Note: This version of the survey is provided to help organize data collection. The information will need to be submitted through the appropriate survey link on the TAA letter.

HB906 Survey 2023-2024

Background:

In Senate Bill 11 of the 86th Texas Legislature, ground-breaking state policies were adopted to advance safety, wellness and resiliency in education. The Texas Education Agency (TEA), Local Education Agencies (LEAs) and schools are charged to build multi-tiered systems of support (MTSS) that address mental and behavioral health as a pillar of safe and supportive schools in Texas. See additional background information <a href="https://example.com/here/beta-files/beta-fi

Purpose:

House Bill 906, also in the 86th Texas Legislature, charged the Commissioner of Education to establish the Collaborative Task Force on Public School Mental Health to study and evaluate state-funded, school-based mental health services and training (Texas Education Code Section 38.301-38.312). The intent of this survey is to study our state's capacity towards establishing a MTSS that addresses mental and behavioral health in LEAs and schools. The Task Force seeks a 100% response rate to this survey. The results of this survey will not be shared publicly, to the extent permitted by law, except in aggregate on the state and regional levels of reporting results. The results will not be used in any way to evaluate any school district or campus. TEA will store all data in accordance with the agency's information security plan, Records Retention Schedule, Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and any applicable state statutes. While it is a statutory requirement for an LEA and campus to respond to the Task Force's request for information, the Task Force is grateful for your thoughtful and honest self-assessment in this study.

Survey Response Strategy:

When the Task Force surveyed LEAs in 2021-2022, it is requested that district staff respond. In this survey, it is asking for school administrators to provide the responses. It is recommended that multi-disciplinary team members will convene and engage to collaboratively respond in each school, consistent with MTSS for school mental health teaming best practices. Input should be gathered from staff from different disciplines, such as those who collaborate on the Safe and Supportive Schools Program, who conduct behavioral threat assessments (BTA), who plan mental and behavioral health interventions, who provide mental and behavioral health services and supports, who coordinate or case manage services with students and families and community providers, and who monitor progress. Before the MTSS for school mental health team meeting to address this survey, administrators should assign at least one team member to gather any available data on the ten requested metrics in the final survey section. Team members should self-assess capacity on each question section by section on the paper version during a team meeting. Then, one team member should be assigned the responsibility to enter your school mental health MTSS capacity self-assessment into the survey link.

Please review the survey by **4-11-24** and submit any questions through <u>this form</u>. The Task Force will collect questions received by **4-11-24** and post responses to those questions **by 4-15-24** at this link: https://schoolmentalhealthtx.org/hb-906-task-force/.

Survey responses must be submitted using the survey link by 5-23-24. If you have any questions while working on the survey, please email or call the Collaborative School Mental Health Task Force Chair Tracy Spinner directly: tracyspinner@daybreakhealth.com or 512-848-7139.

Resources:

For more information on the Task Force and MTSS-MH, please access these resources: TAA Letter

TEA Statewide Plan for Student Mental Health

The Collaborative Task Force on Public School Mental Health Services- Year 1 Report
The Collaborative Task Force on Public School Mental Health Services- Year 3 Report
Texas School Mental Health Practice Guide and Toolkit

2.	Please provide information on the campus you represent.
	a. Education Service Center:
	b. District name:
	c. Campus name:

1. What is the Education Service Center for your school district (per PEIMS)?

O Regions 1 - 5

O Regions 6 - 10

O Regions 11 - 15

O Regions 16 - 20

3.		ease identify the school role or roles represented by the individual(s) contributing to the mpletion of the survey:
		School administrator (principal/assistant principal)
		School counselor
		School social worker
		School psychologist, LSSP
		Licensed professional counselor
		Licensed clinical social worker
		Other licensed school mental health staff (e.g., licensed professional counselor associate, licensed marriage and family therapist)
		Nurse or other health staff
		Family specialist or liaison
		Teacher or instructional specialists
		Substance abuse professional (e.g. prevention specialist, licensed chemical dependency counselor)
		Peer specialist
		Family partner
		Attendance officer or liaison
		Other special programs coordinators
		School-based law enforcement officer (SBLE) or school resource officer (SRO)
		Community mental health agency representative or partner
		Other community services non-profit partner (i.e., Communities In Schools)
		Paraprofessional
		Other
4.	sta	ease indicate how much you agree or disagree with this statement: Our campus has sufficient offing, telehealth, or campus-based community partners to meet the current mental health needs our students.
	0	Strongly agree
	0	Agree
	0	Somewhat agree
	0	Somewhat disagree
	0	Disagree
	0	Strongly disagree

5.	ease select the most significant barriers to having adequate capacity to meet the current mental alth needs of students (select up to three).
	Insufficient sustainable funding for professional school counselors
	Insufficient number of professional school counselors available in area
	Insufficient sustainable funding for school-based mental health staff
	Insufficient number of school-based mental health staff available in area
	Insufficient sustainable funding to support community-based mental health partner providers
	Insufficient number of community-based mental health partners in area
	Insufficient capacity of current staff to plan for or oversee school-based mental health staff/partnerships
	Other priority areas need to come before a focus on student mental health
	Community stakeholder feedback that student mental health should not be a priority
	Other

Please consider the following stage of implementation scale to answer subsequent questions regarding implementation of a comprehensive school mental health system:

- <u>Not Implemented</u>: The school has not yet implemented this component of a multi-tiered system of support (MTSS).
- <u>Planning for Implementation</u>: The school is currently planning for implementation, but active implementation has not yet begun.
- <u>Early Partial Implementation</u>: The school has begun implementation of this component of an MTSS, but it is not yet at the desired level of implementation. The activity may not be happening as frequently as desired, is inadequate to meet the full need, or currently lacks the quality that is expected at full implementation.
- <u>Late Partial Implementation:</u> The school has made substantial progress to implement the component of an MTSS, but is continuing to work towards expanding or strengthening the practice.
- <u>Full Implementation</u>: This mental health component of the MTSS has been implemented at the desired level and is being maintained over time. The focus is on ensuring the component is sustained and ongoing quality is monitored for opportunities for improvement.
- 6. To what extent does your school have a multi-disciplinary team or teams (e.g., student support team, school mental health team) tasked with planning and overseeing implementation of the school mental health component of a multi-tiered system of support (MTSS)?

Some best pra	actices to	consider:
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- Team is multidisciplinary
- Team meaningfully involves parents and students
- Team or teams address each tier of MTSS
- Team or teams makes referrals to school or community-based services
- Team or teams conducts regular, efficient meetings
- Team or teams uses data to determine student needs

	0	No implementation
	0	Planning for implementation
	0	Early partial implementation
	0	Late partial implementation
	0	Full implementation
7.	Ple	ease check all roles represented on your school mental health team(s).
		Campus administrator
		School counselor
		School mental health staff
		School social worker
		Teacher
		School nurse
		Special education lead
		Family specialist or liaison
		Military family liaison
		School-based law enforcement officer (SBLE) or school resource officer (SRO)
		Family member
		Student
		Community mental health representative
		Community member (non-mental health)
		Other

8. To what extent does your school conduct and review data annually from a school climate survey of students, family members, and staff?

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-	practices		concident.

- School assesses multiple dimensions of climate
- School uses an evidence-based assessment
- School assesses perspectives of staff, students, and families
- School aligns with other school improvement efforts
- School uses data to select priority areas

	O No implementation
	O Planning for implementation
	O Early partial implementation
	O Late partial implementation
	O Full implementation
9.	What climate survey is used (add term "LOCAL" if locally developed)?
10.	. If your school uses a curriculum-based approach to building skills to manage emotions, establish positive relationships, and make responsible decisions, please share the name of the program(s).
	

11. To what extent does your school review local data on mental and behavioral health strengths and needs and develop a needs assessment for your campus?

Best practices to consider:

- School convenes a mental health needs assessment team
- School assesses student mental health strengths
- School assesses student mental health needs
- School uses needs assessment to inform decisions on services/supports
- O No implementation
- O Planning for implementation
- O Early partial implementation
- O Late partial implementation
- O Full implementation

12.	Are	e the mental health needs assessment results incorporated into the district needs assessment?			
	0	Yes			
O No					
	0	Unsure			
13.	То	what extent has your school documented the available <u>school-based</u> mental health resources?			
	Be	 School uses multiple sources to identify existing resources School includes who the resource is intended for, how to access it. School includes target outcomes and evidence of impact School makes resource list available to all School has process for regularly updating the resource list 			
	0	No implementation			
	0	Planning for implementation			
	0	Early partial implementation			
	0	Late partial implementation			
	0	Full implementation			
14.		what extent has your school documented the available <u>community-based</u> mental health sources?			
	Be	 st practices to consider: School fosters school-community partnerships with community providers School uses multiple sources to identify existing resources School includes who the resource is intended for, how to access it School includes target outcomes and evidence of impact School makes resource list available to all School has process for regularly updating the resources list 			
	0	No implementation			
	0	Planning for implementation			
	0	Early partial implementation			
	0	Late partial implementation			
	0	Full implementation			

	website?
	O Yes
	O No
	O Unsure
16.	To what extent has your school developed and documented a referral pathway (e.g., decision points and processes) for school or community-based mental or behavioral health supports?
	Best practices to consider:
	School uses a current resource directory or map
	 School conducts family meeting to review needs, options, and release of information School provides clear information for families and students to self-refer
	 School provides clear referral instructions and confirms service availability
	School discusses potential barriers and how to overcome School upon referral machines or foodback forms for engaing communication.
	 School uses referral meetings or feedback forms for ongoing communication
	O No implementation
	O Planning for implementation
	O Early partial implementation
	O Late partial implementation
	O Full implementation
17.	. Has your school communicated procedures for families to self-refer a student to receive school-based mental or behavioral health supports?
	O Yes
	O No
	O Unsure
18.	To what extent does your school conduct mental health screenings of all students (in accordance with local consent procedures) to identify students needing potential mental or behavioral health supports?

15. Is the <u>school- and community-based</u> mental health resource map or guide available on the school

Best practices to consider:

- School involves students and families in planning the screening process
- School identifies a culturally relevant screening tool or process
- School selects a tool that assesses social and emotional strengths, as well as risk for mental health concerns
- School engages students and families in a consent process and offers opportunity to consent or opt out
- School has a defined and timely process to assess results and triage students to further assess the need for Tier 2 or 3 supports

	O	No implementation
	0	Planning for implementation
	0	Early partial implementation
	0	Late partial implementation
	0	Full implementation
19	. Wh	nat mental/behavioral health screening tool(s) is used? (Indicate "LOCAL" if locally developed.)

20. To what extent does your school have formal partnerships (MOUs, agreements) with mental or behavioral health providers to serve students and/or families?

Best practices to consider:

- School establishes ongoing communication mechanisms with community-based providers
- School establishes data-sharing agreements
- School understands the populations served by the provider and any limitations
- School understands the targeted outcomes of services and impact
- No implementation
 Planning for implementation
 Early partial implementation
 Late partial implementation
 Full implementation

21. WI	nat types of providers do you have formal partnerships with (check all that apply)?
	School-based health/mental health center
	Communities In Schools
	Community mental health center or Local Mental Health Authority
	Texas Child Health Access Through Telehealth (TCHATT)
	Family resource center
	Community health centers or Federally Qualified Health Center
	Youth substance use prevention provider or program
	Substance use treatment provider
	Other mental health provider
	Other health provider
	Other social service organization
	Other telemental health provider
	what extent does your school use multiple funding sources to financially support, including staff ining and coaching, the services and supports within the MTSS for school mental health?
Be	 st practices to consider: School uses multiple and diverse funding sources School ensures funding and resources align to support a full continuum of services and supports School establishes and uses a process to regularly evaluate and update your financing plan School regularly seeks diverse partners who may have funding or non-financial resources School has strategies in place to retain staff and minimize turnover
0	No implementation
0	Planning for implementation
0	Early partial implementation
0	Late partial implementation
0	Full implementation

23.	nat funding sources are currently used to fund one or more components of your MTSS for nool mental health?
	Foundation School Program
	State Compensatory Education (to reduce disparities in achievement or completion)
	Title I (supporting education of economically disadvantaged students)
	Title III (supporting education of English learners)
	Title IVA (Student Support and Academic Enrichment)
	Title IVB (21st Century Community Learning Centers)
	ESSER grants (COVID-19 federal funding)
	McKinney Vento (supporting education of students experiencing homelessness)
	School Safety Allotment
	Stronger Connections grant
	Victims of Crime Act (VOCA) grants (through Office of the Governor)
	Medicaid / SHARS
	Private pay or insurance
	Philanthropy (e.g., foundations, donations)
	Local funds
	Other grant funding (to school or partner agency)
	Non-financial agreements with partner agencies
	Other

24.		what ways have you used ESSER funding to support your MTSS for school mental health eck all applicable responses)?
		Hire school-based counseling staff
		Hire school-based mental health staff
		Contract with external mental health provider(s) (virtual)
		Contract with external mental health provider(s) (campus-based)
		Implement a Tier 1 program for all students
		Implement a Tier 2 program for at-risk students
		Implement a Tier 3 program for students with higher needs
		Provide training on mental health to educators
		Provide training on mental health to counselors and/or mental health staff
		Conduct a school climate survey or other school assessment
		Other
25.	hea	w likely is it that your school will be able to retain any new counseling, mental and behavioral alth staff funded through ESSER funds or sustain any new services or programs when ESSER do are no longer available?
	0	Likely to sustain 100% of staffing/programs
	0	Likely to sustain 75% of staffing/programs
		Zintory to dustain 1070 of stanning, programs
	0	Likely to sustain 50% of staffing/programs
	0	
	0	Likely to sustain 50% of staffing/programs

Best practices to consider:

- School identifies existing and potential educational outcome data (e.g., grades, attendance, discipline referrals)
- School identifies existing and potential social, emotional, and behavioral outcome data (e.g., mental health screenings, behavioral observations, crisis incidents)
- School establishes data infrastructure that allows for easy collection, analysis, and reporting
- School examines educational data to understand student progress and service impact
- School examines social, emotional, and behavioral data to understand student progress and service impact

		and service impact
	0	No implementation
	0	Planning for implementation
	0	Early partial implementation
	0	Late partial implementation
	0	Full implementation
27.	Foi	whom is data used to monitor individual student progress? (check all that apply)
		Students receiving a behavioral threat assessment
		Students receiving early intervention (Tier 2) mental health supports
		Students receiving intensive intervention (Tier 3) mental health supports
		Students receiving services/supports by external providers
		Students involved in select, limited programs (e.g., grant program)
		None
		Unsure
28.	То	what extent does your school use aggregate/group data to understand the quality and

28. To what extent does your school use aggregate/group data to understand the quality and outcomes of the services and supports? Best practices to consider:

- School develops a theory of change about how specific services impact educational or mental health outcomes
- School identifies existing and potential outcome data
- School establishes data tools and processes that allow for easy collection, analysis, and reporting
- School examines student outcome data based on demographic characteristics (e.g., age, disability, ethnicity, race, gender, language, socioeconomic status)

	•	School reports the impact of services and supports to a broad and diverse group of stakeholders
0	No	implementation
0	Pla	nning for implementation
0	Ea	rly partial implementation
0	Lat	e partial implementation
0	Ful	l implementation
		data system or platform does your school use to monitor student progress (indicate L" if locally developed)?
servic 86R, a schoo	es. T and d ls, w	Force is charged with collecting data on mental health service delivery and outcomes of The data elements below were included in the charge to the Task Force through HB 906, codified in TEC Section 38.301-38.312. To better understand the data that is collected in the want to ask about data that the campus tracks on student mental and behavioral health asys in which the school is able to report this data.
the ge	e dat nder	e following data elements, please indicate whether the school analyzes or creates reports on ta (school uses data), and whether the data can be reported separately by race, ethnicity, r, special education status, and economically disadvantaged status (data is broken down or regated). Select all that apply.

	School team uses data	Data is disaggregated	Unsure	
Student out-of-school suspensions				
Student expulsions				
Student referral to disciplinary alternative education programs				

31. For each of the following data elements, please indicate whether the campus collects the data on individual students (school collects data), whether the school analyzes or creates reports on the data (school uses data), and whether the data can be reported separately by race, ethnicity, gender, special education status, and economically disadvantaged status (data is broken down or disaggregated).

	School collects data	School team uses data	Data is disaggregated	Unsure
Number of violent incidents that occur at school				
Student referral to law enforcement				
Involvement of SRO in disciplinary event				
Length of time (days) of disciplinary actions				
Number of bullying allegations				
Number of students reporting race-or discrimination-related concerns				
Number of students receiving mental health services on campus (by school or non-school providers)				
Number of students referred to off-campus outpatient mental health provider or counselor				
Number of students referred to an inpatient mental health provider				
Number of students identified with risk of suicide				

	School collects data	School team uses data	Data is disaggregated	Unsure	
Number of students known to have died by suicide					
Number of student referred to child welfare for investigation and reason for referral (excluding anonymous reports)					
Number of students experiencing a mental health crisis transported for an emergency detention by medical or law enforcement personnel					
 32. Does your school have access to a district research or accountability department or access to an evaluation partner, such as a local university, to support data collection, analysis, and use? Yes No Unsure 					
While the Task Force recognizes that the information may not be available on all data elements, the members prioritized data that is most important to achieving the Task Force's charge for collection in the current year. Please provide the following data elements, if possible, for your school campus, for the time period of August 2023 - December 2023.					
33. Identification of Menta	al or Behavioral He	ealth Needs (ALL need	ds):		
mental health, or subs performance, depress	1. Number of students identified with warning signs and possible need for early mental health, mental health, or substance abuse intervention (warning signs may include declining academic performance, depression, anxiety, isolation, anger outbursts, hyperactivity, unexplained changes in sleep or eating habits, destructive behavior toward to self or others):			ig academic	
Enter -9 if data not av	railable				

	Enter -9 if data not available
	3. <u># served at school:</u> Of those referred in #2, number of students who received mental health services and supports at school after notification of early warning signs were identified
	Enter -9 if data not available
	4. <u># served in the community:</u> Of those referred in #2, number of students known to have received mental health services and supports in the community after early warning signs were identified
	Enter -9 if data not available
34.	Identification of Suicide-Focused Needs: 5. Number of known student <u>outcries/expressions of suicidal thoughts</u> , <u>plans</u> , <u>or behaviors</u> (either
	on or off campus) Enter -9 if data not available
	6. Number of students whose <u>parents/guardians were notified</u> of a student identified as potentially at risk for suicide after identification of early warning signs in #5
	at risk for suicide after identification of early warning signs in #5

	8. Number of known (confirmed with reasonable certainty) <u>student deaths by suicide</u> (either on or off campus)
	Enter -9 if data not available
35.	School Transitions following Mental Health Services:
	9. Number of students returning to the campus following intensive mental health treatment, such as in a psychiatric hospital or residential treatment program
	Enter -9 if data not available
	10. Number of students provided <u>transition supports</u> by the school following intensive mental health treatment, such as a coordinated student support plan that outlines strategies to address academic, behavioral, emotional, and social needs upon return to the home campus
	Enter -9 if data not available

Next, we would like to ask some questions about staff professional development, as it relates to mental and behavioral health.

36. Please select the mental health-related topic areas that staff within your school have received through professional development in the last 12 months?

	Offered to counselors or mental health staff	Offered to educators	Offered to other staff	None	Unsure
Youth Mental Health First Aid					
Psychological First Aid					
Recognizing warning signs of suicide					
Classroom positive behavior management					
Restorative practices					
Behavioral threat assessment					
Impact of trauma					
Trauma- informed practices					
Impact of grief					
Grief-informed practices					
Specific universal prevention program for all students					
Specific mental health program for selected students					
Evidence- based therapies					

		nich two sources of professional development do you use most frequently for training on mental alth topics (select only two)?
		Internal district or school staff
		Education service centers
		Online training system
		Texas School Safety Center
		Community partner agency(ies)
		Contracted external trainers
		Other
		None
	•	otional) Please share any information that would help the Task Force better understand the nool's needs and barriers related to implementing an effective MTSS for school mental health.
Tha	nk	you!

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