



Statewide Plan for Student Mental Health

Senate Bill 11

December 2020

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Introduction

A safe and supportive learning environment is one that encourages student mental and emotional well-being. Mental and behavioral health are essential preconditions for Texas students to successfully learn, progress, and to achieve their personal college, career, or military readiness goals.

Student and Family Needs

Each year, approximately one in five children (20%) in the United States experiences a **clinical mental health disorder**. However, it takes on average 11 years¹ to identify a mental health condition for a child. This delay allows risks to exacerbate without early intervention and mental health support. Approximately 50 percent of students with a mental health condition drops out of school, indicating a need for school-based and school-connected services and supports. Of the students who do receive mental health interventions, 70 percent receive them at school. Many students and families do not have access to adequate mental health services, and the need for mental health supports is on the rise.² Behavioral health includes student behavior needs, substance use prevention and abuse intervention as integral to emotional well-being, and that may be co-occurring concerns for adolescents with mental health risks.

Rising rates of reported trauma, anxiety, and depression and substance use among young people before and during COVID-19 recovery are a concern for families and educators alike. Trauma, mental health, and behavioral health challenges can impact child development, learning, memory, concentration, focus, optimism, energy, motivation, overall well-being and goal-directed behavior; including progress on a student's personal graduation plan for college, career, or military readiness.

Fortunately, protective factors can help prevent and mitigate against risks for mental and behavioral health conditions. These include developing positive relationships with caring adults, positive social relationships with peers, a safe and supportive school climate, access to mental health and behavioral health supports at school; as well as supportive protective factors in the home and in

¹ National Association for Mental Illness (NAMI). (2020). Available at: <https://nami.org/mhstats>

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

the community. Educators, including school leaders, can help facilitate wellness and resiliency for young Texans.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

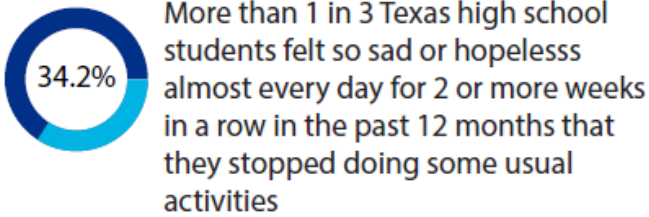
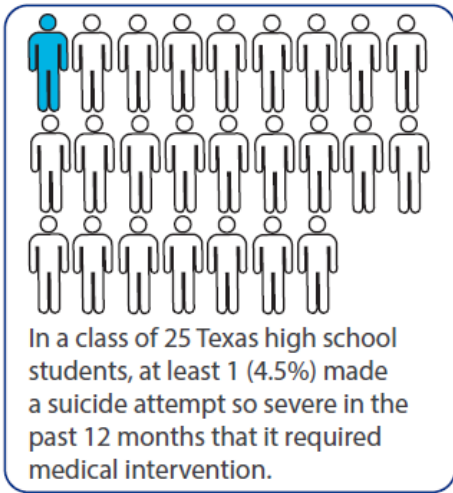
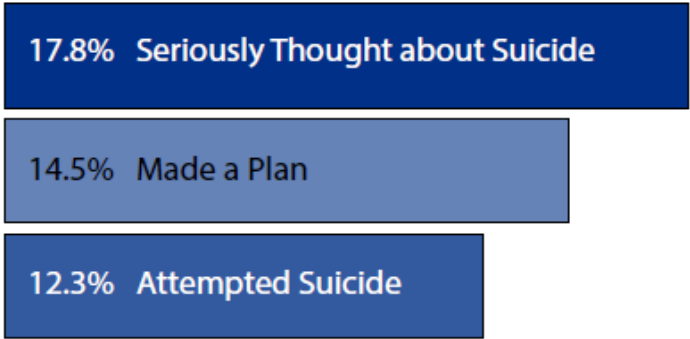
Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health is equally as important as physical health. (Centers for Disease Control, 2020)

Hope for their future is an essential internal protective factor that all students need to thrive. Feelings of hopelessness and suicidal behaviors are concerning indicators of mental health challenges. The following statistics in Figures 1 and 2 are according to reports by Texas high school students on the Youth Risk Behavior Survey in 2017:³

Figure 1. Suicidal Behavior

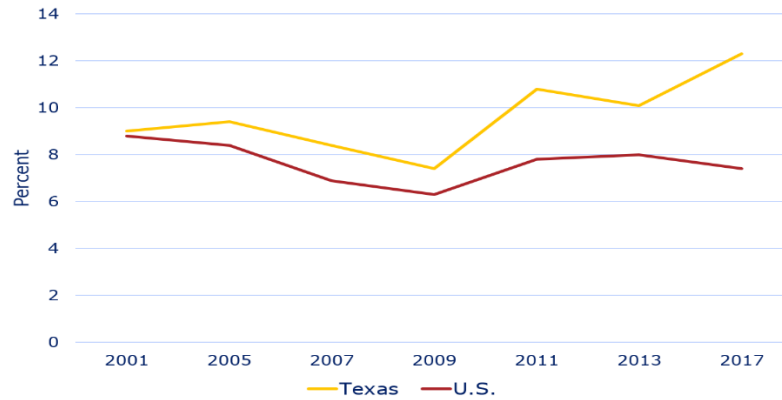
Suicidal Behavior Among Texas High School Student in Thoughts, Plans, and Attempts, in the Past 12 Months, YRBS 2017



Source: <https://www.dshs.texas.gov/chs/yrbs/attachments/September-Data-Brief-2018.pdf>

³ Texas Youth Risk Behavior Survey. (2017). Available at: www.dshs.texas.gov/chs/yrbs.

Figure 2. 10-year trend of rising suicide attempts reported by Texas high school students



Source: <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

Education System Needs

Local Education Agency Workforce Capacity

Table 1 describes the mental health workforce in terms of student/provider ratios of professional school counselors, school psychologists (Licensed Specialists in School Psychology [LSSPs]) and social workers working in Texas schools.

Table 1. Texas school mental health professional staff to student ratio

Position	Recommended ratio of students, position ¹	Actual ratio of students/position			Total number in Texas schools		
		2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020
Counselor	250/1	431/1	422/1	413/1	12,536	12,835	13,306
School Psychologist	1,000/1	2,792/1	2,769/1	2,751/1	1,934	1,956	1,997
Social Worker	400/1	7,200/1	6,882/1	6,626/1	750	787	830

¹ House Committee on Public Education. (December 2018). House committee on public education Texas house of representatives interim report 2018. Available at: https://house.texas.gov/_media/pdf/committees/reports/85interim/Public-Education-Committee-Interim-Report-2018.pdf.

The mental health professional staff to student ratios in this table are recommended by professional associations and advocacy groups as best practices for schools. Stakeholders have expressed several needs and reasons regarding high ratios. In some instances, stakeholders advise that the ratios are higher than recommended due to lack of mental and behavioral health professionals available in the

local workforce for schools to employ. This workforce shortage is supported by studies, such as by the Kaiser Foundation, indicating that approximately 37 percent of needs in the state are being met.⁴

There are currently 419 Mental Health Care Professional Shortage areas in Texas according to experts. These areas are defined by the Kaiser Foundation as areas with a population to provider ratio of greater than 30,000 to 1; including more than 12.5 million Texans. The Kaiser Foundation reports that the state would need an additional 547 providers to close the gap in these shortage areas and reports that approximately 37 percent of the mental health needs of the state population are currently being met.

In other school systems, stakeholders report that the workforce shortage is not a problem; rather positions for professional school counselors, LSSPs, and social workers are not funded in school budgets or considered in staffing patterns for recruitment and employment.

Yet other stakeholders express that where these positions are funded, frequently the professionals hired are not assigned duties to provide school mental and behavioral health services and supports as part of their roles and responsibilities, or that competing priorities interfere with the time that is available during the school day to support students and families with their mental and behavioral health needs.

Further study, analysis, and stakeholder engagement is needed to fully evaluate and understand the availability of and need for additional school-employed and school-based professionals to adequately support student mental health in each public school. Without adequate staffing student needs likely go unmet.

Partnerships with community resources is a promising practice and could significantly boost school-based and school-connected access for students and families to mental health providers. However, data on repositioned or contracted mental health-related staff working in schools, such as social workers through Communities in Schools programs, therapists through the Local Mental Health Authorities (LMHAs), or other innovative community prevention and mental health partnerships is not collected in the Public Education Information Management System (PEIMS) by TEA. Making available this data in PEIMS, along with school employed staff, is an identified need for the future.

⁴ Kaiser Family Foundation. (September 30, 2019). Mental health care health professional shortage areas (HPSAs). Available at: <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

TEA Workforce Capacity

TEA Secured Competitive \$10 million Federal SAMHSA Grant to Support School Mental and Behavioral Health Needs and Gaps | Project AWARE Texas (2018-2023)

Core staffing dedicated to leading school mental and behavioral health at TEA is a result of the **Hurricane Harvey Task Force on School Mental Health Supports** that was established by the Governor and Commissioner. As a function of the Task Force, TEA applied for and received a competitive Federal grant, Project Advancing Wellness and Resiliency in Education (AWARE) Texas.

AWARE Texas is a 5-year grant awarded by the Substance Abuse and Mental Health Administration (SAMHSA) for approximately \$10,000,000. The collaborative grant supports 3 Educational Service Centers (ESCs) and 15 schools to **increase access to school-based mental health professionals and services** in the Hurricane Harvey Region, and it also supports statewide infrastructure building activities for school mental health (SMH) through September 2023. This is an interagency collaborative initiative.

There are 15 mental health professionals working on this project statewide. State partners: TEA – Fiscal Agent, Management and Project Coordinator; HHSC - Project Co-Coordinator; Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin - Project Evaluator and Technical Assistance for Continuous Quality Improvement. Local partners: ESCs, LEAs, LMHAs and other identified local specialized mental health providers, organizations, business, parents, etc.

The Project AWARE Texas State Team leads statewide school mental health initiatives, such as developing and piloting tools and transferring knowledge through training and technical assistance to broadly support emerging practices in school mental and behavioral health in Texas.

TEA has dedicated one manager in the Highly Mobile and At-Risk Student Programs Division to oversee Project AWARE Texas and to coordinate statutory school mental and behavioral health (SMBH) initiatives under SB 11, HB 18 and HB 906, and interagency coordination for SMBH responsibilities. Communities in Schools (CIS) added one position after 86(R) to support CIS mental health services. TEA hired a counseling coordinator in the Counseling, Advising and Student Supports Division to guide LEAs with implementing the Texas Model for School Guidance and Counseling adopted under 86(R). TEA has allocated Federal funds through Title IV, Part A to support mental health and safety training with ESCs.

TEA hired a manager for the Safe and Supportive School Program (SSSP) in TEA Operations. The SSSP includes cross-division collaboration with SMBH initiatives, and with the Texas School Safety Center to meet goals of the SSSP under SB 11.

Highlights of Legislative Support for School Mental Health

The Texas Legislature has made significant strides with promoting a continuum of mental health literacy, promotion, prevention and intervention training for educators and school staff. Most training requirements are new resulting from bills passed during the 86th Texas Legislature. The Texas Education Code now requires LEAs to develop policies and practices for safety and mental health beginning in the 2020-2021 school year. School leaders and educators will need significant capacity building from the agency and partners including coaching, training, and technical assistance to increase schoolwide knowledge, skills, and practices to support student mental and behavioral health.

Below are 10 examples that are highlights of statutory requirements and funded state initiatives by the Texas Legislature, including 86(R), to support student mental and behavioral health in schools.

1. Mental Health First Aid Training

State Funding: Health and Human Services Commission (HHSC): Since 2015, over 40,000 educators have been trained in this evidence-based program to identify early warning signs of mental health conditions and make appropriate referrals. This program provides funding to HHSC for the LMHAs to provide the training, which is often coordinated with ESCs. This training is promoted by the agency including the agency website.

2. Non-Physician Mental Health Professionals in ESCs

State Funding: HHSC and Local Mental Health Authorities (LMHA): In the 2020-2021 school year, the 20 ESCs will have a non-direct service professional employed by the LMHAs placed in the ESC, House Bill (HB) 19. These MH professionals will provide training in MHFA and Trauma Informed Practices, identify LMHA and community MH resources, provide consultation to LEAs to connect them with resources, and coordinate with ESCs on SMH initiatives as identified locally by each ESC and LMHA.

3. Child Mental Health Care Consortium

State Funding: Allocated to Medical Schools in Texas Institutions of Higher Education (IHEs): Within SB 11, the Legislature created a Consortium of Texas medical schools with the Texas Higher Education Coordinating Board serving as fiscal agent. The Consortium will support children's mental health; including preparing new child psychiatrists for the workforce, providing psychiatric consultation with general practitioner physicians and pediatricians, and providing tele-psychiatry services in schools.

4. School Safety Allotment

State Funding: Allocated to LEAs at \$9.72 per student: Included in SB11, the allotment was funded in the General Appropriations Act to provide resources for schools for a list of allowable school safety and mental health training, staffing and other costs to equip safe and supportive schools.

5. Communities In Schools (CIS)

State Funding: Allocated to TEA for CIS grants to CIS providers: The legislature increased funding for CIS programs to expand CIS, including mental health supports, within this successful model of integrated student supports that is managed by the agency and implemented on CIS affiliate partner school campuses in each region of the state.

6. School Mental Health Task Force

State Funding-None, the agency may accept donations: HB 906 created the Task Force to study and evaluate school mental health services and training funded by the state. The agency appointed three IHEs to lead the investigation: The Texas Institute for Excellence in Mental Health at the University of Texas at Austin, Baylor College of Medicine, Prairie View A&M University; parents of students served by mental health services, a psychiatrist, school counselors, school mental health leaders, private practice therapists who provide services, mental health non-profit organization representatives, foundation representatives, an ESC director, a superintendent, and TEA staff. TEA staff is required to provide data and support to the Task Force as requested. The Task Force will provide biennial reports and recommendations to the legislature through 2025.

7. Mental Health Resources Rubric and Inventory – Regional and State

State Funding-None: SB 11 requires TEA to coordinate with a dozen state agencies and other stakeholders to develop and update a rubric and provide the rubric template to ESC. ESCs are required to use the rubric to identify regional mental health resources for topics and types of mental health prevention and intervention services in the community that are outlined in the statute, every odd year. TEA and state agencies are required to identify state level resources as well. TEA is required to submit the resource inventories with the Statewide Plan for Student Mental Health, every even year.

8. Safe and Supportive School Program

State Funding-None: SB 11 requires TEA to establish a Safe and Supportive School Program (SSSP) and Team to be implemented in each school that is responsible for assessing behavioral threats, providing and monitoring interventions as a result of a behavioral threat assessment. Interventions are to include ensuring a safe and supportive school climate and a multi-tiered system of support (MTSS) that addresses mental and behavioral health and the social and emotional domain of student development. LEAs are required to report data to TEA on the results of the program, including threats, interventions provided, and student outcomes from the program.

9. Statutory councils and interagency coordination

State Funding-None: State statutes require the agency to participate in the Statewide Behavioral Health Coordinating Council and in connected coordination activities with 22 state agencies; to enter into a memorandum of understanding (MOU) for state and regional coordination with the Community Resource Coordination Groups (CRCG); and enter into an MOU to coordinate with the Texas System of Care which includes participation in the Children and Youth Behavioral Health Subcommittee of the Behavioral Health Advisory Council. All statutory councils are facilitated by HHSC.

10. Required training, policies, procedures, and best practices (components in Table 2).

State Funding-None: The legislature created a new chapter in the TEC for SMBH resources and core components for training, policies, and procedures in TEC § 38.351. TEA, HHSC, and ESCs are annually required to review research-based practices and best practice-based programs under each component, identify resources under each component and post programs and practices to the TEA website. LEAs must develop policies and practices for each component beginning in the 2020-2021 school year.

In coordination with HHSC, TEA is required to develop guidelines for coordination with Medicaid and other resources. TEA is required to adopt a schedule for LEA staff training, and guidelines for coordination, for components under TEC Chapter 21, TEC § 38.351 and TEC § 38.036, including: suicide prevention, intervention, postvention; recognizing early warning signs of mental health conditions, including substance abuse; building skills related to managing emotions, including conflict resolution; the impact of grief and trauma on learning and how grief and trauma informed practices supports learning, providing awareness for parents and awareness of vicarious and secondary trauma for educators; and preventing, intervening in and reporting incidents of bullying.

TEC § 38.036 requires LEAs to develop a grief and trauma informed care policy and provide training. TEA is aligning all training and program statutes for SMBH through the Commissioner’s rulemaking process for the SSSP to integrate safety and mental health.

This strategy emphasizes the critical relationship between mental and behavioral health prevention, early intervention, intervention, and school safety.

Table 2. Required School Mental Health Components

School Mental Health Components, TEC § 38.351
<ul style="list-style-type: none"> • Early Mental Health Prevention and Intervention • Substance Abuse Prevention and Intervention • Suicide Prevention, Intervention, and Postvention • Grief-Informed & Trauma Informed Practices • Positive Behavior Interventions and Supports • Positive Youth Development • Safe and Supportive School Climate • Positive School Climate • Building Skills Related to Managing Emotions, Establishing and Maintaining Positive Relationships, and Responsible Decisionmaking

Statutory Authority for This Statewide Plan – TEC § 38.254

The landscape of school mental health is rapidly changing in Texas in transformative ways. The 86th Texas Legislature passed historic laws designed to improve the access to and quality of school mental health services and supports across the state, including in House Bill (HB) 18, HB 19, HB 906 and Senate Bill (SB) 11.

One of the key pieces of legislation was included in SB 11. This added Chapter 38, Subchapter F., Mental Health Resources to the Texas Education Code (TEC). Within this Subchapter, TEC § 38.351 - § 38.356 provides the foundation for this plan.

This is the first school mental health state plan to be developed in Texas. **This 2020 plan is designed to lay the foundation for the future. TEA strategies, goals and activities will guide the agency to effectively support Texas schools with student mental and behavioral health access. TEA is strategically coordinating SMBH activities (prevention through intervention) with school safety under the SSSP.**

The plan includes an introduction with a description of need, workforce capacities and overview of the Texas SMBH landscape; TEA's strategies, goals, activities and recommendations; and a description of resources available to schools identified in the first inventory.

In the appendix is background information from research conducted to prepare the plan, including a literature review, details from the resource inventory and summary tables.

Attached are the completed ESC resources rubrics resulting from the legislation.

STATEWIDE PLAN FOR STUDENT MENTAL HEALTH: Texas Education Code Section § 38.254.

- (a) The agency shall develop a statewide plan to ensure all students have access to adequate mental health resources. The agency shall include in the plan:
 - (1) a description of any revisions made to the rubric required by TEC Section 38.251;
 - (2) the results of the most recent regional inventory of mental health resources required by Section 38.252, including any additional resources identified;
 - (3) the results of the most recent statewide inventory of mental health resources required by Section 38.253, including any additional resources identified;
 - (4) the agency's goals for student mental health access to be applied across the state, including goals relating to:
 - (A) methods to objectively measure positive school climate;
 - (B) increasing the availability of early, effective school-based or school-connected mental health interventions and resources for students in need of additional support;
 - (C) increasing the availability of referrals for students and families to specialized services for students in need of additional support outside the school;
 - (5) a list of actions the commissioner may take without legislative action to help all districts reach the agency's goals described by the plan;
 - (6) recommendations to the legislature on methods to ensure that all districts can meet the agency's goals described in the plan through legislative appropriations or other action.
- (b) In developing the agency's goals under Subsection (a)(4), the agency shall consult with any person the agency believes is necessary to the development of the goals, including:
 - (1) educators; (2) mental health practitioners; (3) advocacy groups; and (4) parents.

Statewide Plan for Student Mental Health – 5-Year Plan

Statutory Charge to TEA – TEC § 38.254

“Ensure all students have adequate access to mental health resources.”

TEA Mission for School Mental and Behavioral Health

TEA will develop and manage a statewide plan to ensure that all Texas students have *adequate access* to mental and behavioral health resources, and research-based SMBH practices, that are effectively coordinated with the SSSP to support learning for all students in a positive, safe, and supportive school climate.

TEA Working Definition of Adequate Access

Adequate access means establishing a **continuum of mental and behavioral health services and supports** (prevention, early intervention and intensive intervention such as wrap around services and/or access to treatment and recovery in a positive, safe, and supportive school climate) that are available at the school (school based) or in the community (school connected) that:

- Addresses students’ mental and behavioral health needs that are identified by the annual campus needs assessment that includes assessing for mental health and wellbeing.
- Is responsive to emotional safety and wellbeing concerns that are identified through school climate surveys.
- Reflects mental health services and supports that are planned, organized and intentionally aligned through a MTSS comprehensive service delivery plan.
- Addresses the mental health components under TEC §38.351 and TEC §21.451; including training, policies and procedures.
- Is implemented by teams that are multi-disciplinary; building upon any existing student support services team or student assistance program, and is operationalized as a component of the SSSP under SB 11.
- Coordinates with TEC §§33.005-33.007 regarding the responsibilities of school counselors and counseling programs, programs serving special populations including

students with disabilities, highly mobile and at risk student programs, the role of School Health Advisory Councils, the TEC § 37.036 trauma informed care an training policy, etc. to effectively align initiatives to ensure access and coordination of mental health supports.

- Includes a procedure for parent/guardian notification and referrals to counseling and mental health services for students identified with early warning signs for suicide, mental health conditions, substance abuse and has a process for follow-up to support parents and students with connecting to the resources.
- Includes posting on the LEA’s website the counseling and mental health resources that are available to families at the school and in the community (school-based or school-connected) resources; including considering easy access to teletherapy at the school.
- Includes providing foundational school mental health training for all staff who regularly interact with students, with ongoing training and embedded support plans to implement research-based practices and best-practice based programs. Professional development is essential for a well trained staff, to stay current in the field, provide for continuous quality improvement, and to support the mental health and wellbeing for all in the school.

Following is a brief description of research-based comprehensive school mental health systems of support. See Table A-1 in the Appendix for examples of services and supports aligned in a school to support student mental and behavioral health and well-being.

Comprehensive School Mental Health Systems of Support

School mental health is a key component of a safe and supportive school which is operationalized in the **Safe and Supportive School Program (SSSP)** established under SB 11. A multi-tiered system of support (**MTSS**) that addresses mental and behavioral health, school climate and builds competencies in the social and emotional domain is a key pillar of **TEA’s comprehensive approach to school safety**.

A MTSS that is comprehensive promotes effective student learning and ensures student access to:

1. **Universal mental health promotion and prevention for all students**, including: a grief and trauma-informed staff; mental health literacy, promotion and prevention; substance abuse prevention; suicide prevention; positive behavior interventions and supports; caring adult relationships; building skills related to developing and maintaining positive relationships, managing emotions and making responsible decisions; positive youth development activities; bully prevention and safe reporting, a positive, safe and supportive school climate; access to request SMBH support services, screening with referrals and parent or caregiver notification and engagement for early identification mental and behavioral health needs;
2. **Targeted interventions for some students** who need early intervention, such as: referrals and connections to support services at school and in the community, interventions such as brief counseling, additional skill-building groups and support, family engagement, and follow-up plans.
3. **Intensive, specialized services for a few students**, such as wraparound services, case management, safety plans, re-entry plans, and access to specialized treatment services.

Key Concept: Family and student engagement are essential to effective planning and service delivery

Overview and Timeline of Statewide Plan for Student Mental Health (5-Year Plan)

Year 1 September 2020 – August 2021

Develop 1st Texas Statewide Plan for Student Mental Health

Submit Plan for the 87th Texas Legislature

Implement Activities for Each Goal

Year 2 September 2021 – August 2022

Implement Activities for Each Goal

Submit Statewide Plan for Student Mental Health Update **April 2022**

- Progress Report toward Goals and TEA Activities
- Recommendations on TEA Activities for Plan Years 3 – 5
- Recommendations for Legislative Action and/or Funding for Plan Years 3-5

Year 3 September 2022 – August 2023

Submit Statewide Plan for Student Mental Health Update **November 2022**

- Update Recommendations for Plan Years 3 – 5 for the 88th Texas Legislature

Year 4 September 2023 – August 2024

Implement Activities for Each Goal

Submit Statewide Plan for Student Mental Health Update **April 2024**

- Progress Report toward Goals and TEA Activities
- Recommendations on TEA Activities for Plan Years 5
- Recommendations for Legislative Action and/or Funding for Plan Years 5

Year 5 September 2024 – August 2025

Submit Statewide Plan for Student Mental Health Update **November 2024**

Update Recommendations for Plan Year 5 for the 89th Texas Legislature

Revise and Submit New 5-Year Strategic Plan

TEA Goals and Activities for Student Mental Health (5-Year Plan)

Goals Summary

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

Goal A: Develop and implement methods to objectively measure progress.

Short-Term Activities (Three school years: 2020-2021, 2021-2022, 2022-2023)

TEA activities without legislative action or additional funding:

- 1.** Gather data that is legally authorized; encourage LEAs to gather data locally for performance management.
- 2.** Collect aggregate data that can be reported through a Qualtrics Survey for the SSSP, or is available at TEA, pursuant to SB 11.
- 3.** Collect aggregate data that can be reported through a Qualtrics Survey, or is available at TEA, that is requested by the School Mental Health Task Force, pursuant to HB 906; coordinating with the SSSP.
- 4.** Pursue philanthropy funding to assist TEA with implementing short-term activities (Year 1 through 3) to make progress on Goals A, B, C.

TEA activities with financial support from philanthropy:

- 1.** Identify research-based data measures and recommend objective methods for progress monitoring.
- 2.** Determine needs, gaps and identify data elements for recommendations to add to PEIMS or another performance management system.
- 3.** Make recommendations for developing aligned data elements, progress monitoring, and performance management systems for mental health related statutes and the SSSP; pursuant to SB 11 and HB 906.
- 4.** Research and recommend common and objective measures for school climate surveys.
- 5.** Engage contract personnel or add TEA staff to support TEA work on these activities.
- 6.** Convene stakeholders to assist and advise TEA on these activities.

Long-Term TEA Activities – Years 4, 5 (Two school years 2023-2024, 2024-2025)

- 1.** Iterate on data collection for progress monitoring
- 2.** TEA anticipates a long-term need for legislative action on authorizing data elements and funding for a unified performance management system supporting:
 - The SSSP for LEAs to plan, monitor progress and report information on required activities and outcomes, pursuant to SB 11.
 - The School Mental Health Task Force request for LEAs and TEA to collect and report data to study and support school mental health and training, pursuant to HB 906.
 - To measure and ensure the availability of early and effective school-based and school-connected interventions and resources that are available in LEAs for students in need of additional supports; including access to specialized services in the community; pursuant to this Statewide Plan for Student Mental Health under SB 11.
 - To develop a searchable rubric inventory template for ESCs to update the regional community mental health resource inventory every odd year, pursuant to SB 11.

Goal B: Increase the availability of effective school-connected mental health interventions and resources.

Short - Term Activities (Three school years: 2020-2021, 2021-2022, 2022-2023)

TEA activities without legislative action or additional funding:

1. Provide staff support for the SSSP, including implement the Commissioner’s Rule.
2. Provide staff support for implementing the Commissioner’s Rule for the Trauma Informed Care Policy and Training.
3. Provide staff support to the HB 906 School Mental Health (SMH) Task Force; coordinating the Task Force activities with the SSSP.
4. Annually review and update the TEA Mental Health and Behavioral Health Website as required under TEC § 38.351 in coordination with HHSC and ESCs.
5. Disseminate basic SMH tools and resources to LEAs that are developed by TEA staff, and supported by Project AWARE Texas, with Federal funding from SAMHSA through September 2023 that support the SSSP.
6. Implement a Statewide Mental Health Resource Inventory update with state agencies and a Regional Mental Health Resource Inventory update by ESCs every odd year.
7. Facilitate a School Mental Health Professional Learning Community for ESCs through Project AWARE Texas to build regional capacity to support LEAs with increasing the availability of effective school-connected mental health interventions and resources, and the SSSP.

TEA activities with financial support from philanthropy:

1. Build out the SSSP module for the Effective Schools Framework (ESF); including convening and engaging experts and stakeholders in developing the module.
2. Develop a training system to build statewide capacity to support implementation of the SSSP.
3. Build out any related resources that are needed to support the SSSP.
4. Connect activities with measuring progress under goal A.

Long - Term TEA Activities – Years 4, 5 (Two school years 2023-2024, 2024-2025)

1. Iterate on building out resources that are needed to support the SSSP.
2. Build out regional teams of SSSP Specialists.

Goal C: Increase the availability of referrals for students and families to specialized services for students outside of school.

Short - Term Activities (Three school years: 2020-2021, 2021-2022, 2022-2023)

TEA activities without legislative action or additional funding:

1. Implement the Mental Health Resources Inventory, TEC §38.251 – TEC §38.253, in a Microsoft Excel rubric every odd year; and disseminate results as required by statute.
2. Update the State Plan for Student Mental Health under TEC §38.254 every even year.
3. Promote and develop resources through the Project AWARE Texas Federal grant; including the School Mental Health Practice Guide and Toolkit to support the SSSP.
4. Develop and disseminate School Mental Health MTSS training modules through Project AWARE Texas to support the SSSP.
5. Coordinate across TEA departments internally to support implementation of school mental health activities that support the SSSP.
6. Implement the Title IV Part A Behavioral Health Capacity-Building grant with ESCs and 100 LEAs to pilot the School Mental Health Toolkit.
7. Facilitate a School Mental Health Professional Learning Community for ESCs through Project AWARE Texas to build regional capacity to support LEAs with increasing access to specialized mental health resources, and the SSSP.

TEA activities with financial support from philanthropy:

1. Develop a new inventory rubric template with improvements for ESCs to identify regional mental health resources; in coordination with Goal A.
2. Support identification and building out of additional specialized statewide and regional mental health resources and tools to help schools to connect with specialized resources for students and families.
3. Coordinate with the ESF and with school mental health resources developed under the Goal B activities; in coordination with the HB 906 School Mental Health Task Force to support LEAs with connecting students and families with specialized resources in the community for the SSSP.
4. Develop additional resources and tools to support LEAs with connecting to specialized resources in the community, and measuring progress under Goal A.

Long - Term TEA Activities – Years 4, 5 (Two school years 2023-2024, 2024-2025)

1. Iterate on identifying statewide specialized mental health resources in coordination with the SSSP.
2. Iterate on identifying and coordinating regional mental health specialized resources in coordination with the SSSP.
3. Iterate on connecting all work activities under this goal with activities under Goals A and B.

Mental Health Resources Available to Schools

Mental Health Resource Inventory Rubric Overview

In accordance with SB 11, Texas Education Code (TEC) Section §38.251- §38.256, TEA developed a rubric with stakeholder input for each regional educational service center (ESC) to identify resources related to student mental health that are available to schools within each region. To identify resources, the project required ESCs to identify available mental health-related resources in each region. The project did not require ESCs to identify which resources are accessed by LEAs or which resources are currently being implemented or coordinated with LEAs.

The statute requires the rubric and inventory process to be updated and implemented every odd year. The statute includes a process and timeline for TEA to continually update the rubric template for ESCs, thus providing a framework for continuous quality improvement of resource mapping.

TEA developed the rubric in conjunction with input from the following agencies:

- The Health and Human Services Commission (HHSC);
- The Department of Family and Protective Services (DFPS);
- The Texas Juvenile Justice Department (TJJD);
- The Texas Higher Education Coordinating Board and the Texas Child Mental Health Care Consortium;
- The Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin;
- The Texas Workforce Commission (TWC); and
- In coordination with the Communities in Schools (CIS) program.

To develop a no-cost rubric template that was needed to meet requirements, the resource inventory rubric was built into an Excel spreadsheet and customized for each ESC. Each Microsoft Excel workbook was designed with instructions, statewide mental health resource inventory links, and provided dropdown lists to select local education agencies (LEAs) and counties served by the resources in each region of the state

In accordance with the statute, the rubric provided for the identification of resources related to:

- Training and technical assistance on practices that support the mental health of students;
- School-based programs that provide prevention and intervention services to students;
- Community-based programs that provide school-based or school-connected prevention or intervention services to students;
- CIS programs;
- School-based mental health providers; and
- Public and private funding sources available to address the mental health of students.

In addition, TEA provided optional fields on the rubric for ESCs to link the identified community resources to the Mental Health Resources components established in TEC § 38.351. These nine components are identified in statute for TEA, HHSC and ESCs to develop and identify best-practice-based programs and research-based best practices for schools and are used by TEA as a framework to guide local policies, procedures and training for school mental health. Thus, the mental health components under TEC §38.351 were mapped to the community resources identified by ESCs. This process provided TEA with additional understanding regarding the types of interventions and supports that each community resource could provide to schools. See Table 2.

Training and Technical Assistance for Rubric

TEA provided training for the ESCs in January 2020 to complete their initial inventory of community resources. Each ESC participated in the training.

In collaboration with the Education Region 14 Comprehensive Center serving Texas, TEA hosted two virtual trainings via Zoom to introduce ESC staff to the rubric. TEA engaged HHSC and DFPS in the training as well as The Texas Institute for Excellence in Mental Health and CIS. Collaborating agencies shared state level and regional resources to guide the resource identification project. Staff provided answers to questions and additional information.

Additionally, TEA hosted three virtual office hour sessions to promote additional sharing of statewide resources between ESCs and the state agencies. This provided time for ESCs to ask more questions and share information as the ESC staff implemented the inventory for the first time. Each customized inventory rubric template (Microsoft Excel spreadsheet) was emailed directly after a representative of the ESC attended one of the orientation trainings.

All 20 ESCs fully participated in the training and dedicated significant time and effort to the project. The rubrics were submitted back to TEA for combination and analysis in March 2020.

Regional Resource Inventory Results

In addition to this summary, additional tables from TEA's analysis of the Resource Rubrics are available in the Appendix, Tables A-4 – A-7. Highlights of the results are provided in this section.

This was the first implementation of the TEA and ESC resource inventory project in Texas. The project will continue every odd year. TEA will make efforts to continually improve the rubric and process each implementation year using the results and feedback from stakeholders, including the ESCs and LEAs.

Together, the ESCs reported full information on 1,337 programs or services related to mental health, available across Texas. The sheer volume of mental health resources available in some urban communities was a challenge for several ESCs to thoroughly capture during this first cycle of the mental health resources inventory project.

The identification of 1,337 resources reflects resources that are offered in a single LEA or county as well as resources that are available in multiple areas or statewide. For example, Youth Mental Health First Aid (YMHFA) is available in several regions and this statewide resource was counted individually by ESCs in each region.

When repeated resources such as YMHFA were removed in the analysis, more than 950 of the identified programs and services appeared to be unique services and programs in each region.⁵

Rubric submissions varied between each regional approach to identifying and connecting the resources to LEAs or counties. Some ESCs primarily listed high-level interventions (e.g., mental health services, early intervention services, etc.) or state agencies (e.g., Texas Juvenile Justice Department), while other ESCs listed specific programs or services offered by each agency or local

⁵ We cannot say for certain all these programs are unique because of variability among the inputs. Some regions listed resources that sound similar to other statewide resources but have slightly different names or spellings. For more information see Next Steps for Continuous Quality Improvement.

service provider. Some regions reported that all LEAs and counties have access to certain resources and other ESCs identified specific LEAs/counties with access.

One significant analysis from the first implementation of the resource rubric project is that school-based mental health services for prevention/intervention services account for less than 10 percent of all reported resources, while community based-prevention and intervention services counted for 72 percent of the resources.

The availability of actual school-based services seems to be limited at this time. This potentially allows opportunities for growth to leverage available community prevention and intervention services for partnerships and school-based accessibility, or for LEAs to further connect with community-based services through referral pathways.

(See Table 4)

Table 3. Resource distribution reported by category (equals more than 100% with rounded up percentages)

Resource category	Percentage of total resources
Community-Based Prevention or Intervention Service	72%
School-Based Prevention or Intervention Service	6%
Training and Technical Assistance	6%
Other, non-specified	6%
Communities in Schools Program Service	5%
School-Based Mental Health Provider Service	3%
Private Funding Opportunity	2%
Public Funding Opportunity	1%

Next Steps for Continuous Quality Improvement

Feedback from the ESCs was strong that the rubric inventory is a valuable tool and project. Agency staff assesses that the resource identification project was successful for the first cycle of administration.

After completing the rubric inventory, ESC staff consistently reported the process of identifying mental health resources currently available to schools in their regions was beneficial. ESCs reported that this project will inform their work with supporting LEAs to access mental health resources in the future.

Several ESCs mentioned they became much more familiar with the mental health resources, made connections with service providers and feel more equipped to respond to inquiries from LEAs.

Most ESC stakeholders commented that this project would be best implemented on an ongoing basis throughout the year.

TEA learned several lessons during this administration that may guide future rubric updates and inventory processes. First, it would facilitate the resource collection process and the subsequent analysis if each ESC is able to enter the resources identified directly into a database tool. The first round of rubric data was collected in Microsoft Excel spreadsheets that were customized specifically for each region to indicate the respective counties and LEAs served by each resource. However, this spreadsheet method does not provide standardized names and definitions of each community resource. It is also easy for users to accidentally modify the spreadsheet away from standardization while entering resources. This resulted in significant data cleaning and increased the potential that some resources may not be accurately reflected.

As ESCs learn and undertake this project, TEA anticipates that ESCs will continue to better understand their community resources over time. This project will be enhanced by ESC collaboration with the HB 19 nonphysician mental health professional from LMHAs who are anticipated to help with resource mapping during the next cycle as part of ESC SMBH teams. Learning resources and building relationships with service providers is an important step for ESC school mental and behavioral health teams to help LEAs increase access to mental health resources, especially in more small and rural districts.

For the next step in rubric improvement, TEA will consider alternative data collection tools and make recommendations to the legislature for tools and technical support, such as a database which would require funding to build and support by a Training and Technical Assistance Center for SMBH. It would also be useful to equip each of the ESCs with TEA SMBH Liaisons to provide deeper LEA engagement and coaching in the statewide resource mapping inventory cycles to determine which resources LEAs are accessing, and link LEAs with community resources that are coordinated in the MTSS through the Safe and Supportive School Program to support students and families.

These recommended resources and resource mapping improvements in the next cycle could provide the ESC school mental and behavioral health teams with additional understanding of LEA needs, and could help to facilitate LEA connections and partnerships with available community mental health resources.

TEA staff recommends adding additional questions to the ESC rubric for LEAs, such as:

- How many and what type of community resources identified are **partnering with LEAs** to deliver school-based services, or school-linked services in the community;
- How many students and families are **referred to** and **served by** school-based mental health providers, including community resources that are partnering to provide school-based services; and
- How many students and families are **referred to** and **connected with** community-based resources.

Such questions could be coordinated with the HB 906 School Mental Health Task Force and/or with the Safe and Supportive School Program for an integrated and efficient data collection and analysis process to meet the overarching statutory goal for TEA: **to ensure adequate student access to mental health resources.**

Mapping the full landscape and impact of student access to mental health resources for more than 1,206 LEAs and each school would require funding for a data collection system, and support from a Training and Technical Assistance Center that could support TEA with human capital needed to effectively implement this robust project over the long term. Information technology would strengthen the school mental health resource inventory process, as well as support LEAs to connect with resources identified to increase student and family access. It will also benefit the state to have a better understanding of available community resources that can be leveraged by schools; as well as what resources are being accessed by LEAs for school-based and school-connected services and supports.

The resources proposed in the TEA Goals and Recommendations section will help TEA build education system capacity to better access and connect with statewide and regional resources and increase student access to them. In this way, a data collection system developed over the next biennium to support this project, the SSSP and the Student Mental Health Task Force, along with strengthened training and technical assistance infrastructure as proposed, will ultimately support the State of Texas with continuous quality improvement for student mental health in Texas.

Appendix

Review of the Literature and Background Information

Appendix: Review of the Literature and Background Information

How Mental Health Impacts Learning and Outcomes

Each year, between 13 percent to 20 percent children in the United States experience a clinical mental health disorder and the rate is on the rise. Additionally, the estimated cost to the nation due to the impact of mental health disorders on the children, family members, and community overall is roughly \$247 billion per year to the nation.⁶ This does not include children enrolled in school who do not receive a clinical diagnosis for a mental health condition such as for anxiety, depression, trauma-related stress or other mental health challenges they are experiencing.

Many Texas students are struggling with anxiety, trauma and early warning signs of a mental health condition that often goes undiagnosed and untreated. In addition, substance abuse often co-occurs with mental health challenges with older students. The reasons students do not get help are many, including stigma and lack of access to services and supports where and when they need them. There is a broad range of mental health needs that children present with at school.

Research suggests that mental health challenges are a significant factor in student performance. While students diagnosed with conditions such as depression experience an increased likelihood of negative academic and social outcomes, there is increasing evidence to suggest that early intervention and school-based supports may be key to ensuring each student has the skills, support and mindset to be successful in school and beyond.⁷

For example, mental health programs that are offered directly in schools are connected to positive increases in school day attendance, academic performance on standardized tests and decreasing discipline placements.⁸ This includes serving students in school mental health promotion and prevention programs, supporting students who display early warning signs and risk for mental health challenges, and providing specialized services to treat or reduce symptoms. School-based services

⁶ Perou, R., et al. (2013). Mental health surveillance among children—United States, 2005–2011. *Morbidity and Mortality Weekly Report*, 62, 1-35.

⁷ Asarow, J.R., et al. (2005). *Depression and role impairment among adolescents in primary care clinics: Product page*. Elsevier. Available at: https://www.rand.org/pubs/external_publications/EP20051228.html.

⁸ Jennings, J., Pearson, G., and Harris, M. (2000). Implementing and maintaining school-based mental health services in a large, urban school district. *Journal of School Health*, 70(5), 201-205.

improve access to care, provide critical skill building services and establish meaningful relationships with caring adults that many Texas students need to thrive in school. Students present with a range of mental health challenges that can be addressed through a model of tiered mental health interventions and supports at school.

However, there is typically a lack of specialized treatment services available for high need students in many schools and in communities. One study found that only 45 percent of adolescents with psychiatric disorders received the treatment they need. Of those who received treatment, 24 percent were in school-based settings.⁹

As a consistent access point, schools are ideally suited to provide resources and evidence-based support to students throughout their education journey and decrease barriers of access.¹⁰

Additionally, schools may be well-placed to identify mental health challenges early in the student's life, which increases the likelihood that students will gain resilience skills that will improve their chances and opportunities for academic success.¹¹

Literature on School Mental Health and Safety

Research suggests that student perceptions of school safety are strongly associated with adolescent mental health concerns.¹² Furthermore, if students receive effective mental health support services then they are more likely to report that they feel safer at school. While effective mental health supports at school is one consideration, students' perception of the school climate also significantly impacts individual perceptions on campus safety.¹³

⁹ Costell, E. J., et al. (2014). Services for adolescents with psychiatric disorders: 12-month data from the National Comorbidity Survey-Adolescent. *Psychiatric Services*, 65(3), 359-366. Available at: <https://doi.org/10.1176/appi.ps.201100518>.

¹⁰ Sanchez, A.L., et al. (March 1, 2018). The effectiveness of school-based mental health Services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(3), 153-165. Available at: <https://doi.org/10.1016/j.jaac.2017.11.022>.

¹¹ Freeman, E., and Kendziora, K. (n.d.). Mental health needs of children and youth: The benefits of having schools assess available programs and services. American Institutes for Research. Available at: <https://www.air.org/sites/default/files/downloads/report/Mental-Health-Needs-Assessment-Brief-September-2017.pdf>.

¹² Nijs, M., et al. (2013). Perceived school safety is strongly associated with adolescent mental health problems. *Community Mental Health Journal*, 50, 127-134. Available at: <https://link.springer.com/article/10.1007/s10597-013-9599-1>.

¹³ Keily, T. (2018). Response to information request. Education Commission of the States. Available at: https://www.ecs.org/wp-content/uploads/State-Information-Request_Mental-Health-Family-Engagement-and-School-Safety.pdf.

School mental health is critical to school safety. There is an abundance of evidence that schools with positive school climate and integrated mental health and wellness programs are more likely than comparison schools to achieve higher standards of school safety, including less bullying (verbal, physical, cyber); less student isolation; more positive peer and teacher-student relationships, and less weapon threat and use on school campuses. Although the vast majority of students with mental illness are not violent (and are more likely than their peers to be victims of violence), establishing systems for prevention, early identification and mental health treatment for students with mental health challenges can protect students who may be vulnerable to disconnection, isolation, loss of social status, self-harm, retaliation, and aggressive behavior, all of which are predictive of future violence.¹⁴

Self-harm is a concern for our students as well when considering school safety, including in Texas schools. The 2017 Youth Risk Behavior Surveillance System (YRBSS) Survey conducted by the Texas Department of Health in collaboration with the Centers for Disease Control and Prevention surveying a sample of our high schools reveals that 12 percent of Texas students reported at least one major depressive episode and 18 percent reported they seriously considered suicide during the previous 12 months, 1 percent over the national average.

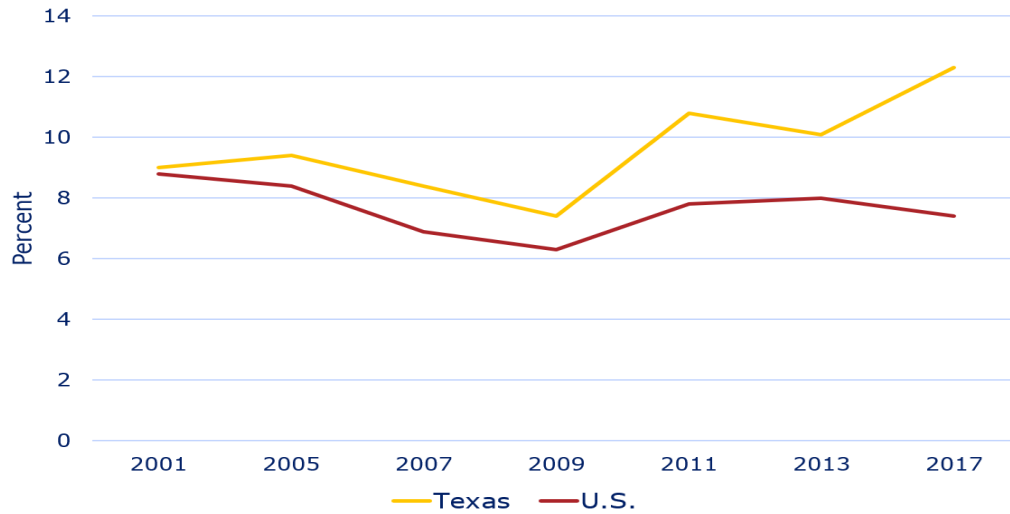
A full 5 percent of high school students reported they had attempted suicide resulting in injury, poisoning, or overdose that they had to be treated by a doctor or nurse; 3 percent higher than the national average.

Of significant concern, data from the 2017 Youth Risk Behavior Surveillance (YRBS) Survey, conducted by the Texas State Department of Health Services with the CDC, reveals a 10-year trend of increased suicidal ideation among students in Texas high schools. The Texas rate is 66 percent higher than the national average and 37 percent higher than when the YRBS Survey began in 2001.¹⁵ See Figure A-1.

¹⁴ National Center for School Mental Health, University of Maryland. (n.d.). *Policy*. Available at: <http://www.schoolmentalhealth.org/Our-Work/Policy/>.

¹⁵ Texas Youth Risk Behavior Surveillance Survey, Texas State Department of Health Services, 2017. Trend data from the CDC. Chart by the Texas Health and Human Services Commission.

Figure A-1. Texas 10-year trend high school youth report of suicidal ideation, 2017



Source: <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

We are very concerned that 34 percent of high school students reported feeling so sad and hopeless almost every day for 2 or more weeks in a row to the extent that they stopped doing some usual activities during the 12 months before the survey. Feelings of hopelessness is a risk factor for suicide and an indicator of need for mental health supports in our schools.¹⁶

School Mental Health and Multi-Tiered Systems of Support

Student mental health services and supports works in tandem with encouraging student academic, social, and emotional achievement in healthy adolescent development to prepare for the rigors of adult life.

Research reflects that school campuses are well-suited to provide student mental health support. One reason for this is because teachers, administrators and school support staff are on the front lines interacting daily with students. Because of their frequent interactions with and knowledge of students and their environment, school administrators and school personnel provide a critical link

¹⁶ Texas Youth Risk Behavior Surveillance Survey, Texas State Department of Health Services, 2017. Trend data from the CDC. Chart by the Texas Health and Human Services Commission.

for promoting mental health and well-being; including identifying mental health concerns and facilitating connection to important mental health services.¹⁷

Texas educators are becoming increasingly equipped to notice substantive changes in student behavior, both internalizing and externalizing behaviors, due to support provided by the State of Texas. Texas has funded Mental Health First Aid and Youth Mental Health First Aid training since 2015 to Local Mental Health Authorities to train educators. This training has equipped more than 40,000 educators to identify warning signs, develop plans to support students and inform parents when warning signs are observed at school. This early identification of warning signs has also elevated the awareness among educators of the need for school-based services when and where students and families they need them. This also includes school-linked specialty services that are critical. Access is often accomplished through a growing number of partnerships with community providers in many areas of the state. This is a key strategy when providers are easily accessible to families.

The Safe and Supportive Learning Environments review of the research at the U.S. Department of Education has identified that school mental health and emotional wellness programs boosts academic performance. Addressing the mental health needs of students at school enhances protective factors that increase a student's ability to succeed in school. Protective factors that are part of the natural education environment in a school can be strengthened with a school mental health program. When the program is focused on prevention as well as intervention, school mental health programs work strategically to reduce risk factors that interfere with a student's ability to succeed in school. School mental health strategies have been shown to improve academic outcomes, reduce discipline referrals, increase graduation rates, increase student attendance and facilitate a positive school climate.¹⁸ Providing mental health supports in schools removes barriers to access, increases participation and reduces loss of instructional time as students return to the learning environment more quickly than when they need to leave school for an appointment. When mental health providers are available in schools, interventions can also be more responsive as needs arise. The findings recommend well-structured, evidence-based strategies implemented with fidelity.

¹⁷ Meadows Mental Health Policy Institute. (November 1, 2018). *Mental and behavioral health roadmap and toolkit for schools*. Available at: https://www.texasstateofmind.org/wp-content/uploads/2019/10/Roadmap_and_Toolkit-for-Schools_R4b.pdf.

¹⁸ Schweig, J., Hamilton, L., and Baker, G. (2019). *School and classroom climate measures: Considerations for use by state and local education leaders*. RAND Corporation. Available at: <https://doi.org/10.7249/RR4259>.

These findings from the Safe and Supportive Schools research are in alignment with strategies of the Comprehensive School Mental Health Model. The Multi-Tiered Systems of Support (MTSS) framework is the foundation of these strategies. The National Center on School Mental Health, funded by the Substance Abuse and Mental Health Administration (SAMSHA), originally convened a national working group with experts and stakeholders from education, special education and mental health to conceptualize a model for Comprehensive School Mental Health. The working group conducted research and identified seven domains and 43 indicators of a quality, comprehensive school mental health system and tested and evolved the model in pilot states. TEA's Project AWARE Texas staff, partners from HHSC, an ESC and the University of Texas at Austin's Institute for Excellence in Mental Health were invited to participate with 50 state teams to provide input into a developing curriculum and training program for the school mental health model to support implementation in schools.

TEA is piloting SMBH tools and the curriculum through a Professional Learning Community with the 20 ESCs, and Texas tools with the Project AWARE Texas schools in coordination with Positive Behavior Interventions and Supports Interconnected Systems Framework for School Mental Health, (PBIS-ISF) and other evidence-based practices. With implementation feedback from the field, TEA is further customizing the curriculum and tools for Texas schools.

The Hurricane Harvey Task Force on School Mental Health conducted workgroups and research to inform tools and assist TEA with customizing the model. The TEA mental and behavioral health team in the division of highly mobile and at-risk student programs also worked with stakeholders and experts in the agency from Special Education and CISs. Participating organizations included HHSC, MMPHI, Texas Cares for Children, Mental Health America and researchers from the University of Texas at Austin, Baylor College of Medicine and University of Texas Health Houston and four ESCs on the project. Recently TEA has engaged the new HB 906 Task Force on School Mental Health for input into the Texas SMBH Model which includes school counselors, mental health professionals, administrators and other experts.

With input from the AWARE Texas pilot schools, ESCs and engagement with a broad range of mental health experts, TEA will produce a School Mental Health Practice Guide and Toolkit version 1 to be released for LEAs to implement in the fall of 2020. TEA will record the curriculum in a Learning Management System for training Safe and Supportive School Teams in the MTSS for SMBH, climate and the social emotional domain. Texas has access to a no cost online quality self-

assessment tool and supplemental training materials to help local school teams build their school mental health programs.

The Texas MTSS Framework for Comprehensive School Mental Health includes:

- **A Multidisciplinary Team:** Including multi-disciplinary school staff and community mental health service providers, parent and youth voice included in planning (not on student-level Tier 2 & Tier 3 staffing teams).
- **Needs Assessment:** Needs Assessment to identify mental health needs in the school and community; measuring school climate and using data; resource identification and mapping; aligning resources within the school; and agreements with community service providers; establishing referral pathways.
- **Screening:** Universal screening, gated.
- **Tier 1: Mental Health Prevention and Promotion:** Includes training, policies and procedures under TEC § 38.351, TEC § 21.451, integration of PBIS ISF strategies and resources and coordinated with the Texas Model for Professional School Counselors, etc.
- **Tier 2 and Tier 3: Early Intervention (Targeted) and Specialized Services/Treatment (Intensive):** Includes training, policies and procedures, integration of PBIS ISF and existing student support teams, coordinated with the Texas Model for Professional School Counselors, etc.
- **Funding and Sustainability:** Budgeting, funding sources and braiding funds, partnerships and agreements; accessing community services and supports, etc.
- **Measuring the Impact:** Monitoring progress on interventions, care management, student service or wellness plans, data and reporting on the outcomes, coordination with SSSP Teams, etc.
- **Foundational Features:** Comprehensive Service Delivery Plan, Training, Technical Assistance and Quality Self-Assessment for continuous growth, etc.

The Texas MTSS framework for school mental health is designed to provide a continuum of services ranging from universal prevention and schoolwide activities that supports all students (Tier 1), selected or targeted services and supports for some students who need them (Tier 2) and intensive specialized services and supports for the few students who need them (Tier 3), thus ensuring services and activities are aligned to the individual needs of each student.

Table A-1 illustrates examples of the continuum of services built into the MTSS framework that addresses student mental health in a school.

Table A-1. Multi-tiered systems of supports framework for SMH overview and examples^{19,20, 21}

MTSS level	Approach	Example activities
Tier 1 Universal	Broad mental health-behavioral health related activities including promotion and prevention that are selected and implemented to meet the needs of all students.	<ul style="list-style-type: none"> Teaching interpersonal/social, emotional, and behavioral skills that promote healthy development, college and career readiness Positive youth development activities to engage all students Teaching mental health awareness Advisory lessons and caring adult relationships for all students Grief and Trauma informed practices, policy and procedures School-wide positive behavior support and mental health practices; including teaching and practicing behavior regulation and co-regulation, problem solving, restorative practices, etc. Staff development for staff who interact regularly with students School climate surveys, team analysis and improvement efforts Universal screening Planned school-wide responsive systems of support Self-referral process that promotes help-seeking behavior, without stigma, to access mental health services and supports Referral protocols for early identification of needs, and engaging families regarding mental health or substance use concerns
Tier 2 Selected	Targeted early intervention services and supports to some identified students identified at-risk of mental health concerns.	<ul style="list-style-type: none"> Implementation of protocols and referral pathways to address early warning signs for suicide and mental health concerns Gated screening with family engagement and consent Evidence based classroom or small group interventions for additional skill building, such as problem solving, conflict resolution, building/maintaining relationships, goal setting, decisionmaking, stress management, and resiliency building Supportive guidance such as solutions-focused counseling and parent engagement and family psychosocial education groups Mentoring, adult advocates for students at-risk Low-intensity classroom-based supports, such as daily teacher/student check in, restorative practices and circles, etc. Data collection and monitoring progress toward goals Responsive services to address student needs as they arise – immediate access to a counselor, social worker, liaison, etc. Engagement and connection with community resources Coordination with Student Services or Child Study Teams, etc. Student Wellness or Intervention Plans; Case management
Tier 3 Intensive	Mental health treatment or access to specialized services to support selected students with mental and behavioral health needs.	<ul style="list-style-type: none"> Increased intensity of Individualized evidence-based therapeutic interventions by mental health professionals, including telehealth Community mental health referrals; wraparound support Crisis responses and crisis intervention plans Re-entry plans; Safety plans Individual, group or family therapy; i.e. Cognitive behavioral Substance abuse treatment, Recovery groups and support Care coordination with mental health providers, physicians, etc. Coordination with special education for students with disabilities

¹⁹ Mental Health Policy Institute. (November 1, 2018). *Mental and behavioral health roadmap and toolkit for schools*. Available at: https://www.texasstateofmind.org/wp-content/uploads/2019/10/Roadmap_and_Toolkit-for-Schools_R4b.pdf.

²⁰ National Center for School Mental Health, 2020. Resources at: <http://www.schoolmentalhealth.org/Resources/>.

²¹ National Association of School Psychologists, 2020. School-Based Mental Health Services: Improving Student Learning and Well-Being. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services#:~:text=According%20the%20U.S.%20Department%20of,and%20alcohol%20and%20substance%20abuse.>

School Climate

One key component of MTSS for school mental health involves activities that support development of a positive, safe and supportive school climate. TEA defines positive school climate as:

- The quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the school district, parents or caregivers of those students, and personnel employed by, volunteering or working in the school. School climate can be measured with indicators to reflect the extent to which the school is perceived and experienced as positive by stakeholders.

Positive school climate is linked with several key student outcomes, including increased academic achievement, improved attendance and graduation rates, and reduced rates of exclusionary discipline.²² Additionally, research suggests positive changes in students' academic motivation and engagement are influenced by students' perceptions of their teachers' ongoing support and promotion of two-way respect.²³

One significant national school climate framework was created by the U.S. Department of Education's Safe and Supportive Schools (S3) program (see Figure A-2), which sought to improve school climate and, by extension, reduce substance abuse, improve school safety, strengthen student wellness and engagement. In 2010, the U.S. Department of Education awarded \$38.8 million in S3 grants to 11 states to measure school safety and implement interventions in schools with the highest need. The grant served 438 high schools across 193 school districts over 4 years.

By the conclusion of the grant, 73 percent of S3 schools reported improvements in perceptions of school safety and 54 percent saw improvements in reducing suspension rates.²⁴ It is important to note that school climate research focuses both of the measurement of school climate and improvement efforts related to the findings of the measurement. Measurement is critical to keeping schools accountable for improvement efforts, but also must be conducted with reliable and valid tools.²⁵ Several national resources, including the National Center for Safe and Supportive Learning

²² Schweig, J., Hamilton, L., and Baker, G. (2019). *School and classroom climate measures: Considerations for use by state and local education leaders*. RAND Corporation. Available at: <https://doi.org/10.7249/RR4259>.

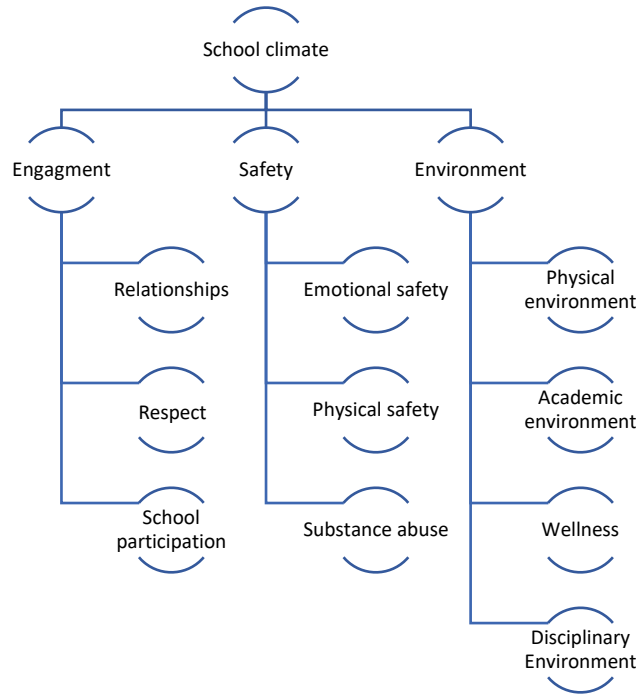
²³ Ryan, A.M., and Patrick, H. (2001). The classroom social environment and changes in adolescents' motivation and engagement during middle school. *American Educational Research Journal*, 38, 437–460.

²⁴ Darling, K. et al. (July 2018). *Safe and supportive schools (S3) grant descriptive study executive summary*. National Center on Safe Supportive Learning Environments.

²⁵ National Center on Safe Supportive Learning Environments. (2020). *School climate measurement*. Available at: <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement>.

Environments (NCSSE), maintain indexes of evidence-based school climate measurement tools and systems to ensure measurement accurately identifies school needs.²⁶

Figure A-2. Safe and supportive schools model



School climate measurement is complex and multi-dimensional. Many measurement systems rely on survey data from students, parents, and school staff, and such tools are not always created using best practices in instrument design. Additionally, it can be difficult to identify the best unit of analysis with surveys, such as considering individual perceptions compared to aggregated perceptions of entire groups. Aggregate measures of climate may also hide important perspectives from specific sub-groups. Finally, culture can impact climate measurement tools that are not responsive to the populations served by the school.²⁷ The research on this topic suggests schools must research and select their measurement tool carefully to ensure the best data to drive school climate improvement efforts.

²⁶ National Center on Safe Supportive Learning Environments. (n.d.). *School climate survey compendium*. Available at: <https://safesupportivelearning.ed.gov/topic-research/school-climate-measurement/school-climate-survey-compendium>.

²⁷ Schweig, J., Hamilton, L., and Baker, B. (2019). “School and Classroom Climate Measures.”

National Scan of Funding Approaches

There are several key funding streams that states are using to support school-based and school-connected mental health services. Table A-2 details examples of the Federal options, including block grants, project grants through Federal agencies, and direct payments through Medicaid.

Table A-2. Federal funding streams for mental health services

Federal funding source	Examples ¹
Block grants	<ul style="list-style-type: none"> • Title V Maternal and Child Health • Title XI funds for disadvantaged youth • Title XX Social Services • Preventive Health and Health Services block grant.
Project Grants	<ul style="list-style-type: none"> • Project Advancing Wellness and Resilience Education (AWARE) • Project Prevent • Comprehensive School Safety Initiative • STOP School Violence Act
Direct Payments/Fee for Service	<ul style="list-style-type: none"> • Federal assistance to students provided through fee-for-service, such as therapy for students with clinical diagnoses • Medicaid-funded services for students with disabilities with IEPs through the SHARS program

¹ National Center for School Mental Health, University of Maryland School of Medicine. (2020). *School mental health quality guide: Funding and sustainability.*

Additionally, the reauthorization of the Federal Elementary and Secondary Education Act under the Every Student Succeeds Act (ESSA) of 2015 expanded flexibility and allowable uses for Title I, II, and IV funds to support student mental health needs. These Federal funding sources reference schools may include “integrated services, counseling, school-based mental health programs, mentoring, partnerships with community providers, and other strategies that can help improve students’ skills to support learning and in addition to academics.”²⁸

State Examples on How Student Mental Health Is Addressed

In addition to Federal options, there are several mechanisms available within each state. Some of the state options are funded by state revenue including taxes, mental health state grants, the Children’s Health Insurance Program, and dedicated line items in the state budget.²⁹ Table A-3 shows a sample of funding strategies in different states.

²⁸ Freeman, E., and Kendziora, K. (2017). Mental health needs of children and youth: The benefits of having schools assess available programs and services.

²⁹ National Center for School Mental Health.(2020). *School mental health quality guide: Funding and sustainability.*

Table A-3. Sample state funding strategies^{1,2,3,4}

State	Strategy
Alabama	<ul style="list-style-type: none"> The departments of Mental Health and Education collaborated to create a cross system funding stream for school-based mental health centers.
California	<ul style="list-style-type: none"> Mental Health Services Act (MHSA) school mental health program funded through additional tax, and local ownership of school mental health program development to fit local needs.
Colorado	<ul style="list-style-type: none"> A total of 12.59% of marijuana tax revenue is credited to the State Public School Fund, which includes uses for school mental health and education. H.B. 19-1017 creates an education pilot program for elementary schools from 2020-2023. Each school will contract to provide each grade from kindergarten to fifth with a dedicated mental health professional. If a grade has more than 250 students, mental health professionals must be added to maintain an approximate ratio of one professional per 250 students.
Michigan	<ul style="list-style-type: none"> Medicaid program funding services for students with IEPs under IDEA revised to include MTSS Tiers 2 and 3 counseling sessions by school professionals.
Minnesota	<ul style="list-style-type: none"> The Minnesota Department of Human Services funds a state grant for supporting mental health services in schools.
Nevada	<ul style="list-style-type: none"> The governor’s state-funded block grant called “Social Workers in Schools” began in the 2015-2016 school year and provides full-time social workers to address mental health/behavioral health issues identified on school climate surveys.
New York	<ul style="list-style-type: none"> In 2019, New York dedicated a budget line item to send \$500,000 to the School Mental Health Resource and Training Center.
South Carolina	<ul style="list-style-type: none"> Department of Education developed a Psychosocial Behavioral Health Rehab Medicaid Standard for Tiers 2 and 3 counseling; Department of Mental Health provides state legislative reoccurring funds for rural school mental health.
Tennessee	<ul style="list-style-type: none"> School mental health funding for case managers in schools for Tiers 2 and 3 services.

¹ Substance Abuse and Mental Health Services Administration. (July 2019). *Guidance to states and school systems on addressing mental health and substance use issues in schools*. Available at: <https://store.samhsa.gov/product/guidance-states-and-school-systems-addressing-mental-health-and-substance-use-issues>.

² National Center for School Mental Health.(2020). *School mental health quality guide: Funding and sustainability*.

³ National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Participant manual, National School Mental Health Curriculum*. Available at: https://mhttcnetwork.org/sites/default/files/2019-07/NationalSMHCurriculum_ParticipantManual.pdf.

⁴ Whinnery, E. (October 2019). Student mental health policy report. Education Commission of the States. Available at: <https://www.ecs.org/student-mental-health/>.

Ultimately, there is not a single funding stream that can support a comprehensive system of mental health supports for all in schools in a state. States seeing the most success are braiding or blending different funding streams together. Braiding coordinates multiple funding streams together to leverage specific funds into the portfolio of state and local initiatives related to mental health service, which still retain the connections to the original sources of funding and any requirements or constraints. Blending is combining multiple funding streams into meeting one cost objective, which is harder to do because of the nature of such different funding streams.³⁰ Below are three examples

³⁰ Cabello, M., and Ballard, K. (September 17, 2018). Braiding and blending: Managing multiple funds to improve health.” *Urban Institute, Pay for Success* (blog). Available at: <https://pfs.urban.org/pay-success/pfs-perspectives/braiding-and-blending-managing-multiple-funds-improve-health>.

of states that have braided funding together to focus on improve school-based mental health supports and services.

Pennsylvania

Pennsylvania has used braided funding to support school mental health services across the state through local, state, Federal and nonprofit streams. Behavior treatment services for students are supported through Medicaid, CHIP, and private insurance providers. The state provides mental health and drug and alcohol allocations directly to counties to liaise with the Student Assistance Program (SAP) teams in all school districts, as well as provide evidence-based prevention services to schools. The education department provides training for SAP, Positive Behavioral Supports, and Youth Mental Health First Aid training. Ten percent of the funding for the comprehensive mental health school-based support comes from foundations and other grants.³¹

Florida

Florida has increased funding for school mental health services over the past 3 years, including allocating \$75 million in 2019 and proposing \$100 million in 2020.³² As part of a law to address gun violence and school safety, the Florida legislature created a Mental Health Assistance Allocation to provide funding to school districts to help establish or expand school-based mental health care. Each district receives a minimum of \$100,000 and the rest is distributed proportionally based on student enrollment. 90 percent of funds must “(1) provide mental health assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnosis and students at high risk of such diagnoses; and (2) To coordinate such services with a student’s primary care provider and the student’s other mental health providers.”³³ Each school district must submit a Mental Health Plan to the State Department of Education and there is a district report required for submission to the Department related to expenditures and outcomes of the Mental Health State Allocation. Additionally, Florida used a Substance Abuse and Mental Health Services Administration (SAMSHA) Project AWARE

³¹ National Center for School Mental Health.. (2020). *School mental health quality guide: Funding and sustainability*.

³² Swisher, S. (2020, January 30). Florida schools are set to get a mental health funding boost. *South Florida Sun Sentinel*. Available at: <https://www.sun-sentinel.com/news/politics/fl-ne-school-mental-health-funding-20200130-f6ijjsojzflboib3robydiihq-story.html>.

³³ Florida Department of Education. (March 9, 2018). SB 7026 public safety. Available at: <http://www.fldoe.org/core/fileparse.php/12031/urlt/SB-7026-Public-Safety.pdf>.

(Advancing Wellness and Resilience in Education) grant to create a comprehensive mental health screening tool to help schools to implement effective screening processes and ensure students receive support and services when needed.³⁴

Ohio

In 2019, the Ohio legislature allocated \$675 million for student wellness and success. The funds allow districts to spend money on programs and services related to 11 wellness initiatives. Mental health services, trauma-informed care professional development, and family engagement and support services are included on the initiative list. The funding also requires school districts to engage community partners, such as a community-based mental health provider or educational service center, in the planning and implementation of grant-related activities.³⁵ Additionally, the current state biennium budget provides \$1 million per year for the Ohio Department of Education to administer professional development grants to education service centers to offer training on risky behavior prevention and identification, and \$1 million per year to administer school climate improvement grants that implement positive behavioral interventions and supports (PBIS) frameworks, evidence- or research-based social and emotional learning initiatives.^{36 37} The state also weaves in support from the Federal STOP School Violence Act to provide evidence-based school violence prevention trainings and operates the Medicaid School Program, which provides match funding for medically necessary therapy services for eligible children between the ages of 3-21.³⁸

National Resources that Can be Leveraged

There are several national, evidence-based resources that can be leveraged to improve access to school-based mental health supports

³⁴ Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools. (July, 2019). Substance Abuse and Mental Health Services Administration.

³⁵ Ohio Department of Education. (October 15, 2019). *Student wellness and success funds guidance*. Available at: <http://education.ohio.gov/Media/Ed-Connection/Oct-15-2019/Guidance-for-Student-Wellness-and-Success-funds-no>.

³⁶ Ohio Department of Education. (n.d.). *Prevention education*. Available at: <http://education.ohio.gov/Topics/Student-Supports/Creating-Caring-Communities/Prevention-Education>.

³⁷ Ohio Department of Education. (February 10, 2020). *Application period open for 2020 Ohio School Climate State Grant*. Available at: <https://education.ohio.gov/Media/Ed-Connection/Feb-10-2020/Application-period-open-for-2020-Ohio-School-Clima>.

³⁸ Ohio Department of Health. (n.d.). *Medicaid schools program*. Available at: <https://medicaid.ohio.gov/RESOURCES/Publications/ODM-Guidance/Medicaid-School-Program>.

National Center on Safe and Support Learning Environments (NCSSE)

The NCSSE is an ED funded technical assistance center focuses three main areas of support: (1) Providing training and support to education stakeholders, including states; (2) Supporting improvement in schools' climate and conditions of learning through measurement and program implementation; and 3) promoting and managing the free U.S. Department of Education School Climate Surveys maintenance and technical support. The center website is:

<https://safesupportivelearning.ed.gov>.

National Center on School Mental Health (NCSMH)

This center is housed within the University of Maryland School of Medicine and offers a wealth of support through training, technical assistance, research and evaluation, and resource products. NCSMH also offers the School Health Assessment and Performance Evaluation (SHAPE) System, which is a public-access, web-based tool that houses the National School Mental Health Profile and the School Mental Health Quality Assessment. The SHAPE System is available at no cost to Texas. The system is currently set up for each Texas School District and Open Enrollment Charter School to use as a guide to establish a comprehensive school mental health program. Texas school mental health teams may use SHAPE to track and monitor local program development. The SHAPE system provides research-based guidance for program development based on seven school mental health domains and forty-three indicators of quality. SHAPE includes visual dashboards and provides visual reports with levels of accomplishment for school mental health teams as indicators of quality are achieved. The system includes a feature for collaborating with state education agencies for technical assistance and coaching school mental health teams. The center website is

<http://www.schoolmentalhealth.org>.

National Center on School Climate (NSCC)

The NSCC is wholly focused on improving school climates to be more positive and supportive for students. The center offers educational services, measurement tools, research and evaluation, bullying prevention tools, and resources. The center website is <https://www.schoolclimate.org/>

Mental Health Technology Transfer Center Network (MHTTCN)

This SAMSHA-funded network coordinates 10 regional centers and two national centers that provide free training and technical assistance to the mental health field. The South Southwest MHTTC is established out of the University of Texas at Austin and this center serves Texas and the Texas Education Agency with resources and support for school mental health. The center website is <https://mhttcnetwork.org>.

National Association of School Psychologists (NASP)

NASP offers significant resources, professional development, standards and certification, and research into the areas related to school psychology. This includes work on school climate, safety and crisis. The center website is <https://www.nasponline.org>.

Mental Health Resource Rubric Tables

Below are charts that summarize results from the rubric inventory across the ESCs.

Table A-4 shows the distribution of reported resources by region.

Table A-4. Resource distribution reported by region

Region	Total resources
1	21
2	100
3	109
4	44
5	16
6	52
7	45
8	20
9	15
10	101
11	332
12	27
13	61
14	29
15	84
16	18
17	58
18	24
19	10
20	171

Table A-5 describes the resource distribution identified by the statutory resource category on the rubric template. Community-based prevention or intervention services made up the majority of the identified resources.

Table A-5. Resource distribution reported by category

Resource category	Percentage of total resources
Community-Based Prevention or Intervention Service	72%
School-Based Prevention or Intervention Service	6%
Training and Technical Assistance	6%
Other, non-specified	6%
Communities in Schools Program Service	5%
School-Based Mental Health Provider Service	3%
Private Funding Opportunity	2%
Public Funding Opportunity	1%

Table A-6 illustrates the intended impact of each resource on student mental health. Each region also had the option to note the specific area(s) of focus for each resource.

Table A-6. Intended impact of service/program on student mental health

Intended Impact	Percentage of resources
Connection of students and their families to specialized services in the school or community when needed	89%
Provision of early, effective interventions to students in need of additional support	77%
Identification of students who may need additional behavioral or mental health support before issues arise	69%
Assistance to schools in aligning resources necessary to address the mental health of students	57%
Creation of school environments that support the social, emotional, and academic development of students	30%

Table A-7 shows the results that each resource is intended to achieve mapped to the components for school mental health resources identified by the ESCs.

Table A-7. Distribution of service areas by component in TEC § 38.351

Specific service area of focus (component)	Percentage of resources
Building Skills Related to Managing Emotions, Establishing and Maintaining Positive Relationships, and Responsible Decision Making	47%
Early Mental Health Prevention and Intervention	43%
Grief-Informed & Trauma Informed Practices	36%
Positive Behavior Interventions and Supports	36%
Positive Youth Development	35%
Suicide Prevention, Intervention & Postvention	34%
Substance Abuse Prevention and Intervention	29%
Safe, Supportive & Positive School Climate	22%

Attachments

ESC Resource Rubrics Workbook

State Resource Guides