The Collaborative Task Force on Public School Mental Health Services

YEAR 4

Table of Contents

EXECUTIVE SUMMARY

Since the release of the previous Collaborative Task Force on School Mental Health Services ("Task Force") Year 3 Report in January 2023, Texas schools have made progress in establishing structures and processes to identify students with mental and behavioral health concerns and support access to both school- and community-based services and supports. However, the rate and intensity of mental and behavioral health concerns has remained elevated following the pandemic and many schools continue to struggle with the lack of adequate resources and capacity. The data presented in this Year 5 Report reveals both the increased focus that schools have placed on establishing mental and behavioral health systems, as well as the barriers to the full realization of the vision of the state's School Mental Health Strategic Plan. The key findings and recommendations listed here build on findings from the Task Force's previous two reports, as well as the information gathered and analyzed for the current report. Methodology and findings are discussed at length in the body of the report.

SELECT KEY FINDINGS:

Workforce:

1. There has been small growth in the staffing involved in supporting students' mental or behavioral health and well-being, but ratios of recommended staff to students remain well beyond recommendations from national professional organizations.
2. Legislation and policy changes have aided professional school counselors to spend at least 80 percent of their time on counselor duties, but many LEAs are not yet in compliance with the rule. Due to reasons including; workforce shortages, the challenges of attracting and retaining school counselors in rural schools, and lack of funding.

Professional Development:

1. Schools have not yet trained all staff in required areas of focus, necessary to realize the goals of the Safe and Supportive Schools program.
2. For Mental Health First Aid, which is supported by state funding, school participation remains lower than pre-COVID rates.

Access to Services:

1. Many schools have started implementing elements of an MTSS for mental health, but most report that they are still working toward their desired level of implementation.
2. Schools reporting greater implementation of an MTSS for mental health did not report identifying more students with mental health concerns than those with lower levels of implementation; however, greater MTSS implementation was associated with greater engagement of caregivers in referrals for mental health supports and greater access to community-based mental health services.

Resources and Funding:

1. Most schools report some agreement that they have the resources needed to meet students' mental health needs, but professional school counselors report lower ratings than school administrators.
2. Schools utilize a variety of federal, state, and local funding to support MTSS for school mental health but have no dedicated mental and behavioral health funding stream.
3. Funding for school mental health staffing and professional school counselors are the biggest barrier for adequately meeting student mental health needs.
4. About 40 percent of schools are using ESSER funding to support mental health, primarily to fund universal mental health programs, mental health training, school-based counselors, and mental health professionals.
5. Schools utilizing ESSER funding to support their MTSS for mental health report they are unlikely to retain school mental health advances as funding ended in September 2024.

RECOMMENDATIONS:

1. ***Provide targeted school mental health funding.*** Targeted funding to support school mental health infrastructure and staffing remains a significant challenge, and it is likely to be exacerbated as federal funding for the pandemic recovery ends. With the end of ESSER funding, districts and schools may be unable to sustain the progress that has occurred over the past four years. The Task Force recommends consideration of the following:
   a. Develop a workgroup to identify best practices in braided funding for school mental health, highlighting successful practices in Texas LEAs. The workgroup should provide LEAs and charter schools with guidance and tools to identify robust options for supporting school mental health programs and practices.
   b. Establish a Mental Health Allotment to provide districts with a consistent and dedicated funding stream to support schoolwide and targeted strategies that address the mental health needs of all students.
   c. Continue to build upon the success of the Project AWARE Texas (federal SAMHSA grant), Texas Center for Student Supports (TCSS), and the Stronger Connections Grant by allocating resources to a grant program for schools to build the infrastructure for a robust student support program. The grant should be accompanied by professional development, technical assistance, and evaluation under the TCSS.
   d. In accordance with Medicaid #14-006, Health and Human Services Commission (HHSC) should be directed to amend the state Medicaid Plan to allow school districts that are Medicaid providers to be reimbursed for behavioral health services provided to students enrolled in Medicaid, beyond those provided to students with disabilities with an Individualized Education Plan (IEP). Additional guidance on leveraging Medicaid to support access to school-based services is found in this informational bulletin.
   e. Create additional flexibility within the funding allocated to the Texas Child Mental Health Care Consortium to allow LEAs to access funds for local partnerships or school-based services.

2. ***Accountability for Professional Development.*** The Task Force found that school staff are currently required to complete professional development across several critical content areas to support student mental health. LEAs have state-supported training resources available through the Local Mental Health Authority, the Behavioral Health Partnership Program (BHPP) or Non-Physician Mental Health Provider, the Education Service Center, and the Texas Child Mental Health Consortium. While these resources are available, many LEAs still report gaps in training. The Task Force recommends the development of a state reporting system for required training for educators or other school personnel to allow for greater accountability with required competencies and training.

3. ***Accountability for School Counselor Time.*** The Task Force commends TEA for establishing a rule required tracking of professional school counselor time and submission of district policies and tracking documentation for a sample of districts. The Task Force recommends continued oversight of the implementation of the rule along with a corrective action plan for districts failing to meet the required expectations.

4. ***Sustain or Develop a State Center on School Mental Health.*** TEA has established the Texas Center for Student Support, which includes a focus on addressing the mental and behavioral health needs of students and staff. The Task Force recommends that TEA sustain this or a similar center to provide technical assistance and resource support to districts within the state, especially those that are small, rural, or serve a significant proportion of at-risk students. In addition to the Centers current focus, the Task Force recommends the following tasks:
   a. Provide technical assistance to schools around effective school mental health systems, such as

teaming, universal screening, needs assessment and resource mapping, and developing referral pathways;
b. Provide technical assistance to LEAs on funding for school mental health services and school-wide policies that support student social, emotional, and mental wellness;
c. Provide coaching on the implementation of evidence-based interventions at each tier in the MTSS, using research-informed approaches;
d. Provide technical assistance around collecting measures of practice fidelity and outcomes, ensuring reliable measurement on all statewide measures; and
e. Conduct research, including obtaining additional funding support, on best practices in school mental health and return on investment within Texas schools.

5. ***Expansion of Data Collection.*** The Task Force has made several recommendations to improve the collection of data on school mental health needs, services, and outcomes in previous reports. With the recent launching of the Sentinel product to capture data related to school safety and the Safe and Supportive School Program, the Task Force recommends Sentinel be used to collect data in alignment with the following components of the SSSP:
   a. The school-based mental health supports or services available at Tiers 1, 2, and 3 of the MTSS for mental health, the number of students each support/service can serve, and any referral criteria.
   b. The number of referrals for threat assessments related to the risk of harm to self and those associated with the risk of harm to others, total and broken down by gender, race, ethnicity, special education status, and economically disadvantaged status.
   c. The number of school-based mental health referrals to Tier 2 or Tier 3 services/supports, the number that resulted from a behavioral threat assessment, and the number of students who received the support/service. If the student did not receive the recommended support/service, the data collection should include why the service was not received (e.g., parent declined or lack of provider capacity).
   d. The number of mental health referrals to Communities In Schools (CIS), TCHATT, Licensed Mental Health Authority (LMHAs), or another partner or community-based provider, the number that was the result of a behavioral threat assessment, and the number of students who received the support/service.
   e. The number of mental health referrals to a psychiatric hospital, acute care hospital, or emergency room to address acute mental health risks, the number from a behavioral threat assessment, and the number of students who received the support/service.

In addition to data collection through Sentinel, the Task Force recommends the development of two additional data collection platforms to assist school districts in collecting key data to inform and oversee the MTSS for school mental health and make data-driven decisions for the district and campuses. These platforms include:

   f. TEA should support the development of an electronic platform that school districts can use to conduct annual school climate surveys. The surveys collected by districts should be confidential and available only to the district administrators but could be shared with stakeholders at the district's discretion as a best practice. The platform should allow districts to customize the surveys to meet the district's needs while maintaining a core set of items required of all districts. The platform should include real-time access to data visualizations following the closure of the survey, as well as disaggregation by informant characteristics (e.g., grade and gender). The platform should include anonymous surveys completed by staff, students, and families. The platform should allow schools to benchmark their results against the average of Texas schools with similar characteristics and track results over time.

g. TEA should support the development or adoption of a technology platform to monitor student progress within mental or behavioral health services, both school- and community-based and provide data visualizations to support the student support team in overseeing individual student service needs and progress, as well as aggregate data to examine the overall outcomes of services and service providers.

6. ***Continuation of the Collaborative Task Force.*** The Task Force members believe that independent evaluation of the state-funded school mental health services and training should continue over the next two to three biennia. The Task Force provided an opportunity to bring together data from a variety of resources across the state to examine services offered through varied funding sources and agencies. While this work could remain within an appointed Task Force, it could also become a role of a State Center (see Recommendation 4) that operates under the guidance of a multi-disciplinary advisory board. A funded Center for School Mental Health could include a partnership with one or more Institutes of Higher Education (IHE), providing infrastructure for evaluation and data analysis. As currently designed, the Task Force has limited resources to complete its tasks, as it relies fully on volunteers and time commitment from those volunteers' organizations.

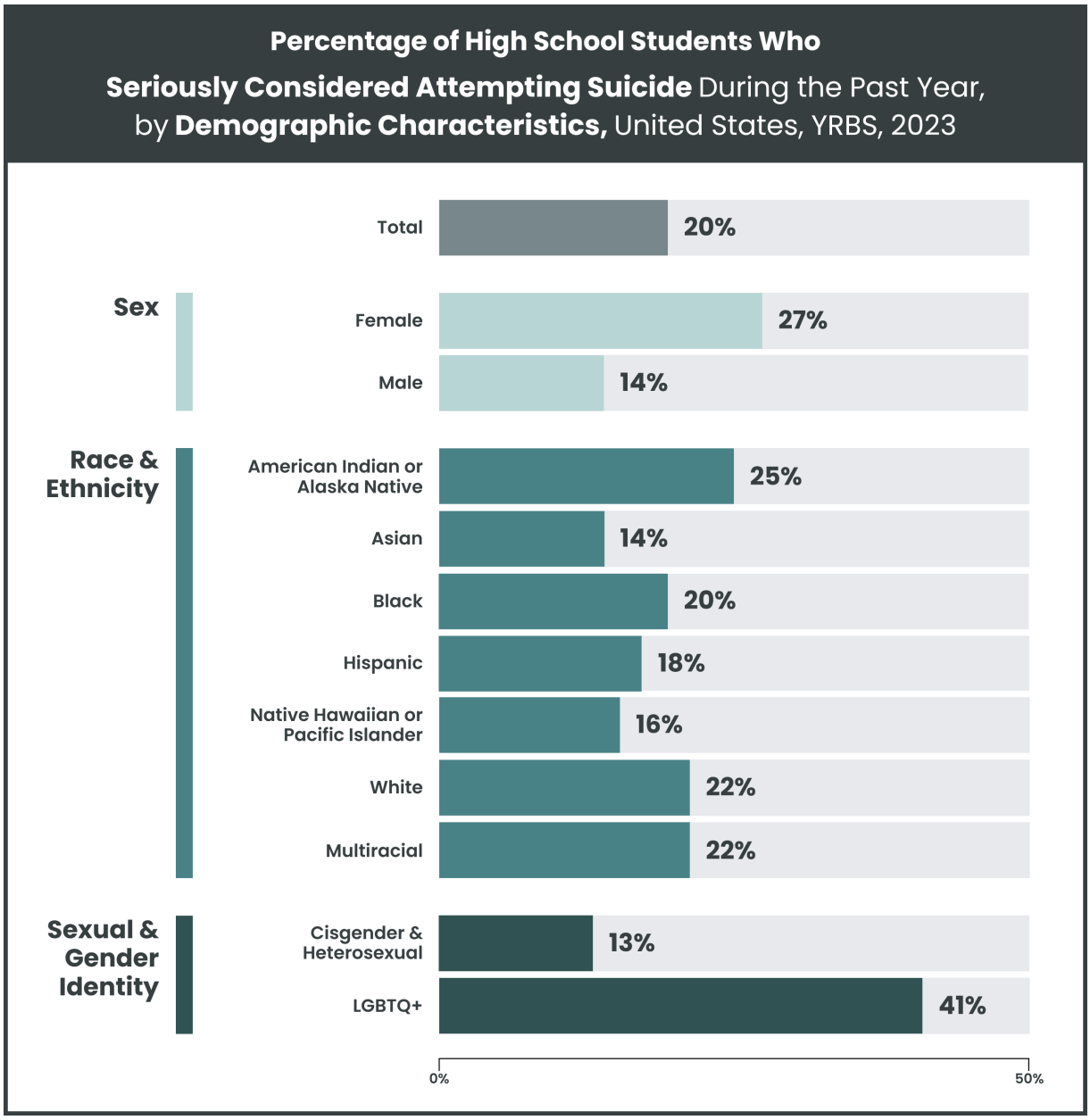
INTRODUCTION

In its five years of existence, the Collaborative Task Force on Public School Mental has released two reports highlighting the investments that have been made to strengthen the public school's mental health system. In its charge to study and evaluate state-funded, school-based mental health services and training, the Task Force members identified services and training that met this definition, documented funding for state and federally funded services and gathered existing data on each service when it was available. The Task Force also outlined the vital role that a multi-tiered system of support (MTSS) framework, adopted by the Texas Legislature in SB 11 (86R) as part of the SSSP and codified in TEC §37.115, plays in the establishment of a comprehensive school mental health system. This MTSS framework provides the infrastructure for evidence-based, best-practice approaches to preventing mental and behavioral health difficulties, promoting safety, and providing interventions and supports appropriate to a child's level of need.

The Task Force also developed a model to summarize the state activities that are supporting the development of a school mental health system and identified short and long-term outcomes to evaluate the impact of these activities. While data was not always available to support the measurement of key outcomes, the Task Force collected existing data and developed new data collection tools and processes. In its last report, the Task Force highlighted the impact of the COVID-19 pandemic on the mental health of students across the state, as well as its toll on educators, and reflected on the ways in which schools were facing these challenges. While schools were challenged by multiple demands, many schools strived to support access to the mental and behavioral health needs of their students through allocation of staff resources, systems development, and strengthening referral pathways and community partnerships.

The increasing mental health needs of Texas children has not yet subsided, although national data from the Youth Risk Behavior Survey (YRBS) shows promising initial trends in 2023 data (see Figure 1). Nationally, youth had a decrease in the proportion describing persistent feelings of sadness or hopelessness, as well as those reporting that they have seriously considered suicide. Overall trends have shown increases in youth anxiety and depression starting prior to the pandemic, but behavioral issues and attention deficit disorders also began to rise in 2020, as the pandemic began (Lachaab, 2024). Overall, schools remain important in the public health response to child and youth mental health concerns, both as a setting to promote healthy child development, and as a means for identifying and connecting students with mental health challenges to effective treatment and support.

Figure 1. Youth Risk Behavior Survey, Centers for Disease Control and Prevention, 2013-2023



In addition to rising rates of mental health concerns, Texas has also experienced increases in the number of drug-related deaths due to Fentanyl poisoning, and that trend is present in adolescents as well as adults. In 2023, 411 children ages 15 to 24 years of age died by Fentanyl poisoning (Texas Vital Statistics, 2024). The Texas Education Agency has created resources to support schools' efforts to raise awareness about the dangers of Fentanyl (TEC §29.9074), provide students with health education related to substance use and abuse (TEC, §38.351(g-1)), and increase the capacity of schools to prevent opioid-related drug overdoses through administration of an opioid antagonist, which can be lifesaving.

In this final report of the Collaborative Task Force of School Mental Health, the Task Force set out to understand the capacity of local schools to meet the mental and behavioral health needs of students. While previous data collection allowed for an understanding of district capacity and support, the extent to which school campus leaders and staff had participated in required training or had established an MTSS for mental health remained unclear. In Spring 2024, the Task Force conducted a statewide survey of public schools (see Methodology and Survey Questions in Appendix A). Additionally, the Task for set out to gather data outlined in statute [TEC §38.302 (3) (A-E)] with the goal of understanding the school's capacity to provide relevant data on mental health identification, referrals, and services, as well as to begin exploring

how the strength of the school MTSS may impact the identification of need and the provision of school services. Lastly, the Task Force set out to understand how schools were supporting the growth of their MTSS and the sustainability of those efforts over the short-term future. At the end of the current report, we highlight the voices of survey respondents, who offered guidance on how to strengthen their capacity to meet the mental and behavioral health needs of our school communities.

KEY ACCOMPLISHMENTS OF THE TASK FORCE

2020 Task Force Report. In the 86th legislative session, House Bill 906 established the Collaborative Task Force on School Mental Health, composed of a diversity of members representing specific roles assigned by the Commissioner of the Texas Education Agency. The Task Force was charged with studying and evaluating state-funded, school-based mental health services and training. In the first report, published in November 2020, the Task Force conducted a landscape review of state-funded mental health services and training, as well as explored the availability of existing data to inform an evaluation. At the time of the first report, schools were challenged by the COVID-19 pandemic and specific recommendations were offered to support student and staff well-being, resilience, and school engagement. The first report included the following key findings:

- There is no dedicated state funding allocated to school districts specifically for the provision of school-based mental health services, although there is funding appropriated to Local Mental Health Authorities for specific educator training.
- Schools can use a variety of funding sources (federal, state, general revenue, local, philanthropic, partnerships with local organizations, etc.) to support school-based mental health services and support across MTSS tiers.
- There is no reporting system, standardized or otherwise, that allows the Texas Education Agency (TEA) to identify the number or type of school mental health programs existing in schools, how they are funded, the number of students served, or any standard outcomes that are measured.
- Schools may collect information on students served by school-based mental health services and the outcomes of those services, but there is no current methodology to standardize data measures and collect it from schools across the state.

> "We have seen a significant uptick in explosive, destructive, aggressive, and unsafe behaviors directly tied to mental health issues. We are at a loss on how to help these kids because we do not have the expertise to help them."
> School Survey Respondent

2023 Task Force Report. The second Task Force report, published in January 2023, highlighted the on-going challenges and adjustment resulting from the COVID-19 pandemic. Task Force members presented a logic model summarizing the components of the Texas school mental health system and the short- and long-term outcomes to be examined within an evaluation. The members conducted a series of focus groups with professional school counselors across the state to gain insight on student needs and their ability to fully implement the Texas School Counseling model. The Task Force also conducted a survey of Local Education Agencies (LEAs) and charter schools to understand the extent to which they have implemented elements of a multi-tiered system of support (MTSS) for mental health, the types of professional development offered in the district, and the ability to report different specific data elements highlighted in the Task Force's charge for evaluation. The report offered the following key findings:

- All students and staff need support. Rates of anxiety, depression, sleep disorders, suicidal behavior, and substance use disorders among students in Texas have risen. A significant majority of Texas school districts report increased student stress, anxiety, disengagement, behavior problems, and sadness/depression.
- School counselors need particular support to perform the mental and behavioral health counseling services as outlined in SB 179 (87 R).

- The availability of student mental health and behavioral health data varies across school districts and campuses. In this report, the Task Force responded to this gap by surveying districts about their capacity to collect student mental and behavioral health data.

Recommendations and Accomplishments. Across the two reports, the Task Force made several recommendations to enhance the capacity of Texas schools to meet student needs related to mental health, substance use, and well-being. Over the period, some progress has been made in many of the areas where the Task Force has made recommendations, and these will be briefly summarized.

1. The Task Force recognized that schools lack dedicated funding to develop a comprehensive school mental health system and recommended several approaches to provide funding for an MTSS for mental health, such as a mental health allotment, an amendment to the state Medicaid Plan to allow districts to be reimbursed for general education and students identified as receiving special education services with Medicaid, and a grant program to support the development and implementation of school mental health supports. While state targeted funding has not yet been established, TEA has applied for and received competitive federal funding. TEA has successfully implemented two Project AWARE Grants that have shown improvement toward established school mental goals. TEA was first awarded the Project AWARE grant in 2018. Due to the success of this five-year grant, TEA was awarded a second completive Project AWARE grant which will end in 2026. These grants have been instrumental in establishing school mental health resources and infrastructure for Texas schools in alignment with Texas statues for LEAs. TEA also developed a professional learning community for counselors and mental health professionals in all twenty education service centers through a small and rural school capacity grant. In addition, TEA has used federal funding under the Bipartisan Safer Communities Act to provide funds to 99 districts and charter schools to build a system of non-academic support for students and staff.
2. The Task Force recommended that the Texas Legislature fund a state center on school mental health or a consortium of higher education institutes to provide training and technical assistance, collect data, and measure the outcomes of effective practices that can be scaled and shared in Texas. Using federal funding through the Bipartisan Safer Communities Act, TEA established the Texas Center for Student Supports (TCSS) through a competitive grant awarded to ESC Region 16. The mission of the TCSS is to partner with districts to support the nonacademic needs of students by providing safe, inclusive, and supportive learning environments. This includes utilization of school mental health resources developed under the Project AWARE Texas grants in alignment with legislative statutes for LEAs.
3. The Task Force recommended that TEA should develop a statewide climate survey and data collection and reporting system, which would be available for schools across the state. As a part of the Project AWARE grant, TEA initially explored options and piloted school climate surveys with LEA grantees. Through the Stronger Connections Grant, a suite of school climate surveys has been created with versions for students, families, and school personnel. These measures are currently being utilized by schools participating in the Stronger Connections grant.
4. The Task Force recognized the issue of insufficient staffing capacity for professional school counselors in many districts and the inability of some counselors to dedicate at least 80% of their time to school counseling duties (as reflected in the Texas model) in accordance with Senate Bill 179. The Task Force recommended additional funding to increase capacity, additional data collection by TEA, and further clarification of what aspects of the bill are mandatory or optional.
5. The Task Force made a variety of recommendations to improve data collection related to mental or behavioral health referrals, suicidal crises, behavioral threat assessments, and disciplinary data. TEA's survey to collect data on the Safe and Supportive Schools Program (SSSP) began to collect select data on aspects of the school's mental health system, including referrals for mental or behavioral health

services. Additionally, a new platform has been established to centralize collection of data related to behavioral threat assessments.

Additional recommendations by the Task Force have not yet been acted upon and some recommendations have been carried forward to the current report. The following sections present new findings from the Task Force's evaluation over the 2022-2023 and 2023-2024 school years.

CAPACITY FOR DATA COLLECTION

Key Finding: Most schools collect disciplinary data, such as violent activities, bullying, and disciplinary actions. A small proportion, but still greater than half of schools, are able to report data on school mental health referrals and mental health emergencies. Mental health-related data is not routinely reported to TEA.

Through the legislation establishing the Task Force, its members were provided the authority to obtain or collect data to inform the evaluation of state-funded school mental health and training. The Task Force identified several relevant sources of state data but also identified the substantial lack of standardized data collection for most of the data elements established within the legislation. While TEA and other state and local agencies have been diligent in providing existing data to the Task Force, additional data collection through surveys of both districts and campuses have also been needed. The Task Force found a significant lack of infrastructure to reliably measure the components and outcomes of the school mental health system, as well as a lack of statutory authority for TEA to regularly collect this information.

The capacity of schools to report and use the specific data outlined in the charge of the Task Force is presented in Table 1. Overall, most schools report collecting a variety of disciplinary actions and behaviors that led to those actions. Most of the schools who report collecting the data also report that the data is analyzed or reported within the school (72% on average), although some schools do not report use of the data. Schools are less likely to collect mental health information, with suicide risk concerns being indicator most regularly collected. Although not as consistent as discipline data, over half of schools report collecting mental health data. Many schools collecting mental health data are also analyzing and using it, although this only represents an average of 35% of schools responding to the survey (across the mental health metrics). *(See Table 1.Proportion of Schools Reporting Capacity to Collect and Use Data Elements)*

In 2024, TEA launched the Sentinel data platform, which has been developed to house information on school safety, including emergency management, district vulnerability assessments, and behavioral threat assessments. TEA plans to include the submission of information on districts establishment and use of the SSSP, such as required dating violence and bullying policies and required staff and SSSP team trainings. The system will also collect information on behavioral threat assessments and the outcome of those assessments, including referrals for mental or behavioral health services. While Task Force members have some concerns about the potential misinformation inherent in linking a school safety data platform with mental health, the launching of this platform may provide an opportunity for schools to report data on their school mental health system, as a component of the SSSP, and the number of students identified, referred, and served through this system. It should be noted that TEA does not currently have statutory authority to collect data on the SSSP beyond that specified in legislation (TEC 37.115) or through the Collaborative Task Force on School Mental Health.

Table 1.Proportion of Schools Reporting Capacity to Collect and Use Data Elements

Data Element	Collect Data	Analyzes or Creates Reports on Data	Data Can Be Disaggregated
Student out-of-school suspensions	100%*	71.6%	52.4%
Student expulsions	100%*	63.9%	48.2%
Student referral to disciplinary program	100%*	67.2%	49.4%
Number of violent incidents	73.9%	55.1%	46.3%
Student referral to law enforcement	60.7%	43.2%	35.7%
Involvement of law enforcement in discipline events	53.9%	36.0%	29.5%
Days in disciplinary action	75.0%	56.5%	47.8%
Allegations of bullying	74.9%	57.2%	44.1%
Allegations of race- or discrimination-related events	61.1%	43.5%	34.1%
Students receiving mental health services on campus	63.0%	43.2%	27.4%
Students referred to mental health services off campus	57.2%	36.0%	21.0%
Students referred to inpatient mental health care	55.2%	34.2%	20.6%
Students identified with suicide risk	68.6%	48.2%	28.9%
Students known to have died by suicide	46.8%	26.6%	18.5%
Students referred for child welfare investigation	54.1%	31.9%	17.8%
Students experiencing a crisis transported for emergency detention	50.5%	30.2%	17.2%

Source: Task Force School Survey 2024

Notes: *Indicates percentage is assumed based on mandated reporting requirements.

SCHOOL MENTAL HEALTH AND HEALTH STAFFING

Key Finding: There has been small growth in the staffing involved in supporting students' mental or behavioral health and well-being, but ratios of recommended staff to students remain well beyond recommendations from national professional organizations.

Tracking the Workforce. The primary workforce supporting student mental and behavioral health are professional school counselors. The ratio of school counselors to students improved following the pandemic and has remained stable over the past four years (see Table 1). In the 2023-2024 school year, almost all districts and charter school organizations had at least some time from a professional school counselor; however, only 163 out of 1202 campuses met national recommendations for 1 counselor for every 250 students. The largest growth has been in licensed clinical social workers, with a 43 percent increase in full-time equivalents (FTEs) from 2018-2019 to the 2023-2024 school years. There has also been a small growth in the number of licensed mental health providers hired by LEAs. The number of licensed school psychologists has grown by 9.2 percent, yet only 29.8 percent of districts or charter schools have a licensed school psychologist. Licensed clinical social workers and licensed professional counselors remain rare, with a total of 7.2 and 134.1 FTEs respectively across the state. As described in the Task Force's 2023 report, small and rural districts had the highest staff to student ratios for school counselors, showing disparities in access to these supports.

Table 2.School Mental Health and Health Staff Demonstrate Small Improvement in Staff/Student Ratios Across a Six-Year Period.

Professional Role	Ratios Recommended by National Professional Associations	2018 – 2019	2019 – 2020	2020 – 2021	2021 – 2022	2022 – 2023	2023 – 2024
Professional School Counselor	1:250	1:423	1:413	1:394	1:391	1:391	1:393
Social Worker	1:250	1:6,902	1:6,614	1:6,009	1:5,226	1:5,199	1:4,909
LSSP/School Psychologist	1:500	1:2,772	1:2,751	1:2,626	1:2,596	1:2,616	1:2,561
School Nurse	1:750	1:879	1:900	1:848	1:839	1:852	1:844

Source: TEA, PEIMS Staff FTE Counts and Salary Reports, https://rptsvr1.tea.texas.gov/adhocrpt/adpeb.html

Key Finding: Legislation and policy changes have aided professional school counselors to spend at least 80 percent of their time on counselor duties, but many LEAs are not yet in compliance with the rule.

Professional School Counselors. TEC §33.006(d), as added by SB 179, 87th Texas Legislature, requires districts to adopt a policy that requires a professional school counselor to spend at least 80% of their work time on duties that align with the Texas Counseling model. In the 2023 Task Force, over 40% of districts responding to the Task Force survey reported school counselors were not yet meeting the 80% requirement, with more than 20% of counselor time spent on administrative or non-counselor duties. In focus groups with professional school counselors, counselors reported challenges to having sufficient staff to complete

administrative and testing tasks, allowing them to focus more fully on individual and group counseling with students. Members of the Task Force expressed concern that the language in the statute might allow LEAs to request exemption from the requirement with minimal justification.

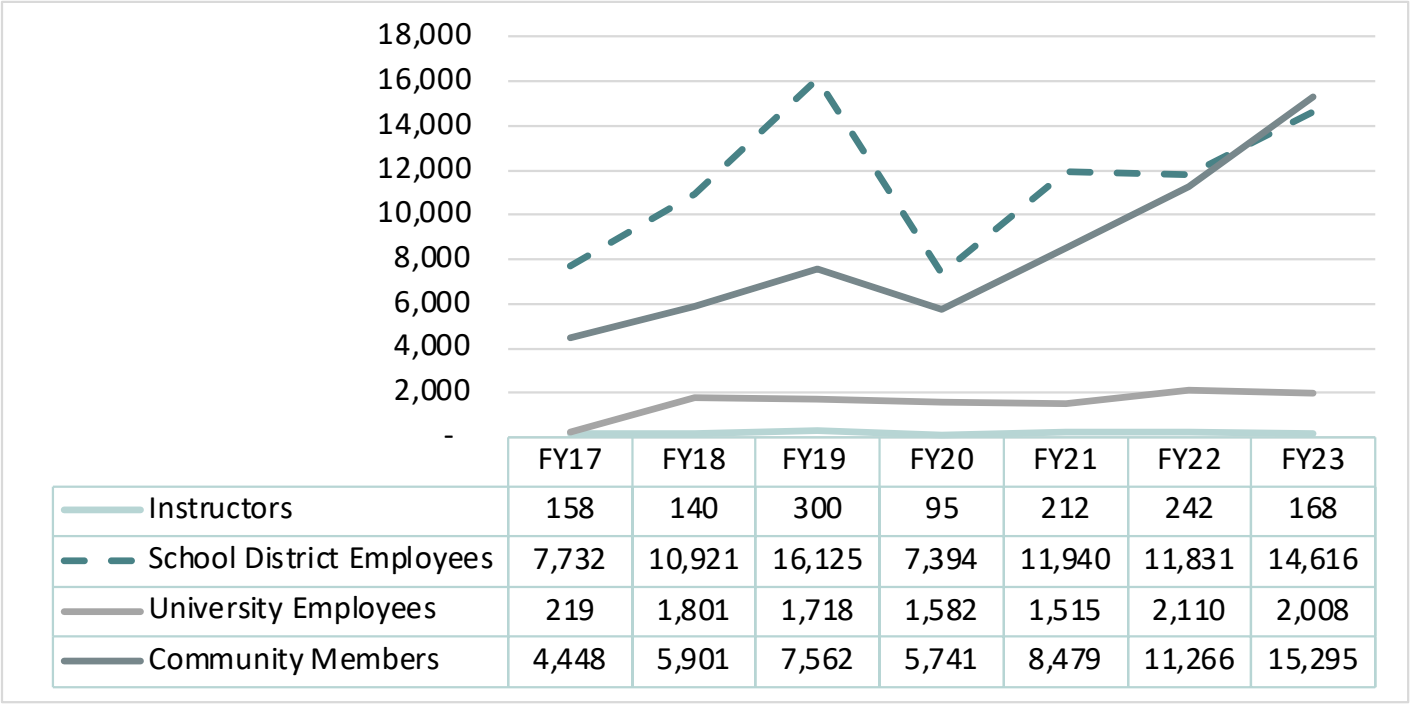
During the reporting period, TEA adopted a new rule, TAC §61.1073 that requires districts to annually track counselor work time and their compliance with the 80% rule. A random sample of districts is required to submit counselor time to TEA for a review of compliance, along with district policy related to adherence to the 80% rule. The Task Force reviewed TEA's study of compliance of the counselor time analysis with a sample of 60 LEAs. Most LEAs (92%) had district policies that required counselors to spend at least 80% of their time on counseling duties. Eighty-seven percent of the sampled districts provided the time analysis. Twenty-eight percent of the LEAs were in compliance with the review, 45% were out of compliance but had a plan to be compliant in the following school year, and another 28% were out of compliance with no plan.

PROFESSIONAL DEVELOPMENT FOR EDUCATORS

Key Finding: School districts continue to participate in Mental Health First Aid or Youth Mental Health First Aid train ing, but participation remains lower than pre-COVID rates.

Mental Health First Aid. The 83rd Texas Legislature allocated annual funding to the HHSC to contract with LMHAs to provide Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA) to all school district educators, later expanding to all school district employees. The MHFA and YMHFA programs are national skills-based training courses that aim to teach participants how to help someone who may be experiencing a mental health or substance use challenge. Figure 2 illustrates the number of individuals trained in MHFA/YMHFA across the past seven years by the type of recipient. The number of individuals trained each year grew from its inception in FY14, but fell in FY20, when in-person training was halted due to COVID-19. The number of school district employees has grown since FY20 but has not yet reached the previous level. The number of community members trained quickly rebounded and has continued to grow over the last three years, surpassing the number of school district participants.

Figure 2. Number of Individuals Trained in MHFA by Setting/Audience Type



	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Instructors	158	140	300	95	212	242	168
School District Employees	7,732	10,921	16,125	7,394	11,940	11,831	14,616
University Employees	219	1,801	1,718	1,582	1,515	2,110	2,008
Community Members	4,448	5,901	7,562	5,741	8,479	11,266	15,295

Source: Personal Communication through Public Information Request, Texas HHSC, June 24, 2020 and April 28, 2022; Report on Mental Health First Aid Program, FY22, FY23

House Bill 3 from the 88th Texas Legislature, Regular Session, required district employees who regularly interact with students to complete an evidence-based mental health training program designed to provide instruction to participants regarding the recognition and support of children and youth who experience a mental health or substance use issue. The TEA proposed a rule for implementing this new requirement in July 2024, with a proposed effective date of November 5, 2024. MHFA/YMHFA is one state-funded training that meets these requirements. Continued tracking of school participation in MHFA/YMHFA as well as any other mental health training program that meets the statuary training requirement will be critical as one measure of the impact of this new requirement.

Key Finding: Schools have consistently trained staff in emergency response protocols. There is less consistency for all staff to be trained in other required content related to safe and supportive schools.

Mental Health and Related Training. Districts responding to TEA's SSSP survey were asked about mental health-related content areas that staff within the school had received professional development within the past year. Overall, many of the topics were offered to some of the school staff. The largest proportion of staff had received training in the school's emergency response protocol. The topics with the least uptake were Mental Health First Aid and grief- and trauma-informed practices.

Table 3. Percentage of Staff Trained in Select Content Areas, SSSP Survey

Training Content	< 25% of Staff Trained	25%-49% Staff Trained	50%-74% Staff Trained	75%-99% Staff Trained	>99% Staff Trained
Recognizing & Reporting Threatening Behavior	5.71%	1.73%	6.66%	19.65%	66.25%
Emergency Response Protocols	2.00%	0.49%	3.24%	10.91%	83.36%
Suicide Prevention	7.12%	1.46%	6.39%	19.30%	65.73%
Mental Health First Aid or Psychological First Aid	36.67%	2.27%	5.54%	14.28%	41.23%
Strategies to Support a Positive School Climate	4.44%	1.48%	7.30%	22.77%	64.02%
Establishing Relationships, Managing Emotions, & Decision-making	8.13%	1.89%	8.54%	22.17%	59.27%
Grief- and Trauma-Informed Practices	21.76%	2.38%	6.82%	18.08%	50.97%
Preventing and Responding to Bullying and Harassment	3.25%	1.33%	6.82%	20.34%	68.26%

Source: SSSP Survey, 2023-2024. Percentages are based on total # of staff trained divided by total # of staff who regularly interact with students; therefore, percentages can exceed 100%.

GROWTH IN SCHOOL INFRASTRUCTURE

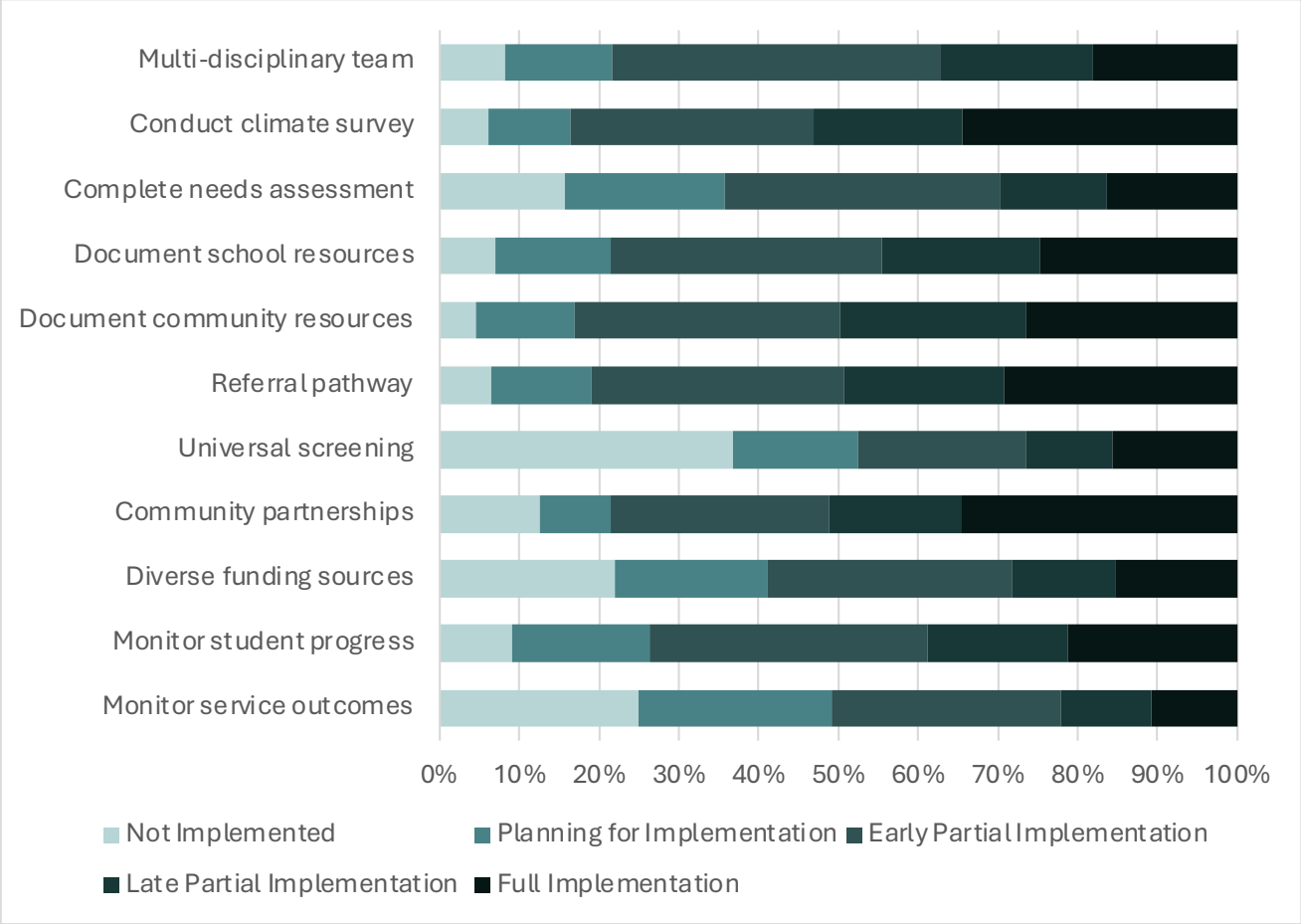
In its initial report, the Task Force recognized the importance of developing infrastructure to support a comprehensive school mental health system. The multi-tiered system of support (MTSS) for mental health provides structure and organization to school-based mental health services and supports, as well as coordination with academic, behavioral, and community-based student supports. The Task Force set out to understand the degree to which districts and schools across the state had implemented different components of the MTSS into their frameworks (see Appendix B, School Survey). The Task Force acknowledged that implementation of best practices exists on a continuum; therefore, school teams were asked to self-rate their level of implementation on the following scale:

- **Not Implemented:** Schools have not yet implemented this component of a multi-tiered system of support (MTSS).
- **Planning for Implementation:** Schools are currently planning for implementation, but active implementation has yet to begin.
- **Early Partial Implementation:** Schools have begun implementing this component of an MTSS, but it is not yet at the desired level of implementation. The activity may not happen as frequently as desired, is inadequate to meet the total need, or currently lacks the expected quality at full implementation.
- **Late Partial Implementation:** Schools have made substantial progress in implementing the component of an MTSS but are continuing to work towards expanding or strengthening the practice.
- **Full Implementation:** This mental health component of the MTSS has been implemented at the desired level and maintained over time. The focus is on ensuring the component is sustained and ongoing quality is monitored for opportunities for improvement.

Key Finding: Many schools have started implementing elements of an MTSS for mental health, but report that they have not yet reached their desired level of implementation.

Figure 3 presents the proportion of schools reporting different levels of implementation across elements of the MTSS. Across most elements, the greatest proportion of schools report that they are in early partial implementation. Schools reporting full implementation of individual MTSS elements range between 10 (monitor service outcomes) and 34% (conduct climate survey). In fact, conducting a school climate survey and developing community partnerships for mental and behavioral health were the most commonly reported practices. Conducting universal screening and monitoring the outcomes of services were the least frequently reported practices. (See Figure 3. Extent of Implementation of Different MTSS Components, Task Force Survey on following page.)

Figure 3. Extent of Implementation of Different MTSS Components, Task Force Survey



Source: Task Force School Survey 2024

Members of the MTSS Team. Almost all schools reported at least one member on the MTSS team (*n*=2577). Respondents were asked to identify the different roles of the members, with reports varying from 1 to 14 different roles. The most commonly reported members were school counselors (93.7%), school administrators (92.1%), teachers (64.7%), school nurses (61.8%), and special education leads (45.8%). MTSS teams were less likely to involve school mental health staff (24.3%), family members (24.3%), students (17.6%), and community mental health providers (8.1%).

Schools with Stronger MTSS Implementation. Average implementation scores across the 11 elements of the MTSS were created, resulting in school scores ranging from 0 (no implementation of any elements) to 4 (full implementation of all elements). Schools fell into the following score ranges (See Table 4):

Table 4. Distribution of School Mean Scores on MTSS Implementation

0-1: Most elements not implemented or in planning phase	1-2: Most elements in planning phase to early implementation	2-3: Most elements in early implementation to late implementation	3-4: Most elements in late implementation to full implementation
5.62%	35.6%	39.6%	19.2%

School levels of MTSS implementation were compared across schools identified as urban, suburban, town, and rural. There were no overall differences in the level of implementation by geographic size of the school community (F=0.49 (3, 2573), p=0.69), suggesting that school infrastructure for the MTSS may be at similar levels for schools in rural and urban settings.

Key Finding: Greater implementation of an MTSS for mental health is associated with greater engagement of caregivers in referrals for mental health supports and greater access to community-based mental health services.

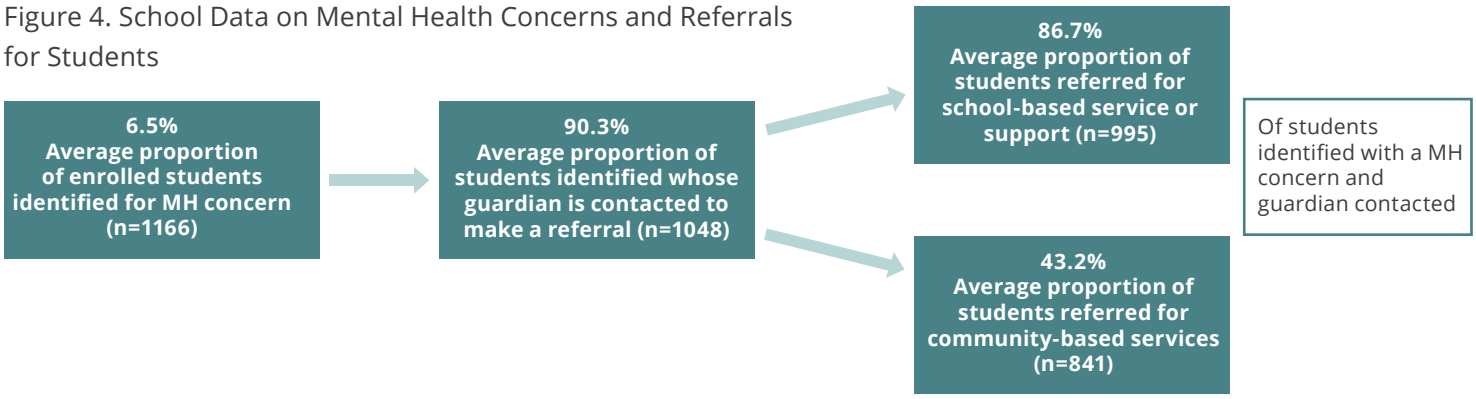
Relationship Between MTSS Implementation and Students Served. We explored whether the level of MTSS implementation, as measured by the mean rating, was associated with the proportion of students identified with mental health concerns or suicide risk, as well as its association with mental health services. The schools' MTSS score was not correlated with the proportion of enrolled students who were identified with mental health concerns (r=-.006, p=.82). Similarly, there was no association between the MTSS score and the proportion of students identified with suicide risk (r=-.03, p=.27). A higher MTSS mean score was associated, however, with a greater proportion of students identified with a mental health concern whose guardian was contacted for a referral (r=.09, p=.005). Higher MTSS scores were also related to a greater proportion of students served within community-based services (r=.09, p=.007), as well as a greater proportion of students receiving transition supports when returning from a mental health hospitalization of other extended absence (r=.11, p=.002). A higher MTSS score was not associated with greater rates of school-based services. While these findings cannot be understood to suggest a stronger MTSS causes better engagement of families in referrals and better access to community-based services, the findings are consistent with a hypothesis that schools with a stronger MTSS are better able to engage families and community partners to access services unavailable within the school.

GROWTH IN SERVICES

Key Finding. Schools are more likely to refer students to school-based mental health services or supports than community-based care.

School Referrals and Services. Respondents to the Task Force survey were asked to provide data on student mental health supports over the Fall 2023 semester. Schools' ability to report this data varied by the specific metric, so sample sizes for each metric are shared in Figure 4. All results should be considered an estimate, since this is the first time schools have reported this data and data validation was limited. Overall, schools reported an average of 6.5% of their student population was identified for a mental health concern. About twice as many referrals were made to school-based services than those in the community. Respondents reported that an average of 2.8% of the students enrolled were identified due to a concern about suicide.

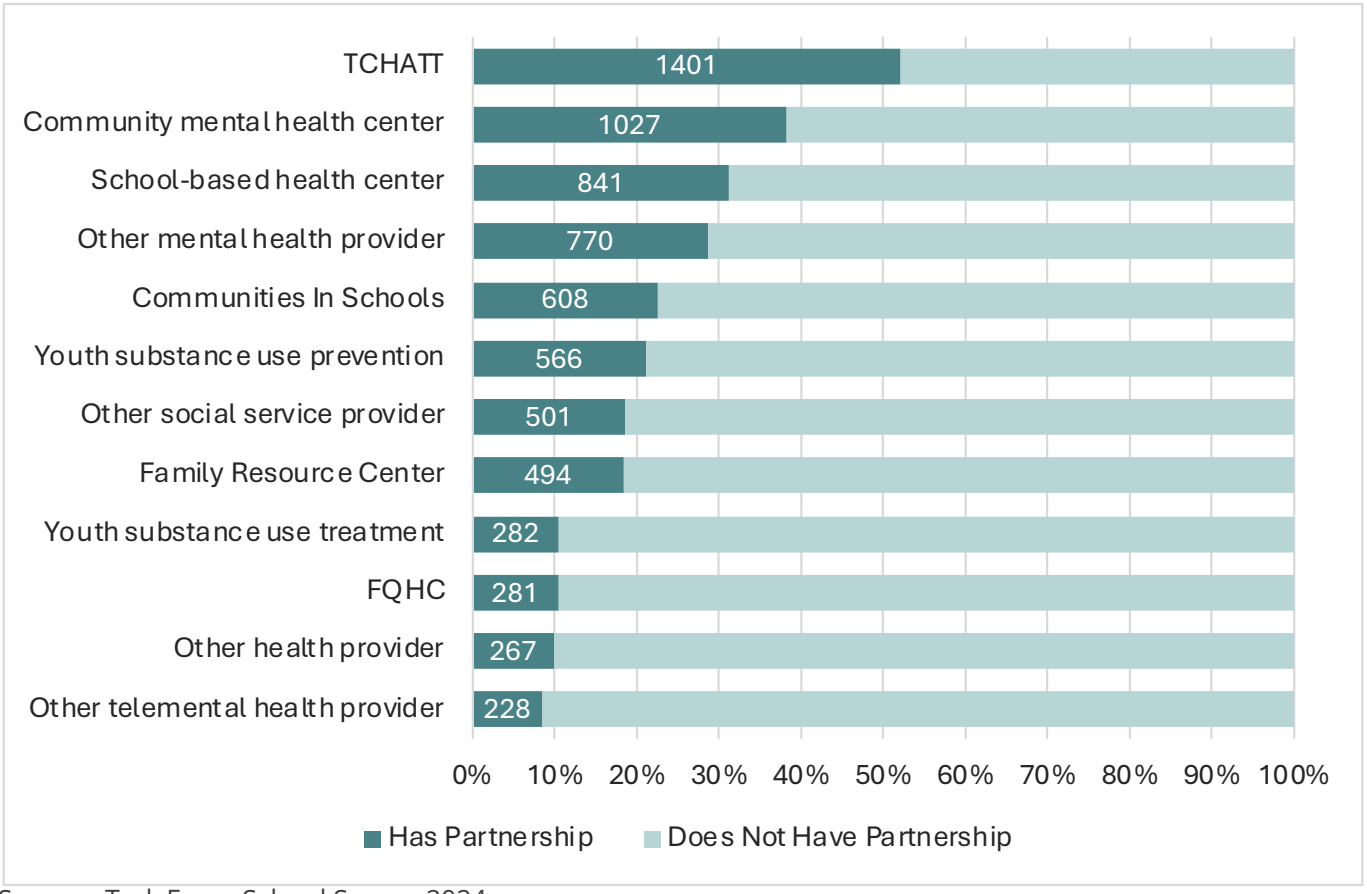
Figure 4. School Data on Mental Health Concerns and Referrals for Students



Source: Task Force School Survey 2024

School Partnerships. Seventy-three percent of schools reported at least one formal partnership with mental or behavioral health providers to serve students and/or families, with most reporting between one and four formal partnerships (50.7%). The frequency of specific school-community partnerships is presented in Figure 5. While TCHATT was the most frequently reported partnership, the proportion is lower than the actual proportion of schools enrolled in TCHATT. This may suggest that some survey respondents were unaware of this partnership. Schools were also partnering with their Local Mental Health Authority (LMHA) and other mental health providers.

Figure 5. Formal Partnerships Between Schools and Community Partners



Source: Task Force School Survey 2024

Key Finding: The availability of TCHATT services to Texas schools has continued to expand as has the number of students served through the telehealth services.

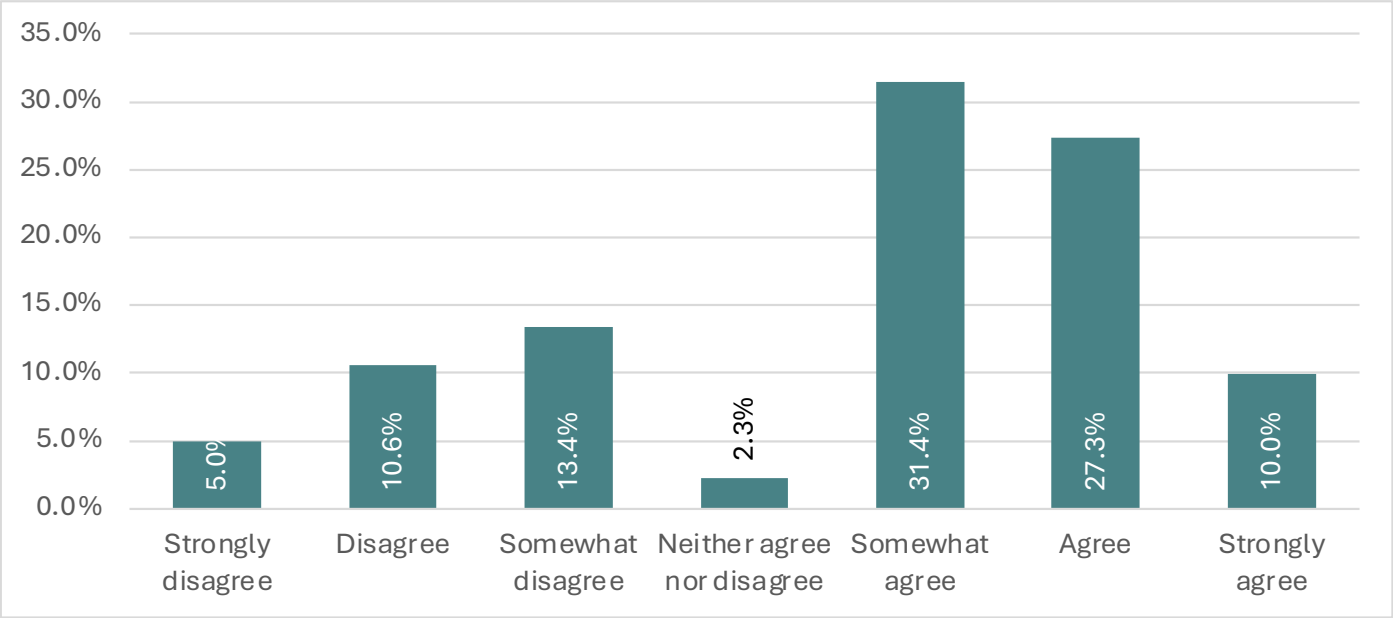
TCHATT Services. All Texas schools have access to state-funded telehealth services through the Texas Child Healthcare Access through Telehealth (TCHATT) program. Students involved in TCHATT have access to mental health assessment, child or family psychotherapy, care coordination, psychiatric evaluation and medication management. At the end of FY2024, 75% of all Texas students are at a school that has partnered with TCHATT services. Within the past two years, FY2023 and FY2024, over 50,000 students were referred by schools to care and students received over 150,000 sessions over the two-year period as reported by TCHATT.

TCHATT services have provided a level of access to mental health care for most Texas students. Services are intended to be brief and solution-focused, with students needing more urgent or long-term services referred to other care providers. The majority of children (61%) were referred for additional services following the completion of TCHATT. Individual therapy was by far the greatest need identified, with 85% of those referred for further services recommended for individual therapy.

Key Finding: Most schools report some agreement that they have the resources needed to meet students' mental health needs, but professional school counselors report lower ratings than school administrators.

Adequacy of School Mental Health Resources. Survey participants were asked to what extent they agreed with the statement, "Our campus has sufficient staffing, telehealth, or campus-based community partners to meet the current mental health needs of our students." Overall, most schools (68.7%) reported some agreement that they had adequate resources, with 10% reporting strong agreement. To further understand perceptions of adequacy of mental health resources, results were examined across different school characteristics. See Figure 6.

Figure 6. Agreement that School has Sufficient Resources to Meet Mental Health Needs of Students



Source: Task Force School Survey 2024

With the level of agreement transformed into a numeric score ranging from -3 (strongly disagree) to 3 (strongly agree), differences were examined based on possible explanations of variations in response. The perception that the school had adequate resources varied based on the respondent to the survey. The level of agreement with the statement was higher for surveys completed by administrators alone (n=893; M=.78) than those completed by a professional school counselor alone (n=303; M=.34; p<.05). Groups who had both an administrator and school counselor were higher (n=1184; M=.68) than the professional school counselor responding alone (M=.34; p<.05) and were not different from the administrator responding alone. There were no statistically significant differences between schools considered urban, suburban, town, or rural on the level of agreement that they have adequate school mental health resources. Similarly, there was no difference in average agreement rating by charter or non-charter status.

FUNDING UNDERLYING GROWTH IN SCHOOL-BASED MENTAL HEALTH

Key Finding: Schools utilize a variety of federal, state, and local funding to support the MTSS for school mental health, but they have no dedicated funding stream.

Types of Funding. School respondents were asked what sources of funding that they use to support their MTSS for school mental health with the top 10 sources presented in Table 5. The most commonly used resources are those that target disadvantaged students (Title I and McKinney Vento). Many of the other sources commonly used are discretionary (e.g., ESSER grants, local funds) and may not be available on a regular basis.

Table 5. Percent of Schools Using Funding Source for School Mental Health

Funding Source	Number of Schools	Percent
Title I (supporting education of economically disadvantaged students)	1233	46%
McKinney Vento (supporting education of students experiencing homelessness)	1084	40%
ESSER grants (COVID-19 federal funding)	950	35%
Local funds	923	34%
State Compensatory Education (to reduce disparities in achievement or completion)	754	28%
Medicaid / SHARS (supporting students receiving special education)	573	21%
Foundation School Program	401	15%
Title IVA (Student Support and Academic Enrichment)	369	14%
School Safety Allotment	362	13%
Other grant funding (to school or partner agency)	339	13%

Source: Task Force School Survey 2024

Key Finding: About 40 percent of schools are using ESSER funding to support school mental health, primarily to fund universal mental health programs, mental health training, school-based counselors and mental health professionals.

Federal COVID-19 Relief Funding. Since March 2020, the TEA has received several federal grants that have allowed LEAs to be reimbursed for costs associated with recovery from the COVID-19 pandemic. While these funds have been used for a wide variety of district and student needs, LEAs are able to utilize funds to support the mental health recovery of staff and students as well as non-academic needs impacting learning loss. The Table below identifies the federal grant funds expended by LEAs in 2023 for mental health support. Overall, 485 LEAs utilized at least one of the funding streams for mental health, with funding ranging from $3 to $11,557,954. Twenty-eight districts had more than 1 million in school mental health expenditures.

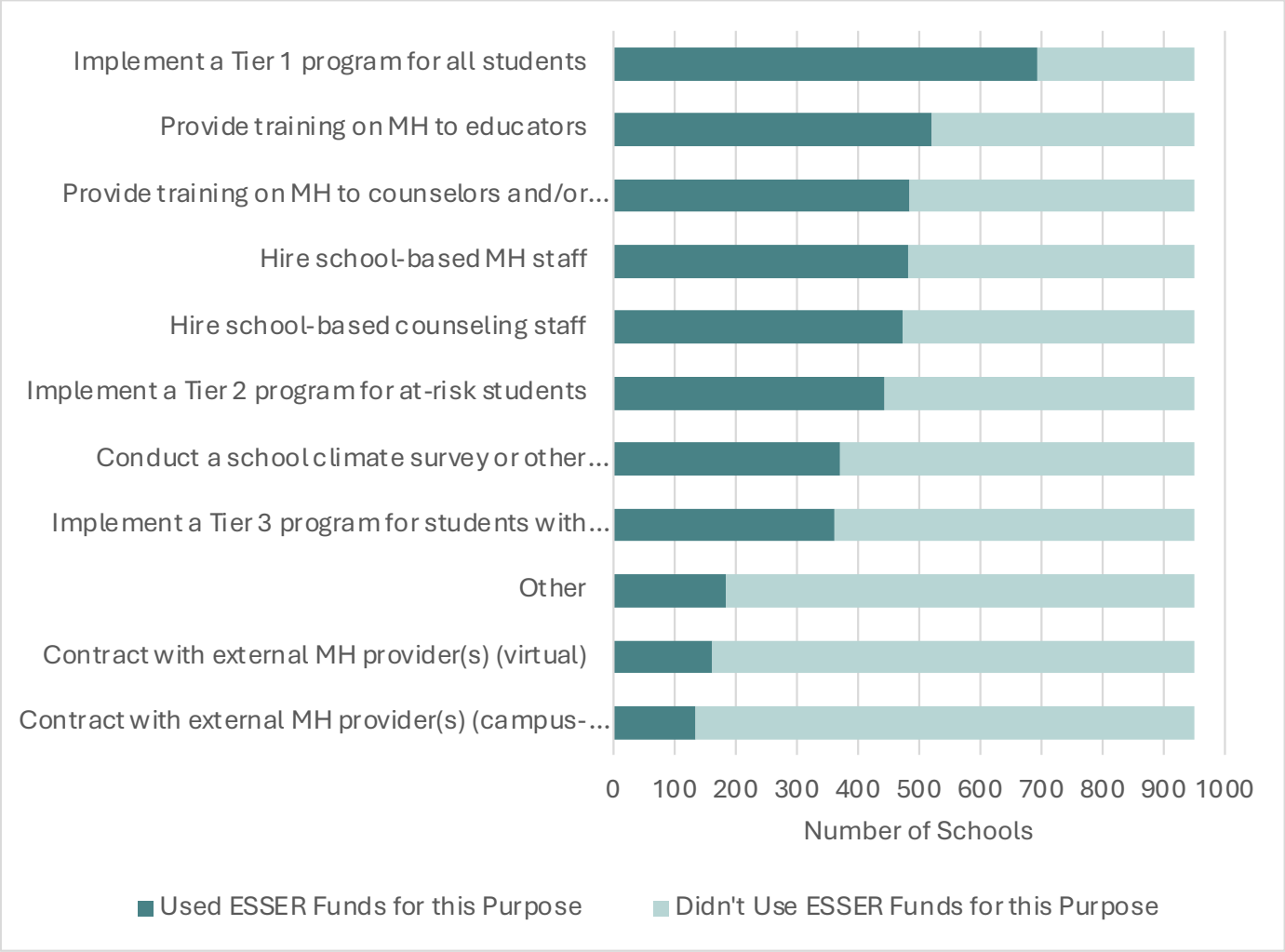
Table 6. Federal COVID-19 Federal Grant Funds Expended by LEA's, 2023

Federal COVID Recovery	School Personnel (Salary & Fringe)	Purchased Services (Professional, Property, and Other)	Supplies and Other Items	Total MH Expenditures
CARES / ESSER I	$47,460	$23,716	$1,980	$73,157
CRRSA / ESSER II	$25,665,394	$3,037,919	$3,585,405	$32,288,718
ARP / ESSER III (non-set aside)	$22,378,986	$9,591,437	$2,023,274	$33,993,697
ARP / ESSER III (20% set aside)	$41,063,729	$12,785,357	$3,935,181	$57,784,267
Total	**$89,155,569**	**$25,438,429**	**$9,545,840**	**$124,139,839**

Note: CARES = Coronavirus Aid, Relief, and Economic Security (ESSER I); CRRSA = Coronavirus Response and Relief Supplemental Appropriations (ESSER II); ARP = American Rescue Plan (ESSER III), including required set aside targeting addressing learning loss Source: TEA Report on ESSER Funds, FY2023

Schools participating in the Task Force survey described the ways that ESSER funds are used to support the MTSS for mental health. Results are presented in Figure 7. The most common use of ESSER funds was the implementation of universal programs to impact all students, along with the provision of training on mental health to educators. Schools were less likely to use this funding to contract with external mental health providers, both telehealth and school-based providers. The most common responses reflected in the other category included staff providing outreach to truant or at-risk students (*n*=31), behavior specialists (*n*=24), hospital liaisons (*n*=18), and supplies or equipment (*n*=16). Many respondents reflected that ESSER funding was maintained at the district level, but funds may have provided some support to schools (e.g., hiring of district Tier 1 coordinator).

Figure 7. Ways ESSER Funding has Supported School Mental Health



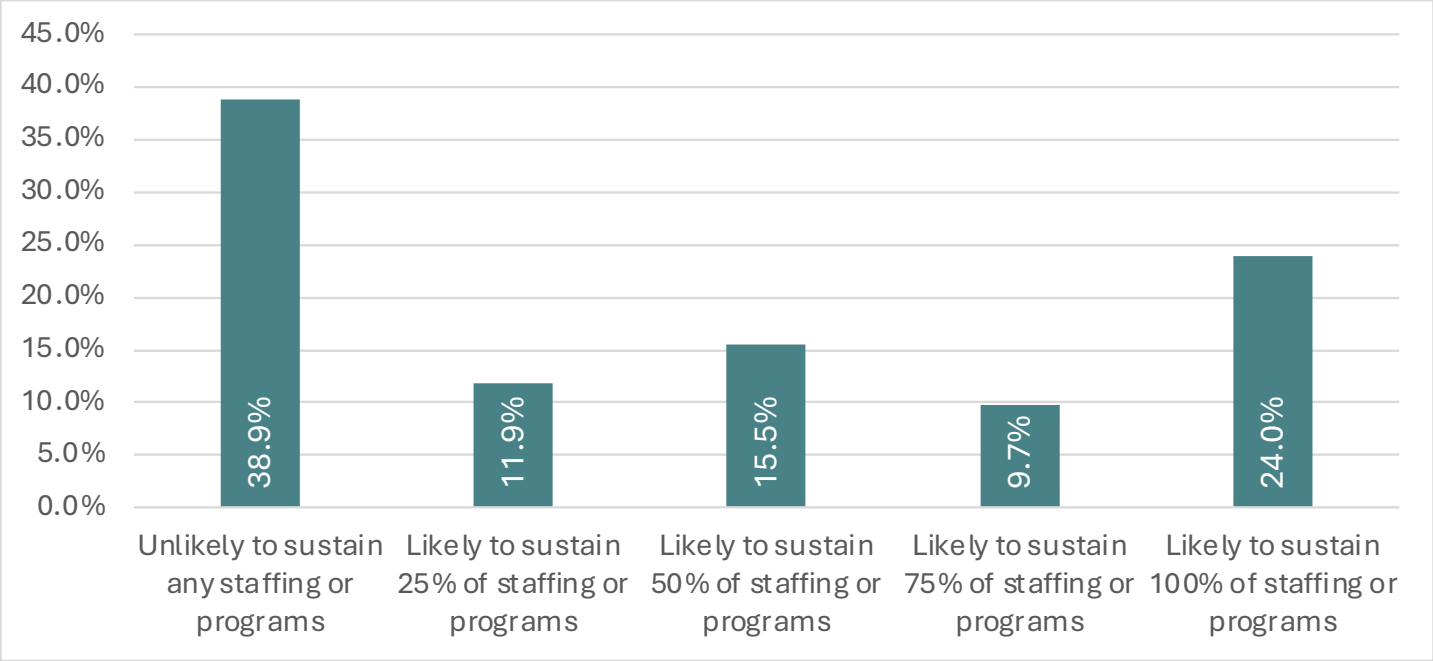
Source: Task Force School Survey 2024

RISKS OF LOSS OF PROGRESS

Key Finding: Schools using ESSER funding to support their MTSS for mental health report they are unlikely to retain school mental health advances when funding ends.

Schools who are utilizing ESSER funding to expand their MTSS for school mental health were asked whether they believed they would sustain the staffing or programs funded by ESSER. Responses are presented in Figure 8. Almost one-quarter of the sample reported that they would sustain all of the ESSER-funded services. But the largest proportion, 39% of the respondents, indicated that they were unlikely to sustain any of the staffing or services when ESSER funding ends. Others reported some level of service or staffing loss when the federal funding ended.

Figure 8. Percent of ESSER-funded Programs or Staffing Likely to be Sustained



Source: Task Force School Survey 2024

Key Finding: Funding for school mental health staffing and professional school counselors are the biggest barrier for adequately meeting student mental health needs.

School respondents identified the top three primary barriers that they experience in meeting students' mental health needs. Results are presented in Table 7. Funding for staffing, both school-based mental health staff and professional school counselors, were the most frequently reported barriers. Schools also reported a lack of community-based mental health partners as a key barrier. Few respondents reported that school mental health was a lower priority or that community members did not feel that it should be a priority.

Table 7. Primary Barriers to Having Adequate Resources to Address Student Mental Health Needs

Barriers	Number Reporting
Insufficient sustainable funding for school-based mental health staff	1317
Insufficient sustainable funding for professional school counselors	941
Insufficient number of community-based mental health partners in area	848
Insufficient capacity of current staff to plan for or oversee school-based mental health staff/ partnerships	674
Insufficient number of school-based mental health staff available in area	659
Insufficient sustainable funding to support community-based mental health partner providers	582
Insufficient number of professional school counselors available in area	577
Other priority areas need to come before a focus on student mental health	249
Other barriers	221
Community stakeholder feedback that student mental health should not be a priority	63

Source: Task Force School Survey 2024

OPEN-ENDED RESPONSES

The Task Force members value the input of school teams completing the school survey and ask an open-ended question to identify any additional information "that would help the Task Force better understand the school's needs and barriers related to implementing an effective MTSS for school mental health." A sample of selected responses are provided, based on identified themes:

Inadequate Funding and Staffing

- It would be helpful to have the funding for mental health professionals in our district. School counselors, especially in a rural school district, do not have the time it requires to target all mental health needs. We need more staff to implement.
- Rural schools lack necessary community resources and are therefore dependent on school-based staff. The district is now refusing to contract out for psychological services due to district deficits. Therefore, rural students in the area are unable to obtain mental health services in schools or in the community.
- We hired [a] Behavior Specialist but will not have that position next year. All of the kids we have been serving will have nobody to support them now.
- All this is overwhelming to us as a small, rural district in a mental-health desert.
- The most lacking need we have is drug counseling options. It has been very difficult to find anyone to come to our district for individual counseling to students who cannot pass or refuse drug testing.
- [Masked district] has recently terminated 6 mental health counselor positions due to the lack of funding. Over the past years, the need for mental health services has increased dramatically. I am concerned for the well-being and support of the students moving forward without the help of an adequate number of counselors to support the district.
- We are able to provide a lot with our current staff because they are deeply caring individuals who are superhuman in their ability to balance a work load. To be more effective, we need more staff related to counseling and mental health.

Counseling Duties

- Removing other non-counseling duties would free up so much time for the counselors to be able to truly counsel and provide more tiered support for the students (also removing the opportunity for districts to waive allowing counselors to complete non-counseling duties, things like assistant testing coordinator, 504 coordinator, discipline, etc.
- The majority of my time each day is spent on non-counselor duties.
- School counselors are tasked with doing many non-counseling responsibilities that we struggle to actually get to counsel our students in a productive way.

Professional Development

- We feel an external agency providing in-person training at BOY and MOY regarding mental health in schools, classroom management techniques, recognizing warning signs, etc. may be more effective than online training.
- Although admin, counselors, and social workers have received mental health training, it is important that we provide some of the same training to our teachers. Teachers are our first line of defense and need to be able to understand and identify mental health issues to assist in getting help sooner.
- Lack of training and expectations for a successful MTSS implementation

Other Needs

- Given the inherently high-stress nature of the profession, regular check-ins with faculty should be implemented, either on an as-needed basis or scheduled monthly. Discussions with fellow educators have revealed deeply moving narratives that underscore the critical need for such support mechanisms.
- We would like for you to send us suggestions on universal mental health screening tools that are the

most effective. As well as information on programs that will help us analyze and then utilize the data we are collecting. Help us fill in the missing pieces.
- We need more information on using data to support the MTSS mental health component. Additionally, we need to investigate various sources of funding to support MTSS mental health.
- We would benefit from a tracking system set up to coach us on how to monitor data more frequently, including analysis.
- Time to track this data, tools to help efficiently store data, and most importantly resources in our community to provide students and families with mental health support are all deficient.
- Opt-ins and opt-outs required for programs makes Tier 1 instructions/services very difficult.
- Mental health and social emotional wellbeing are not the priority of this district. It is published and promoted to the community, staff, and stakeholders; however, it is not implemented and/or offered.

RECOMMENDATIONS

Based on the evaluation findings from the past five years, the Task Force offers the following recommendations:

1. **Provide targeted school mental health funding.** Targeted funding to support school mental health infrastructure and staffing remains a significant challenge, and it is likely to be exacerbated as federal funding for the pandemic recovery ends. With the end of ESSER funding, districts and schools may be unable to sustain the progress that has occurred over the past four years. The Task Force recommends consideration of the following:
    - Develop a workgroup to identify best practices in braided funding for school mental health and highlighting successful practices in Texas LEAs. The workgroup should provide LEAs and charter schools with guidance and tools to identify robust options for supporting school mental health programs and practices.
    - Establish a Mental Health Allotment to provide districts with a consistent and dedicated funding stream to support schoolwide and targeted strategies that address the mental health needs of all students.
    - Continue to build upon the success of Project AWARE Texas, the Texas Center for Student Supports (TCSS) and the Stronger Connections Grant by allocating resources to a grant program for schools to build the infrastructure for a robust student support program. The grant should be accompanied by professional development, technical assistance, and evaluation under the TCSS.
    - In accordance with Medicaid #14-006, Health and Human Services Commission (HHSC) should be directed to amend the state Medicaid Plan to allow school districts that are Medicaid providers to be reimbursed for behavioral health services provided to students enrolled in Medicaid, beyond those provided to students with disabilities with an Individualized Education Plan (IEP). Additional guidance on leveraging Medicaid to support access to school-based services is found in this informational bulletin.
    - Create additional flexibility within the funding allocated to the Texas Child Mental Health Care Consortium to allow LEAs to access funds for local partnerships or school-based services.

2. **Accountability for Professional Development.** The Task Force found that school staff are currently required to complete professional development across several critical content areas to support student mental health. LEAs have state-supported training resources available through the Local Mental Health Authority, the non-physician liaison, the Education Service Center, and the Texas Child Mental Health Consortium. While these resources are available, many LEAs still report gaps in training. The Task Force recommends the development of a state reporting system for required training for educators or other school personnel to allow for greater accountability with required competencies and training.

3. **Accountability for School Counselor Time.** The Task Force commends TEA for establishing a rule requiring tracking of professional school counselor time and submission of district policies and tracking documentation for a sample of districts. The Task Force recommends continued oversight of the implementation of the rule along with a corrective action plan for districts failing to meet the required expectations.

4. **Sustain or Develop a State Center on School Mental Health.** TEA has established the Texas Center for Student Support, which includes a focus on addressing the mental and behavioral health needs of students and staff. The Task Force recommends that TEA sustain this or a similar center to provide technical assistance and resource support to districts within the state, especially those that are small, rural, or serve a significant proportion of at-risk students. In addition to the Center's current focus, the Task Force recommends the following tasks:
   - Provide technical assistance to schools around effective school mental health systems, such as teaming, universal screening, needs assessment and resource mapping, and developing referral pathways;
   - Provide technical assistance to LEAs on funding for school mental health services and school-wide policies that support student social, emotional, and mental wellness;
   - Provide coaching on the implementation of evidence-based interventions at each tier in the MTSS, using research-informed approaches;
   - Provide technical assistance around collecting measures of practice fidelity and outcomes, ensuring reliable measurement on all statewide measures; and
   - Conduct research, including obtaining additional funding support, on best practices in school mental health and return on investment within Texas schools.

5. **Expansion of Data Collection.** The Task Force has made several recommendations to improve the collection of data on school mental health needs, services, and outcomes in previous reports. With the recent launching of the Sentinel product to capture data related to school safety and the Safe and Supportive School Program (SSSP), the Task Force recommends Sentinel be used to collect data in alignment with the following components of the SSSP:
   - The school-based mental health supports or services available at Tiers 1, 2, and 3 of the MTSS for mental health, the number of students each support/service can serve, and any referral criteria.
   - The number of referrals for threat assessments related to the risk of harm to self and those associated with the risk of harm to others, total and broken down by gender, race, ethnicity, special education status, and educationally disadvantaged status.
   - The number of school-based mental health referrals to Tier 2 or Tier 3 services/supports, the number that resulted from a behavioral threat assessment, and the number of students who received the support/service. If the student did not receive the recommended support/service, the data collection should include why the service was not received (e.g., parent declined or lack of provider capacity).
   - The number of mental health referrals to Communities In Schools (CIS), TCHATT, Licensed Mental Health Authority (LMHAs), or another partner or community-based provider, the number that was the result of a behavioral threat assessment, and the number of students who received the support/service.
   - The number of mental health referrals to a psychiatric hospital, acute care hospital, or emergency room to address acute mental health risks, the number from a behavioral threat assessment, and the number of students who received the support/service.

In addition to data collection through Sentinel, the Task Force recommends the development of two additional data collection platforms to assist school districts in collecting key data to inform and oversee the MTSS for school mental health and make data-driven decisions for the district and campuses. These platforms include:

- TEA should support the development of an electronic platform that school districts can use to conduct annual school climate surveys. The surveys collected by districts should be confidential and available only to the district administrators but could be shared with stakeholders at the district's discretion as a best practice. The platform should allow districts to customize the surveys to meet the district's needs while maintaining a core set of items required of all districts. The platform should include real-time access to data visualizations following the closure of the survey, as well as disaggregation by informant characteristics (e.g., grade and gender). The platform should include anonymous surveys completed by staff, students, and families. The platform should allow schools to benchmark their results against the average of Texas schools with similar characteristics and track results over time.
- TEA should support the development or adoption of a technology platform to monitor student progress within mental or behavioral health services, both school- and community-based and provide data visualizations to support the student support team in overseeing individual student service needs and progress, as well as aggregate data to examine the overall outcomes of services and service providers.

6. **Continuation of the Collaborative Task Force.** The Task Force members believe that independent evaluation of the state-funded school mental health services and training should continue over the next two to three biennia. The Task Force provided an opportunity to bring together data from a variety of resources to examine services offered through varied funding sources and agencies. While this work could remain within an appointed Task Force, it could also become a role of a State Center (see Recommendation 4) that operates under the guidance of a multi-disciplinary advisory board. A funded Center for School Mental Health could include a partnership with one or more Institutes of Higher Education (IHE), providing infrastructure for evaluation and data analysis. As currently designed, the Task Force has limited resources to complete its tasks, as it relies fully on volunteers and time commitment from those volunteers' organizations.

Lachaab, M. (2024). Trends, risk factors and interventions for some mental health problems in the US children and adolescents: evidence from the National Survey of Children's Health, 2016-2022. Journal of Public Mental Health.

Appendix A: Task Force Members, 2024-2025

Required Role	Name/Position	District/Agency
Texas Education Agency Commissioner or designee	Julie Wayman, MSSW, Director of Mental and Behavioral Health	Texas Education Agency (TEA)-Program Staff Liaison for the Task Force
Other - Texas Education Agency Representative	Tammy Gendke, Mental Health Program Coordinator	Texas Education Agency
Other- Licensed Professional Counselor	Tracy Spinner, M.Ed., Senior Director, Task Force Chair	Daybreak Health
Parent	Barbara Granger, BA/BS	Parent
Parent	Tracy King	Parent
Parent	Leah Kelly	Parent
MH Provider (LPC)	Bena Glassock, Coordinator of Assessment, Counseling & Health Services	Hereford ISD
Other- Licensed Professional Counselor	Heather Lambert, LPC, Founding Director	Clearhope Counseling Center
Other- Licensed Professional Counselor	Jenipher Janek, M.Ed, LPC	Region 12 ESC
MH Provider (LCSW)	Francine (Fran) Duane, LCSW	Private Practice
MH Provider (School Counselor)	Tammie Mackeben, Director of School Counseling	Socorro ISD
Other- School Counselor	Michelle Harris, MS, LPC, School Counselor	Crowley ISD
Other - MH Representative	Angelina Brown Hudson, Program Director	NAMI Greater Houston
Other - MH Representative	Greg Hansch, LMSW, Executive Director	NAMI Texas
Other - MH Representative	Lisa Descant, MS Psychology, LPC-S, LMFT- S, CEO	Communities In Schools of Houston
Other - MH Representative	Rebecca Fowler, Director of Public Policy and Government Affairs	Mental Health America of Greater Houston
Other - MH Representative	Jamie Freeney, Ph.D, MPH, Director of The Center for School Behavioral Health	Mental Health America of Greater Houston
Other - MH Representative	Rohanna Sykes, Assistant Director for School Behavioral Health	Meadows Mental Health Policy Institute
Other - MH Representative	Monica Rodriguez, MPA, Valley Wide Program Manager	Tropical Texas Behavioral Health
Other - MH Representative	Pam Wells, Ed.D, Executive Director	Region 4 ESC
Other - Certified School Counselor	Christina Shaw, Ed.D, Student Support Counselor	Pearland ISD
Licensed Specialist in School Psychology	Phyllis Hamilton, Mental Health Coordinator	Region 3 ESC

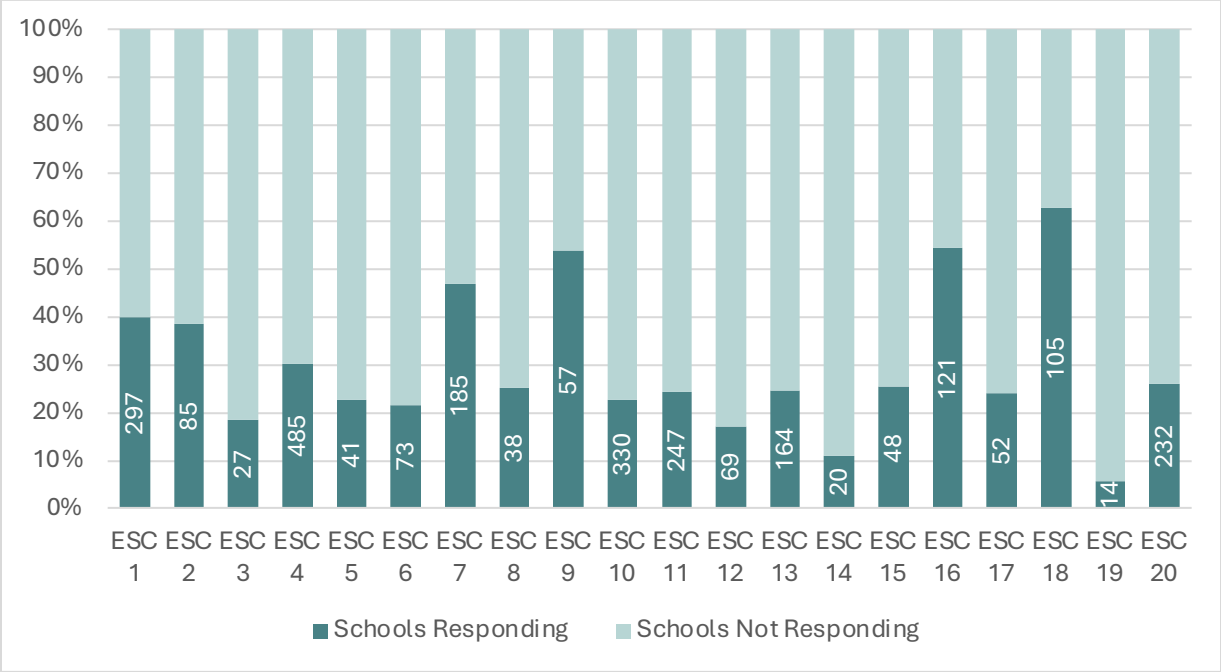
Required Role	Name/Position	District/Agency
Psychiatrist	Elizabeth Newlin, MD	UT Health Dept of Psychiatry & Behavioral Sciences
School Administrator	Andy Ball, Superintendent	Clifton ISD
School Administrator	Steven Shiels, LPC, MA School, Director of Guidance and Counseling	Tomball ISD
Employee of Institution of Higher Education	Molly Lopez, Ph.D, Director of the Texas Institute for Excellence in Mental Health	University of Texas-Austin
Other - Employee of Institution of Higher Education	Camille Gibson, Ph.D, Interim Dean and Executive Director	Texas Juvenile Crime Prevention, Prairie View A&M University
Other - Employee of Institution of Higher Education	Eric Storch, Ph.D, Professor, Vice Chair, McIngvale Presidential Endowed Chair- Department of Psychiatry & Behavioral Health Sciences	Baylor College of Medicine
Other - Employee of Institution of Higher Education	Leslie Taylor, Ph.D, Assistant Professor in Dept of Psychiatry & Behavioral Sciences	UT Health McGovern Medical School
Other - Employee of Institution of Higher Education	Stephanie Peterson, LPC, Training and Education Specialist	Texas State University Texas School Safety Center
Other - Employee of Institution of Higher Education	Susan Frazier-Kouassi, Ph.D, Director	Texas Juvenile Crime Prevention, Prairie View A&M University
Other - Employee of Institution of Higher Education	Natalie Fikac, Ed.D, Senior Administrative Program Coordinator at the South Southwest MHTTC	The University of Texas at Austin

Appendix B: School Survey Respondents

Methodology

The Task Force set out to gather information included in the study and evaluation by requesting data from relevant divisions of the Texas Education Agency (TEA), the Texas Health and Human Services Commission, and the Department of Family and Protective Services. This information included existing administrative data collected by the agencies relevant to the Task Force evaluation. The Task Force also examined publicly available data sources and existing reports and documents.

HB 906 School Survey, 2023-2024, Proportion of Schools Responding by Education Service Center



HB 906 School Survey, 2023-2024, Characteristics of School Campus Survey Respondents

Characteristics	Survey Respondents	Survey Non-Respondents
	N (%)	N (%)
Instructional Type		
Number of Roles Participating		
One	1326 (49.3%)	N/A
Two	490 (18.2%)	N/A
Three	343 (12.8%)	N/A
Four	215 (8.0%)	N/A
Five	168 (6.3%)	N/A
More than Five	148 (5.5%)	N/A
Roles Participating		
School Administrator (principal/ assistant principal)	2187 (81.3%)	N/A
School Counselor	1566 (58.2%)	N/A
Licensed School Psychologist	83 (3.1%)	N/A

Characteristics	Survey Respondents	Survey Non-Respondents
Licensed School Mental Health (LPC, LCSW, etc.)	272 (10.1%)	N/A
School Social Worker	214 (8.0%)	N/A
Nurse or Other Health Staff	366 (13.6%)	N/A
Teacher or Instructional Specialist	438 (16.3%)	N/A
Paraprofessional	90 (3.3%)	N/A
Family Specialist or Liaison	66 (2.5%)	N/A
Attendance Officer or Liaison	139 (5.2%)	N/A
School Law Enforcement / School Resource Officer	132 (4.9%)	N/A
Community Agency or Non-Profit Representative	65 (2.4%)	N/A
Other Role	416 (15.5%)	N/A

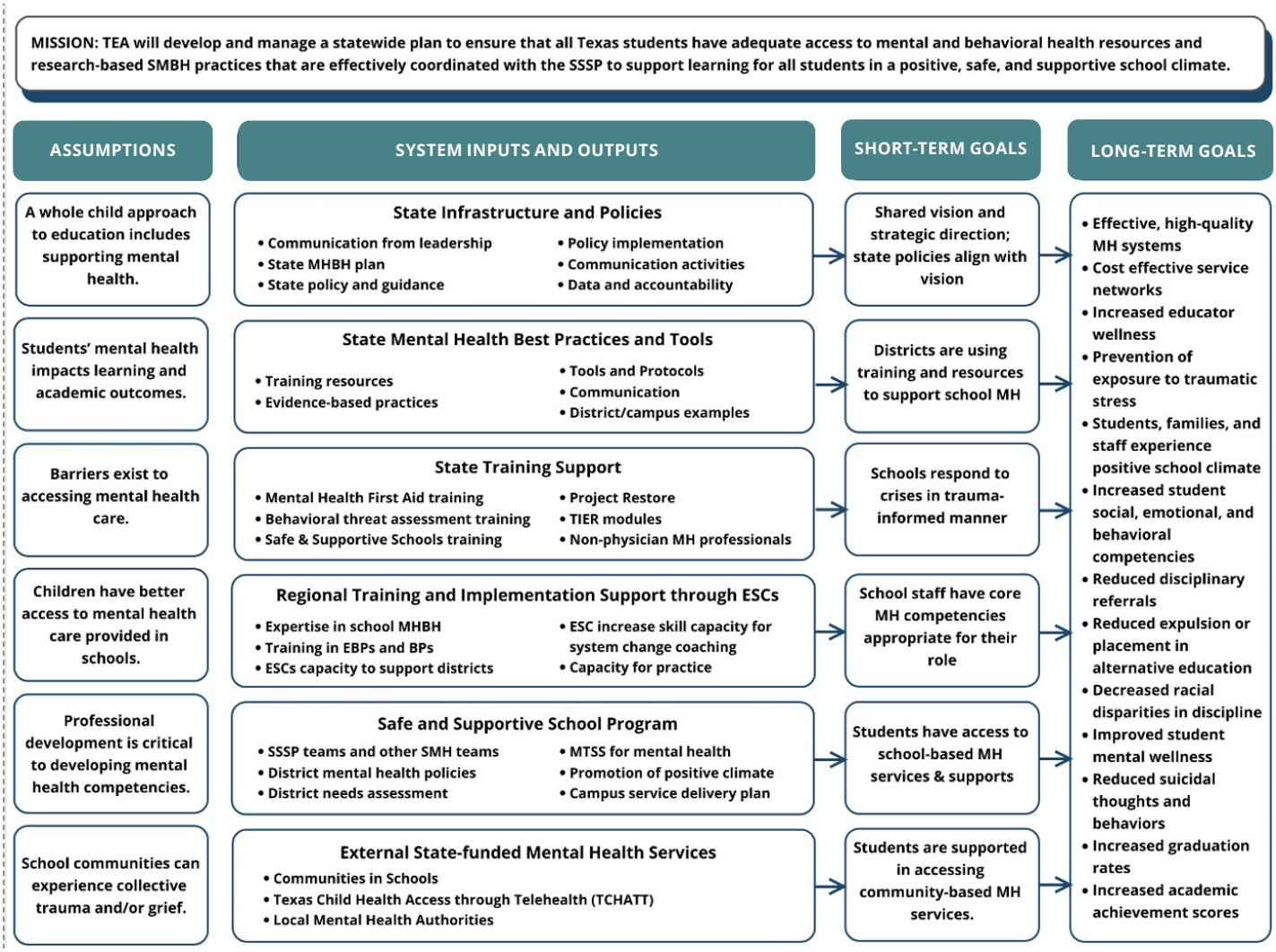
Appendix C: School Survey Instructions and Questions

2023-2024, HB 906 School Survey

Appendix D. Logic Model

Beginning in April 2021, Task Force members prioritized developing a framework to operationalize further the study and evaluation process with which it was charged. The framework defines the core features of the school-based mental health system to be evaluated (inputs), the expected results (outputs) of the school mental health system, and the short- and long-term outcomes that the Task Force believes are most relevant to measure whether the school-based mental health activities are having the desired or expected impact. The outcomes identified by the Task Force align with some of the metrics included in its charge but also include other metrics that were more directly aligned with mental health services (e.g., improved school climate and attendance).

Figure 1. Logic Model for the Evaluation of Public-Funded School Mental Health



The logic model identifies the different inputs that make up the state's school mental health ecosystem, including existing state and regional infrastructure dedicated to supporting school and community-based mental health services and supports along with existing state-funded public mental health services. A comprehensive evaluation seeks to understand the extent to which the expected system inputs are available and occurring (e.g., educators receive training, mental health services are offered), whether short-term outcomes are achieved (e.g., access to services are increased), and, ultimately, whether long-term outcomes are achieved (e.g., increased positive school climate, reduced mental health concerns).

The focus of the current Task Force report is to document members' efforts to understand the outputs of the current school mental health system, changes that have occurred since the last Task Force report, and the short- and long-term outcomes associated with these outputs. The evaluation design does not allow members to determine whether the available inputs/outputs cause the observed outcomes; however, the observed relationships can inform evidence-based recommendations to improve or enhance the current system.