom or telephone.
- Therapists have been extremely creative in finding methods to engage clients in therapeutic ways, utilizing evidence-based practices, and cutting edge techniques to guide and assist clients through these difficult and uncertain times. Saint Louis Counseling developed resources for coping with issues.

Agency Name: Saint Louis Counseling
Program Name: School-Based Counselors in Catholic Schools of Lincoln County
Program Type: School-based Prevention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- From March 2020 to June 30th when report numbers were pulled, 32 telehealth sessions have been held for 13 LCRB clients. This is significantly less than if school were in session. The move to telehealth in March had to occur very rapidly and there were barriers to access for many families. Some of these barriers will be eased as families have had opportunities to receive greater access.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- Saint Louis Counseling continues to have telehealth capabilities for both virtual and telephonic counseling sessions if school closures occur again.
- School based staff will use a variety of safety protocols when returning to school including masks, extra masks for students, hand sanitizer for staff and students, and plastic partitions in case distancing is not possible. If some students choose not to return to school, a virtual option for counseling services is available to them in the school.

Agency Name: Saint Louis Counseling
Program Name: Outpatient Psychiatric Services
Program Type: Outpatient Psychiatric Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- From March 2020 to June 30th when this report was run, our psychiatrist has held 17 telehealth sessions for 15 clients. Telehealth services will continue to be provided to children and youth as needed. It is our hope that these services will be more easily accessed as increased provision to access has occurred.

Agency Name: Saint Louis Crisis Nursery
Program Name: Crisis Nursery Wentzville
Program Type: Respite Care Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Crisis Nursery Wentzville remains open 24/7 during this pandemic.
- Enhanced safety protocols are in place for SLCN staff, children and families that include: a pre-screening for illness/potential exposure to illness before admission; restricting entry to the Nurseries for anyone other than admitted children and direct care staff; fever screening for all children and staff before entering Nurseries; phone-based intakes and discharges to minimize contact; immediately providing a change of clothes and bathing children upon admission; and strict enhanced sanitizing protocols.
- We continue to assess the situation daily and will make adjustments to Emergency Respite Care availability as needed.

Agency Name: Sts Joachim and Ann Care Service
Program Name: Child and Family Development Program
Program Type: Home and Community-based Family Intervention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Due to COVID-19 beginning in March 2020 we have not been doing any face to face visits. We are still seeing our clients using technology such as Zoom and Face Time. During these visit the clients will us their phones and go through the home and show us their housing and we are able to visit with the children. We continue to give out referrals and resources as needed.
- Due to the fragile families we work with and many of them having underlying health conditions or low immune systems our families have been grateful that they can still participate in our program but can feel safe at the same time. Social Service workers have additionally been talking to our clients about staying healthy and health habits during this uncertain time.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- At this time we will continue to see our client's via Zoom and Face Time or by phone. This is unchartered territory for us and we are monitoring the situation on a day to day basis to make adjustments as needed.

Agency Name: The Child Center
Program Name: Child and Family Advocacy
Program Type: Crisis Interventions Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- COVID-19 has certainly impacted our work and the way we deliver forensic interviews, child and family advocacy, mental health therapy and school-based prevention education programs.
- All services provided by The Child Center were classified as "essential" by the Missouri Department of Social Services in March. Forensic interviews and advocacy services were not interrupted, however visitation and entry to the facility have been limited and several new cleaning and sanitizing protocols have been implemented.
- All children, families and multidisciplinary team members are now screened for respiratory illness on the phone before they arrive and their temperatures are taken before they may enter the building. The agency purchased face masks and made them available to families and MDT members upon request.
- Mental health therapy is provided virtually through a HIPAA-compliant platform that uses video and audio technology through a webcam.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- Child advocacy centers expect a drop in the number of referrals resulting from hotline calls followed by a spike in child abuse reports when children finally return to school. The Child Center Board of Directors convened the second week of March to ensure that operations continue throughout the pandemic.
- In the Spring, The Child Center divided our staff into two teams and alternated weeks working remotely and working in the office. This minimized the risk of exposure to the virus and the impact on services if one of the teams had to be quarantined. By mid-June, both teams were working in the office again.
- However, COVID-19 staffing adjustments continue to evolve as the pandemic continues.

Agency Name: The Child Center
Program Name: School Based Prevention Education
Program Type: School-based Prevention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- When school began to close, The Child Center immediate created online/virtual versions of child abuse prevention programs. We provided scheduled programs to students and caregivers through Facebook Live events, Zoom and Google Classroom. Each counselor was contacted to discuss ways that children might be able to disclose during these presentations and how to respond.
- This summer, we also contacted every school district and offered to provide a refresher course on how to handle disclosures. We know that teachers and counselors are expecting to hear a number of disclosures when children return to school.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- Plan A is to continue providing prevention programs in the classroom this fall and follow all safety protocols determined by the schools. We plan to eliminate some of the things we usually bring to the presentation including paper surveys, giveaways and posters, if needed. Surveys will be completed electronically if we cannot use paper evaluations, giveaways will be quarantined and passed out later by the teacher and posters will be provided on flash drives.
- Plan B is to present virtual prevention programs through any platforms schools are using for children. Surveys will be completed via SurveyMonkey with each Prevention staff member having their own account. For Google classrooms, each Prevention staff member will have a free Google account that links to their Child Center email address. Again, surveys will be given to teachers or counselors for students to complete. Giveaways and handouts will be provided to counselors before the program and passed out after the presentation.

Agency Name: ThriVe St. Louis
Program Name: Best Choice Sexual Risk Avoidance Program
Program Type: School-based Prevention Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- Since schools closed their doors, the Best Choice program has continued to work hard to provide our program to teens all over.
- We have recorded sessions that teachers can email to students to view, we have become experts at Zoom and Google Classrooms, we have also beefed up our social media presence so we can continue to flood our students with positive messaging during this time of over exposure to potentially negative social media content.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- The Best Choice program has continued to strengthen and develop relationships and communication with the Elsberry, Winfield, Silex, and Troy school districts personnel to ensure adequate implementation and program delivery through either in-person, virtual, or a combination of both with flexibility to support the current needs of the schools (district).

Agency Name: Youth In Need
Program Name: Professional Mental Health Counseling
Program Type: Individual, Group, and Family Counseling Services
Modification or Adjustments Made (if any) to service delivery for LC clients as a result of COVID-19:
- YIN has several protocols that have been put into place throughout the pandemic. YIN has consistently offered telehealth to meet the needs of clients, from when schools closed to the present. YIN has been able to provide telehealth therapy to clients via a HIPPA secured platform.
- For some families, case management has been provided to the parents to offer support as they navigate the needs of their children while they have been at home.
- Some clients do not have access to the internet at their home, so they were offered phone sessions.
- As restrictions began to loosen, these clients were able to meet with their therapist for outdoor therapy sessions at their home or a park.

Protocols put in place for this program (if any) to continue to serve students should the 2020/21 academic year not begin in a traditional format:
- In the case that school is not able to continue into the fall, the protocols above will be implemented again to continue to provide consistent therapy to clients.
- The last semester has been a learning experience and a chance to reach clients in a different way than before. This has given therapists the opportunity to test new skills and to see into their clients' home lives in a different way.
- We plan to partner with schools to ensure that all students have access to the technology they need to participate in telehealth if needed. If learning will be all virtual or a blended model, we are asking schools about the possibility of having a designated outdoor space on school grounds for our therapists to conduct initial sessions with all clients, with all CDC COVID precautions in place. We believe that this will not only aid in rapport building with new students before shifting to Telehealth Counseling, but also help re-engage with students who were previously in services.

LCRB-funded Mental Health/Behavioral Health Programs 2020 Annual Report

Since the spring, and with the re-opening of schools and resumption of many extracurricular activities, would you consider that the mental health needs of your clients are stabilizing, improving or are we still managing growing mental health concerns? If growing, what do you attribute to these concerns? – January, 2021

> - Children have growing mental health concerns.
> - Children facing increased stress at home; lack of access to in-person supports at school, church, sports and other activities.
> - Report that families (parents) are experiencing increased mental health concerns
> - Increase in anxiety, depression, and suicidal ideation with youth.
> - Parents experience increased anxiety, depression…due to unemployment, job loss, loss of income, ability to provide for basic needs.
> - Academic losses, especially among virtual learners and students in quarantine.
> - Increase in relational difficulties within the family that has necessitated more family intervention
> - Instability with parental mental health concerns, financial issues, and a lack of resources to help meet basic needs.
> - Virtual students are struggling with consistently engaging in school, and are being negatively impacted by not having the structure and social supports that are present in schools.
> - Instability with parental mental health concerns, financial issues, and a lack of resources to help meet basic needs.

Full Comments

> - The children we work with through Child and Family Advocacy appear to have growing mental health concerns. Children are facing increased stress at home and a lack of access to in-person supports at school, church, sports and other activities. (The Child Center, Child and Family Advocate)

> - We do not provide services to families with school age children; however, nurses report that families (parents) are experiencing increased mental health concerns. (Nurses for Newborns, Putting Infants First in Lincoln County)

> - At the Care Service we are seeing a combination of stabilization and growing mental health concerns. Quite a few clients we are working with are dealing with high anxiety and depression due to job loss, homelessness, risk of homelessness and loss of income, keeping their utilities on and providing basic needs. We have additionally seen a higher rate or stress due to some children being virtual learners and the parents are not feeling like they are able to adequately meet their children's educational needs yet they are not ready for them to be in a classroom environment. Many of the virtual learners on our caseloads have falling grades. On the other had with the children that are classroom learners we are seeing poor attendance due to COVID symptoms or being quarantined. (Sts. Joachim and Care Service, Child and Family Development Program)

- The mental health needs of our customers are continuing to grow. The longevity of this pandemic along with the unknown of when life can resume to "normal" has been difficult for our families to endure. The families that have chosen to send their child/children to school in person for learning really struggled with making that decision and a majority that made that choice, made it because they did not have another day care option during the day for their child due to their work schedule. The families that chose to keep their child home for virtual school, are struggling with trying to play the parent and teacher role each day. Also, customers have lost jobs due to the pandemic making the need for community resources increase such as food and rent support. (F.A.C.T., Partnership with Families)

- While each presenting student is unique and their needs are individually addressed (which have been exacerbated due to COVID-19), overall, the assumption would be that mental health needs will continue to increase until the COVID-19 pandemic is under control - and then begin to stabilize to pre-COVID rates. As the LCRB is well aware, the COVID-19 pandemic has (and continues) to cause interruption and challenges to everyday life, for both children/adolescents and families. As studies are now revealing, the struggles of virtual learning have created challenges and obstacles for students and parents trying to navigate the unchartered waters of the COVID-19 pandemic. From self-isolation, lack of interaction with friends and teachers, to simply falling behind in academics due to limited structure and teaching time through virtual platforms, these obstacles have exacerbated many health conditions within our student population (depression, anxiety, suicidal thoughts, etc.). To compound the issue, many families have faced economic uncertainty with the closure of business and layoffs due to the pandemic, creating stress and anxiety within the family unit on where the next pay check will come from. Our system is hopeful that as testing services and the COVID-19 vaccine becomes more available, that the pandemic will become less of a factor in interrupting the daily lives of our community, allowing children and youth to strive in the school and community setting in a safe manner. (Compass Health Network, Partnership with Families, School-based Mental Health Specialists)

- Mental health concerns of youth in the outpatient setting have continued to show increases in the level of severity of anxiety and depression. Therapists have reported that anxiety is primarily due to uncertainty about whether their activities and school will shift back and forth between in person and virtual. Youth have expressed anxiety over social isolation and lack of peer connection. In addition, anxiety levels are heightened as a result of family health and financial concerns. Therapists also report an increase in the level of depressive thoughts, a sense of hopelessness, as well as suicidal ideations among many youths. Therapists have also reported an increase in relational difficulties within the family that has necessitated more family intervention. Saint Louis Counseling staff remain concerned about the long term impact the trauma of this pandemic will on all levels within families. (St. Louis Counseling, Counseling Services)

- YIN is still managing growing mental health concerns from students and families in Lincoln County. Mainly virtual students are struggling with consistently engaging in school, and are being negatively impacted by not having the structure and social supports that are present in schools. In addition, the pandemic in general, and specifically the times when students have to quarantine are disrupting the normal socialization that children and teenagers need to be mentally healthy. (Youth In Need, Mental Health Counseling)

- Mental health symptoms for existing clients have shown a significant increase in levels of anxiety and depression, particularly in depressive thoughts. (St. Louis Counseling, Outpatient Psychiatric Services).

- Many of the families we serve continue to struggle with the economic fallout of the pandemic. They were already struggling financially and continue to get further behind. For our families with school age children, returning to school has been positive, but there is still so much instability with parental

mental health concerns, financial issues, and a lack of resources to help meet basic needs. (Crisis Nursery, Respite)
➢ The majority of mental health needs of youth in a school-based setting continue to indicate a higher degree of need and severity of symptoms. The most prevalent presenting problem is anxiety which seems to be related to the uncertainty youth are experiencing related to school. Students have expressed anxiety about whether they will remain in person in the classroom or go back to a virtual setting. They have related that the lack of social interaction is difficult to manage. Additionally, there is increased anxiety over family health concerns and financial issues within their families. With adolescent therapists have recorded an uptick in expressions of hopelessness and a negative outlook for the future. (St. Louis Counseling, School-based Counseling Services)
➢ Most mentees are stabilized and some mentees have seen improvement on their mental health concerns.   Mentors work one on one on improving self-esteem, confidence, peer relationships, coping skills, positive decision making and academic performance. Mentors are looking for signs of drug related issues in the school and home environment. Many families have lost jobs and many mentees feel isolated due to the pandemic. Most mentees attend in-school learning while a few do virtual learning. Mentors make home visits to help with stress management and maintain academic performance. (Presbyterian Children's Homes & Services, Therapeutic Mentoring)
➢ It's difficult to assess mental health needs when so many programs were virtual, but our Prevention Education Specialists were pleasantly surprised that students adapted so quickly to the virtual format, when needed. Those who returned to in-person learning after a period of virtual learning were "enthusiastic." They were happy to be back in school and had some trouble focusing the first week or so (creating mental health problems for teachers!) (The Child Center, School-based Prevention)
➢ As we know the world-wide pandemic greatly impacted mental health for many, especially students, with the transitioning back and forth to virtual and in-person schooling, lack of socialization, stay at-home orders and high inundation of risky social media.   While we didn't serve students in the Lincoln County area during the second half of 2020, we do know that trends amongst our participants are relevant. We notice that students are still adjusting and while the stabilization and improving of mental health is happening there is still a need to manage the growing mental health concerns for students. Particularly around depression, social anxiety, suicide/suicidal ideations, grief, and overall self-harm.   There are many students that have returned to in-person learning but there are still some attending virtually. These students have many challenges that they still have to face and adjust to, for instance being mandated to wear a mask all day while attending in-person school or school functions, or dealing with the side effects of high screen-time and lack of social interaction while virtually learning. Some of these students have also been greatly impacted by the loss of loved-ones, in many cases a great grandparent, grandparent, or older relative without the proper closure. As schools begin to reopen more and more it will allow the opportunity for concern, hope and help as we continue to serve and be of assistance to the great support and community of care in Lincoln County.

What is the most concerning behavior or circumstance of Lincoln County kids and families during this time of COVID that the board and our system of care need to address? January, 2021

➢ The increasing number of victimizations and repeat victimizations is of great concern. (The Child Center)

➢ For providers it remains access/connectivity. For families there is an increased need to meet Social Determinant including food, formula, diapers, etc. We do have the ability to provide "porch drops" and can provide families with grocery cards, gas cards, diapers, formula, etc. or provide them with information about local resources. (Nurses for Newborns)

➢ High anxiety due to tension in the home after job loss. Falling grades. (Sts. Joachim and Ann Care Service)

➢ The volume of customers that need our support during this time has increased so much so that we will be starting a waitlist. Not only has the volume increased, but the level of support has also increased as well. We are seeing more families lose their jobs, which creates a snowball effect for needing other community resource supports such as: assistance with food banks, rental assistance, and issues with transportation. (F.A.C.T.)

➢ One of the biggest issues that COVID-19 has created for our community is the added stress of change. The change of daily life and routine has not only exacerbated mental health conditions (anxiety, depression, suicidal and negative thoughts, etc.), it has created financial hurdles for families who may have lost employment or had to make a decision to leave employment when schools went virtual and they lacked day care options for younger children. The fear of the unknown continues to create issues for our local community, not knowing if the pandemic worsens will schools return to virtual, will companies close their doors, etc. Throughout this pandemic, Compass Health Network has worked assiduously to be a beacon of hope for our customers and community, serving as a resource for those requiring services and supports. (Compass Health Network)

➢ The most concerning behavior is youth who chose to receive virtual learning but are actually not engaging in school or who desperately need to be at school learning in person in order to be successful. It seems that some parents are giving their children the choice, but are not holding them accountable for doing what they need to with virtual learning. In addition, they don't seem to be taking into consideration the detriments of their child(ren) not having structure and consistency or the social supports that school provides. (Youth In Need)

➢ The pandemic has had an amplifying effect on stressors the families we serve were already facing prior to COVID. Financial burdens have been especially high as many parents have struggled to maintain employment or have missed more shifts than usual due to caring for children who cannot be in childcare or school. Social isolation has increased as families have less access to community resources and activities they relied on, and mental health concerns have increased with the added stress. All of these challenges have led to an increase in family violence, particularly for our most isolated families. We worry especially for the

youngest children in our community who have been out of site from providers for so long. (Crisis Nursery)

- Many mentee families live in poverty, and in areas of poor or limited internet. Some youth have poorly maintained or broken laptops and unfavorable working-from-home environments. The pandemic contributes to stressed home environments, increases in poor family communication, frustration in parents, and upset, unmotivated children. (Presbyterian Children's Homes and Services)

- The biggest challenge is keeping kids safe from a distance. The Child Center worked with the teachers and counselors to continue to provide sexual abuse prevention programs. Student who chose to do virtual learning faced some challenges. Internet quality and availability were barriers to service in more rural areas.   The Child Center also provided our mandated reporter training for counselors and teachers to teach them how to identify indicators of abuse virtually and what to do if a child disclosed virtually. This is a challenge for both the adult and child. (The Child Center)
- We know that kids and families have shown resilience during these unprecedented times, and thanks to the LCRB and partners for the continued support and care to the community. We can safely assume there are many concerns and circumstances that are a direct result of COVID that have impacted the families of Lincoln County. Through our lens, we have noticed that risky behaviors like sex, drug, alcohol, peer pressure, negative media, and smoking which are addressed in the Best Choice program, have become more accessible and a personal reality for many students during this time of COVID.   (Thrive St. Louis)

Are your caseloads returning to more traditional methods of care and access, such as school- and office-based services? Or, do you still have a number of consumers who are choosing telehealth and other alternative methods of care? January, 2021

➢ We have seen an increase in the number of children making disclosures. (The Child Center)

➢ 100% of our visits are expected to be provided via telehealth at this time. All staff will receive COVID vaccinations on Feb 10th and Feb 24th. I am approving brief in home visits for families referred by Children's Division, or for families with an infant discharged from an NICU or Special Care Nursery - this results in about 6 in home contacts/month. I expect this to gradually increase over the next 3-4 months. (Nurses for Newborns)

➢ As an agency we are trying our best to keep client's and staff safe during this unprecedented time by continuing to meet with clients via Zoom, FaceTime and phone calls when the other two are not an option. The majority of our clients are seen weekly. While we have safety protocols in place, we continue to meet the needs of our client's and the community. Meeting community members and clients in need of emergency food, diapers, wipes and hygiene products at a place that works for them and using social distancing guidelines to make sure their needs are met. We are additionally going to client's homes to have paper work or other needed documentation signed by putting a clipboard on their porch having them fill out the documents and then getting it back. The families that we serve are already fragile and we want to do our best to keep them healthy. (Sts. Joachim and Ann Care Service)

➢ The Partnership with Families Program is currently provided within the school and community setting, in-person, following all CDC and Lincoln County guidelines and protocols. This can include the use of social-distancing, proper use of PPE, and other protocols to protect the health and safety of children, families and staff members. As noted in previous reports, the Partnership with Families Program had flexibility to transition to virtual platforms when schools and the local community was initially hit with the virus, allowing our system to provide continuity of care. Compass Health Network strives to provide appropriate and clinically effective services in the safest possible format. (Compass Health Network)

➢ Outpatient counseling offices have resumed in person service delivery at a level of 25-30% capacity. We have maintained this percentage for an abundance of safety for clients and staff. This keeps our waiting rooms free of multiple clients/families while allowing for in person sessions with those needing them the most, primarily those individuals with no or low access to technology and more severe mental health concerns. Initially we experienced a significant decrease in our ability to provide services but this has steadily increase since late

spring/summer. Therapists continue to practice all safety measure in compliance with health department standards and requirements. (St. Louis Counseling, Counseling services).

➢ Since our counseling services are provided in schools, almost all students are accessing services in person. There are a few who have chosen virtual learning through their school, and so are receiving virtual counseling services with YIN. We are also offering virtual sessions when youth are quarantined or have to miss school due to weather or minor illness. (Youth In Need)

➢ All outpatient psychiatry has been provided through a virtual platform. Saint Louis Counseling's contracted psychiatrist will only provide follow-up medication sessions with existing clients so no new clients have been scheduled since March 2020. Dr. Viamontes has been able to maintain medication follow-up sessions for all existing clients. (St. Louis Counseling, Outpatient Psychiatric services)

➢ The Crisis Nursery of Wentzville has continued to provide on-site, immediately available respite care for children throughout the pandemic. We continue to complete intake and discharge assessments with parents via phone to minimize the number of people in our building. (Crisis Nursery)

➢ Most schools are full time in person, so therapists have been able to conduct therapy session directly with students at school. About 10% of students have chosen to maintain a virtual option and Saint Louis Counseling has been able to accommodate those needs in most cases. Therapists continue to practice all safety measures in compliance with Health Department standards and requirements. (St. Louis Counseling)

➢ The School-Based Violence Prevention Program is currently being provided within the school setting, following all CDC guidelines and protocols, including all rules and policies of the participating schools. This can include the use of social-distancing, proper use of PPE, and other protocols employed by the school to protect the health and safety of students and faculty. As noted in previous reports, the School-Based Violence Prevention Program now has the flexibility to transition to virtual platforms if schools decide to go back to a virtual form of learning, depending on the current state of COVID-19. Our staff have created online videos of presentations and placed them on accessible websites for school districts to access and share with their staff and students. Additionally, now that school is back in session, our team of prevention specialists have created shortened lessons for in-person presentations using social-distancing role-playing games. (Compass Health Network)

The Impact of COVID-19

Changed the landscape of mental health; service delivery, identification of need, increased demand on the family, and:

- o Increase in child abuse and neglect/domestic violence.
- o Economic stress contributing to an increase in families who are food and housing insecure.
- o Health scares to family members; death of a relative (grief).
- o Isolation/lack of social interaction leading to depression and/or anxiety; drug use/relapse.
- o Academic challenges or delays.

In Summary

Our region has so many programs and services that are funded by LCRB and CCRB and/or provided by our school districts to respond to the increased BH/MH needs....

BUT the Needs Outweigh what is Available.

We need to continue to work together to stay on top of these needs while developing a more comprehensive and long-lasting solution to these needs including teaching our youth how to cope with BH/MH issues.

Thank you for listening to my presentation.
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