

School Mental Health Practice Guide and Toolkit

SEPTEMBER 2021



Advancing Wellness and Resiliency in Education



Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health is equally as important as physical health. (Centers for Disease Control and Prevention, 2020)

Disclaimer

The Texas Education Agency has developed this document to provide technical assistance to local education agencies. The intention of this document is to provide helpful, general information, tools, and resources about school mental health.

This document does not constitute legal advice.

Purpose

This School Mental Health Practice Guide and Toolkit provides information, practice considerations, resources, and tools for schools. The purpose is to help Local Education Agencies plan and provide a comprehensive school mental health system. This toolkit supports schools with readiness to plan services and supports aligned with the Safe and Supportive Schools Program.

Target Audiences

The target audiences for implementing comprehensive school mental health systems are:

- Local Education Agency (LEA) Leadership Teams;
- Campus-Level Leadership and Student Support Teams; and
- Education Service Centers' Mental Health Coaching and Consulting Support.

School Mental Health Practice Guide and Toolkit

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School mental health (SMH) encompasses a continuum of policies, procedures, and practices that ultimately promotes the social, emotional, and behavioral development and wellbeing of students to support their learning and success in school and life.

1 | Introduction: What Is School Mental Health?

Comprehensive school mental health in the professional literature means that schools establish Multi-Tiered Systems of Support (MTSS) to pro-actively address mental health and emotional wellbeing in the school context. The term behavioral health is often used interchangeably with the term mental health by practitioners. Behavioral health (BH) includes addressing mental health and substance use, and misuse, which is often co-occurring along with mental health challenges experienced by adolescents. The term school mental health (SMH) encompasses a continuum of policies, procedures, and practices that promote social, emotional, and behavioral development and the mental wellness of individuals engaging in the learning environment.

Comprehensive school mental health systems can strengthen the conditions for effective teaching and learning, and promote the safety and wellbeing of the whole school community.

SMH includes the practice of establishing a continuum of mental health promotion, prevention, and effective interventions in the school; including connecting families with resources and specialized services in the community.

SMH includes systemically integrating evidence-based practices and research-based programs to address:

- Social, emotional, behavioral, and mental development and wellbeing for all persons in the school community
- Age-appropriate development of personal and interpersonal skills that support learning and overall wellness
- A positive, safe, and supportive school climate and culture

- Adequate access to mental healthcare when students and their families need help
- Safety, emotional and physical, for all persons in the school environment.

School mental health practices support social, emotional, and behavioral skills for school-aged children as they learn and develop through early childhood, childhood, adolescence, and into young adulthood. Achieving research-based competencies in the social and emotional domain equips students with the life skills they need for successful learning, goal-setting, goal attainment, and college, career, or military readiness.

School mental health supports school safety through intentional strategies that promote a positive, safe, and supportive school climate and culture. School mental health practices help schools build policy, procedures, partnerships, and capacity to ensure adequate access to mental health systems of care in the school and community when students and their families need help.

School mental health practices are systemically embedded in the regular and ongoing local education agency needs assessment and planning processes. School mental health promotes safety, learning, wellness, and resiliency for all persons in the school environment.

School mental health practice supports Texas Education Agency's (TEA's) strategic plan goal: Every child prepared for success in college, a career, or the military.

Hope for their future is an essential internal protective factor that all students need to grow and thrive.

The Texas School Mental Health Framework includes components and domains to implement evidence-based practices and research-based programs to address:

- mental health literacy and promotion
- early mental health prevention and intervention
- building skills related to managing emotions, establishing and maintaining positive relationships, and making responsible decisions
- suicide prevention, intervention, and postvention

- substance use prevention and intervention
- positive youth development
- positive behavior intervention and supports
- grief-informed and trauma-informed practices
- safe, supportive, and positive school climate.

The Texas School Mental Health Framework encourages collaboration between school-based and community-based partners who engage family and youth voices to help guide the system of care in a school.

2 | Why Does School Mental Health Matter?

Wellness and resiliency are foundational to learning. When students are not well, emotionally or physically, they are challenged to learn and grow to their full potential. Poor mental health that is unaddressed can impact learning as well as future earning potential for our students.

A safe and supportive learning environment is equipped with adequate resources to support student mental and emotional wellbeing. Mental and behavioral health are essential for Texas students to successfully learn, progress, and to achieve their personal college, career, or military readiness goals.

Each year, approximately one in five children (20 percent) in the United States experiences a clinical mental health disorder. However, there is an average 8-10 years between when a child first exhibits symptoms and a diagnosis for a mental health condition is made. This may be due to stigma, denial, and access or availability of services. This delay allows risks to exacerbate without early intervention and mental health support.

Approximately 50 percent of students with a mental health condition drop out of school, indicating a need for school-based and school-connected services and supports.¹

Of the students who do receive mental health interventions, at least 70 percent receive them at school.

Many students and families do not have access to adequate mental health services, and the need for mental health supports is on the rise.² SMH practice promotes reliable access

¹ National Association for Mental Illness (NAMI, 2018).

² Mental Health America (2020). Available at: <https://www.mhanational.org/issues/childrens-mental-health>.

to a continuum of services and supports in the school and community.

Rising rates of reported trauma, anxiety, depression, and substance use among young people before and during COVID-19 recovery are a concern for families and educators alike. Trauma and mental health challenges can impact child development, learning, memory, concentration, focus, optimism, energy, motivation, overall wellbeing, and goal-directed behavior. Mental health challenges can impede college, career, or military readiness.

Mental health problems increase the risk of repeating a grade, truancy, and dropping out of school. The risk of developing an internalizing or externalizing mental health problem can be lessened by changes in the school environment and by the implementation of evidence-based school programs.³ For example, there is strong evidence that bullying behavior has a significant and lasting impact on mental health.⁴ Therefore, anti-bullying prevention and intervention activities, along with other prevention and intervention practices, are key features of, and to promoting mental health for all.

Grief-informed and trauma-informed practices and policies also support a safe and supportive school, and resources are integrated into this practice guide and toolkit. TEA developed [Project RESTORE](#) during the COVID 19 pandemic to help school personnel to learn how grief-and trauma impact learning, and how grief-informed and trauma-informed practices promote healing and learning.

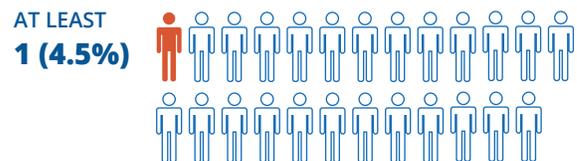
This is one resource that TEA developed to provide basic information and tools to help school systems to integrate evidence-based programs and practices to prevent and mitigate against mental health challenges in Texas schools.

Feelings of hopelessness and suicidal behaviors are concerning indicators of mental health challenges for students. The diagrams below display reports by Texas high school students on the Youth Risk Behavior Survey in 2017.⁵

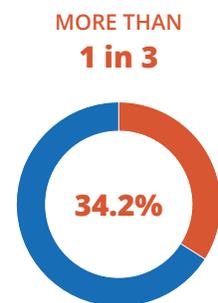
Suicidal behavior among Texas high school student in thoughts, plans, and attempts, in the past 12 months (YRBS 2017)



In a class of **25 Texas high school students**, the number that made a suicide attempt so severe in the past 12 months that it required medical intervention



The number of Texas high school students who felt so sad or hopeless almost every day for 2 or more weeks in a row in the past 12 months that they stopped doing some usual activities



³ Schulte-Körne, G. (2016). Mental health problems in a school setting in children and adolescents. *Deutsches Ärzteblatt International*, 113(11), 183-190.

⁴ Available at: <https://www.livescience.com/53034-childhood-bullying-lasting-mental-health-effects.html>.

⁵ Texas Youth Risk Behavior Survey. (2017). Available at: <https://www.dshs.texas.gov/chs/yrbs>.

“Resilience cannot exist without hope. It is the capacity to be hopeful that carries us through challenges, disappointments, loss, and traumatic stress.”

—Dr. Bruce Perry

Adverse Childhood Experiences (ACEs)

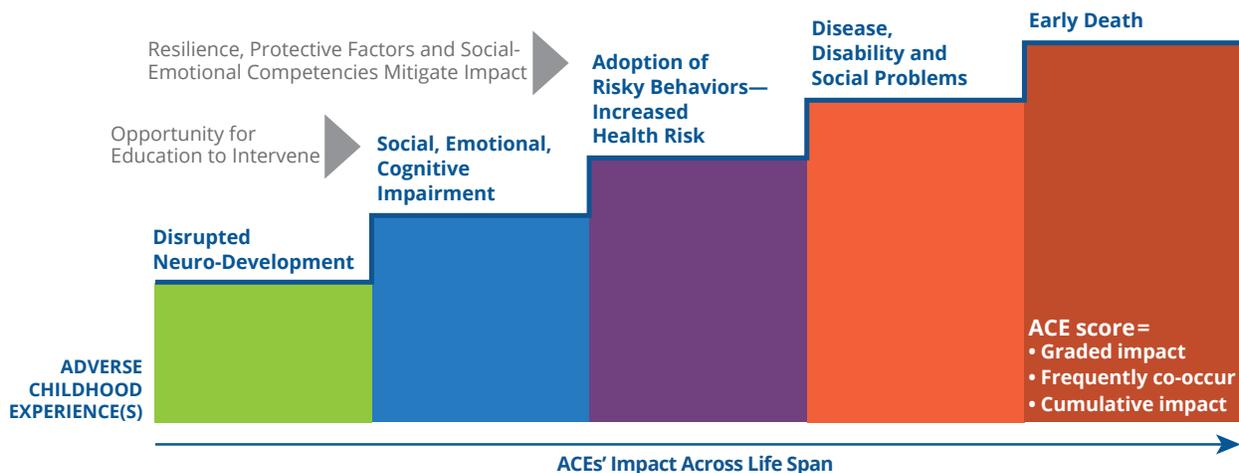
Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented. Researchers estimate that 61 percent of adults have at least one ACE, and 16 percent have four or more ACEs.⁶

Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood
- Reduce risky behaviors like smoking and heavy drinking
- Improve education and employment potential
- Stop ACEs from being passed from one generation to the next.

ACEs can cause trauma in children that requires intervention. This and other types of trauma may also impact a child’s learning and behavior in school. Trauma may be acute, such as an accident, a natural disaster, or the death of a loved one. These acute traumas cause feelings of grief and loss that may be experienced as traumatic.

Complex trauma includes events that happen to a person over time, such as witnessing or experiencing violence or war or the impact of living in poverty without sufficient financial resources, food, or shelter. Complex trauma may also be historical trauma that can be passed down from generation to generation.



Examples of ACEs

Parental Separation or Divorce	Household Substance Abuse	Physical Neglect	Emotional Abuse
Parent Incarceration	Household Mental Illness	Physical Abuse	Other social determinants of health
Domestic Violence	Emotional Neglect	Sexual Abuse	

⁶ Centers for Disease Control and Prevention. (2020).

3 | What Are the Benefits of School Mental Health?

Addressing barriers to learning, including mental health challenges, is an essential function of schools to help students achieve their educational and personal goals as they relate to college, career, or military readiness. Because students are much more likely to seek mental health support when services are normalized and accessible in schools, the school community benefits from comprehensive mental health systems to create positive learning environments where all students can get the help they may need, and flourish.

Schools, families, and community mental health providers can work together to establish comprehensive systems that integrate mental health supports into daily academic life. Family and student voice in these systems are necessary for student and family engagement. Students and families should always be engaged in identifying needs and planning SMH services and supports.

Research shows that comprehensive school mental health services and supports are an effective means of addressing the mental health needs of children and improving the learning environment.

School mental health practices that build and nurture partnerships developed between schools, youth, families, community and faith-based organizations, businesses, and mental health providers can result in improved academic outcomes and related assets for students, families, educators, schools, and communities, such as:

- Strengthened social and emotional competencies
- Strengthened relationship-building and relationships to support learning

- Strengthened school engagement with children being better prepared and able to concentrate on learning
- More families participating in their children's education
- Preparation of school staff to address students' mental health needs
- Reduced educator stress and strengthened educator wellness
- Early identification of mental health challenges through appropriate screening, assessment, services, and follow up support
- Early and adequate access to counseling and treatment through school-connected and community-based mental health services
- Increased knowledge, understanding, and access to supportive community resources

School mental health (SMH) seeks to promote wellness and resiliency, to identify mental health concerns early, and to prevent or mitigate against symptoms of mental health challenges. SMH seeks to engage children and youth, families, and caring adults to increase protective factors and reduce risk factors for mental health conditions. SMH seeks to help build a safe and supportive school, and to reduce barriers to teaching and learning.

- Substance use and misuse prevention
 - Suicide prevention
 - Increased access to needed wraparound services and supports
 - Improved school attendance
 - Strengthened personalized learning supports
 - Reduced disciplinary actions
 - Dropout prevention and recovery to help retain students in school through graduation
 - Prevention, mitigation, response, and recovery in crisis situations
 - A positive, safe, and supportive school climate that supports teaching and learning
 - Reduced stigma associated with mental illness by offering examples of people similar to students who share their personal stories of success and recovery
 - Reduced symptoms of mental health conditions including anxiety and depression
 - Substance use and misuse treatment and recovery
 - Enhanced emotional wellbeing, overall health and wellness
 - Improved school safety
 - Other locally identified assets, outcomes, and results based on local needs and plans.
- Help all youth enhance their mental health and emotional wellbeing
 - Provide better access to services, including mental health services by service providers and/or community mental health clinical services for children with serious emotional or behavioral issues and their families
 - Improve efficiency and coordination of services among school professionals and community service providers
 - Ensure more students' and families' consistent participation in support and treatment through linkages with the school's wellness programs
 - Reduce the stigma associated with mental health treatment by promoting wellness and resiliency in the school environment while having close relationships with clinics and mental health providers.

From the community mental health services' perspective, many benefits of partnership with school mental health service providers are apparent. Mental health supports and services in schools may:

Trauma-Informed Care Approaches

School mental health practices are designed to be trauma-informed. School mental health seeks to reduce or mitigate against risk factors that many students are facing in their life, among peer groups, and in the learning environment.

Schools reduce and mitigate against risk factors by increasing promotive and protective factors that surround students. When school mental health practices are put in place, schools can help build resilience and mental health and promote healthy child and adolescent development and wellbeing to strengthen student success in school and life.



4 | How Does School Mental Health Meet TEA Strategic Priorities?

By addressing barriers to teaching and learning related to mental health, wellbeing, and social, emotional, and behavioral development, school mental health practices address the vision and strategic priorities of TEA that every child will be prepared for success in college, a career, or the military. School mental health practices promote a positive, safe, and supportive school climate for all persons in the learning community.

Research shows that students who have their mental health needs met are better able to focus on learning. Teachers are also supported through school mental health practices and able to fully focus on instruction with strengthened wellbeing and relationships that promote teaching and learning. School leadership teams can establish and manage the policies, procedures,

and practices for promoting mental health and wellness in the learning community. These strategies support readiness to learn, and the long-term objectives of public education.

Building Resilience for Students and Staff

School mental health in Texas seeks to build resilience in students and teachers. Research shows that a focus on building compassion resilience for educators supports the development of a strong set of skills to manage expectations, set professional and personal boundaries, build effective collegial relationships, and practice real-time and ongoing self-care, while supporting students impacted by trauma and mental health

Every child, prepared for success in college, a career or the military.



challenges. A focus on building relational trust between teachers, students, families, colleagues, and administrators will encourage the risk-taking and exploration of new ideas that promote good teaching and learning.

With a focus on integrating trauma-informed practices and building resilience, principals, administrators, superintendents, student services staff, coaches, paraprofessionals, and others who form the school community all contribute to building a positive, safe, and supportive school where all members thrive.

Coordination and Alignment of School Mental Health

In Texas, school mental health should address needs identified in district and campus needs assessments and support implementation of goals in District and Campus Improvement Plans. LEAs should align and coordinate school mental health with multiple programs, resources, and frameworks based on the local school context.

School mental health practices should support the Effective Schools Framework (ESF), with specific contributions to the work and alignment with Lever 3 (Positive School Culture) and Effective District Framework, in development, Lever 3 (Readiness to Learn).

School mental health practices should never be implemented in a silo approach. School mental health is a system-wide education activity and goal by design. School mental health is a collaborative endeavor in the learning environment. Teaming is an essential element to achieve the purpose of school mental health practice. For example, schools should coordinate school mental health practice with any state and local initiatives that may include, for example:

- district and campus needs assessments
- district improvement plans and campus improvement plans

- the Safe and Supportive Schools Program
- counseling, advising, and student support services
- the Texas Comprehensive School Counseling Model
- wellness, social, and emotional learning initiatives
- restorative discipline practices
- Tiered Interventions Using Evidence-Based Research (or TIER)
- special education resources
- family and community engagement
- highly mobile and at-risk student programs and resources
- English learner supports
- Every Student Succeeds Act (ESSA) Programs (including Title IV A programs)
- state compensatory education programs
- school and community partnerships
- school advisory committees
- school health and advisory councils
- innovations plans
- Communities In Schools programs
- out-of-school time programs
- extended learning time and accelerated learning initiatives
- all student support services teams
- dropout prevention and dropout recovery programs
- virtual and face-to-face learning environments
- the Coordinated School Health Model
- other local teaching and learning support programs and resources.

5 | What Are the Highlights of Texas Legislation on School Mental Health?

THE 86TH REGULAR TEXAS LEGISLATURE: SENATE BILL (SB) 11, HOUSE BILL (HB) 18, 19, 906

The majority of new or amended mental health-related policies were included in **SB 11, HB 18, HB 19, and HB 906**, as well as in other bills, and the General Appropriations Act. Many new school mental health policies adopted in the 86th Texas Legislature explicitly support school safety. Policies included mental health promotion and prevention to reduce risk factors and increase protective factors in a school community for both psychological and physical safety.

Texas state laws and policies were significantly advanced for school mental health in the 86th Texas Legislature in 2019.

HIGHLIGHTS OF TEXAS POLICIES FROM 86R DRIVING SCHOOL MENTAL HEALTH IN 2020 AND BEYOND

HB 18 MH Policies, Training Practices, Counseling, Health Curriculum, School-based Health Clinics, and coordination policies

HB 19 Local Mental Health Authority (LMHA) MH Professionals Embedded in Education Service Centers (ESCs)

HB 906 Collaborative School Mental Health Task Force

SB 11 State Plan for Student Mental Health, and State and Regional Mental Health Resource Mapping

SB 11 Safe and Supportive Schools Program, Texas Child Mental Health Care Consortium, School Safety Allotment

SB 11 Grief and Trauma Informed Care Policies and Training

KEY REQUIREMENTS

- ☑ A requirement for TEA to establish a Safe and Supportive Schools Program (SSSP), which includes a multidisciplinary team and relies on Multi-Tiered Systems of Support (MTSS) to support behavioral threat assessment and progress monitoring, as well as prevention and early intervention for behavioral health and social, emotional, and behavioral development to support learning. TEA coordinates with the Texas School Safety Center and other partners to implement this program
- ☑ Strategies to promote a positive, safe, and supportive school climate are integrated into the SSSP
- ☑ A requirement for schools to implement a Comprehensive School Counseling Program
- ☑ Authorizing nonphysician mental health professionals to be contracted or employed by LEAs to work in schools. TEA added new data-tracking elements for these positions in the Public Education Information Management System (PEIMS)
- ☑ Placing a nonphysician mental health professional from Texas Local Mental Health Authorities (LMHAs) in Education Service Centers (ESCs) to support ESCs and to provide training and resource and referral support for LEAs
- ☑ Funding to the Health and Human Services Commission (HHSC) for Mental Health First Aid Training for educators
- ☑ Funding through a School Safety Allotment for school safety that includes physical safety measures as well as school resource officers, mental health professionals, and mental health-related training
- ☑ Funding for a Child Mental Health Consortium for Institutions of Higher Education (IHE) to support communities, schools, and families with telemedicine psychiatry, psychotherapy (with parent consent), and consultation with pediatricians to support children and their families with mental health concerns
- ☑ Policies to encourage expansion of the mental health workforce
- ☑ Policies to encourage collaboration through Community Resource Coordination Groups (CRCG) and Systems of Care (SOC) with the Texas HHSC that requires interagency tasks and collaborative work streams
- ☑ Requirement for school districts to adopt grief-informed and trauma-informed policies, including increasing awareness of the impact of grief and trauma on learning, and the benefits of grief and trauma-informed practices in schools, for educators, parents and caregivers
- ☑ Policies requiring the Texas Education Agency to coordinate with partner state agencies and develop a rubric for regional ESCs to identify and map community mental health resources available to LEAs

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- ☑ Requirement for TEA to develop a State Plan for Student Mental Health
 - ☑ Requirement for educator continuing education for suicide prevention and trauma-informed care
 - ☑ Requirement for educator preparation programs to provide new educators preparing to teach with training in mental health promotion, positive behavioral interventions, suicide prevention, and substance abuse
 - ☑ Policies requiring school districts to develop practices and procedures concerning each component related to mental health promotion including: mental health prevention and early intervention; substance abuse prevention and intervention; building skills related to managing emotions, developing and maintaining positive relationships, and good decision-making; a positive, safe, and supportive school climate; positive youth development; Positive Behavior Interventions and Supports (PBIS); and suicide prevention, intervention, and postvention
 - ☑ Policies requiring training and professional development for school staff
 - ☑ Policies to ensure parent and caregiver engagement through notice of recommendations within a reasonable time after early warning signs are identified
 - ☑ Policies that require parent consent for specialized mental health services that the school or community partner may be able to provide
 - ☑ Policies that require districts to include procedures that support the return of a student following hospitalization or residential treatment for a mental health condition or substance abuse
 - ☑ Increased support and expansion of the Communities In Schools (CIS) program
 - ☑ Policies to expand the role of School Health Advisory Councils to provide recommendations to school districts regarding mental health services and supports, including school-based health clinics
 - ☑ Policies to allow mental health services to be integrated and provided in school-based health clinics
 - ☑ Policies requiring coordination between TEA and HHSC to provide guidelines on coordinating with community resources and Medicaid
 - ☑ Policies requiring the State Board of Education to adopt standards for mental health prevention and suicide prevention education in Health curriculum.

6 | What Are the Foundational Components of School Mental Health in Texas?

TEXAS SCHOOL MENTAL HEALTH PROMOTION: KEY COMPONENTS, TEC § 38.351

- ☑ early mental health prevention and intervention
- ☑ substance abuse prevention and intervention
- ☑ suicide prevention, intervention, and postvention
- ☑ grief-informed and trauma-informed practices
- ☑ positive behavior interventions and supports
- ☑ positive youth development
- ☑ positive, safe, and supportive school climate
- ☑ building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making.

Texas Education Code (TEC) Chapter 38 requires LEAs to develop policies and procedures for each of these key components for mental health promotion.

The practices and procedures developed for these components for mental health promotion must be included in the annual student handbook and the district improvement plan under Section 11.252.

To provide information and support to districts for school mental health, the Texas Education Agency has developed a mental and behavioral health website, <https://tea.texas.gov/about-tea/other-services/mental-health/mental-health-and-behavioral-health>.

TEA collaborates with the HHSC and ESCs to identify research-based practices and best-practices-based programs pursuant to the components of school mental health in the Texas Education Code, Chapter 38 that are recommended for schools. TEA updates the website annually as additional resources are identified and evaluated.

Comprehensive School Mental Health Systems of Support

The MTSS for school mental health in Texas provides a framework for service delivery, including for the SSSP. It is aligned with research on safe and supportive schools and PBIS, and supports the interconnected systems framework (ISF) and the National Center for School Mental Health (NCSMH) model and tools.

The practices and procedure may be coordinated to address multiple components together. They must prohibit the use without the prior consent of a student's parent or guardian of a medical screening of the student as part of the process of identifying whether the student is possibly in need of early mental health or substance abuse intervention or suicide prevention. School staff use non-medical screening to detect early warning signs of mental and behavioral health challenges to help inform families of a student's need for services and supports.

Comprehensive School Mental Health Systems of Support

School mental health is an essential component of a safe and supportive school which is operationalized in the **SSSP** established under SB 11. An **MTSS** that addresses mental and behavioral health, school climate, and builds competencies in the social and emotional domain of student development to support learning is a key pillar of **TEA's comprehensive approach to school safety**.

Planned interventions in the MTSS framework must be guided by a **Campus Needs Assessment and Resource Mapping process**. Services in the MTSS are aligned across the school initiatives and planned on a **Comprehensive Campus Service Delivery Plan**. Planning ensures services and supports are coordinated and they are accessible when a student needs to access them. MTSS planning requires vital support and empowerment from school leadership. It requires engagement with counselors, faculty and staff, and community mental health agencies, voluntary organizations, and other community resource partners. It requires referral pathways for prevention, early intervention, and interventions resulting from a **behavioral threat assessment**.

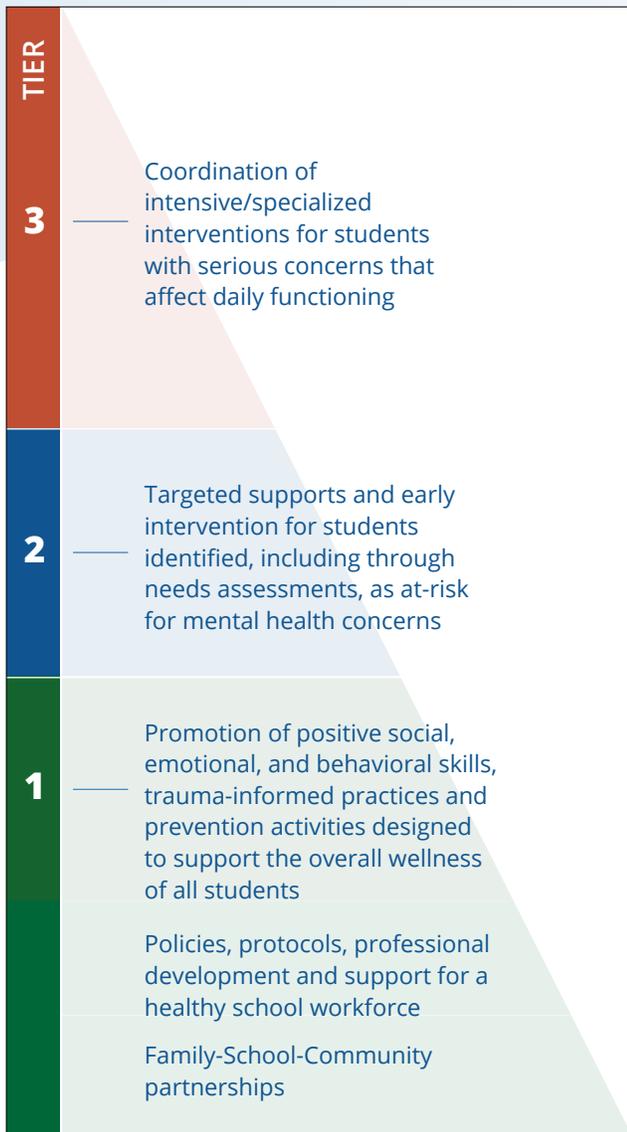
Student-level screening, needs assessment, service planning, interventions, progress monitoring, coordination with families, etc., are provided by the SSSP team or a collaborating care team or student services team, etc. As a component of TEA's comprehensive approach to school safety, an MTSS for the SSSP supports learning and ensures student access to:

- 1. Universal mental health promotion and prevention for all students**, including: a grief- and trauma-informed staff; mental health literacy, promotion, and prevention; substance abuse prevention; suicide prevention, intervention, and postvention; positive behavior interventions and supports; caring adult relationships; skill-building related to developing and maintaining positive relationships, managing emotions, and making responsible decisions; positive youth development activities; bully prevention and reporting system; a positive, safe, and supportive school climate; access to request support services and universal screening; and timely notification and parent/caregiver engagement for early identification of mental health needs, etc.
- 2. Targeted mental health interventions for some students needing early intervention**, such as: gated screening and connections to support services at school and in the community; interventions such as brief counseling and additional small-group skill-building support; family engagement; referrals and follow up plans, etc.
- 3. Intensive mental health interventions for a few students**, such as individual mental health counseling by a mental health specialist; wraparound services; case management; safety plans, and referrals to specialized treatment services; follow up and care coordination with providers and families to coordinate and plan strategies, etc.

Key Concept: Family and student engagement are essential to effective planning and service delivery. Families must be partners with the LEA to support mental health and wellbeing for all persons in the school community.

(Excerpt from the Statewide Plan for Student Mental Health, TEA, 2020)

Overview of Tiered SMH Supports



Parent Notification and Coordination Procedures

Parent engagement is critical to the success of SMH services and supports.

Districts must include a procedure for providing notice of a recommendation for early mental health or substance abuse intervention regarding

a student to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs, and provide notification for a student identified as at risk of attempting suicide to a parent or guardian of the student within a reasonable amount of time, pursuant to TEC § 38.351.

LEAs must establish that the district may develop a reporting mechanism and may designate at least one person to act as a liaison officer in the district for the purposes of identifying students in need of early mental health or substance abuse intervention or suicide prevention.

Best practice indicates that a trained counselor, social worker, or mental health professional working as close to the student as possible on a campus be equipped to help support educators, to help identify needs, and to work with the family regarding communicating mental health early warning signs or assessing a crisis situation.

This may include immediately following up with a student from a teacher referral of concern with a brief nonmedical screening, notifying the parents or guardians of early warning signs so they can seek assistance for the student, and being accessible to help the family navigate school-based or community-based services and supports for the student with information and referral, including linking the family with services.

This school professional should be accountable to follow up with the family to check on the student's condition, facilitate a safety plan to support the student (including on reentry to school, if needed after treatment), and consult with the family regarding case coordination with a physician or care provider in the community that may be in the student's best interest so that the school can best support the student's mental health needs.

Parent Consent: Parent involvement is critical to student achievement, and mental health. The LEA must adopt guidelines to ensure that written consent is obtained from the parent, legal guardian, or person entitled to enroll the student

by law, for the student to participate in activities for which the LEA requires parental consent. LEAs should establish policies and practices to obtain parent consent. Schools should keep parents engaged and use consent forms for mental health services and support. Consent forms should include specific information on the content of the program and types of activities or services in which the student will be involved. For example, a consent form may include reference to a student wellness plan.

Wellness Plans: A student wellness plan is a tool that SMH teams use to collaboratively plan student-level services and supports. This plan could include coordinated services that a student and family will receive in the school. The plan guides service delivery, goals, and progress monitoring. A wellness plan can also document services that are planned and coordinated with community providers. Best practice is for one person at the school, such as a case manager, to coordinate the wellness plan with the student and family. Examples of a student wellness plan are in the toolkit.

Easily Accessible Counseling Options: LEAs must communicate available counseling alternatives for a parent or guardian to consider when their child is identified as possibly being in need of early

mental health or substance abuse intervention or suicide prevention, including posting easily accessible information on counseling options available in the district and in the community.

The counseling options should be accessible, clearly posted on each campus website (or the district website if campuses do not have a campus website). Posting resources is a best practice for family awareness and access to resources. Providing counseling information encourages connection with resources, help-seeking for families when needed, and can reduce stigma regarding outreach for help when needed.

Return from Hospitalization, Treatment, or Residential Placement: Procedures must be developed to support the return of a student to school following hospitalization or residential treatment for a mental health condition or substance abuse, and for suicide prevention, intervention, and postvention. These procedures should result in a crisis intervention plan and protocols for safety plans as best practices. Research-based practice information is available on the TEA website to support training and procedure development for suicide prevention, intervention, and postvention. One new Texas resource to help school leaders plan is the [Advancing Suicide Safer Schools Roadmap](#).

7 | How Does School Mental Health Support the Safe and Supportive Schools Program?

Building an MTSS to address the social and emotional domain, mental and behavioral health, and school climate is one of the six core functions of the SSSP in TEC § 37.115, as described in the figure below. The pillars should be coordinated together with school safety, teaching, and learning supports.

TEA has also developed its first five-year Statewide Plan for Student Mental Health, pursuant to TEC § 33.005-007. The goals, objectives, and activities are aligned to support a safe and supportive school. Review [the plan](#).

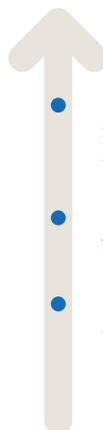
The three overarching goals are:

1. Develop and implement methods to objectively measure progress.
2. Increase the availability of effective school-connected mental health interventions and resources.
3. Increase the availability of referrals for students and families to specialized services for students outside of school.

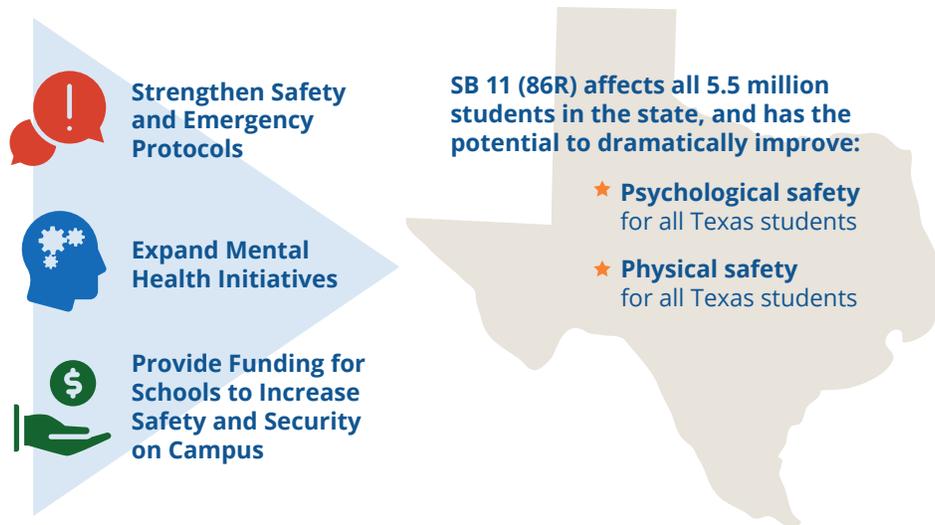
The Texas School Mental Health Framework

Chapter 8 of this Guide provides a visual of the Texas School Mental Health Framework. The following section includes examples from research and school practices to organize an MTSS for SMH across the tiers.

Six Pillars of the Safe and Supportive Schools Program



- **Increased** coordination amongst stakeholders to ensure physical and psychological safety for all
- **Increased** data collection and analysis to drive continuous improvement
- **Increased** support for safe learning environments and proactive coordination is implemented across districts and campuses



Examples of School Mental Health Supports across the MTSS Tiers

Tier 1 is critical. Schools can begin to consider opportunities to plan school mental health services and supports across the tiers to strengthen safe and supportive schools. Below are some examples for consideration identified by stakeholders and research, with a figure for each tier. Research shows the more effective

that school-wide prevention is for all students, including providing strong training and initiatives to build a positive, safe, and supportive school climate, the less behavioral threats a school is likely to see with increased wellness and resiliency in the school community.



TIER 1 | Examples from Research

Students | Universal school and classroom community and skill-building for building and maintaining relationships, managing emotions, coping with stress; establishing a behavior matrix for rules, routines, responsibility; teaching personal safety practices; social-emotional-behavioral learning; school wellness activities; character-building; Restorative Practices and class circles to build community and resolve conflict as a prevention strategy; positive youth development activities; opportunities for youth voice and engagement of all students as well as families; in-class calming spaces and learning co-regulation strategies and attending to psychological safety needs including co-regulation of emotional behaviors; building strong caring adult and peer relationships, etc.

Adults (Staff and Caregivers) | Wellness support (non-treatment) planned ahead for school staff that addresses stress, processes with staff coping with secondary trauma, burnout, facilitating reflection; participation in foundational mental health literacy and trauma-informed care training; training for student social, emotional, behavioral skill-building and supports, etc.

Participation in universal screening protocols for students and identification of early warning signs for mental health concerns; providing support for help-seeking behavior and referral pathways to services and supports.

System | Teaming; needs assessment and resource mapping; engaging with data and consultation through a process such as PBIS through TIER resources to re-examine and revise behavior matrix and positive discipline supports; planning alternatives to suspension and expulsion; ensuring equity and inclusion for all students; increasing awareness of trauma-informed practices, mental health promotion, suicide prevention, etc.; school-wide climate/culture assessments and improvements, etc.



TIER 2 | Examples from Research

Students | Providing psycho-education lessons and personal skill-building in classrooms or in small groups for at-risk students (i.e. re-teach and practice competencies and skills for building and maintaining positive relationships, managing emotions and behavioral self-regulation, responsible decision-making, mental health and wellness, and other personal skills and character development in adopted curriculum); providing behavioral co-regulation strategies in classrooms for minor behaviors; providing reflection time and spaces for calming and practicing coping strategies; providing care teams; connecting with community resources for families, such as CRCGs (Community Resource Coordination Groups), etc.

Adults (Staff and Caregivers) | Providing wellness support and plans (non-treatment) for school staff that addresses stress, secondary trauma, burnout, reflection (i.e., teacher wellness groups); providing ongoing professional development that builds adults' awareness around grief-trauma and effective practices for schools to support learning; building mental health literacy skills; participating in coordinated family care team meetings that address the needs of at-risk students; coordinating services and supports for referred students; and responding to school-wide educator and caregiver concerns around mental health and wellness, etc.

System | Consulting with district and school staff around efforts to re-examine and revise major/minor behavior matrix and discipline strategies; providing gated screening protocols; developing referral pathways for student mental health supports; providing alternatives to exclusionary discipline, such as restorative practices, and including responsive interventions that build personal competencies and skills; providing professional development in trauma-informed policy and practice, etc.



TIER 3 | Examples from Research

Students | School-based and community-based trauma-specific individual, group, and family therapy services for students with trauma-related mental health difficulties, including intensive collateral work with students' teachers, as well as consultation around Individualized Education Program (IEP) assessment and plans when IEP is warranted; Evidence-based practices (EBPs), i.e., Cognitive Behavioral Interventions for Trauma in Schools; Wraparound services—Systems of Care Partnership with Local Mental Health Authority, other community mental health and service providers, accessing tele-mental health services, etc.

Adults (Staff and Caregivers) | Being prepared and planning for all tiers in advance. Addressing staff wellbeing. Briefing crisis support for trauma-impacted school staff, and referral for more intensive services if needed, such as an Employee Assistance Program (EAP); providing for mental health staff coaching supports for healing, etc.

Engaging and supporting parents/caregivers to build awareness of trauma and its impact, as part of their children's therapy; providing family education programs, communicate available services and supports; providing case management for students who need more support, and monitoring and communicating with parents on home and community resources, strategies, data on progress, etc.

System | Adding diverse and trained multi-disciplinary staff to teams, such as non-physician mental health professional; consultation and coaching around district office personnel efforts to improve the district-wide educationally related mental health services; staffing pattern analysis on mental health (MH) staff to student ratios; safety planning; crisis intervention plans and protocols to support training and policy; re-entry plans from disciplinary alternative education program (DAEP) or hospitalization; Psychological First Aid for Schools (PFA-S) or equivalent training; agreements with service providers for school-based and school-connected services; following up on referrals, protocols, etc.

Examples from LEAs and Research of Types of School Mental Health (SMH) Activities to Plan Within a Multi-Tiered System of Support (MTSS) Framework

MTSS level	Approach	Example activities
<p data-bbox="172 401 289 457">TIER 1 Universal</p> 	<p data-bbox="386 401 646 678">Broad mental health-behavioral health-related activities including promotion and prevention that are selected and implemented to meet the needs of all students.</p>	<ul data-bbox="719 401 1453 1024" style="list-style-type: none"> • Staff development for staff who interact regularly with students • School-wide culturally responsive systems of support • Interpersonal/social, emotional, behavioral skill-building lessons • Teaching mental health awareness • Advisory with lessons and caring adult access for all students • Self-referral process and promotion of help-seeking behavior without stigma to access services and supports • Grief- and trauma-informed practices, policy, and procedures • School-wide positive behavior support and mental health practices, including suicide and bullying prevention and interventions; and behavior regulation and co-regulation practices • School climate improvement surveys and improvement efforts • Universal screening • Referral pathways for early identification of needs and warning signs of a mental health condition, suicide, or substance abuse • Positive youth development activities for all students

MTSS level	Approach	Example activities
TIER 2 Selected	Targeted early intervention services and supports to some students identified as at risk of mental health concerns.	<ul style="list-style-type: none"> • Evidence-based classroom or small group interventions for additional skill-building, such as problem-solving, conflict resolution, building/maintaining relationships, goal-setting, responsible decision-making, stress management, and resiliency building • Brief individual interventions, such as brief solutions-focused counseling, check in-check out, Check and Connect • Parent engagement, family group psychosocial education • Low-intensity classroom-based supports, such as daily teacher/student check-in, restorative practices and circles, etc. • Data collection and monitoring progress • Responsive services available to address student needs as they arise—immediate access to a counselor, social worker • Gated screening • Identification of early warning signs protocols • Referrals to community resources and parent engagement • Volunteer community mentoring program • Data and progress monitoring • Student Support Services Teams, Care Teams, or Child Study Teams, etc. • Student wellness or intervention plans
TIER 3 Intensive	Mental health treatment or specialized services to support selected students with social, emotional, behavioral, and/or mental and behavioral health needs.	<ul style="list-style-type: none"> • Increased intensity of individual evidence-based therapeutic interventions by mental health professionals, including telehealth • Crisis plans—i.e., suicide prevention and intervention protocols • Safety plans, for suicide prevention or return from treatment or hospitalization • Group or family therapy • Reentry plans from disciplinary alternative education program (DAEP) • Recovery groups • Data collection and monitoring progress • Case management • Case coordination with mental health providers, physicians, etc. • Coordination with SPED for assessment and Individualized Education Program (IEP) services



While this practice guide and toolkit provides resources for school mental health delivered within a multi-tiered system of support (MTSS), essential to the broader MTSS goal and process is coordinating the resources dedicated to students' academic success, behavioral success, mental health, and social-emotional wellbeing to assure full integration, effective use of resources, and equitable distribution of services in schools.

Comprehensive School Mental Health Systems

Advancing Wellness and Resiliency in Education (AWARE Texas)

TEA is supporting building comprehensive school mental health systems in collaboration with the National Center for School Mental Health (NCSMH) and the South-Southwest Mental Health Technology Transfer Center (SMHTTC), and with technical assistance from the national Positive Behavioral Interventions and Supports (PBIS) Technical Assistance Center training on the Integrated Systems Framework (PBIS-ISF), the Texas School Safety Center, Regional ESCs, LEAs, and mental health and education experts. Project AWARE Texas coordinated by TEA has developed and piloted practices and tools in schools to build school mental health systems of support. Samples of resources and tools developed or accessed by AWARE Texas are included in this Toolkit to support LEAs with developing comprehensive school mental health systems.

Project AWARE Texas is also developing online modules for professional development in school mental health to extend learning from this Toolkit. These modules are designed to be coordinated with the SSSP to support teams with MTSS interventions, and for prevention purposes.

The modules support the sample tools and resources and should be aligned with other student support teams and initiatives that support

mental health and wellness in the local context. Many Texas LEAs have already begun this journey.

Project AWARE Texas, a Federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), is a partnership among TEA, HHSC, the Texas Institute for Excellence in Mental Health at the University of Texas at Austin, ESCs, and Independent School Districts (ISDs) in the Hurricane Harvey region and is a result of the Governor's Task Force on School Mental Health Supports. Several contributors to this practice guide and toolkit served on the Governor's Task Force for School Mental Health Supports during Hurricane Harvey recovery. Stakeholders and TEA planned for sustainability to support our schools with needed mental health supports, and the five-year, federally-funded Project AWARE Texas was one result of collaborative Hurricane Harvey recovery work. The project currently employs mental health professionals to meet the needs of students and families in 15 schools recovering from the trauma of a natural disaster.

Project AWARE Texas state-level partners also support an ESC trainer learning collaborative to help LEAs build trauma-sensitive (trauma-informed) learning communities beginning in the 2021-2022 school year.

Trauma-Informed Schools and Safe and Supportive Schools

TEA is also supporting LEAs with building Trauma-Informed Schools, pursuant to TEC § 38.036. ESCs have been trained to coach schools to meet requirements for integrating trauma-informed practices into Texas schools.

TEA is collaborating with the Texas School Safety Center, across program divisions and with other state agencies, ESCs, and with statewide education stakeholders, to support LEAs to meet the mental health needs of school-aged children and youth in Texas through evidence-based trauma-informed

practices that will be posted along with this toolkit as new resources are developed. TEA developed Project RESTORE as a recommended resource for educators to support the mental and emotional wellbeing of students, teachers and families through a grief-and trauma-informed lens.

Tools for Training and Continuous Quality Improvement

The National Center for School Mental Health (NCSMH) provides no-cost curriculum materials, tools, and online resources, including free, quality self-assessment measurement tools, to support LEAs with continuous quality improvement of their school mental health system.

The domains below establish a process to help schools develop the MTSS for the school mental health component of the Safe and Supportive Schools Program and have been customized for Texas.

The free national School Health Assessment and Performance Evaluation (SHAPE) is available to measure school mental health systems' baseline profile and monitor team progress for developing quality school mental health services and supports. There are recognitions built into SHAPE online for participating districts and schools.

TIP: LEAs can access the SHAPE System here to create a log-in, profile, and begin self-assessing on the 43 national indicators for quality school mental health systems. This free tool may be useful to LEAs as Texas schools build or strengthen their SMH systems (www.theSHAPEsystem.com).

TIP: A district and/or school administrator should assign the team lead role and responsibility for ensuring SHAPE assessments to one person. For example, a district administrator over counseling, wellness or school mental health on the district level would lead the district SHAPE survey. On the school level, a counselor, social worker, mental health professional, or partner such as the CIS

program manager would be appointed to facilitate the survey. The person assigned the lead role and responsibility should convene the MTSS SMH team(s) to include all team members for collaborative discussion, survey responses, and data analysis on the SHAPE quality measures to establish baseline. Team leads and SMH teams should convene to measure system growth annually.

Assessment and Performance Evaluation (SHAPE) tool is available

All Texas School Districts and open-enrollment charters have been uploaded into the online National Center for School Mental Health SHAPE System. TEA provides guidance and tools on the SHAPE system. SMH teams may review the tools to learn and begin the process of establishing quality school mental health systems. This free tool will support district and school teams to establish your baseline and chart growth through the seven domains and 43 indicators of a quality school mental health system.

Each district and campus may have one administrator for SHAPE, and multiple team members enrolled to assess the baseline as you build your quality SMH system in the 2021-2022 school year and beyond.

If you have a team established or wish to learn more before getting started, visit SHAPE for a demonstration or to set up your campus or district profile and get started! Your ESC SMH Contact may also be able to assist you with a training on SHAPE (www.theSHAPEsystem.com).

8 | How Does My LEA Start Building a Comprehensive School Mental Health System?

TEA has developed a visual graphic to depict a Texas School Mental Health Framework. This Framework helps schools to visualize and plan how to implement a research-based process for planning and delivering services and supports in a comprehensive school mental health system.

The pathway to develop a comprehensive school mental health system begins with learning the seven domains of comprehensive school mental health that have been researched and developed nationally, and customized for Texas.

In the Texas School Mental Health Framework graphic, which is on the next page, the seven domains are represented by the stone path on the visual of the Framework. This is the “how” to implement SMH according to experts and leaders in SMH practice.

The essential elements of the SMH Framework are described in detail on the page after the full SMH Framework graphic. This section is designed to communicate the domains/pathway to implement SMH, highlight the foundational elements for a SMH MTSS, and bring focus to the mental health promotion components that are specified in the Texas Education Code.

TIP: Additional information and resources to support planning and reflection for teams that are leading SMH implementation will be presented in the SSSP MTSS for school mental health learning modules available on the Texas School Mental Health website (<https://schoolmentalhealthtx.org>).

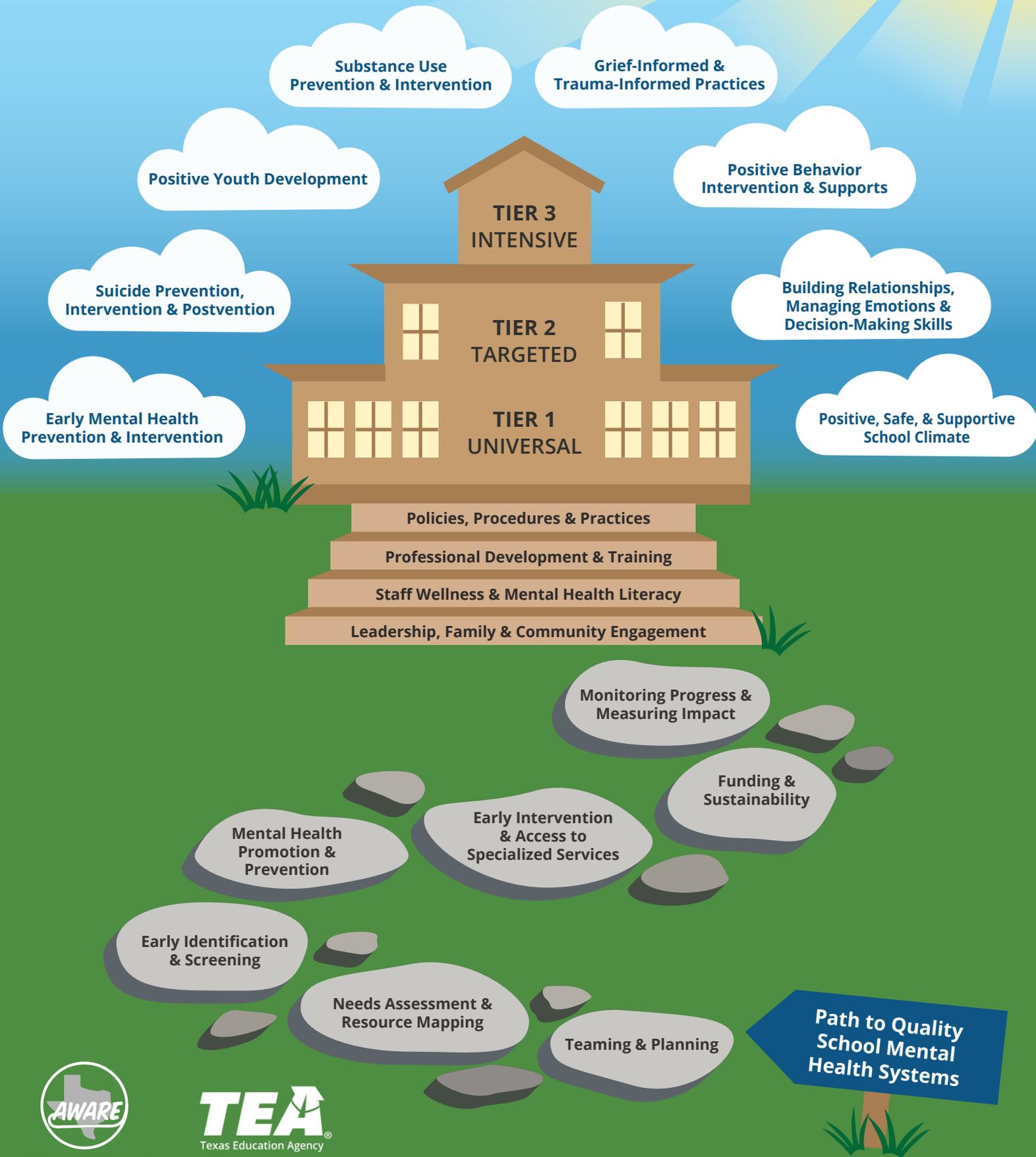
The Texas Framework for Comprehensive School Mental Health Domains

This is the research-based pathway to plan and implement comprehensive school mental health in Texas. The stones depict the steps in the process—the pathway—toward building and implementing an effective MTSS for SMH. This pathway facilitates the process to integrate practices and procedures for the statutory components of mental health promotion in Texas schools.

- **Multidisciplinary Teaming and Planning:** Includes collaborating with multidisciplinary school staff and community mental health service providers. Student’s family and youth voices are included in school-wide program planning to ensure stakeholder engagement in planning for services and supports.
- **Needs Assessment and Resource Mapping:** Needs assessment to identify mental health needs in the school and community as part of the campus needs assessment process; measuring school climate and using data; resource identification and mapping; aligning resources within the school; developing agreements with community service providers; and establishing referral pathways. Engaging families and students is critical in this process.
- **Screening and Early Identification:** Universal screening (all students in a school) and gated screening (additional screening for students with indicated needs). This includes selecting screening tools, developing a process for implementation, and providing a referral form for educators to identify mental health needs, which

Texas School Mental Health Framework

Essential Elements for a Safe and Supportive School



Advancing Wellness and Resiliency in Education





supports the educator, student, and family. Family and student engagement is critical in this process, including a process for parent/guardian notification and consent.

- **TIER 1 | Mental Health Promotion and Prevention:** Includes providing training, policies, and procedures required under TEC § 38.351 and TEC § 21.451 and other statutes for mental health and wellness, integrating strategies for PBIS-ISF taught in TIER; teaching foundational mental health literacy to staff; integrating into classroom content areas teaching the TEKS for building character traits and personal skills; integrating the TEKS for building college and career readiness competencies and interpersonal skills in appropriate courses; coordinating with the Texas Model for Professional School Counselors; and supporting a positive school culture with mental health and wellness activities. Engaging family and youth in planning on Tier 1, as well as educators, is critical to success.

- **TIERS 2 and 3 | Early Intervention (Targeted) and Intensive, Specialized Services Referral and Access (Intensive Services):** Includes training, policies, and procedures, integration of PBIS-ISF interventions including those in [TIER](#), other mental health components, and existing student support teams, coordinated with the Texas Model for Professional School Counselors, etc. Interventions are informed by the campus needs assessment which includes assessing for mental health needs (domain 2) and using data including disciplinary incidents, a summary of behavioral threat assessment risks that are identified, school climate surveys, etc.
- **Funding and Sustainability:** Budgeting, funding sources and braiding funds, partnerships and agreements; accessing community services and supports.
- **Monitoring Progress and Measuring Impact:** Monitoring progress on interventions, care management, student service or wellness plans, data and reporting on the outcomes, and coordination with SSSP teams.



Foundational Features

The Texas School Mental Health Graphic on page 25 shows foundational features as “steps” to implement the MTSS SMH.

LEAs should consider how each of the foundational steps are addressed on a regular and ongoing basis to help advance the local comprehensive school mental health system.

TIP: The steps are addressed through this Toolkit and in the SSSP SMH learning modules, but the steps are called out here due to their importance for implementation best-practice. Teams should regularly discuss needs and plan actions regarding these foundational steps when planning and implementing their MTSS SMH.

- Policies, Procedures & Practices
- Professional Development & Training
- Staff Wellness & Mental Health Literacy
- Leadership, Family & Community Engagement

In this section, the statutory components of evidence-based and promising school mental health interventions are briefly described. The components for SMH are depicted on the Texas School Mental Health Framework graphic as “clouds” that surround the school. These are components with LEA activities that are organized in an MTSS. Planning and delivery are organized through the stone pathway—the seven domains of SMH. This process and these features can be integrated with any existing team or system in a school.



9 | What Guidance Is Available for State-Required School Mental Health Practices, Procedures, and Training?

At-a-Glance Chart

The At-a-Glance [chart on page 30](#) highlights school mental health components under [TEC § 38.351](#) for which LEAs must develop practices and procedures, and also required professional development (training) under [TEC § 21.451](#).

POLICY NOTE: Training requirements changed in the 87th Texas Legislature. There are no frequency requirements, unless otherwise noted. The State Board for Educator Certification will develop a Clearinghouse of training and frequency recommendations for LEAs, effective for the 2022-2023 school year.

The [chart on page 30](#) includes links to TEA training resources, best-practice-based programs, and research-based practices identified by HHSC and TEA for local consideration to support the mental and emotional wellbeing of students, staff, and all persons in the learning environment.

Practices and procedures must also be developed for each component to include, but not limited to, requirements in TEC § 38.351. Some components do not require training; however, recommended best practices for each component are provided by HHSC and TEA for local consideration.

Required Practices and Procedures

An LEA must develop practices and procedures concerning each area listed on the chart, in accordance with TEC § 38.351. This includes mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention that:

1. include a procedure for providing notice of a recommendation for early mental health or substance abuse intervention regarding a student to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs and a possible need for early mental health or substance abuse intervention, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others
2. include a procedure for providing notice of a student identified as at risk of attempting suicide to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by (1)
3. establish that the district may develop a reporting mechanism and may designate at least one person to act as a liaison officer in the district for the purposes of identifying students in need of early mental health or substance abuse intervention or suicide prevention
4. set out available counseling alternatives for a parent or guardian to consider when their child is identified as possibly being in need of early mental health or substance abuse intervention or suicide prevention

5. include procedures:
 - a. to support the return of a student to school following hospitalization or residential treatment for a mental health condition or substance abuse
 - b. for suicide prevention, intervention, and postvention.

Suicide Prevention Guidelines

Consistent with the intent of TEC § 38.351, an LEA should evaluate and ensure its suicide prevention program includes training and components that build competencies, as appropriate, for school counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students to:

1. recognize students at risk of attempting suicide, including students who are or may be the victims of or who engage in bullying
2. recognize students displaying early warning signs and a possible need for early mental health or substance abuse intervention, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others
3. intervene effectively with students described above by providing notice and referral to a parent or guardian so appropriate action, such as seeking mental health or substance abuse services, may be taken by a parent or guardian
4. assist students in returning to school following treatment of a mental health concern or suicide attempt.

Coordination Considerations and Tips

- There is no minimum number of hours required for each training or frequency unless noted. Rather, consider an approach to continuous growth in building competencies, skills and expertise needed in an LEA depending on each person's role to support effective practices, which may be ongoing.
- Training should be selected that is appropriate to build competencies under each component for each employee who regularly interacts with students (counselors, educators, support staff, administrators, etc.).
- Professional development (training) should be appropriate to the role and responsibilities for each school employee.
- Professional development should be responsive to a local needs assessment that considers school mental and behavioral health practices to support staff and student mental and emotional wellbeing in the learning environment.

“School Climate” means the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the school district, parents of those students, and personnel employed by the district. (Texas Education Code, § 38.351)

- Professional development should support goals related to school mental and behavioral health in District and Campus Improvement Plans.
- Training resources and programs are available on the [TEA Mental and Behavioral Health website](#).
- ESCs and local community providers may assist and support districts with providing important mental health training.
- Training content may be coordinated across topics and combined as described and as appropriate to the competencies to be achieved by leaders and staff to meet local needs.

School Mental and Behavioral Health Training, Policies and Best Practices At-a-Glance

School Mental Health Components Include:	Required Objectives	Required Policies and Procedures	Recommended Best Practices and Programs
<p>1. Early Mental Health Prevention and Intervention, Mental Health Promotion Training includes recognizing signs of mental health conditions and substance abuse.</p>	Recognizing early warning signs—this competency is included in Suicide Prevention.	✓	✓
<p>2. Substance Abuse Prevention and Intervention May be combined with #1 for recognizing warning signs.</p>	Recognizing early warning signs—this competency is included in Suicide Prevention.	✓	✓
<p>3. Building Skills Related to Managing Emotions, Establishing and Maintaining Relationships, and Responsible Decision-making Training to include strategies for establishing and maintaining positive relationships among students; and conflict resolution, such as Restorative Practices.</p>	Must be provided in accordance with the policy adopted under TEC § 21.4515. Must use a best practice program recommended by HHSC and TEA under TEC § 38.351.	✓	✓
<p>4. Suicide Prevention/Intervention/Postvention Strategies required in district improvement plan, professional development and program requirements in accordance with TEC § 21.451; Include competencies and requirements identified in Suicide Prevention Guidelines pursuant to TEC § 38.351.</p>	Training for educators must be provided in accordance with the policy adopted under TEC § 21.4515 (expected TEA policy guidance in summer 2022 per statute.) Must use a best practice program recommended by HHSC and TEA under TEC § 38.351, or this may be satisfied through an independent review of materials that complies with agency guidelines. Training may be offered online.	✓	✓

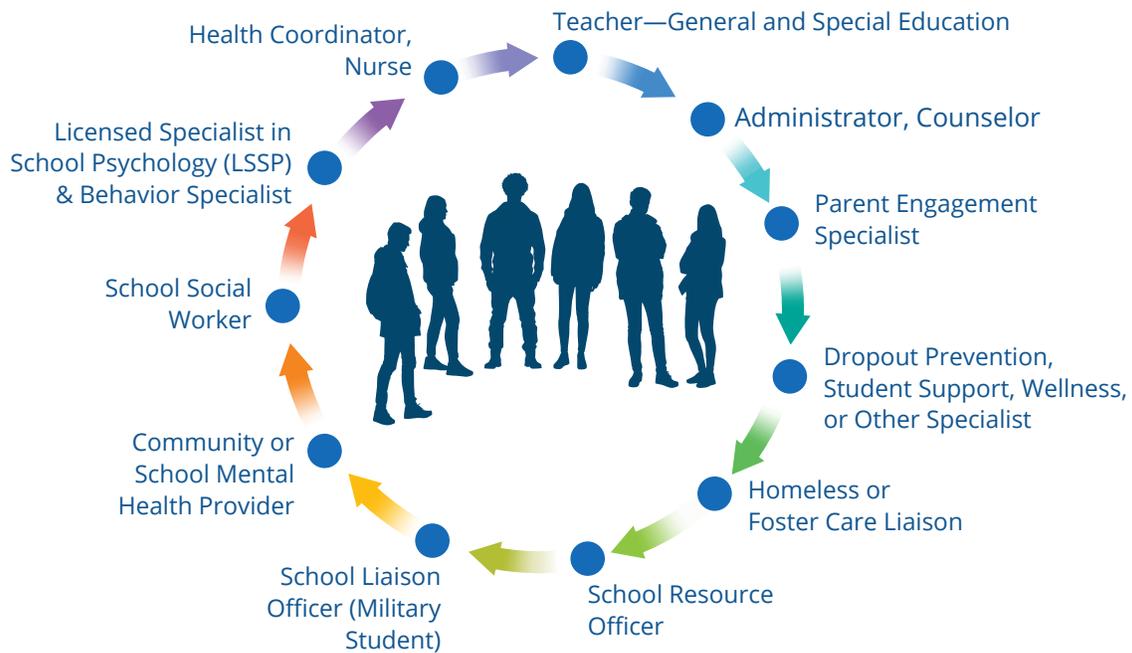
School Mental and Behavioral Health Training, Policies and Best Practices At-a-Glance

School Mental Health Components Include:	Required Objectives	Required Policies and Procedures	Recommended Best Practices and Programs
<p>5. Grief- and Trauma-Informed Care Policy required in district improvement plan. Training includes how grief and trauma affect student learning and behavior and how evidence-based, grief-informed, and trauma-informed strategies support the academic success of students affected by grief and trauma. Must include a component on compassion fatigue and vicarious trauma. Training must be selected from the approved list on the TEA website.</p>	Educators—new employee orientation training required, and in accordance with the policy adopted under TEC § 21.4515 expected summer 2022. (Policy must address methods of increasing staff and parent awareness, and implementation of trauma-informed care.)	✓	✓
<p>6. Positive Youth Development Practices include promoting youth activities, youth voice and engagement, and research-based practices.</p>		✓	✓
<p>7. Positive Behavior Interventions and Supports Strategies required in District Improvement Plan along with interventions that support and integrate best practices on grief-informed and trauma-informed care.</p>		✓	✓
<p>8. Positive, Safe, and Supportive School Climates TEC § 38.351: “school climate” means the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the school district, parents of those students, and personnel employed by the district.</p>		✓	✓
<p>9. Bully Prevention Training for educators per TEC § 21.451 includes information on preventing, identifying, responding to, and reporting incidents of bullying.*</p>	✓	✓	✓

* The SMH components, including Restorative Practices, can be bundled to facilitate bully prevention and intervention in a school. Reporting incidents of bullying is a separate requirement, not addressed by this guide.

10 | Where Can I Learn More about School Mental Health Components, Tools, and Resources?

Team, Train, and Plan to Support Student Mental Health



TIP: This diagram represents some of the multi-disciplinary team members to include in planning and delivering school mental health services and supports. This list is not exclusive. Each LEA should determine its internal personnel assets and community-based partners with goals and strategies to engage people in this work. Teams are strongest when collaboration includes multi-disciplinary expertise in planning and coordinating the delivery of school mental health supports across the tiers in a school.

School Mental Health Promotion Components

In Texas, the components are the mental health promotion activities/topics specified in TEC § 38.351 for which LEAs are required to develop practices and procedures for each topic/component. For implementation guidance, these statutory components of SMH in Texas should be aligned in an SMH MTSS with selected best practices, policies and procedures adopted by the LEA to meet the needs for comprehensive SMH identified through needs assessment practices, and integrated into LEA district and campus improvement plans.

Implementation of the SMH MTSS should be aligned with other initiatives in the school, such as the curriculum for teaching personal skills and character traits, curriculum for teaching health, mental health and wellness, or the school's Comprehensive Guidance and Counseling lessons.

TIP: It is best practice to align initiatives to avoid duplication of effort and to increase effectiveness between similar LEA programs and teams. LEAs must develop the required practices and procedures for each component, as required by TEC § 38.351. Teams should think through how practices and procedures can be “bundled” to achieve the desired results for mental health and wellness for each person in the school community, and should coordinate systemic and proactive strategies promoting student wellness and mental wellbeing in the LEA.

A strong coordination strategy for the MTSS for SMH will help strengthen collaborative, multidisciplinary safe and supportive schools practices that positively impact teaching and learning.

Examples and Practice Considerations

The following chart includes an overview of each component, provides some practice considerations identified in the research by Texas LEA SMH practitioners, and links to highlighted resources identified by HHSC and TEA for each mental health promotion component listed in the Texas Education Code, TEC § 38.351.

Connection to the Texas Essential Knowledge and Skills (TEKS)

Positive Character Traits and Personal Skills

Recently the Texas Legislature strengthened the TEKS for building positive character traits and personal skills. While curriculum is beyond the scope of this toolkit, school leaders should discover and implement strategies to integrate school mental health supports with teaching and learning the TEKS across the school day.

School mental health practices in each component should reinforce the TEKS adopted by the State Board of Education for implementation in the 2021-2022 school year (https://tea.texas.gov/sites/default/files/Chapter_120_Subchapter_%20A_Character_Traits.pdf).

TEKS for Career Development

School mental health practices can also reinforce implementation of the TEKS adopted for career development, college and career readiness in middle school and high school (<https://tea.texas.gov/about-tea/laws-and-rules/texas-administrative-code/19-tac-chapter-127>).

Mental Health Promotion, Prevention, and Early Mental Health Intervention



OVERVIEW

TIER 1 | Mental health prevention for all students

Mental health prevention and promotion includes mental health literacy training for staff, such as Mental Health First Aid, to understand mental health needs. It also includes teaching students about mental health to support help-seeking behavior and reduce stigma.

Early mental health interventions are programs, practices, and services offered to children when they first exhibit signs that support may be needed to prevent or mitigate risks of the effects of mental illness and positively affect a child's long-term development.

The use of early mental health interventions in schools requires school staff to be trained to recognize risk factors and warning signs of emotional or behavioral challenges, and for schools to have a referral process and resources in place that allow students and their families timely access to appropriate intervention.

LEAs should establish procedures to identify students early, including teacher identification tools to identify internalizing and externalizing behaviors. Existing school data can be used to help the school care team determine what additional supports might benefit a student.

To avoid a reactive approach to addressing unmet student needs, an early identification system must be established in a school. This includes having a formal referral pathway in place for educators when concerns are identified.

Progress monitoring occurs naturally throughout the school day and should include multiple measures, including anecdotal data from the home and community. This additional data can inform decision-making.

TIER 2 | Services for some students: Evidence-Based Individual and Group Interventions

The school should offer effective interventions for both individual sessions and group sessions. At the Tier 2 level these interventions help students build skills to manage mental and behavioral health challenges. This could include skill-building groups related to the components in this practice guide such as managing emotions, establishing and maintaining healthy relationships, and decision-making.

Based on need; brief individual cognitive-behavioral counseling may be appropriate for some students or more specific interventions for grief and



CONSIDERATIONS

A core goal of the school mental health initiative is to provide accessible services and supports, available for all students to access when and where they need them.

Families, parents, and caregivers need to receive information about how to access the referral systems and support services.

School leaders need to work with all school staff and community mental health professionals to create a streamlined referral system for students with mild to critical mental health needs.

Schools also need to ensure access and that adequate systems and resources are in place so that students who are referred get the support they need.

The referral pathways will vary from school to school; however, all schools must include appropriate documentation of parent engagement and consent to services that ensure respectful student and family confidentiality.

Engage families in the planning process.

Students who do not respond or need additional support can be individually screened, with parent consent, using an evidence-based tool to determine needs for additional supports to be successful in school. This may include screening for unmet mental health needs such as depression, anxiety, or suicidal ideation. The student support team needs to ensure that appropriate and sufficient interventions are available. Students may also be referred for community mental health services, with parent consent, to support their overall mental health or identified needs.

All school staff members must understand how and to whom they should refer students for more specialized screening and services.

Community mental health professionals should work closely with the school care coordinator to share adequate information with educators to ensure students are transferring their mental health skills in multiple environments and are receiving the interventions that they need in all settings. This proactive coordination is completed with parent consent and positive parent or family engagement to ensure positive support for the student.

Individual Wellness Plans promote both physical and mental health. Because mental and physical health are



OVERVIEW *(continued)*

trauma recovery. In addition, family strengthening sessions may be offered by a community provider. A substance abuse recovery support group may meet the needs of some students. School and community mental health professionals should collaborate as a partner on a Tier 2/3 planning team to assess school needs and strategically design skill-building sessions and interventions using evidence-based practices so that students can receive these interventions during the school day.

TIER 3 | Intensive services for a few students:

Tier 3 provides referrals and connections with physicians, nonphysician mental health professionals, and treatment providers for a few students with crisis or significant mental health challenges or needs.

These services may be provided on a school campus, typically within health and behavioral health clinics through behavioral health providers that partner with a school and may be provided through institutions of higher education (IHE) physicians and therapists via telemedicine network providers.

Services are also provided in the community by community mental health providers such as Local Mental Health Authorities, Local Behavioral Health Authorities, Local Individuals with Developmental Disabilities Authorities, tele-health providers, hospitals, clinics, primary-care-integrated practices, or other private provider organizations.

Students in this tier may need transition services returning from a hospitalization, residential treatment, or juvenile justice placement. Returning students may still continue to receive treatment and followup services.

Parent, caregiver, and student engagement are critical at this tier to ensure student needs are assessed and supportive services are provided.

Students may need safety plans while maintaining treatment or therapy schedules and relationships.



CONSIDERATIONS *(continued)*

linked, challenges in one area can impact the other. Improving physical health can also benefit mental health, just as improving mental health can benefit physical health. Schools can develop Wellness Plans with students who may present with mild or intensive mental health or substance abuse challenges. Such plans can help students better manage their mental health challenges through additional supports and interventions. Progress toward recovery may be achieved by healthy food choices, adequate rest, strong relationships, exercise, and opportunities to practice healthy skills and choices. Blending physical and mental health strategies promotes overall student wellness and resiliency. In order for schools to reap the benefits of a comprehensive mental health system, educators must value parents and students as experts in the knowledge and understanding of their own life experiences. It is critical to engage students and parents in the problem-solving process whenever concerns arise about a mental health challenge.

When a school care coordinator (navigator) works with a family, goals are articulated first by students and families, then by school staff. Plans should be family-driven, in recognition of parent expertise of their child, and youth-guided, in recognition of the information students can offer about themselves, once asked and included.

Co-planning can be offered as a part of individual parent-teacher conferences and expanded through the continuum of supports to any student in need. As soon as a school or community mental health provider is working with a student, that provider is included as a part of a student's care team. This co-planning model ensures that plans are orchestrated under the guise of all involved parties.

Care coordinators in schools, such as counselors and school social workers, as well as nonphysician mental health professionals, play a critical role in the school. Care coordinators may facilitate transitions, assessments, or treatment services to ensure effectiveness of the services and build a relationship with students to monitor and navigate the care plan.



RESOURCES

[Health Prevention and Intervention – TEA Website School Mental Health \(SMH\) Programs and Practices](#)

[Meadows Mental Health Policy Institute – SMH Roadmap and Toolkit](#) | [Mental Health Texas](#)

[Texas Child Mental Health Care Consortium](#) | [Local Mental Health Authorities Search](#) | [TIER](#)

[Community Resource Coordination Groups](#) | [Mental Health Technology Transfer Center South-Southwest](#)

Building Skills Related to Managing Emotions, Establishing and Maintaining Positive Relationships, and Responsible Decision-Making



OVERVIEW

TIERS 1 & 2 | Available school-wide and for students needing additional training and practice to build competencies

Skill-building programs and practices help students develop the social, emotional, and behavioral skills related to student success, including the ability to understand and manage emotions, set and achieve goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Schools can help students build social, emotional, and behavioral competencies and skills through targeted classroom lessons. Leadership teams can develop school-wide policies and practices that infuse social, emotional, and behavioral skills learning into every part of students' daily school experience. Lessons may be taught by professional school counselors and teachers, and reinforced by community partners.



CONSIDERATIONS

Intervention plans should be established for students who need extra skill-building on the Tier 2 service delivery plan.

Skill-building interventions in this component that are trauma-informed can be an effective and educationally congruent strategy for alternative to exclusionary discipline strategies.

This service may also be reinforced or concurrently delivered for students while in Tier 3 interventions, as these skills are key to success in school and life.

Family groups and services, such as parent nights with parent/family learning topics and workshops, may be centered around this component.

Bully prevention practices and program resources are included in this component.

Review the character traits and personal skills in the Texas Essential Knowledge and Skills (TEKS) for alignment of skill-building under this SMH component.



RESOURCES

[Building Skills Related to Managing Emotions – TEA Website School Mental Health \(SMH\) Programs and Practices](#)

[TEC § 29.906 Character Traits and Personal Skills](#) – For alignment of practices and procedures for building skills under this SMH component, review the character traits and personal skills highlighted in this statute and in the TEKS.

Substance Use and Misuse (Substance Abuse) Prevention and Intervention



OVERVIEW

TIERS 1, 2, 3 | Plan for prevention through intervention by connecting with community resources

Substance Use and Misuse Prevention involves helping individuals develop the knowledge, attitudes, and skills needed to make good choices.

The use of drugs during childhood and adolescence allows for more potential to disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control.

During this time, the brain is still developing. Substance Use and Misuse Prevention programs in schools foster protective factors including school connectedness and positive peer relationships.



CONSIDERATIONS

These programs can help all students avoid engaging in risky behaviors while teaching skills important to promoting healthy choices, such as decision-making, goal-setting, self-management, and bystander intervention.

These programs are focused on building responsible decision-making skills.

Students may also need Tier 2 recovery supports or Tier 3 treatment, which can be provided at school or in the community.



RESOURCES

[Substance Abuse Prevention and Intervention – TEA Website School Mental Health \(SMH\) Programs and Practices](#)
[HHSC Mental Health and Substance Abuse Resources](#)

Suicide Prevention, Intervention, and Postvention



OVERVIEW

TIERS 1, 2, 3 | Every school has a suicide prevention program, policies, and procedures for each level of need

Students returning post-hospitalization or mental health evaluation may need increased interventions at school. These include a positive safety plan, relationship with at least one caring adult at school, daily check-ins, and wraparound supports both in school and in the community.

In addition, resources regarding suicide postvention are critical for school staff to understand policies and procedures following a suicide death to help students and staff cope with the loss while preventing additional attempts and tragedies.



CONSIDERATIONS

The Texas Youth Risk Behavior and Survey (YRBS) reflects a 10-year trend of rising rates of sadness, hopelessness, and suicide attempts among Texas students, highlighting the importance of suicide prevention for schools.

Suicide prevention is reinforced by mental health promotion, early intervention, grief-informed and trauma-informed practices, a positive school climate, and substance use and misuse prevention/intervention. Recognizing warning signs is a required part of suicide prevention training.

See the School Mental Health Components section of this guide for additional information on policies and procedures.

September is Suicide Prevention Month.



RESOURCES

[Suicide Prevention, Intervention, Postvention – TEA Website School Mental Health \(SMH\) Programs and Practices](#)
[Texas Advancing Suicide Safer Schools Roadmap](#)

Grief-Informed and Trauma-Informed Practices



OVERVIEW

TIERS 1, 2, 3 | Trauma-informed practice training is required for educators in the 2021-2022 school year. A grief and trauma-informed policy is also required (TEC § 38.036).

Grief- and trauma-informed practices recognize that many students and parents, as well as school staff, have experienced grief and trauma and that these experiences impact concentration, memory, relationships, and other factors of school success.

These interventions aim to support students (and caregivers) in understanding and reducing or eliminating the negative impacts of traumatic grief or traumatic stress. Interventions are designed to support the individual and build resiliency and wellness in the school environment.



CONSIDERATIONS

Grief and trauma-informed training, policies, and practices are key to becoming a trauma-informed school.

Professional development is available for schools in Texas in trauma-informed practices for the classroom and school-wide, including how grief and trauma impacts learning.

Schools that adopt grief- and trauma-informed practices work to create safe and supportive learning environments for all students, especially those impacted by trauma.

Schools also intentionally develop methods to increase awareness of grief, trauma, and trauma-informed practices for educators and parents or caregivers.

Becoming grief- and trauma-informed cannot be accomplished through a one-time training. Increasing awareness, planning, and implementing practices is an ongoing process of continuous quality improvement. Becoming grief- and trauma-informed requires considerable discussion and reflection by school teams.

This foundational work in school mental health has implementation aspects for management, teaching, and service delivery.

Grief and trauma informed practices can help to strengthen the positive, safe and supportive climate of a school. Training must be selected from the list on the TEA website.



RESOURCES

[Grief- and Trauma-Informed Practices – TEA Website School Mental Health \(SMH\) Practices and Programs](#)

[Project Restore – TEA COVID-19 Trauma-Informed Video Series](#)

[Restorative Discipline Practices – TEA Website Training Resources](#)

[Tiered Interventions Using Evidence-Based Research \(TIER\) Modules – TEA Department of Special Education – Multi-Tiered System of Supports \(MTSS\) Training Resources](#)

[SMH and Trauma Compilation for Schools – Mental Health Technology Transfer Center](#)

Positive, Safe, and Supportive School Climate



OVERVIEW

TIER 1 | School-wide

TEC § 38.351 defines "school climate" to mean the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the school district, parents of those students, and personnel employed by the district.

School climate may be understood as the learning environment and relationships found within a school and school community. A positive school climate exists when all members of the school community feel safe, included, and accepted.

A positive school climate is an intentional learning environment that actively promotes positive behaviors and interactions.

A Safe and Supportive School Climate fosters safety; promotes a supportive academic, disciplinary, and physical environment; encourages and maintains respectful, trusting, and caring relationships throughout the school community.

Positive school climates improve student achievement, teacher retention, and mental health, among other beneficial outcomes.



CONSIDERATIONS

There are many school climate survey tools available to measure school climate for feedback from teachers', administrators', and student and parent points of view. This data provides the school community with opportunities to engage with stakeholders in a continuous quality improvement process of strengthening the perceived school climate.

The environment in which people learn and work can impact the mental health of students and school staff. Measuring school climate and strategically attending to the domains measured are key components of promoting school mental health.

To create a safe and supportive school environment, schools can identify a framework for understanding school climate, measure the climate to identify areas for improvement, and develop a collaborative strategy to implement improvements.



RESOURCES

[Positive, Safe, and Supportive School Climates – TEA Website School Mental Health \(SMH\) Practices and Programs](#)

Positive Behavior Interventions and Supports



OVERVIEW

TIERS 1, 2, 3

Positive Behavior Interventions and Supports (PBIS) are strategies employed by schools to effectively teach, encourage, and reinforce pro-social behavior in and out of the classroom. They inform procedures and practices in student codes of conduct, and school discipline practices.

A positive approach to working with students includes a focus on prevention and early intervention; teaching skills; facilitating teamwork between all adults; meeting students' needs; and building a positive school climate. Using data to drive decision-making is a key feature of the work.



CONSIDERATIONS

Positive Behavioral Interventions and Supports (PBIS) and school mental health (SMH) should be integrated into teamwork and planning across all tiers. Some schools in Texas have developed school-wide Positive Behavior Interventions and Supports (PBIS) teams. For these schools, there is now an integrated systems framework (ISF) for school mental health that districts can build upon to integrate school mental health supports and strategies.

See the resources below for information on the PBIS Integrated Systems Framework for school mental health that can support integration of these practices.



RESOURCES

[Positive Behavior Interventions and Supports \(PBIS\) – TEA Website School Mental Health \(SMH\) Practices and Programs](#)

[PBIS Midwest Integrated Systems Framework – Resources for SMH Integration with PBIS](#)

[Tiered Interventions Using Evidence-Based Research \(TIER\) Modules – TEA Department of Special Education – Multi-Tiered System of Supports \(MTSS\) Training Resources](#)

[Restorative Discipline Practices – TEA Restorative Discipline Practices Training Resources](#)

Positive Youth Development



OVERVIEW

TIERS 1, 2, 3

Positive Youth Development (PYD) refers to intentional efforts to provide meaningful opportunities for youth to enhance their interests, skills, and abilities.

This is an effective youth engagement, community-building prevention and intervention strategy.



CONSIDERATIONS

Using PYD strategies: Schools can give students the chance to build skills, choose healthy lifestyles, exercise leadership, and participate in their communities to optimize developmental progress and promote academic achievement.

PYD activities provide natural relationship-building activities and concurrently reinforce bully prevention when well-facilitated.



RESOURCES

[Positive Youth Development – TEA Website School Mental Health \(SMH\) Programs and Practices](#)

11 | How Do I Access TEA School Mental Health Tools in the Toolkit?

Summary of School Mental Health (SMH) Toolkit Resources (At-a-Glance)

Tools to Support Implementation SMH described in this practice guide

The tools included in this toolkit are available for review and reference to support LEAs with comprehensive school mental health planning and implementation of the Texas School Mental Health Framework. Some tools were developed by national and Texas experts in workgroups. Some tools were developed by LEAs, reviewed by an interagency state team, and are shared in this toolkit. Many TEA tools were piloted within LEAs through Project AWARE Texas, and in a Title IVA Behavioral Health Capacity Building Grant through ESCs for stakeholder feedback. Tools can be redesigned and applied to fit local policies, practices, and procedures. TEA will continue to add guidance, resource samples, and new tools to these folders as the SSSP and connected SMH programs are developed in a framework for a safe and supportive school.

Where are the tools? The tools are housed on the Texas School Mental Health website developed by AWARE Texas. The link to access the tools and resources is <https://schoolmentalhealthtx.org>. Go to the Resources Tab. Tools and resource links may be filtered using the categories below. SMH guidance resources and tools will continue to be developed and shared with stakeholders in the 2021-2022 school year.

Inspiration: As a member of the SMH professional learning community in the Texas public schools, please share your school's SMH tools and samples with TEA's Project AWARE Texas and with your colleagues throughout the school year. TEA may review and include other LEA exemplars in Tools in the Resources Section of the Texas School Mental Health Website. TEA staff is available to assist and support ESC and LEA teams with consultation, training, and technical assistance. Please reach out and connect with us at: MentalandBehavioralHealth@tea.texas.gov

Program note: All of the tools are shared samples for information purposes and local consideration only. These tools are resources provided and are not required of any LEA.

These categories are established tool filters on the Texas School Mental Health Website:

Assessing Fidelity and Quality	Student Support and Care
Community-based Resources	Management Tools
Consent & Referral Forms	Suicide Prevention
Resiliency and Trauma-Informed Schools	Systems Planning Tools
School Climate	Universal Screening

For technical assistance in accessing or applying the tools, contact the TEA mental health and wellness team at MentalandBehavioralHealth@tea.texas.gov

12 | Acknowledgments

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13 | Tools and Resources

The Texas School Mental Health website (<https://schoolmentalhealthtx.org>) has the following tools and resources available currently (as of publication of this toolkit).

TEA Mental Health Toolkit Tool Inventory

Comprehensive Service Plan

- AWARE Texas Referral Pathway Sample
- Sample AWARE Texas Process Flow
- Texas Needs Assessment Overview Planning Tool
- Texas Needs Assessment Interview Questions

Screening and Needs Identification Tools

- Behavior Observation Student Assistance Referral Form
- Mental Health Screening Guide Tool
- School-based Screening Tool Compilation Tool
- Universal Screening Best Practices
- Universal Screening Consent and Assent Guidelines

Case Management Tools

- COVID-19 Remote Counseling and Student Support
- Notification of Emergency Conference Form and Release and Information
- Return to Home Campus from DAEP Sample
- Sample Follow Up Scale Elementary
- Sample Passive Consent
- Sample Positive Support Plan
- Sample Student Mental Health Intervention Plan
- Sample Parent Notification – Student Expressing Suicidal Ideation
- Student Wellness Plan Sample
- Transition from Facility to Campus Procedure Sample
- Sample Informed Consent and Release of Information
- Sample Confidential Referral Form – Parent
- Sample Confidential Referral Form – Peer of Self
- Sample Confidential Referral Form – Teacher or School Staff

SHAPE

- Getting Started with SHAPE
- SHAPE Quality Self Assessment Domains Indicators
- SHAPE Sample Report
- SHAPE SMHQA School Version
- SHAPE SMHQA District Version

Trauma Informed, Wellness & Resiliency

- Educator Wellness MTSS
- Project Restore One Pager
- Trauma Informed Care Discipline Considerations

School Climate Survey Tools

- School Climate Survey Compilation Tool

Mental Health Ecosystem Networks Resources

- LMHA Map
- CRCG Partner One Pager
- Statewide Resources List and Hotlines
- Communities in Schools One Pager

Supplemental Best Practice Guides

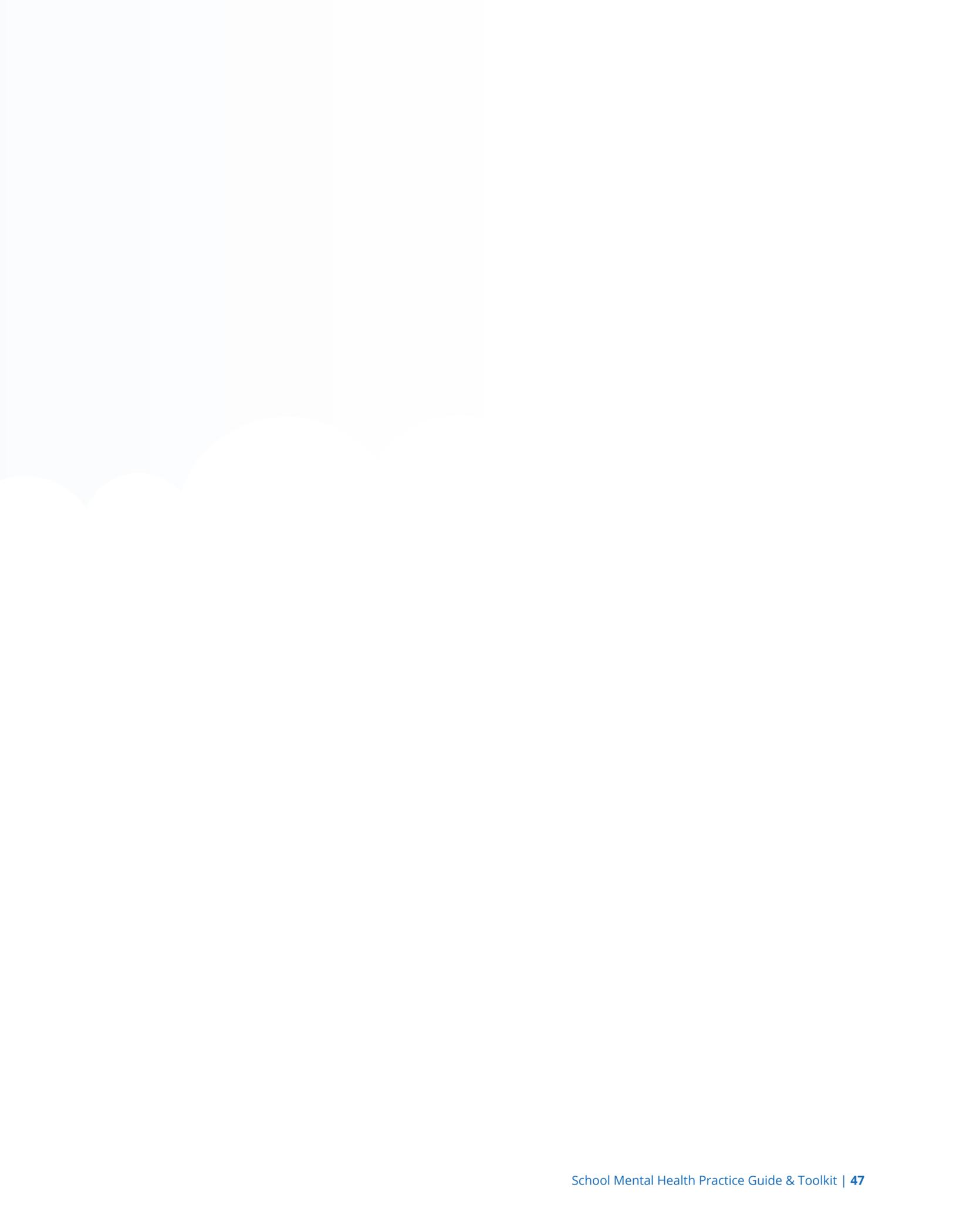
- Best Practices in Universal Screening 2.0
- Advancing CSMHS
- SMH Referral Pathways Toolkit
- Guidance for Measuring and Using School Climate Data
- SMH Quality Guide Screening

Sample MOUs

- Sample MOU
- Sample MOU between ESC and ISD Template
- Sample A. MOU between ISD and LMHA Template
- Sample B. MOU between ISD and LMHA Template

Sample Policies – Protocols

- Sample Suicide Prevention Mental Health Protocol – LEA
- Suicide Prevention Protocol At-a-Glance



**For more information,
please contact:**

MentalandBehavioralHealth@tea.texas.gov
www.tea.texas.gov



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