The Collaborative Task Force on Public School Mental Health Services

Year 1 Report

November 2, 2020

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Acknowledgement
As an independent task force, we acknowledge and appreciate the administrative support received from the Texas Education Agency while we worked to prepare this Year 1 Report.

Executive Summary

Mental health has far-reaching implications for Texas students and, therefore, for Texas schools. Mental health concerns among students are common across the state. These concerns can range from a diagnosable mental health disorder to more universal need for support of social and emotional well-being.

- In 2019, almost two in every five Texas high school students reported experiencing feelings of sadness or hopelessness almost daily for two or more weeks within the past year.[1]
- In 2019, one in five children in Texas aged 0–17 were estimated to have two or more adverse childhood experiences that may have a lasting impact on their emotional, cognitive, social, and biological functioning.[2]
- In 2019, one in ten high school students in Texas reported attempting suicide within the last year.[3]
- Nearly half of individuals with chronic mental disorders experience an onset of symptoms by age 14.[4]

Leading into the 86th legislative session, Governor Abbott and the Texas Legislature recognized the importance of supporting students' mental health. Recent tragedies, including Hurricane Harvey and the Santa Fe High School shooting, highlighted the need to explore how to best support all students, their teachers, and the school system in its entirety. As a result, several important bills were passed during the legislative session. One legislative response was HB 906, authored by Representative Senfronia Thompson, Chair of the House Public Health Committee, and sponsored by Senator Beverly Powell. HB 906 created a task force to study and evaluate state-funded, school-based mental health services and training.

A comprehensive approach to school mental health focuses just as much on mental health promotion and prevention as it does on early intervention and treatment. Multi-tiered systems of support (MTSS) is a framework for schools to plan and offer supports and strategies that work together to provide all students with the appropriate type and amount of social, emotional, and behavioral supports they need to be healthy, safe, and engaged learners.

Within an MTSS, every student is exposed to universal strategies that promote mental health, learning, school connection, and positive behaviors. For the vast majority of students — about 80 percent — universal promotion and prevention strategies are all that is needed for students to do well. This includes efforts to create positive school climates and teach positive social, emotional, and behavior skills to students that help them academically succeed. Students at risk of mental or behavioral health conditions receive early intervention to prevent further challenges and mitigate the impact on learning. Students with mental health concerns are referred for school- or community-based interventions to meet these needs.

When students are socially, emotionally, and mentally well, they engage more successfully in learning. Mental health initiatives and services are related to increased test scores, school attendance, grades, and graduation rates, while improving truancy and disciplinary rates.[5]

Educators are not trained or in a role to be mental health providers; however, understanding mental health concerns, including the impact of trauma on learning and behavior, allows them to more effectively manage classrooms and respond to behaviors with needed teaching strategies and supports. Without this knowledge, unidentified mental health conditions, substance use, and trauma can be misunderstood as

"bad" behavior, frequently leading to punitive discipline practices and negatively affecting students' sense of safety, well-being, and academic achievement.

Task Force membership includes vast experiences and spans various roles, including counselors, school administrators, mental health foundation representatives, mental health providers, and parents of students who receive mental health services. Despite the challenges presented by COVID-19 and meeting remotely, the Task Force has gathered data from across the state to establish a preliminary baseline of current mental health services in schools; although much more data and analysis are needed. This initial report during Year 1 highlights that data, provides context for the tiered structure of mental health services within Texas schools, and summarizes the findings and recommendations.

The recommendations included in this year's report set the stage for future reports from the Task Force. The Task Force looks forward to shaping the information gathered from schools and mental health providers to provide a more complete understanding of the mental health services and training occurring in the state, the value and impact of these activities, and guidance on best practices for supporting student wellness across the diverse communities in our state.

Various environmental and societal conditions have exacerbated existing mental health concerns for communities, schools, families, and students. In addition to the current pandemic, challenges include the following: economic, housing, and food security concerns and substance misuse challenges, such as the widespread Opioid crisis. The key findings and recommendations listed here are based on the broad scan of current mental health services in schools; however, the following section includes specific recommendations to address challenges related to COVID-19.

Key Findings

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

Task Force Recommendations

Short-Term Recommendations

1. TEA should have statutory authority to select or develop a statewide climate survey and data collection and reporting system. This should result in a common climate measure for schools across the state. The survey suite should include developmentally appropriate versions completed by students, families, and school personnel.

2. At the request of the Task Force, TEA shall conduct a survey of schools in fiscal year 2021 to document the current landscape of mental health services and supports in schools and identify what data elements may be currently tracked in most schools. Results of the survey would inform the Task Force's evaluation plan and the structure of the future reporting system.
3. The Task Force strongly recommends that the legislature update HB 906 [TEC Sec. 38.308] evaluation metrics in the upcoming legislative session. TEA should collaborate with the Task Force to determine possible points of alignment between Task Force evaluation metrics and those used by TEA in the Safe and Supportive School Program.
4. The Task Force — with support from TEA — should study the roles and responsibilities of professional school counselors and the proportion of time dedicated to each role/responsibility.

Long-Term Recommendations

1. TEA should develop a state system for reporting of professional development.
2. The Task Force recommends that the Texas Legislature consider funding a state center on school mental health or a consortium of higher education institutes that would provide training and technical assistance around best practices and their implementation, funding, collecting data and measuring outcomes, and facilitate research on effective practices that can be scaled and shared in Texas.

COVID-19 Specific Recommendations

The Collaborative Task Force on Public School Mental Health Services has prepared recommendations specific to the COVID-19 pandemic, listed below.

Over-Arching Goals

Create additional support mechanisms for teachers and school staff.

- Implement programs to assist educators to focus on their own mental health and well-being. Our teachers' and other personnels' mental health must be prioritized by state and school districts (trauma and grief).
- Staff dedicated to activities related to:
    1. Supporting student mental health/wellness
    2. Supporting educator wellness (not just employee assistance programs)
- Encourage/assist district SHACs to promote staff wellness;
- Dedicate additional district-level staff solely to address the social, emotional, and mental health needs of students — so teachers can focus on teaching; and
- Monitor and address racial inequities, as possible with current resources.

Immediate Actions

Direct TEA to increase the number of agency staff focused on preparing districts for the social, emotional, and behavioral effects of the COVID-19 pandemic on student learning and behavior in both the short and long terms.

- The existing 2.5 full time employees (FTEs) dedicated to carrying out agency activities related to mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention described in Education Code Sec. 38.351 and in supporting a Safe and Supportive School Program described in Education Code Sec.

37.115 are overextended. They now have more on their plates crafting a school-based mental health response to COVID-19.

Provide regional Education Service Centers (ESCs) with funding for additional staff to offer districts with technical assistance developing practices and procedures related to student mental health as described in Education Code Sec. 38.351 that maximize district resources. Also maintain the regional mental health resources compiled by ESCs in leveraging community-based resources to support student social, emotional, and behavioral health and development (Education Code Sec. 38.252).

- ESC positions dedicated to providing technical assistance on educational practices in support of student mental health are needed to complement the non-physician mental health professional (NPMHP) positions within Local Mental Health Authorities (LMHAs) who work on site at ESCs. Established by HB 19 (86R), NPMHPs are nonpracticing mental health clinicians who serve as training and referral resources to school districts and ESC staff. However, NPMHPs are not trained nor authorized to provide the technical assistance sought after by many educators that is more related to helping students with emotional and behavioral concerns be successful in school.

Direct TEA to issue guidance to school board members, superintendents, and district administrators on the importance of including research-informed plans, practices, and procedures to address the social, emotional, and behavioral effects of the COVID-19 pandemic on students and school staff. Guidance to district leaders should:

- Encourage the use of an MTSS approach to prevent and address emotional and mental health concerns among students;
    1. Include integrated strategies and practices to mitigate the effects of trauma and grief on student learning;
    2. Include resources for districts to address policies and practices in schools which result in racially disparate impacts and can induce stress in students;
- Encourage district support to families, including family engagement strategies; use family peer support and family liaisons; and assist families in connecting to community-based services to address concerns that interfere with student learning (e.g., unemployment, housing insecurity, food insecurity, and prevention of abuse/neglect);
- Leverage district school health advisory councils (SHACs) to engage families and community members in identifying and responding to “whole child” needs of students and to the wellness of school staff; and
- Encourage partnerships with external/community partners to address these needs and reduce burden on existing school staff (e.g., counselors).

Direct TEA to monitor and report on the following data to identify emerging concerns related to student discipline, interventions, and engagement:

- Disciplinary referrals (Education Code Sec. 37.020)
- Behavior threat assessments (Education Code Sec. 37.115 subsection k).
- Access to technology/internet and attendance to ensure a lack of access to technology does not result in students being disciplined or being considered as truant.

Dedicate funding to support the emotional and mental wellness of students and staff.

- Maximize current and future federal COVID-19 funding to create long-term wellness solutions and create resilient kids;
- Consider requiring a portion of COVID-19 funding allocated to local education agencies (LEAs) to be used to support planning and implementation of staff and student wellness plans;
- Protect and reallocate School Safety Allotment funds; and

- Leverage funding available within the Every Student Succeds Act (ESSA), Project AWARE, and existing allocations within General Revenue to support strategies targeting students' emotional and mental wellness needs stemming from COVID-19.

Require district board members and superintendents to receive training on the prevalence of trauma among students and staff and the effect of trauma on learning and behavior.

Mid-and Long-Term Goals

Fund and establish a state center on school mental health or a consortium of higher education institutes to provide training and technical assistance around school mental health best practices, coaching on using research-based practices, and measuring outcomes.

- Explore using a consultation model to build the capacity of school-based educators/support staff to support students affected by grief, trauma, and mental or behavior concerns while in a school setting. Ensure school staff have access to the right type of expertise that meets their needs/scope of practice;
- Provide technical assistance to help district leaders (superintendents, campus administrators) think through their plans, policies, and practices, including school climate, discipline, family engagement, reducing gaps in student support, staffing, and other needs related to mental health; and
- Support a "teacher, counselor consult" model, examples of which are the following:
    1. Texas Tech HSC's Extension for Community Healthcare Outcomes (ECHO) program.
    2. UTHealth Houston Project ECHO School Mental Health Curriculum. https://www.ttuhsc.edu/catr
- Offer telementoring programming with ESCs as hubs. Use ESCs to connect to community resources/connections, training options, and consultation support.

Engage and support families. Leverage district school health advisory councils (SHACs) to engage families in identifying and responding to "whole child" needs of students. Explore strategies such as providing family liaisons and/or peer support services and assisting families in connecting to community-based services to address concerns that interfere with student learning (e.g., unemployment, housing insecurity, food insecurity, and prevention of abuse/neglect).

Introduction

Texas children and youth are experiencing mental health concerns affecting their mental health, behavioral health, well-being, and futures. Texas is not alone in this trend. Across the country, an estimated one in five children and youth under the age of 18 will experience a diagnosable mental health disorder with severe impairment during any given year.[6] Of the children and youth who experience a diagnosable mental health disorder in their lifetime, almost half experience the disorder's onset by age 14.

The vast majority of children and youth with mental health disorders do not receive treatment, and those who are receiving care, do not receive it when the disorder first presents itself. Data shows the delay from symptom onset to treatment averages eight to ten years.[7] Furthermore, even when care is provided, it is often not evidence-based or delivered with sufficient fidelity.

In 2017,[8] one in three high schoolers in Texas reported experiencing feelings of sadness or hopelessness almost daily for two or more weeks during the preceding year. Perhaps most disturbing, the same survey

found one in eight children and youth in high school reported attempting suicide within the last year. With appropriate prevention, early intervention, and treatment in schools, many of these concerns can be avoided and student achievement and wellness maximized.

Behaviors stemming from unidentified mental health concerns, substance use, or trauma can be perceived as intentional misbehavior, leading to punitive discipline practices. This effect is likely to be heightened when schools do not have adequate services to provide alternative responses to disruptive behavior (e.g., restorative practices, social skills education groups for proactive skill-building). At its most extreme, this may be one factor contributing to the disproportionate rates of in-school and out-of-school suspension experienced by children receiving special education services (see Table 1). Previous research has shown that children identified as having an emotional disturbance had higher rates of discipline than any other category of disability.[9] African American students also receive suspensions and expulsions at a disproportionate rate to White or Hispanic/Latino students (see Table 1). Since research has shown disparities in discipline practices are not explained by different rates of misbehavior,[10,11] it may suggest that African American students with mental health concerns may be impacted exponentially by these practices.

Table 1. 2018-2019 Demographics of Texas discipline responses[1]

	Special Education	African American	Hispanic/ Latino	White
% of Total Student Population	9.8%	12.6%	52.6%	27.4%
% of In-School Suspensions	17.1%	25.6 %	48.9 %	21.4 %
% of Out-of-School Suspensions	20.7%	32.4 %	50.2 %	14.0 %
% of Juvenile Justice Alternative Education Program (JJAEP) Expulsions	16.9 %	19.5 %	57.5 %	18.6 %

[1] Texas Education Agency. (2019). *State level annual discipline summary: PEIMS discipline data for 2018-2019*. Retrieved from https://rptsvr1.tea.texas.gov/cgi/sas/broker?_service=marykay&_program=adhoc.download_static_summary.sas&district=&agg_level=STATE&referrer=Download_State_Summaries.html&test_flag=&_debug=0&school_yr=19&report_type=html&Download_State_Summary=Next

The 2019-2020 school year was presented with additional challenges for students and school personnel as a result of the COVID-19 pandemic. It can be expected that those challenges will continue and evolve during subsequent school years. Students and educators will be navigating unique and changed communities, as well as classrooms and schools. While data has not been collected to analyze the effects of the pandemic on the mental health of Texas students, data that is available raises concerns.

An early study in China of over 2,300 students who were in lock-down for an average of 33.7 days, found that 22.6 percent reported depressive symptoms and 18.9 percent were experiencing anxiety.[12] Further, as the state experiences the economic implications of COVID-19, data shows that increased unemployment is associated with increased child abuse and neglect, increased incidence of injuries, and worsening of child and adolescent mental health.[13] As students return to their classroom and others remain online, supporting their mental health and well-being will be imperative.

Learning is inextricably connected to a student's mental health. School efforts to improve the mental health of all students and provide higher levels of support to students experiencing emotional concerns or mental disorders are key strategies in improving student academic performance.

- Students who feel safe, supported, and respected at school demonstrate better academic outcomes, receive fewer disciplinary referrals, and feel more connected to their schools. However, when a student does not feel safe and supported at school, they are more likely to struggle academically, emotionally, and behaviorally.
- Social and emotional skills are also critical components of students' ability to learn and work with others, such as managing emotions and behaviors, dealing with conflict in healthy ways, and making constructive choices.
- Emotional concerns and mental disorders can disrupt student abilities to be engaged learners and successful in school. This can impact their future college, career, or military readiness goals, including their life-long functioning and earning potential.

Prevention, early intervention, and access to services and supports are key components in helping students reach their potential and launching them successfully into adulthood. Unfortunately, some school practices and procedures may unintentionally exacerbate existing social, emotional, and mental health concerns among students.

Teachers are not mental health providers; they are responsible for providing a quality education that enables students to achieve their potential and participate in social and educational opportunities. Teachers do spend, arguably, the most time with students on a daily basis. With training on how to recognize the signs and symptoms of a possible mental health condition, they should be able to raise a red flag and refer the student to an appropriate behavioral health professional, at the school or in the community, as well as more effectively manage their classrooms with a better understanding of mental and behavioral health.

In addition to the important role that educators play, school counselors and mental health professionals play a critical role in the school mental health system. In many regions of Texas, critical workforce shortages exist, making it challenging for schools to identify or engage appropriate staffing. Table 2 illustrates the national recommendations for school mental health positions per total student body, along with the past and current ratios in Texas. Many rural and small districts may have no mental health professionals available in the school or community, as none of these positions are mandated. Professional school counselors are available in most, but not all, Texas schools, and frequently serve as the first point of contact for students with possible emotional or behavioral health needs. School psychologists and social workers are present in only a small proportion of Texas schools.

Table 2. Texas school mental health professional ratios[1]

Position	Recommended Ratio of Students/Position[2]	Actual Ratio of Students/Position			Total Number in Texas Schools		
		2017-2018	2018-2019	2019-2020	2017-2018	2018-2019	2019-2020
School 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] Texas Education Agency, "Staff FTE and Salary Reports", https://rptsvr1.tea.texas.gov/adhocrpt/adpeb.html
[2] House Committee on Public Education, "House Committee on Public Education Texas House of Representatives Interim Report 2018," December 2018, https://house.texas.gov/_media/pdf/committees/reports/85interim/Public-Education-Committee-Interim-Report-2018.pdf.

Increasing mental health education, services, and supports in schools is an important component to improving school climate, particularly in rural schools where mental health resources in the community are often scarcer. Integrating mental health conversations and curriculum into schools encourages open discussions and allows students to receive the mental health support they need, in addition to providing an opportunity to identify challenges early.

While a lack of mental health services does not directly cause removals from the classroom, a lack of mental health awareness or resources for support in a school might prevent an educator from responding effectively to a misbehaving student. When there are no other resources at hand, classroom removals may be implemented rather than research-based practices such as the following: skill building, behavior de-escalation and behavior co-regulation strategies, parent engagement, screening and assessment for mental health needs, counseling, etc. The effects of punitive discipline can have adverse effects on school climate, often negatively affecting students' sense of safety, well-being, and ability to learn.[14] Lack of focus on mental health may result in many students with underlying mental health concerns having reduced instruction time and not being provided with interventions that would help them be a successful learner. Therefore, their mental health condition may remain unidentified and even exacerbated.

Schools that proactively provide organized levels of student supports for academics, behavior, and mental health to all students may be better able to identify students who struggle with emotional or behavioral challenges and provide them with evidence-based interventions that help students be successful in school as opposed to removing them from their classrooms. The use of multi-tiered systems of support (MTSS) is for the benefit of all students; however, it may be especially critical in addressing the disproportionate use of exclusionary discipline practices on students affected by trauma, including students with disabilities and African American students.[15] Students benefit when educators are sensitive to the emotional and traumatic effects that societal events can have, particularly on racially and ethnically

diverse students; in recent times, these have been related to changes in immigration laws for some Hispanic/Latino students and social justice incidents regarding African Americans.

Up to one in four children in Texas have experienced multiple adverse events in recent years that can have lasting impacts on their health and behavior.[16] Schools that respond to challenging behaviors using a trauma-informed approach will prevent many students from being removed from their classrooms due to behaviors that are rooted in trauma rather than in willful defiance. MTSS is an evidence-based school framework that helps educators build relationships with students and connect students to needed mental health or educational supports before resorting to exclusionary discipline.

Multi-Tiered Systems of Support

A comprehensive approach to school mental health focuses just as much on mental health promotion and prevention as it does on intervention and treatment. "Comprehensive school mental health systems contribute to improved student and school outcomes, including greater academic success, reduced exclusionary discipline practices, improved school climate and safety, and enhanced student social and emotional behavioral functioning."[17] MTSS is a framework for schools to provide graduated levels of strategies working together to provide all students with the level of social, emotional, and behavioral support they need to be healthy, safe, and engaged learners. MTSS consists of the following three tiers:

Tier 1: Every student is exposed to universal strategies within the school that promote healthy and caring relationships, social and emotional skill building, school connection and positive behavior. For the vast majority of students — about 80 percent — universal mental and behavioral health promotion and prevention strategies are all that is needed for students to do well. Tier 1 is prevention and spans many mental health practices and supports, including the following: suicide, substance misuse, and bullying prevention programs; character development and respectful relationship building strategies, including establishing classroom behavioral expectations reinforced by teaching and modeling for students how to interact positively with adults and peers; identifying and managing emotions, including strategies for de-escalation; a focus on building a positive school climate; promoting school-wide social emotional learning and providing a comprehensive guidance curriculum; and meaningful out-of-school time enrichment activities. Because these practices and programs are universal within the school, they should be taught to staff first and then to students at the beginning of each school year, retaught intermittently, and woven throughout everyday interactions in the school. They include strategies to build school connectedness, give students appropriate voice and choice, and build an inclusive and respectful school community.

Tier 2: About 15 percent of students will require some additional planned interventions and positive engagement with caring adults to prevent emotional or behavioral concerns from emerging or worsening. These types of strategies may include, but are not limited to the following: briefly checking in with a teacher or other adult each day; participating in individual or small group counseling facilitated by a school counselor or behavioral health professional. Possible evidence-based interventions include, but are not limited to, creating a skill-building group with practice to acquire the social or emotional skills that may be lagging and impeding behavior or learning in the classroom; family engagement activities to problem-solve on home–school concerns; school-based community service groups to reteach and practice skills; conflict resolution and restorative circles; substance abuse recovery step-down group or individual support plans following treatment; and/or coordinated engagement with out-of-school time enrichment activities.

Tier 3: Approximately 5 percent of students on average will experience significant mental health concerns that call for more intensive and individualized services that are paired with the lower level strategies within the MTSS framework. This includes treatment services provided by a school-based or school-connected mental health professional or referrals to community-based providers.

MTSS provides a framework to implement strategies and supports that cultivate a positive school climate. A positive school climate not only helps students and teachers feel safe and supported, but also improves students' academic achievement. When students are socially, emotionally, and mentally well, they engage more successfully in learning. Mental health initiatives and services are related to increased test scores, school attendance, grades, and graduation rates, while improving truancy and disciplinary rates.[18]

As part of a school's MTSS, professional school counselors in Texas develop programs using The Texas Model for Comprehensive School Counseling Programs, as well as the American School Counselor Association's National School Counselor Model.[19,20] The model outlines a four-tier approach. Universal strategies are implemented in Tier 1 using guidance curriculum developed by counselors and delivered by counselors and sometimes teachers. Additional interventions are addressed in Tier 2 and Tier 3 through targeted guidance curriculum and specialized direct services delivered in small groups or individually. If the needs of individual students in Tier 4 exceed the duties or competencies of the school counselor, referrals are made to other district or community services.

"Professional development and support for a healthy school workforce as well as family-school-community partnerships are foundational elements that support these three tiers." This intentional tiered layering of interventions ensures that all students receive the right type and amount of support they need to be safe, healthy, and engaged in their learning.[21]

Formation of HB 906 Task Force

Leading into the 86th legislative session, Governor Abbott and the Texas Legislature recognized the importance of supporting student mental health. Recent tragedies, including Hurricane Harvey and the Santa Fe High School shooting, emphasized the need to explore how to best support all students, their teachers, and the school system in its entirety. One legislative response was HB 906, which established The Collaborative Task Force on Public School Mental Health Services to study and evaluate state-funded, school-based mental health services and training.

During the legislative session, a number of bills and state funds were proposed that focused on school safety and school-based mental health supports and training. Representative Senfronia Thompson, Chair of the House Public Health Committee, authored House Bill 906 to bring accountability to the proposed expenditures in state-funded school-based mental health programs; however, by the conclusion of the legislative session, the additional funding was not appropriated.

House Bill 906 specifically identified roles of individuals who would compose the Task Force. The Texas Education Agency (TEA), under the direction of Commissioner Mike Morath, carefully considered a strategy to filling these roles, ensuring members represented the broad range of stakeholders involved in both the delivery and consumption of mental health services. Table 3 shows the 34 members comprising the Task Force.

Table 3. School mental health task force members

Required Role	Name/Position	District/Agency
Texas Education Agency Commissioner or designee	Julie Wayman, MSSW, Manager & Interagency Liaison-School Mental & Behavioral Health	TEA- Program Staff Liaison for the Task Force
Parent	Tracy King	Parent
Parent	Faith Colson	Parent
Parent	Barbara Granger	Parent
MH Provider	Tracy Spinner, M. Ed., Executive Director, SchoolMed	Urgent Care for Families
Licensed Professional Counselor	Bena Glassock, Coordinator of Assessment, Counseling & Health Services	Hereford ISD
Licensed Clinical Social Worker	Francine (Fran) Duane, LCSW	Bryan ISD School Board Private Practice
Certified School Counselor	Tammie Mackeben, Director of School Counseling	Socorro ISD
Psychiatrist	Elizabeth Newlin, MD	UT Health Dept of Psychiatry & Behavioral Sciences
School Administrator	Jodi Duron, Superintendent	Elgin ISD
School Administrator	Steven Shiels, Director of Behavioral Health and Wellness	Fort Bend ISD
MH Foundation Representative	Shannon Hoffman, MSW, LCDC, Policy Specialist	The Hogg Foundation for Mental Health
Employee of Institution of Higher Education	Molly Lopez, PhD, Director of the Texas Institute for Excellence in Mental Health	University of Texas-Austin
Licensed Specialist in School Psychology	Tammy Gendke, LSSP, Community Project Manager	Region 3 ESC//Project AWARE
Other MH Representative	Lisa Descant, CEO	Communities In Schools of Houston

Required Role	Name/Position	District/Agency
Other MH Representative	Rebecca Fowler, Public Policy Engagement Strategist	Mental Health America of Greater Houston
Other MH Representative	Annalee Gulley, Director of Public Policy & Government Affairs	Mental Health America of Greater Houston
Other MH Representative	Greg Hansch, Executive Director	NAMI Texas
Other MH Representative	Angelina Brown Hudson, Program Director	NAMI Greater Houston
Other MH Representative	Linda Rodriguez, EdD, Senior Director for School Behavioral Health	Meadows Mental Health Policy Institute
Other MH Representative	Monica Rodriguez, Valley Wide Program Manager	Tropical Texas Behavioral Health
Other MH Representative	Josette Saxton, Director of Mental Health Policy	Texans Care for Children
Other- Licensed Professional Counselor	Jenipher Janek, LPC	Region 12 ESC
Other- Licensed Professional Counselor	Heather Lambert, LPC	Clearhope Counseling Center
Other-Certified School Counselor	Christina Shaw	Pearland ISD
Other-Employee of Institution of Higher Education	Leslie Taylor, PhD, Assistant Professor in Dept of Psychiatry & Behavioral Sciences	McGovern Medical School
Other-Employee of Institution of Higher Education	Eric Storch, PhD, Professor, Vice Chair, McIngvale Presidential Endowed Chair-Department of Psychiatry & Behavioral Health Sciences	Baylor College of Medicine
Other-Employee of Institution of Higher Education	Stephanie Peterson, LPC, Training and Education Specialist	Texas State University Texas School Safety Center
Other-District Administrator	Jennifer Roberts, EdD, LPC-S, CSC, Director of Student Services, Assistant Professor in the Clinical	Lamar Consolidated ISD Assistant Professor for Liberty University

Required Role	Name/Position	District/Agency
	Mental Health Dept, Adjunct Professor	Houston Baptist University
Other MH Representative	Pam Wells, EdD, Executive Director	Region 4 ESC
Other Texas Education Agency Representative	Natalie Fikac, EdD AWARE State Coordinator	TEA
Other Texas Education Agency Representative	Eric Metcalf, LMSW, Communities In Schools of Texas	TEA
Other-Employee of Institution of Higher Education	Susan Frazier-Kouassi, PhD, Director	Texas Juvenile Crime Prevention, Prairie View A&M University
Other-Employee of Institution of Higher Education	Camille Gibson, PhD, Executive Director	Texas Juvenile Crime Prevention, Prairie View A&M University

Report Overview

During Year 1, the Task Force evaluated programs which opted to use state funding for mental health services in Texas schools. In Texas, there is no dedicated state funding specifically designated to school districts to provide school-based mental health services or educator training. One notable exception is that the legislature has allocated funds to LMHAs to conduct Mental Health First Aid training (MHFA) for educators. Additionally, the 86th legislative session's HB 19 created a pathway to funding for LMHAs for non-physician mental health professionals to provide MHFA training and trauma-informed care training to educators and staff through funds passed down from the LMHAs to regional ESCs.

Schools use a variety of federal funding and discretionary grant funding sources for school-based mental health services and supports, as well as for required state training. State-funded, school-based mental health programs that use federal money allocated by state agencies and foundations have provided additional data.

To fulfill the charge to study and evaluate state-funded, school-based mental health services and training for educators to provide those services, the Task Force agreed upon the following definitions:

- **State funding**: Funding that is allocated through the Texas Legislature (General Appropriations Act) or provided by the federal government to a state agency and used to provide school-based mental health services or educator training.
- **Mental health services**: Any service, support, or other activity intended to support student, parent, family member, guardian, or staff mental health and prevent or intervene to address mental health risks or needs. Mental health services are inclusive of substance use and behavioral health prevention/early intervention programs.

- **School-based**: Any mental health services occurring at a school district or open-enrollment charter school, inclusive of services provided by a school employee or coordinated through a formal agreement between a school/district and one or more community-based providers.
- **Training**: Training provided to school personnel to strengthen knowledge, skills, and abilities to support mental and behavioral health.

Mental health services are defined broadly because there are a myriad examples of how schools address the mental health of students. Within the MTSS, promotion and prevention play a vital role alongside early intervention, intensive intervention, and outside referrals to address mental health conditions, as the domains are identified under mental health resources by the Texas Legislature in TEC 38.351. Counselors, teachers, and administrators all play different roles within a school, but all of these professionals benefit from an understanding of mental health.

Components within TEC 38.351

1. Early Mental Health Prevention and Intervention
2. Building Skills Related to Managing Emotions, Establishing and Maintaining Positive Relationships, and Responsible Decision-Making
3. Substance Use Prevention and Intervention
4. Suicide Prevention, Intervention, and Postvention
5. Grief-Informed and Trauma-Informed Practices
6. Positive School Climates
7. Positive Behavior Interventions and Supports
8. Positive Youth Development, and
9. Safe, Supportive, and Positive School Climate

Professional school counselors already have a broader understanding of mental health concerns, and they are an integral part of prevention and intervention; however, they face many challenges. For example, Table 2 shows how the student to professional ratios are much higher than recommended. Many counselors are often asked to fulfull administrative tasks; there are also academic advising requirements. Taken together, the ratios and requirements restrict the time that a counselor is available to directly address social and emotional needs of students. The volume of tasks often placed on counselors makes it hard to meet the volume of need among students. To begin to address these challenges, the Task Force recommends a study of the roles and responsibilities of professional school counselors and the proportion of time dedicated to each role/responsibility.

While professional school counselors often are the access point to the MTSS within a school, their role must be supported by the rest of the staff within a comprehensive school mental health approach. Even in schools with better counselor ratios, the time students spend with teachers and administrators is also part of the overall school climate. All educators play a role in establishing relationships with students and a positive school climate, so mental health training is relevant to all educators, whether they provide intervention-level services or simply prevention-level supports. Training is required in mental health under TEC 21.451 and TEC 38.351, as well as policies and procedure under each topic.

For example, educators might use their mental health awareness to identify and refer a student for services, but that is not the only role of educators as pertains to mental health. A teacher with a solid understanding of how trauma affects learning might respond to an emotionally dysregulated child with a calming activity instead of an office referral. An administrator with a heightened awareness of mental health concerns might provide misbehaving students with available supports as alternatives to exclusionary discipline.

Educators as well as students benefit from a positive, safe, and supportive school climate, which are key components of school mental health. Teachers attempt to manage daily a broad spectrum of behavioral issues, including unaddressed mental health concerns, classroom safety, and the constantly varying needs of children, often experiencing burnout from a lack of resources or support. Supporting mental health prevention and intervention strategies in schools and improving school climate leads to teachers feeling better supported with higher rates of job satisfaction and teaching efficacy, healthier classroom environments and student–teacher relationships, and lower levels of stress.

Cultivating general well-being at schools includes techniques such as using trauma-informed practices, positive behavior interventions and supports (PBIS), restorative discipline practices, and social emotional learning (SEL), so that all students and teachers are impacted positively. Other practices listed in Section 38.351 for implementation within the general education setting include suicide prevention, intervention, and postvention as well as safe, supportive, and positive school climate.

HB 906 outlines specific parameters to assess the effectiveness of mental health services, and there are several areas where more data is needed. These specific data parameters are laid out near the end of the report and are the basis for the recommendation that TEA collaborate with the Task Force to develop data protocols that are aligned with the agency's rollout of the Safe and Supportive School Program.

Before addressing the data parameters laid out in HB 906, the data from this year's baseline scan of school mental health services and educator training is summarized according to state and federal funding. Information from the 2020 School Mental Health Survey is also included. Upon review of current data, the Task Force makes several short- and long-term recommendations. While the recommendations specific to the COVID-19 pandemic were expounded at the start of the report, the recommendations to follow include those that are important for subsequent work of the Task Force. Recognizing the current funding challenges for the state, the Task Force offers best practices for future data collection and long-term implementation of school-based mental health services.

State-Funded School Mental Health Services and Educator Training

The Task Force conducted a scan of all state-funded school-based mental health services and educator training that met the previously described definitions. The Task Force found no state funding sources that are explicitly intended to pay for school-based mental health services. However, some organizations have chosen to use state funding to support these services, in collaboration with local education agencies (LEAs). For these programs, Task Force members attempted to gather select information on each identified program, including (a) program description; (b) funding for fical year 2019 and the current fiscal year 2020-2021 biennium; (c) number of individuals served or reached in fiscal year 2019; and (d) any available measures of service reach, quality, or outcomes.

The services or programs are summarized in Table 4. Each program is described in more detail, including any available evaluative information, in the following sections. Since these state-funded programs were not limited to school-based mental health services or educator training, the funding amount and annual numbers served do not necessarily reflect only those services provided in schools or to address mental health. The table notes provide additional information about limitations of the data.

Table 4. Summary of state-funded programs that allow for school-based mental health services or educator training

Program	Tier	Description	General Revenue Funding Fiscal Year 2019	Annual Served Fiscal Year 2019	General Revenue Funding Fiscal Years 2020 & 2021	Outcomes Collected
Community Mental Health Services	Tier 3	State-funded public mental health services to priority population; some provided in schools; Medicaid and other funding also used	$82,184,801[1]	9,809[2]	$189,235,596[1]	Number served; types of services; Child and Adolescent Needs and Strengths (CANS)
Communities in Schools of Texas	Tiers 1-3	State-funded comprehensive social services to support student retention and achievement	$15,521,815[3]	52,652[4]	$57,991,450[3]	Number served; hours of service; grade promotion; graduated, improved academics; improved attendance; improved behavior
Community Mental Health Grants (HB 13)	Varied	State funding was provided to HHSC for community grants to urban and rural regions	$3,873,495[5]	4,960 per month[6]	Unknown	Varies by program, all programs collect youth satisfaction
Texas Child Health Access through Telehealth (TCHATT) (SB 11)	Tiers 2-3	The TCHATT program will create or tap into existing telemedicine or telehealth programs to assist school districts with identifying mental health care needs and accessing services.	N/A	Initiating Summer/ Fall 2020	$37,166,834[7]	Numbers reached, number of services, satisfaction, reduced mental health needs, reduced school absences, improved graduation rates
Safe School Allotments (SB 11)	Tiers 1-3	Funding to support school safety, including mental health supports and reporting systems (use for mental health unknown)	N/A	N/A	$100,000,000[8]	None

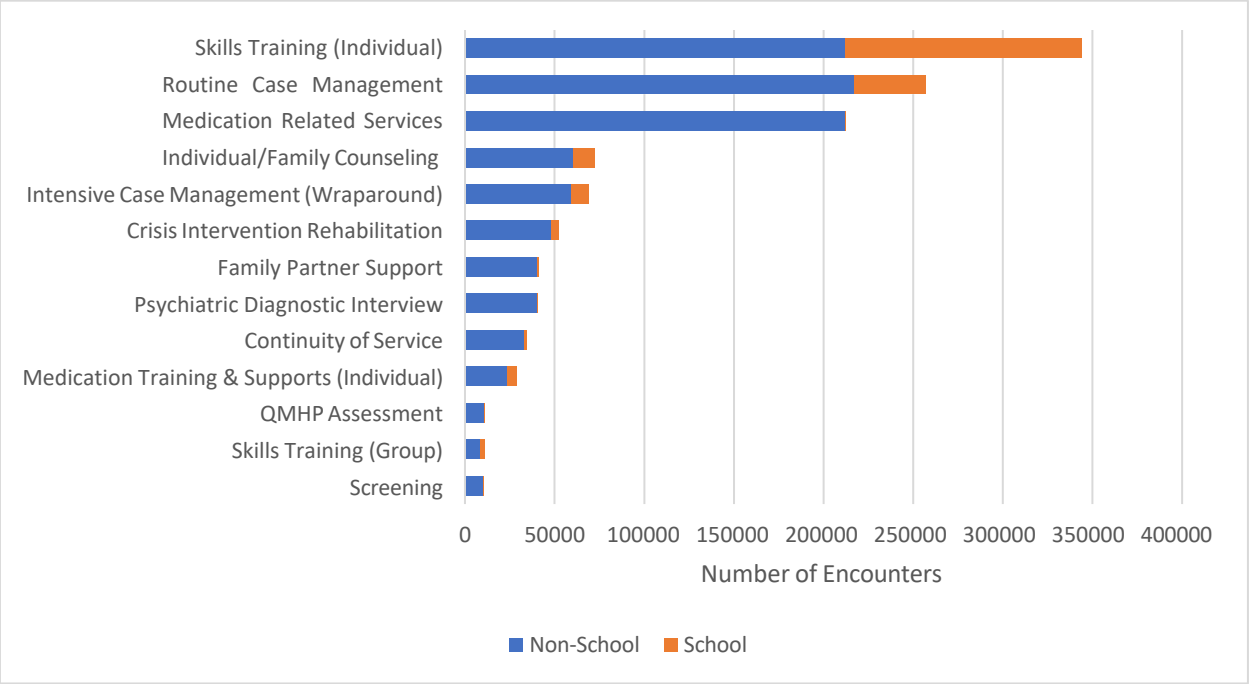
Mental Health First Aid training program	Tier 1	Educator (and others) training	$2,500,000[9]	16,125[10]	$5,000,000[9]	Number of trainers; number of educators or other staff trained by LMHA region
Non-physician mental health professional in ESC (HB 19)	Tier 1	Mental health professionals serving as resource to ESCs and districts	N/A	N/A	$4,600,000[11]	Monthly trainings; awareness events; education provided

[1] Includes all appropriated funding under the Community Mental Health Services for Children Strategy and is not specific to school-based services.
[2] Reflects only children served with at least one school-based service.
[3] Communities In Schools of Texas communication.
[4] Limited to those receiving mental health services. A total of 88,644 total students were served in fiscal year 2019.
[5] HHSC Communication.
[6] Number served reflects all child-focused projects, including some not based in schools.
[7] Represents funding proposed for TCHATT within full Texas Child Mental Health Care Consortium appropriation.
[8] Represents funding proposed for safe school allotments; funding targeted to school mental health was not available.
[9] Includes funding for training outside of the school system (e.g., community members, university staff).
[10] School-affiliated individuals receiving training.
[11] HHSC Communication.

Community Mental Health Services. The Health and Human Services Commission contracts with 39 Local Mental Health Authorities (LMHA) to provide an array of community-based mental health services to children and adolescents. The priority population for services is children age 3 to 17 years diagnosed with a mental health disorder resulting in a serious functional impairment, risk of placement outside of the home or school, or who is served within the school's Special Education program for emotional disturbance. Services are funded through a multitude of funding strategies, including state general revenue, federal block grant, Medicaid/CHIP, private insurance, and local county funding. Services are provided in a variety of settings, including schools.

In fiscal year 2019 to date, 9,809 children were served with at least one service within the school setting, representing 13.2 percent of the children served during the time period. There were 208,790 total encounters offered in the school setting. Figure 1 illustrates the services that are most frequently provided to children by school or nonschool location. Skills training and routine case management are the two most frequently provided services.

Figure 1. Total LMHA service encounters by location and service type in fiscal year 2019



The proportion of child and adolescent services provided in a school setting varies by LMHA. Table 5 illustrates the proportion of students who have received any services in a school setting, ranked from the highest to lowest proportion. The proportion ranged from 0.5 percent to 44 percent of children served receiving some services on a school campus.

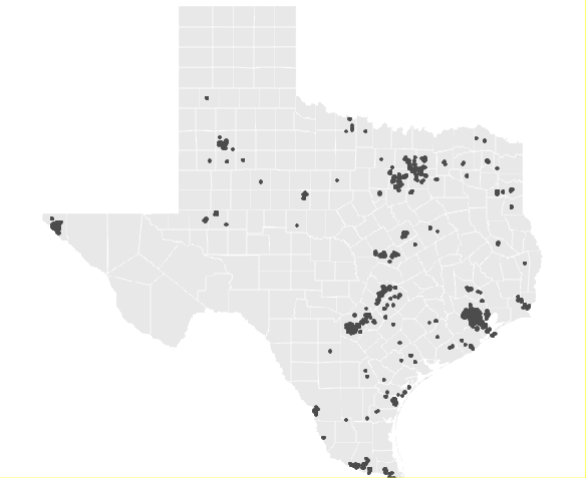
Table 5. Proportion of children served in fiscal year 2019 in community-based mental health services who receive at least one school-based service.

Local Mental Health Authority (LMHA)	Children Served in LMHA Community-Based Care Fiscal Year 2019	Children Receiving at Least One LMHA School-Based Service	Proportion of All Children Served by LMHAs who Received at Least One School-Based Service
Central Plains Center	189	84	44.4%
Gulf Bend Center	476	178	37.4%
StarCare Specialty Health System	659	237	36.0%
Coastal Plains Community Center	1,005	353	351%
Border Region Behavioral Health Center	2,850	924	32.4%
Heart of Texas Region MHMR Center	932	292	31.3%
Center for Life Resources	451	126	27.9%
Spindletop	1,915	509	26.6%
Burke Center	1,932	471	24.4%
Texana Center	1,762	408	23.2%
Tropical Texas Behavioral Health	7,983	1,922	24.1%
Camino Real Community Services	1,431	303	21.2%
Helen Farabee Centers	797	155	19.4%

Betty Hardwick Center	585	109	18.6%
Harris Center for Behavioral Health and IDD	6,135	1,089	17.8%
Tri-County Behavioral Healthcare	1,961	348	17.7%
MHMR of Brazos Valley	553	96	17.4%
Bluebonnet Trails Community Services	2,590	426	16.4%
Texas Panhandle Centers	925	149	16.1%
Texoma Community Centers	436	64	14.7%
Central Counties Services	628	92	14.6%
ACCESS	505	71	14.1%
Nueces Center for Mental Health and IDD	663	88	13.3%
MHMR of the Concho Valley	462	49	10.6%
West Texas Centers	978	95	9.7%
Andrews Center	1,082	105	9.7%
Pecan Valley Centers for Behavioral Health and Developmental Healthcare	932	88	9.4%
PermiaCare	691	61	8.8%
Gulf Coast Center	575	45	7.8%
Lakes Regional Community Center	242	17	7.0%
Integral Care	3,692	228	6.2%
Hill Country Mental Health and Developmental Disabilities Centers	1,813	44	2.4%
Denton County MHMR Center	637	13	2.0%
MHMR of Tarrant County	2,628	46	1.8%
Emergence Health Network	1,940	31	1.6%
North Texas Behavioral Health Authority	14,441	203	1.4%
Center for Health Care Services	3,017	37	1.2%
Community Healthcore	1,876	20	1.1%
LifePath Systems	1,458	7	0.5%

Communities In Schools of Texas. Communities In Schools (CIS) of Texas is a network of 28 CIS affiliates across the state. The mission of CIS is "to surround students with a community of support, empowering students to stay in school and achieve in life." CIS offers services and support across all three tiers of the MTSS, with six core components focused on: (a) health and human services (including mental health); (b) supportive guidance and counseling; (c) parental and family engagement; (d) academic enhancement and support; (e) college and career readiness; and (f) enrichment activities. CIS affiliates are funded through state and federal funds administered by TEA, corporate gifts, private foundations, local businesses and individuals, local fund-raising events, and community partnerships. The 28 CIS affiliates are embedded within 1,193 school campuses in the state. Regional coverage is illustrated in Figure 2.

Figure 2. Communities In Schools of Texas locations



TEA regularly tracks the services and outcomes, including the mental health services, provided by CIS. Table 6 describes the mental health reach and outcomes reported by CIS for the fiscal year 2019 school year.

Table 6. Communities In Schools of Texas mental health service outcomes in fiscal year 19

Measure	Result
Students Targeted for Mental Health Needs — Tiers 2 and 3	52,652
Total Tier 2 and 3 Mental Health Service Hours Provided	513,401
Percent Case Managed Students with Mental Health Needs Promoted (grades K–12th)	97%
Percent Case Managed Students with Mental Health Needs Stayed in School (grades 7th–12th)	99%
Percent Case Managed Students with Mental Health Needs Graduated (grade 12 only)	96%
Total / Percent Case Managed Students with Mental Health Needs Targeted for Academic Need that Improved in Academics	90% (26,913 of 29,881)
Total / Percent Case Managed Students with Mental Health Needs Targeted for Attendance Need that Improved in Attendance	77% (5,208 of 6,795)
Total / Percent Case Managed Students with Mental Health Needs Targeted for Behavior Need that Improved in Behavior	86% (45,519 of 52,652)
Total / Percent Case Managed Students with Mental Health Needs Improved in at least One Area (Academics, Attendance, or Behavior)	93% (49,102 of 52,652)

Community Mental Health Grants. Texas Government Code, Section 531.0991, as added by House Bill (H.B.) 13, 85th Legislature, Regular Session, 2017, directs the Health and Human Services Commission (HHSC) to establish a matching grant program to support mental health programs. The program's purpose is to ensure individuals with mental health issues can access services and treatment. For the 2018–19 biennium, the Legislature appropriated $30 million in general revenue for awards to community mental health grant programs. HHSC awarded grants to 55 providers for a total of 63 projects. Projects involving urban counties (defined as a population of 250,000 or greater) were required to provide 100 percent match to the state funding, and projects with rural counties were required to provide 50 percent local match. Just under $7,000,000 (23.3 percent of allocated funding) was provided to projects focused on children, adolescents, or young adults. The eight projects that involve services occurring in schools are identified in Appendix A.

Texas Child Mental Health Care Consortium. The Texas Child Health Access Through Telehealth (TCHATT) Program is one component of the Texas Child Mental Health Care Consortium, established through SB 11 in the 86th Legislative Session. The Consortium is made up of 13 health-related institutions (HRI) of higher education. The legislation calls on the Consortium to "establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services." TCHATT consists of (a) direct telepsychiatry or counseling to students within schools; (b) educational and training materials for school staff in assessing, supporting, and referring children with mental health needs; (c) analysis and mapping of existing telemedicine or telehealth programs that are currently or could be adapted to provider services in schools; and (d) a statewide data management system to track calls and responses. Although TCHATT will be implemented statewide, it will not be available to every Texas ISD or every school campus in participating ISDs.

Each HRI may provide TCHATT services in different ways, but each will collaborate with schools to establish a process for referral. TCHATT services can last up to four sessions and can include assessment, therapy, psychiatric care, and referral assistance. Families will not be charged for services. TCHATT services are beginning in the Summer or Fall of 2020, so there are no existing measures of reach or outcomes. Measures of the students seen in TCHATT, the types of services and referrals provided to students, and the outcomes of these services are still being defined through both an internal and external evaluation.

School Safety Allotments. Senate Bill 11, passed in the 86th Legislature, created a school safety allotment of approximately $9.72 per student. The allotment was targeted to improving school safety and allowed school districts to use the funding to improve school infrastructure, install physical barriers, purchase security equipment or technology, employ school district resource or security officers, or provide training in school safety and security planning. Schools could also use the allotment to support programs that prevent and treat child trauma, mental health support and threat reporting systems, and programs for suicide prevention, intervention, and postvention. TEA does not collect information on whether school districts have utilized any funding provided through the School Safety Allotment to support mental health support or reporting systems, and there is no required evaluation of the impact of this funding.

Mental Health First Aid Training Program. The 83rd Texas Legislature allocated funding to the Health and Human Services Commission to contract with LMHAs to provide Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA) to all school district educators, later expanding to all school district employees. The MHFA and YMHFA programs are national skills-based training courses that aim to teach participants how to help someone who may be experiencing a mental health or substance use challenge. The course helps participants identify, understand, and respond to signs of addiction or mental illness. In fiscal year 2019, LMHAs reported training 300 MHFA or YMFA instructors and 16,125 school district employees.

LMHAs monitor outcomes of MHFA and YMHFA training through an annual survey distributed to Mental Health First Aid training participants. Outcomes are aggregated across all respondent types, with 32 percent of respondents identifying as employees of public schools or institutions of higher education. The following outcomes[21] were noted for fiscal year 2019:

- 96 percent found the training helpful;
- 95 percent would recommend the training to others in their profession;
- 48 percent used the training with a coworker;
- 56 percent used the training with a friend;
- 72 percent used the training to help a student;
- 41 percent used the training to help a student who was thinking of suicide; and
- 94 percent reported MHFA increased their ability to recognize signs and symptoms of mental illness.

Non-Physician Mental Health Professional. House Bill 19 in the 86th Legislative Session directs LMHAs to employ a mental health professional to serve as a mental health and substance use resource within the regional education service center (ESC). The role of these professionals is to increase the ESC, district, and school personnel's awareness of mental health and substance use disorders, assist schools in implementing mental health programs, and facilitate trainings on Mental Health First Aid, the impact of trauma and grief, and evidence-based prevention and intervention programs. The program requires an annual report to the legislature that documents collaboration between the LMHAs and ESCs, facilitated trainings, mental health and substance use awareness activities, mental health and substance use

educational resources provided, and mental health and substance use initiatives. The program is being established in fiscal year 2020 and no outcome reports are yet available.

Federally-Funded School Mental Health Services and Educator Training

Federal agencies also provide financial support for school-based mental health services and educator training in Texas. Although the charge for the Task Force did not explicitly include a review of school-based mental health services funded through federal allocations, members decided to examine those in which federal funding was allocated to a state agency and then contracted to educational service centers, local education authorities, or nonprofit organizations. For these programs, Task Force members attempted to gather select information on each identified program, including (a) federal funding agency; (b) program description; (c) project funding period; (d) funding for fiscal year 2019; and (e) any available measures of service reach, quality, or outcomes. The services or programs are summarized in Table 7. For most programs, information was not available that allowed the Task Force to determine if any funding was used to support school-based mental health services. Each program is described in more detail, including any available evaluative information, in the following sections. Additional federal funding that did not meet the Task Force definition, but was identified as supporting student mental health, is summarized in Appendix B.

Table 7. Federally-funded programs that allow for school-based services or educator training

Agency	Program Name	Funding Agency	Project Period	Tier	Description of School-Based Activities	Fiscal Year 2019 Funding
Health and Human Services Commission	School Health and Related Services (SHARS)	Center for Medicaid and Medicare Services	On-going	Tier 3	Allows LEAs to obtain Medicaid reimbursement for certain health-related services for students receiving special education services if documented in the Individualized Education Program.	$278,952,393[1]
Texas Education Agency	Title I Part A, ESEA Improving Basic Programs	Department of Education	On-going	Tiers 1-2	Provides supplemental funding for educational resources at schools with higher proportions of low-income families.	Unavailable[2]

Agency	Program Name	Funding Agency	Project Period	Tier	Description of School-Based Activities	Fiscal Year 2019 Funding
Texas Education Agency	Title IV, Part A, ESEA Student Supports	Department of Education	On-going	Tiers 1-3	This program aims to provide all students a well-rounded education and improve conditions for learning.	$109,676,119[3,4]
Texas Education Agency	Title IV, Part B, ESEA 21st Century Community Learning Centers	Department of Education	On-going		Provides support for before- and after-school programs to provide an array of enrichment opportunities.	$113,835,207[5,6]
Department of State Health Services	School-Based Health Centers	Health Resources and Services Administration	On-going	Tier 3	These grants increase capacity for centers to provide health care in school-based centers.	$324,798[7,8]
Office of the Governor	Crime Victims Assistance Grants	Office of Victims of Crime	On-going	Tier 3	Devotes resources to provide direct services to victims of crime to help them recover and to navigate the justice system.	$10,867,882[9,10]
Texas Education Agency	AWARE Texas	SAMHSA	9/2018 – 9/2023	Tiers 1-3	TEA will implement AWARE Texas to pilot evidence-based practices in 15 schools.	$1,798,711
Health and Human Services Commission	Resilient Youth Safer Environments	SAMHSA	6/2019 – 6/2024	Tiers 1-3	RYSE targets youth ages 10 to 24 years at elevated risk of suicide through best practice trainings and improved suicide care.	$763,000[11]

Agency	Program Name	Funding Agency	Project Period	Tier	Description of School-Based Activities	Fiscal Year 2019 Funding
Health and Human Services Commission	Promoting Integrated Primary and Behavioral Health Care	SAMHSA	9/2018 – 9/2023	Tiers 2-3	PIPBHC builds capacity for integrated clinics, with one site focused on integrated clinics within schools	$1,759,833[12]
Texas Education Agency	Title II, Part A, Supporting Effective Instruction State Grants	Department of Education	On-going		Allows funding to be used to train educators to meet the needs of students with different leaning styles, including classroom management	$184,124,449[13]
University of Texas at Austin	South Southwest Mental Health Technology Transfer Center	SAMHSA	8/2018 – 8/2021	Tier 1	The MHTTC provides training and technical assistance on evidence-based practices to support school mental health.	$500,000[14]

[1] HHSC Communication, includes fee-for-service and managed care paid amounts, not limited to mental health.
[2] This information was not available.
[3] DOE Website
[4] Includes funding for programs that are not associated with mental health.
[5] DOE Website
[6] Includes funding that is not associated with mental health services or training.
[7] Per DSHS
[8] Includes funding for health services not associated with mental health.
[9] OVC communication, school grants only
[10] Includes funding for grants to schools or school-affiliated nonprofits only.
[11] Includes funding for services and training outside of the school.
[12] Includes funding for services and training outside of the school.
[13] Includes funding for staff recruitment and retention, and professional development unrelated to mental health.
[14] Funding level specific to school mental health.

School Health and Related Services (SHARS). SHARS allows local school districts, including public charter schools, to obtain Medicaid reimbursement for certain health-related services documented in a student's Individualized Education Program (IEP) provided to Medicaid-eligible students. Services must be medically necessary and reasonable to ensure that children with disabilities are able to participate in their education, and provided by appropriately credentialed providers. Services include psychological assessments; physician and nursing services, counseling; specialized therapies (e.g., speech, physical, or occupational therapy); personal care services; and specialized transportation. In the most recent report (accessed May 22, 2020), 944 out of the 1,212 school districts (77.9 percent) participated in the SHARS

program, with six districts only participating in the Medicaid Administrative Claiming. The Task Force could not specifically identify services provided specifically to address a behavioral health need. In fiscal year 2019, the SHARS program served 13,604 students with psychological services, 4,756 students with counseling services, and 11 students with physician services. These services had paid claims amounting to $1,862,345, representing less than one percent of the total SHARS payments. Other services included audiology, nursing, personal care, therapies (speech, occupational, and physical), and transportation.

Title I, Part A.[23] The Title I, Part A Improving Basic Programs provides financial support for LEAs with high numbers or percentages of children from low-income families to ensure that all children are able to meet state academic standards. Funds are provided on the basis of a formula that takes into account the number of school-age children living in poverty, as well as other factors. Funds support extra instruction, as well as special preschool, after-school, and summer enrichment programs. For schools in which 40 percent or more of the students are economically disadvantaged, Title I funding can be used to support universal programs. For schools with fewer than 40 percent of the students from low-income families, programs must target students who are low-achieving. Title I, Part A explicitly allows for funding to be used to support prevention programs, such as Tier 1 social emotional learning programs, and can be used as a last resort to provide some health, nutrition, and other social services when identified through a comprehensive needs assessment and funding is not available through other public or private sources. TEA does not collect specific information on whether districts use Title I, Part A funding on school-based mental health services or on the outcomes of the programs implemented by schools.

Title I, Part A School Improvement Grant program provides funding to LEAs qualifying as low-achieving schools based on demonstrated need and strong commitment to providing resources to raise student achievement. Schools awarded these grants implement an intervention model, which in Texas is defined as the Effective Schools Framework. Federal guidance on intervention models for the School Improvement Grant outlines the opportunity to use funding for social-emotional and community-oriented services and supports for students and services that help provide a safe school environment that meets the students' social, emotional, and health needs.

Title IV, Part A.[24] The Student Support and Academic Enrichment Program aims to provide all students with a well-rounded education, improve school conditions for student learning, and improve the use of technology to improve the academic achievement and digital literacy of all students. Allowable activities include promoting family and community engagement, providing school-based mental health services, promoting supportive school climates, implementing bullying and dropout prevention programs, and developing relationship building skills to help improve safety. Funding may be used for direct services to students, professional development for teachers and administrators, salaries of personnel to carry out programs, and supplemental resources and equipment.

Title IV, Part B.[25] The 21st Century Community Learning Centers program provides funding to support before- and after-school programs with the goal of supplementing student educational opportunities and improve outcomes in high-poverty, low-performing schools. Funding is provided through competitive grants to schools or community-based partners working closely with schools. These programs are intended to provide an array of additional services, including youth development activities, drug and violence prevention programs, counseling programs, character education, and more. The program also offers families of students served by the centers with literacy and related educational development.

School-Based Health Center Grants. The Department of State Health Services provides grants, as funding is available, to support expanded capacity of existing school-based health centers. The agency provides a

bi-annual report that describes the number of students served and tracks outcomes on specific subsets of students served for specific purposes, including mental health. In fiscal year 2019, the program funded three organizations — Chambers County Public Hospital District serving Anahuac ISD; Houston ISD serving Elrod Elementary School; and Tarrant County Hospital District serving Southside and Eastern Hills Elementary. There were 264 students tracked for mental health services during the 2018-2019 biennium, with a total of 2,213 visits to a mental health provider. These students had an average of four mental health-related visits per year. The grantees monitored the severity of student mental health symptoms at each mental health visit. Forty percent of students in this subpopulation had no significant change in mental health symptoms; 40 percent showed improved symptom severity from the first to last visit, and 16 percent demonstrated a worsening of symptoms over time. An additional four percent had insufficient information available to track.

Victims of Crime Act (VOCA).[26] VOCA grants are awarded by the Office of the Governor and aim to improve public safety and support victims of crime by filling victim gaps and promoting innovative solutions to common problems. Funding comes from criminal fines, forfeited bail bonds, and other penalty fees from offenders convicted of federal crimes, and the amount of available funding varies each year. Funds can be used to support crisis intervention, counseling, criminal justice advocacy, and emergency shelter or transportation. In fiscal year 2019[27], five organizations received VOCA grant funding for school-based mental health services, including Austin ISD, Communities In Schools of Houston, Communities In Schools of North Texas, Harris County, and Santa Fe ISD. In fiscal year 2020, ten organizations received VOCA grant funding for school-based services with $4.46 million in funding. Outcome measures collected vary by grantee but generally include a subset of the following:

- Number of victims/survivors seeking services who were served;
- Number of victims/survivors seeking services who were not served;
- Number of survivors receiving counseling/therapy;
- Number of survivors receiving crisis counseling;
- Number of counseling hours provided to survivors;
- Number of meetings held by multidisciplinary teams;
- Number of cases reviewed by the multidisciplinary teams;
- Number of training or technical assistance hours provided;
- Number of cases resulting in charges filed; and
- Number of convictions.

Demographic information about the individuals served in the program and the crimes experienced by the survivors are also collected.

AWARE Texas. AWARE Texas, a collaboration between TEA, HHSC, and the Texas Instituite for Excellence in Mental Health at the University of Texas at Austin, pilots evidence-based practices that address mental health challenges in fifteen schools where communities were impacted by Hurricane Harvey. The project also is working statewide to build TEA's capacity to support school mental health throughout the State of Texas. The discretionay federal grant is funded to TEA by the Substance Abuse and Mental Health Administration (SAMSHA) through fiscal year 2023. Goals of the project include the following: (1) increase and improve access to school and community-based mental health services; (2) increase awareness of and identify mental health issues among all adults working with youth and promote positive mental health for students, families, school staff, and community; (3) help students develop skills that will promote resilience, self-regulation, and pro-social behaviors; avert development of mental and behavioral health disorders; and prevent youth violence; and (4) develop an infrastructure that will sustain services and

build statewide capacity for promoting mental health awareness and evidence-based practices in Texas schools. AWARE Texas will directly serve at least 10,000 individuals over the five-year period of the grant. TEA will evaluate the effectiveness of services and interventions, including examining quality of school mental health systems, students served and/or referred to community services, and impacts on student mental health, attendance, and academic performance.

Resilient Youth – Safer Environments. The RYSE initiative, led by HHSC, will create comprehensive Suicide Safer Early Intervention and Prevention (SSIP) systems to support youth-serving organizations, including Texas schools, mental health programs, educational institutions, juvenile justice systems, substance abuse programs, and foster care systems. The target population, youth ages 10 to 24 years at elevated risk of suicide and suicide attempts, will receive enhanced services through best practice trainings, improved suicide care in clinical early intervention, treatments services as well as effective programs. Activities will begin with youth, ages 10 to 24, living in Galveston County, and specifically in Santa Fe, attending schools in Santa Fe Independent School District.

Promoting Integration of Primary and Behavioral Health Care. The Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant provides the opportunity to build a sustainable model for promoting integration of primary care and behavioral health services. Through a two-part approach — enhancing service delivery through care coordination between services and increasing access points through co-location and innovative partnerships — Texas plans to build system capacity related to integrated health. Texas will focus on the following four key populations who would benefit from the PIPBHC model: (1) adults with serious mental illness (SMI), (2) individuals with co-occurring mental illness and physical health conditions and chronic diseases, (3) children and adolescents with serious emotional disturbances who have co-occurring physical health and chronic conditions, and (4) individuals with substance use disorders. The PIPBHC site at Bluebonnet Trails Community Center has built capacity through establishing or enhancing school-based clinics.

South Southwest Mental Health Technology Transfer Center — School Supplement. The Texas Institute for Excellence in Mental Health at the University of Texas at Austin operates the South-Southwest Mental Health Technology Transfer Center (MHTTC), serving the U.S. Department of Health and Human Services Region 6, inclusive of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. The South Southwest MHTTC aims to enhance the capacity of the educational and mental health systems through targeted training and technical assistance, intensive training and consultation focused on system change, and information and resource dissemination to support effective implementation of evidence-based practices.

Title II, Part A.[28] The Title II, Part A program provides funding for recruitment and professional development of principals and educators, with a goal of increasing student academic achievement by improving the quality of teachers and principals. This program allows funding to be used by LEAs to provide training that enables teachers to teach and address the needs of students with different learning styles and improve student behavior in the classroom and identify early and appropriate interventions to help students with different learning styles learn.

Evaluation of School-Based Mental Health Services

The Task Force has been charged with evaluating the impact of school-based mental health services on the measures identified in Table 8. House Bill 906 includes measures for the Task Force to track in several sections within the statute, which are detailed below. Currently, most of the identified measures

are unavailable or cannot be collected at a level that would support an evaluation of school-based mental health practices. For most measures, TEA is not authorized to collect mental health-related data elements and does not have rulemaking authority to require local collection of these elements.

The Task Force had concerns about including some measures. Building an effective evaluation framework and data collection structure that allows for valid measurement of mental health programs and practices, fidelity to the selected models, and school impacts and student outcomes will take time and effort, as well as additional legislative action. The Task Force hopes to provide recommendations to the legislature and TEA on preferred measures, data definitions and sources, aligning with the implementation of the MTSS within the Safe and Supportive School Program. By aligning data needs of the Task Force with TEA guidance and relevant sections of current school code, data reporting should be streamlined for schools and avoid unnecessary confusion or duplicate work.

Even with full access to the relevant data, determinations of the superiority of one practice to another is not possible without a controlled research trial. However, the Task Force can provide guidance and data-informed recommendations about the availability, implementation, and outcomes of state-funded school mental health services in future reports, with additional data collection efforts.

Table 8 will review the current availability of each measure identified in HB 906. For most measures, TEA does not have rulemaking authority to require schools to track these data elements or statutory authority to collect the elements.

Table 8. Availability of key measures identified in HB 906.

Measures Identified in Establishment Sec. 38.302(3)	Availability of Measure
The number of violent incidents that occur in school districts or open-enrollment charter schools.	Schools are required to report disciplinary actions to TEA, including in-school suspensions, expulsions, and placements in alternative education settings. Schools also report a reason code to describe the incident leading to the action. The Task Force could use these reason codes to approximate violent incidents for tracking.
The suicide rate of the individuals who are provided the mental health services described by subdivision.	Deaths of students by suicide is not currently collected by TEA. While death data is reported to the Department of State Health Services (DSHS), it does not become available for several years.
The number of public school students referred to the Department of Family and Protective Services for investigation services and the reasons for those referrals.	TEA does not collect information on referrals to DFPS by school staff. Schools may not track this information at present.
The number of individuals who are transported from each school district or open-enrollment charter school for an emergency detention under Chapter 573, Health and Safety Code.	TEA does not collect information on transportation under an emergency detention. Schools may not track this information at present.

The number of public school students referred to outside counselors in accordance with Section 38.010.	TEA does not collect information on referrals to counselors or other external mental health providers. Schools may not track this information at present.
Measures Identified in Task Force Duties Sec. 38.308 **The Task Force shall gather data on:**	**Availability**
The number of students enrolled in each school district and open-enrollment charter school.	This data is collected by TEA.
The number of individuals to whom each school district or open-enrollment charter school provides the mental health services described by Section 38.302(1), and the race, ethnicity, gender, special education status, educationally disadvantaged status, and geographic location of these students.	This data is not currently collected by TEA. Some schools may collect information on students who receive school-based services, but there is not a standardized methodology for tracking this information.
The number of individuals for whom each school district or open-enrollment charter school has the resources to provide the mental health services described by Section 38.302(1).	This data is not currently collected by TEA. Schools may experience resource limitations because of limited funding and/or workforce shortages. Both types of limitations would need to be reported.
The number of individuals who receive school-based mental health services who are referred to an inpatient or outpatient mental health provider, and their race, ethnicity, gender, special education status, educationally disadvantaged status, and geographic location.	This data is not currently collected by TEA. Schools may not track this information at present.
The number of individuals who are transported from each school district or open-enrollment charter school for an emergency detention under Chapter 573, Health and Safety Code, and their race, ethnicity, gender, special education status, educationally disadvantaged status, and geographic location.	TEA does not collect information on transportation under an emergency detention. Schools may not track this information at present.
Measures Identified in Evaluation Sec. 38.308 (2)(A) **Study, evaluate and make recommendations regarding mental health services and training and the impact of those services, including addressing:**	**Availability**
Improving student academic achievement and attendance.	Academic achievement, as measured by rates of passing of STAAR tests and grade promotion, and

	attendance are reported to TEA at an aggregate level. Schools maintain this data on individual students.
Reducing student disciplinary proceedings, suspensions, placements in a disciplinary alternative education program, and expulsions.	Disciplinary actions are reported to TEA at an aggregate level. Schools maintain this data on individual students.
Delivering prevention and intervention services to promote early mental health skills, including: a. Building skills relating to managing emotions, establishing and maintaining positive relationships, and making responsible decisions b. Preventing substance abuse c. Preventing suicides d. Adherence to the purpose of the relevant program services or training e. Promotion of trauma-informed practices f. Promotion of a positive school climate, as defined by Section 161.325(a-3), Health and Safety Code g. Improving physical and emotional safety and well-being in the district or school and reducing violence in the district or school	Schools do not currently report whether prevention and intervention services are offered in each of these areas. Schools should have information available on professional development and prevention or intervention services in each of these domains.

Quality of School Mental Health Systems

School mental health services and educator training must be embedded within systems that have appropriate infrastructure to operate an MTSS. The National School Mental Health Quality Initiative has identified seven core domains and multiple indicators of quality school mental health systems, illustrated in Figure 3. These indicators of quality focus on ensuring that there is an effective, multi-disciplinary team that oversees the comprehensive school mental health system, including regularly assessing student needs, mapping the resources within the school and community, and identifying students at risk through an evidence-based screening process. The key domains also include ensuring evidence-supported programming for each tier of the MTSS. Lastly, the effective system has a sustainable funding plan that meets local needs and monitors and documents the impact of school mental health on key outcomes that are important to a variety of stakeholders (e.g., families, school staff, and community members).
The Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin conducted

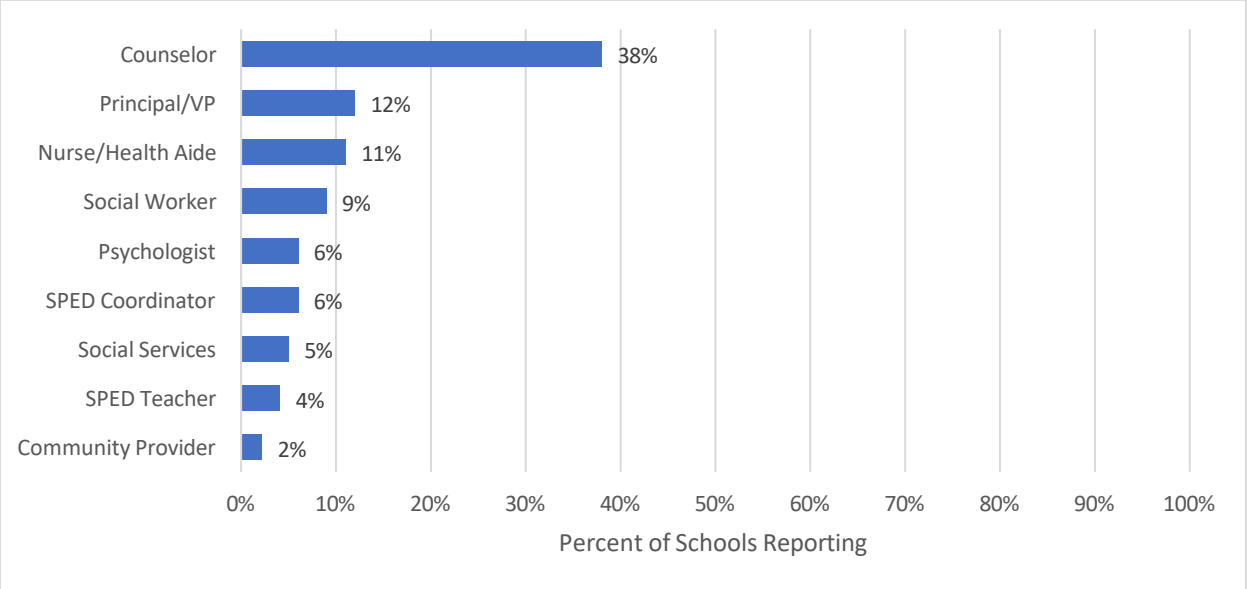
Figure 3. School mental health quality domains

a 2020 School Mental Health Survey to measure aspects of school mental health infrastructure, aligned with the quality domains. The survey was distributed to school and district contacts with the instructions for it to be completed by the staff member with the most knowledge of campus mental health resources. The survey was completed by representatives for 1,305 schools, approximately 12 percent of Texas campuses. Analysis of the responses suggest that the sample included representatives from each educational service region, with the greatest representation from Regions 4 (Harris and surrounding counties) and 10 (Dallas and surrounding counties). While the number of responses reflect a relatively large sample, the limited response rate may suggest a possible response bias; for example, if schools with mental health resources were more likely to respond to the survey than those without. Additionally, surveys can be susceptible to response bias if respondents have a reason to over-represent or under-represent the school's resources. The term "mental health services" was defined for respondents as

services that support emotional, psychological, and social well-being of students, which include behavioral health and substance abuse prevention, intervention, and treatment services.

Coordination of School Mental Health. Figure 4 illustrates the types of school or community staff who have primary responsibility for coordinating school-based mental health services. A wide variety of staff play this important role in school campuses. While school counselors provide the primary coordination in over one-third of campuses, school administrators and school nurses were also frequently in this position. School counselors, administrators, and nurses are likely to have a variety of responsibilities in addition to this duty.

Figure 4. Reporting of who has responsibility coordinating mental health services for students



Only about one in four Texas schools (27 percent) reported having at least one school mental health team that meets regularly to make decisions and plan initiatives in support of school mental health. School mental health teams are responsible for using a variety of processes to identify student and staff mental health needs. Table 9 illustrates the proportion schools reporting that they undertake different activities to understand the mental health needs on campus. More than half of campuses reported some examination of data (e.g., disciplinary data) to understand mental health concerns on campus. The majority of schools failed to engage students, families, or community members in discussions of school mental health needs or suggestions for improving school mental health services.

Table 9. Activities undertaken to assess mental health needs in past 12 months

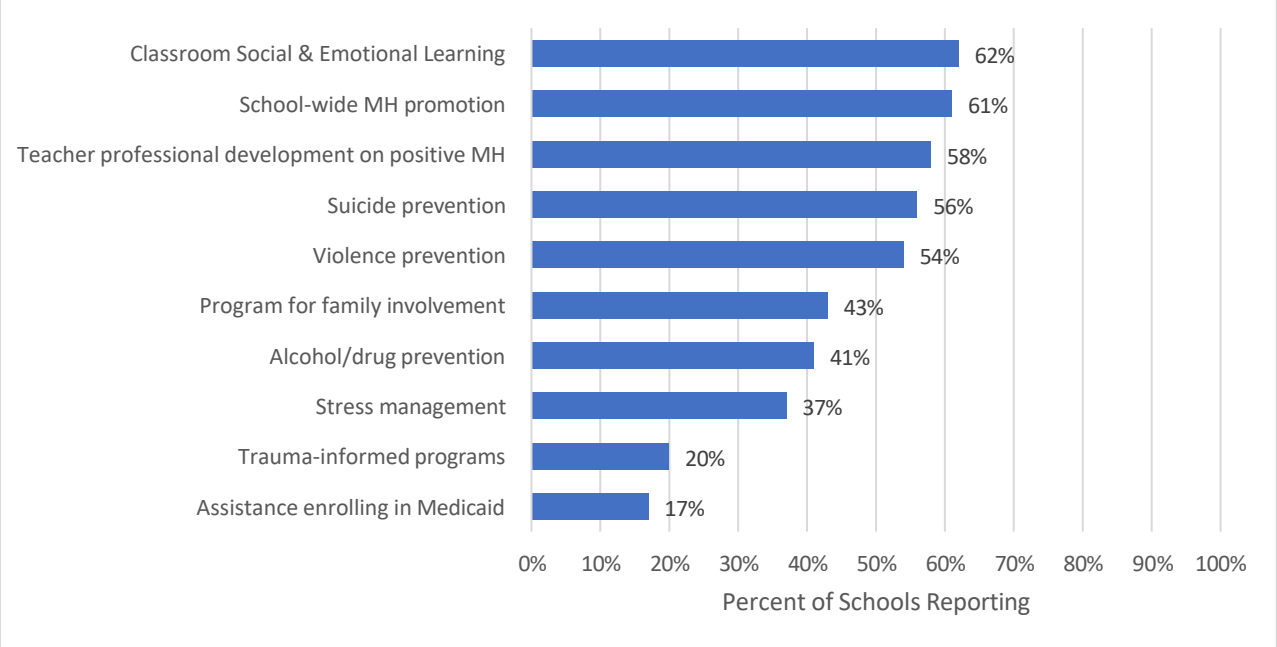
During the past 12 months, have you or other staff:	YES
Reviewed records or campus data to identify mental health issues or ways to prevent mental health issues	57%
Conducted assessments on common risk and stress factors faced by students	40%
Collected suggestions from students about available school mental health services or needed services	24%

Collected suggestions from families about available school mental health services or needed services	24%
Collected suggestions from community organizations and leaders about available school mental health services or needed services	31%

Forty percent of schools reported that a directory is readily available for staff, students, and families that identifies school-based mental health resources. Forty-one percent indicate that a directory is available that outlines community-based mental health resources. More than half (58 percent) reported that their school has well-defined referral procedures for mental health services and supports. The quality of these referral processes was not measured.

Mental Health Services and Supports. Services and supports can be categorized into those that are provided to all students or staff on the school campus (Tier 1) and those that are provided to students at risk or having mental health challenges (Tiers 2 or 3). Respondents were asked to identify the types of universal or Tier 1 services and supports provided in their school, with responses illustrated in Figure 5. The specific nature of these services or whether they represent evidence-based programs was not collected in the survey. More than half of schools that responded to the survey reported providing classroom social emotional learning (SEL) curriculum, school-wide mental health promotion programs, suicide prevention activities, and violence or bullying prevention. Other universal supports, such as programs to engage families, substance use prevention programs, stress management programs, and trauma-informed programs were reported by fewer than half of the respondents.

Figure 5. Availability of universal mental health services and supports

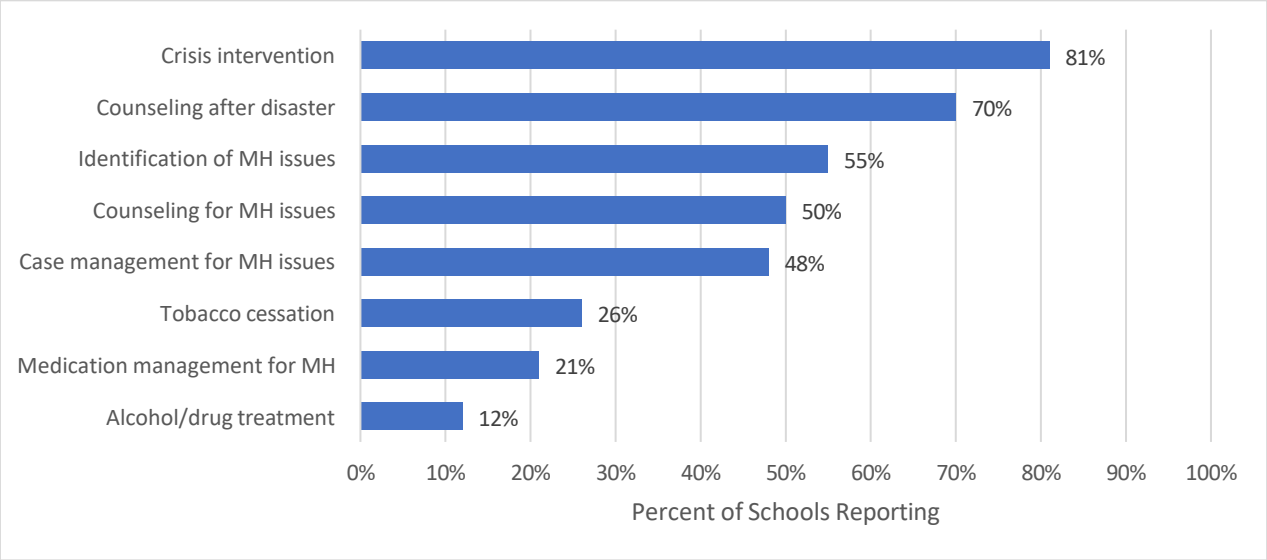


Note: MH=mental health

Schools also reported on the Tier 2 programs for students at-risk of mental health challenges and Tier 3 services to meet the individual needs of students with mental health challenges. Figure 6 illustrates the proportion of respondents who indicated different Tier 2 or 3 programs were available within their

schools. A substantial proportion of participating schools reported offering crisis intervention services and counseling after a disaster or trauma. Only about one-half of schools reported that the offered identification of mental health issues in students, counseling for mental health concerns, and case management for mental health concerns. Services for tobacco cessation, medication management for mental health conditions, and alcohol or drug treatment were offered at one-quarter or fewer of school campuses.

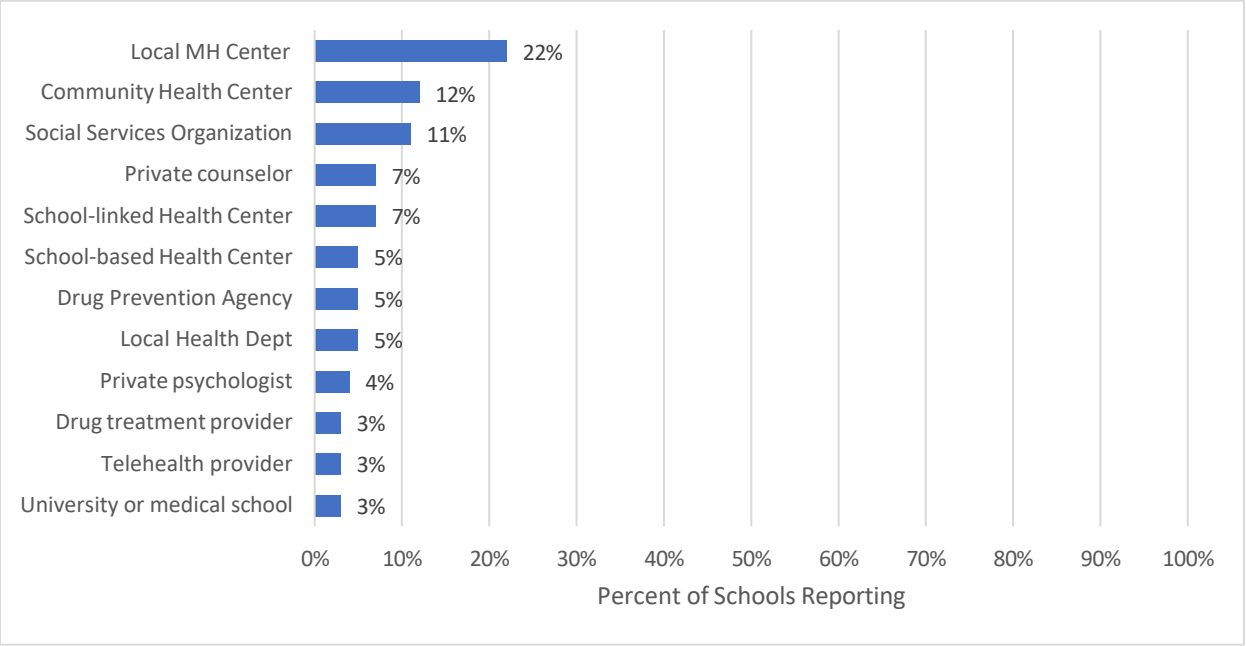
Figure 6. Availability of services for students at-risk or having mental health challenges



Note: MH=mental health

The majority of high schools (87 percent) and middle or junior high schools (76 percent) reported having a formal agreement or memorandum of understanding (MOU) with one or more external providers to provide mental health services to students. Fewer elementary schools (43 percent) reported a formal arrangement. Schools reported a variety of different types of arrangements, with the most frequent illustrated in Figure 7. The most common arrangement was with a local mental health center (22 percent), followed by a community health center (12 percent), and a social services organization (11 percent).

Figure 7. Arrangements to provide student mental health services



Key Findings and Recommendations

The following list includes key findings by the Task Force for the 2020 Legislative Report:

1. There is no dedicated state funding allocated to school districts specifically for the provision of school-based mental health services, although there is funding appropriated to Local Mental Health Authorities for specific educator trainings. Some school districts allocate specific money from their respective budgets to access trainings or services from the Local Mental Health Authority.
2. Schools use a variety of federal funding sources to support school-based mental health services and supports across the three tiers. Schools frequently have flexibility to use federal funding to meet a variety of programmatic needs, and other priorities may limit the extent to which schools opt to use funding for mental health or related activities.
3. There is no standardized reporting system that allows TEA to identify the number or type of school mental health programs existing in schools, how they are funded, the number of students served, or any outcomes that are routinely measured. There is also no standardized measurement of student mental health or school climate conducted in the state.
4. There is no information currently available to determine how the mental health services offered in schools are selected, what programs are chosen, the extent to which they are supported by research, and the extent to which they are implemented with fidelity or adherence to the model. There are also no standardized outcome metrics.
5. Schools may collect information on students served by school-based mental health services and the outcomes of those services, but there is no current methodology to standardize this data recording and collect it from schools across the state. Many schools may not regularly track this data at all.
6. While some information is available on the number of school staff participating in Mental Health First Aid training and their perceptions of the training, there is no standardized method for collecting information on other relevant professional development activities.

The HB 906 Task Force recognizes the importance of evaluating state-funded school mental health services in a manner that is scientifically sound, efficient, actionable, and minimizes burden to schools and districts. The Task Force recognizes that this evaluation must be implemented in a phased approach, in order to eventually develop the infrastructure necessary to meet the goals of the statute. The Task Force has laid out recommendations for short- and long-term objectives. Short-term objectives include gathering information on mental health services (Tiers 1-3) provided in Texas schools and gathering a standardized measure of school climate from student, family, and staff perspectives as well as a measure of student mental health. Long-term objectives include documenting the fidelity or quality of school mental health services and evaluating their impact on the measures identified in the statute.

The Task Force offers the following recommendations.

Phase 1 — Short-Term Recommendations

1. **TEA should have statutory authority to select or develop a statewide climate survey and data collection and reporting system. This should result in a common climate measure for schools across the state. The survey suite should include developmentally-appropriate versions completed by students, families, and school personnel.** School climate is a complex construct that includes the norms, values, and expectations within a school that leads students, families, and staff to feel socially, emotionally, and physically safe. School climate has been shown to be a critical protective factor for children and adolescents, reducing the risk of multiple negative outcomes. Positive school climate has been shown to be associated with lower rates of bullying and victimization, fewer discipline issues, fewer risk-taking behaviors, fewer depressive symptoms, and greater self-esteem. It has also been linked to improved student achievement scores, increased motivation to learn, and higher graduation rates. School climate has also been shown to reduce emotional exhaustion for teachers and improve staff retention. Texas has no standardized process for measuring school climate, and surveys collected at the campus level are not shared with TEA.

   The primary aim of the statewide climate survey system would be to objectively measure school climate across each school campus through the use of a reliable and valid survey and standardized methodology. The secondary aim of the survey would be to collect schoolwide data on student mental health challenges. The surveys would be anonymous and should include versions to measure the perspective of students, families, and staff. The HB 906 Task Force should inform the selection or development of a survey instrument, which should at a minimum:
   a. Have adequate psychometric properties (i.e., reliability, validity);
   b. Be valid for and responsive to the perspectives of the potential respondents;
   c. Be available in primary languages spoken in the state;
   d. Include versions for students, families, and school staff;
   e. Include questions about relationships, respect for others , school participation, and family engagement;
   f. Include questions about emotional and physical safety;
   g. Include questions about the physical, academic, and disciplinary environment, including the perceptions surrounding school resource officers; and
   h. Include questions about substance use, mental health, and wellness.

2. **At the request of the Task Force, TEA shall conduct a survey of schools in fiscal year 2021 to document the current landscape of mental health services and supports in schools and identify what data elements may be currently tracked in most schools. Results of the survey would inform the Task Force's evaluation plan and the structure of the future reporting system.** Currently, TEA is not authorized to collect this data. However, HB 906 (now Section 38.302 of the Education Code) authorizes the Task Force to request the data from TEA and LEAs. The statute authorizes TEA to support the Task Force. Once this survey is completed, TEA shall share the collected information with the Task Force. This survey would build upon the work done by the Task Force to date and support the development of an efficient and reliable data collection system. The survey would include information on:
    a. Available school mental health practices or programs within best practice domains identified in TEC §38.351;
    b. Professional development activities aligned with requirements in TEC §21.451;
    c. Measurement of and support for staff wellness;
    d. Dedicated school mental health staffing;
    e. Challenges to implementing comprehensive mental health services, such as funding, availability of qualified professionals, stigma or lack of support in the community;
    f. Perceived need for continued or additional school-based mental health services; and
    g. Data collection and tracking around student mental health services and outcomes.
3. **The Task Force strongly recommends that the legislature update HB 906 [TEC Sec. 38.308] evaluation metrics in the upcoming legislative session. TEA should collaborate with the Task Force to determine possible points of alignment between Task Force evaluation metrics and those used by TEA in the Safe and Supportive School Program.** The Task Force will develop a standardized protocol for schools, identifying the data that would be collected to support the statute, definitions for each data element, and the initial format in which these data will be reported. Initially schools will be asked to report this data in an aggregated manner. The protocol will begin to build support for a standardized reporting methodology and will be modified as needed in future years, preferably in an iterative way with TEA collaboration. The Task Force will await feedback from the legislature regarding ongoing evaluation metrics, but the current list includes the following elements:
    a. Student deaths by suicide;
    b. Student suicide attempts;
    c. Student/family referrals to DFPS;
    d. Students transported under an emergency detention;
    e. Students referred to an external mental health provider (inpatient and outpatient);
    f. Students served by Tier 2 (early intervention) mental health services; and
    g. Students served by Tier 3 (intervention) mental health services.
4. **The Task Force — with support from TEA — should study the roles and responsibilities of professional school counselors and the proportion of time dedicated to each role/responsibility.** The study should examine the extent to which current school counselor duties align with the American School Counselor Association National Model for School Counseling and the Texas School Counselor Model, including any barriers to alignment with state and national best practices.

Phase 2 — Long-Term Recommendations

1. **TEA should develop a state system for reporting of professional development.** Educators are expected to have expertise across a variety of competencies, with limited time for professional development. Recent legislation requires educators to gain additional knowledge related to student mental health and grief- and trauma-informed practices. However, there is no existing system to document professional development in these areas or measure the effectiveness of different professional development opportunities. The state system should, at a minimum, include elements that align with TEC §38.351 and TEC §21.451.

   The state professional development system should be developed in a phased approach, with the initial phase focused on districts reporting the number of staff trained in each domain, and the training program used to meet requirements for the domain(s). A subsequent phase could include collecting professional development information in a more comprehensive system. This system could attempt to capture staff-level data on mental health related training, both preliminary and advanced training, and the total number of training hours received each year. To further understand training needs, the state could also conduct a workforce survey of all school staff, measuring attitudes, knowledge, and competencies related to mental health topics.

2. **The Task Force recommends that the Texas Legislature consider funding a state center on school mental health or a consortium of higher education institutes that would provide training and technical assistance around best practices and their implementation, funding, collecting data and measuring outcomes, and facilitate research on effective practices that can be scaled and shared in Texas.** Texas schools have a variety of evidence-based and best practice programs to draw from when determining how best to meet local student and campus needs; however, many critical factors can influence the implementation of best practices and the ability of staff to achieve the outcomes demonstrated in more controlled research trials. Additionally, local districts and campuses may develop new programs that have yet to be evaluated, but show promise. This recommended center or consortium would serve the following functions:
   a. Provide technical assistance to schools around effective school mental health systems, such as teaming, universal screening, needs assessment and resource mapping, and developing referral pathways;
   b. Provide technical assistance to LEAs on funding for school mental health services and school-wide policies that support student social, emotional, and mental wellness;
   c. Provide coaching on the implementation of evidence-based interventions at each tier in the MTSS, using research-informed approaches;
   d. Provide technical assistance around collecting measures of practice fidelity and outcomes, ensuring reliable measurement on all statewide measures; and
   e. Conduct research, including obtaining additional funding support, on best practices in school mental health and return on investment within Texas schools.

Appendix A. Community Mental Health Projects Involving School-Based Services

Site	Description	Region	Outcomes
Integral Care	The proposed program will fund one additional on-campus therapist and Team Lead in Pflugerville ISD to serve three additional campuses to be selected by Pflugerville ISD. Additionally, the proposed program will fund two on-site crisis specialists, one in Del Valle and one in Manor ISD, to address overstretched crisis services. The proposed program will fund a .5 FTE on-site advanced practice nurse (APN) with psychiatric specialty and a medical assistant to introduce psychiatric services in Pflugerville ISD and reinforce limited psychiatric services in Manor ISD.	Pflugerville ISD, Del Valle ISD, Manor ISD	*Responded to over 5,100 hotline calls during fiscal year 2019. *On average, 98% of monthly individuals served showed improvement in school behavior, school attendance or school domains on CANS after 90 days of service.
CIS of North Texas	The Communities In Schools (CIS) model of Integrated Student Supports (ISS) is structured to provide and/or broker whole-school and individualized supports through a research-based, six-component service model including, supportive guidance and counseling; health and human services; parental and family engagement; college and career readiness; enrichment activities; and academic enhancement support. Services provided through Health and Human Services Commission (HHSC) funding support the mental and behavioral health of 532 students across 28 school campuses. Through this service model, students in need will be able to access preventative services, intervention, and intensive support.	Denton County	*97% of students served were promoted to the next grade. *98% of individuals and/or family members expressed satisfaction with service access and ability to address needs. *82% of students showed improved mental and/or behavioral health in fiscal year 2019. *94% of participants showed improved school performance during fiscal year 2019.
CIS of Houston	The CIS Mental Health Initiative (MHI) supports students with unmet needs by providing a full-time mental health professional on school campuses and connecting students and families to community resources for additional mental health services. Supported by an array of community partners, the CIS MHI provides students in crisis with prevention and interventions on the school campus in order to alleviate emotional and behavioral challenges,	Harris County, (indicates program is on 66 campuses)	*98% of students who received intervention showed improvement as of August 2019. *An average of 92% of monthly individuals reporting

Site	Description	Region	Outcomes
	enhance coping skills, improve student socio-emotional and physical health, and in turn, scholastic achievement.		a crisis received intervention. *An average of 1,180 individuals were served per month.
Project Vida	The proposed project intends to increase access of school-aged children and adolescents to early intervention behavioral health services by having three teams composed of Project Vida Health Center's (PVHC) outreach liaison, LPC/LSW, and navigator in-schools. Each team will serve three different schools within three feeder patterns in the Socorro Independent School District (SISD). Part of this integrated behavioral health services is the incorporation of PVHC's child psychiatrist in the school setting.	Socorro ISD	*45% of individuals assessed in May showed increased academic performance. *Nearly 60% of individuals showed an increase in overall well-being. *Served an average of 32 individuals per month.
JOVEN	The COPE counseling program represents a significant shift from the focus on traditional counseling programs on individual and group counseling exclusively to a district-wide focus. Students and families will be screened for counseling services by teachers, staff, or through self-referrals. The counselor/director will provide group, individual, and family counseling services. Case management services will assist families in accessing community-based supports and other assistance.	San Antonio ISD	*At the end of the service period, 60% of individuals receiving services had improved CANS Family Functioning domain. *90% of program participants reported satisfaction with services and that their needs were understood.
DePelchin	The overarching goal of the Resiliency in Youth program is to build organizational capacity to implement and sustain trauma-focused services for students as well as ensuring longer-term recovery efforts as a part of school and organizational functioning. Students are offered consultation, referral, and direct intervention for a number of different social and emotional concerns. The program staff provides individual and crisis counseling to youth presenting with social, emotional, and behavioral issues. In addition to expanding individual counseling to two new campuses, the Resiliency in Youth program will provide psychoeducational curriculum at four elementary campuses.	Goose Creek ISD	Average 138 served per month; 92% receiving caregiver training with improved ability to respond to trauma; 69% in counseling with increased resilience; 22% with reduced need; 61% with reduced total difficulties; 59% in Journey of Hope group with improved resiliency

Site	Description	Region	Outcomes
MHMR of Concho Valley	Expand the current Mental Health Deputy Program into all seven counties that center serves. The Mental Health Deputy Program will provide enhanced crisis services by redirecting individuals to the correct facility to obtain proper care, thus reducing "super utilizers" in the area. In addition, Mental Health Deputies will go into local schools to offer educational seminars to school district employees about mental health.	Tom Green, Crockett, Coke, Irion, Concho, Sterling, Regan counties	No outcomes related to school seminars
Texas Tech University Health Science Center	The Telemedicine Wellness Intervention Triage and Referral (TWITR) Project serves as a model for the use of telehealth to identify students exhibiting at-risk behavior that makes them imminently dangerous to themselves or others, screen those students using an evidenced-based battery, triage their individual mental health needs, and make referrals in consultation with a Child and Adolescent Psychiatrist for further treatment. TWITR also trains ISD faculty and staff on the identification of symptoms or behaviors that may be the result of a mental health disorder.	12 west Texas ISDs: Amarillo ISD, Hereford ISD, Vega ISD, Panhandle ISD, Claude ISD, Sunray ISD, Dumas ISD, Sanford-Fritch ISD, Tulia ISD, Happy ISD, Canyon ISD, and Borger ISD.	Not available

Appendix B. Other Federally-Funded Initiatives Involving School-based Mental Health Services and Educator Training

Agency	Program Name	Funding Agency	Project Period	Tier	Description of School-Based Activities	Funding in Fiscal Year 2019
Heart of Texas Region MHMR	Closing the Gaps	SAMHSA		Tier 3	This award for the Children's Mental Health Initiative includes school-based mental health services.	$411,316
	Mental Health Advocacy Program	SAMHSA	9/2018 – 9/2021	Tier 1	Community members serving as Mental Health Advocates will be trained in evidence-based mental health awareness and intervention curriculum to recognize, respond, and refer based on individual clients' mental health needs.	$109,943
	Project LAUNCH	SAMHSA	8/2019 – 8/2024	Tiers 1-3	Provide screening, parent education, and mental health consultation in early education programs.	$769,476
City of Houston	Be Well, Be Connected	SAMHSA	09/2019 – 09/2023	Tier 3	Provide screening, referral, and intensive home-based services to students with serious emotional disturbance.	$1,000,000
	Project Esperanza	SAMHSA	9/2018 – 9/2021	Tier 1	Project Esperanza will provide Mental Health First Aid training into the Catholic schools in Bexar County, Texas.	$125,000
Aliviane, Inc.	Border Project LAUNCH	SAMHSA	8/2019 - 8/2024	Tiers 1-3	Provide mental consultation and training to staff in early child care and educational settings to ensure that young children's social, emotional, and behavioral concerns are identified and addressed.	$500,000

Agency	Program Name	Funding Agency	Project Period	Tier	Description of School-Based Activities	Funding in Fiscal Year 2019
	Webb County MH Awareness Training Project	SAMHSA	9/2018 – 9/2021	Tier 1	The project will train individuals to recognize the signs and symptoms of mental disorders and establish linkages with school- and/or community-based mental health agencies to refer individuals to appropriate services.	$125,000
	Community Preparedness in Mental Health First Aid	SAMHSA	9/2018 – 9/2021	Tier 1	Educate the service area in recognizing the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbance (SED), and suicidal ideation.	$124,944
	Blanco ISD Prevention Program	SAMHSA	9/2016 – 9/2021		The coalition will prevent and reduce youth substance use by implementing the following strategies: reduce youth substance abuse associated with alcohol, marijuana, methamphetamines, and prescription drugs.	$125,000
	Impact Waxahachie	SAMHSA	9/2019 – 9/2023	Tier 1	Supports the Social Norms Campaigns at three high schools in three different school districts within Ellis County.	$48,509
	Community in Motion	SAMHSA	9/2019 – 9/2024	Tiers 1-2	Implement environmental strategies consisting of five social media marketing/education campaigns aiming at the reduction of under-age drinking, education on marijuana.	$300,000

Agency	Program Name	Funding Agency	Project Period	Tier	Description of School-Based Activities	Funding in Fiscal Year 2019
	Preventing Adolescent Alcohol and Substance Abuse	SAMHSA	9/2019 – 9/2024	Tiers 1-2	Build the capacities and infrastructure necessary to address alcohol and substance use/abuse in Tafolla Middle School (TMS), San Antonio Independent School District.	$300,000
	Families Assistance and Community Empowerment	SAMHSA	9/2018 – 9/2023	Tier 1	Goals will be achieved by implementing these strategies: actively recruit new coalition members; enhance coalition capacity; develop a Youth Advisory Council and engage them in the project; conduct community trainings for key stakeholders, retailers, and coalition members.	$125,000
	Promise Zone Prevention Framework Partnership for Success	SAMHSA	9/2019 – 9/2024	Tier 2	Provide the evidenced-based Botvin Life Skills training to high school students and expose students annually to public awareness messages to deter underage use of alcohol and misuse of prescription drugs.	$300,000

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