

Mental Health Awareness Training

September 11, 2025

Texas School Mental Health Framework



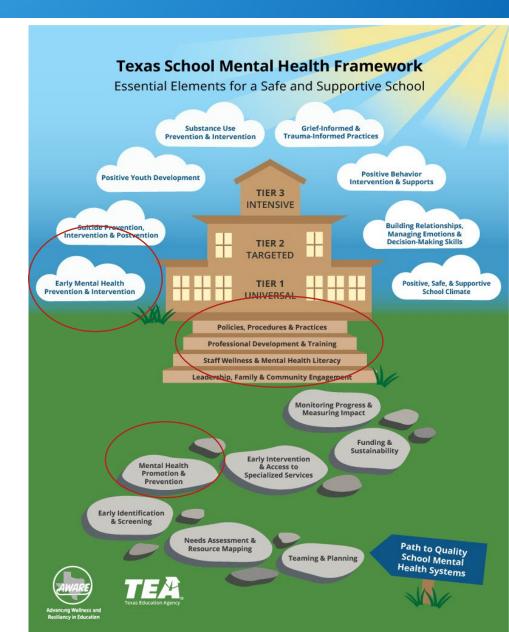
Mental Health Promotion & Prevention

Early Mental Health Prevention & Intervention

Staff Wellness & Mental Health Literacy

Professional Development & Training

Policies, Procedures & Practices



House Bill 3 (88th) 2023



Required Mental Health Training

House Bill 3 mandates that Texas school district employees who regularly interact with students must complete an evidence-based mental health training. This initiative aims to enhance school safety by equipping staff to recognize and support students experiencing mental health or substance use issues.



Training Requirement

Training Fulfillment

Training Content

Implementation Timeline

Added TEC §22.904 Mental Health Training

TEC §22.904 Mental Health Training





Participants

- Required for employees who regularly interact with students
- Exemption: Employees who have previously completed Mental Health First Aid (with valid certificate)



Content

- Training must be evidenced-based
- Must cover recognition and support of mental health and substance use issues



Funding

- Allotments to districts for training costs (e.g. travel, fees, compensation)
- No dedicated funding was allocated by the legislature for implementation.

Double the CE hours can be earned (not to exceed 16 hours) but training must be completed in person.

19 TAC §153.1015 Mental Health Training



Commissioner's Rule for TEC §22.904



Provided Examples of Staff

- Teachers, nurses, counselors
- Paraprofessionals, substitutes
- Bus drivers, cafeteria staff
- School resource officers
- Special program liaisons



Training Requirements

- Defined evidence-based
- One time training
- Aligned with district professional development policies



Approved Programs

- TEA/HHSC recommended courses (e.g., Youth Mental Health First Aid)
- District selected programs meeting criteria & competencies



Competencies

- Added 10 competencies that training must address
- Sufficient instructional time & rigorous methods
- Can be combined with other statutorily required topics



Documentation

- Districts maintain records of completion
- Eligible for reimbursement for training costs if funding allocated by the legislature



Timeline

- Districts maintain records of completion
- Phase in training timeline
 - 25%2025-2026 school year50%2026-2027 school year
 - 75% 2027-2028 school year
 - 100% 2028-2029 school year

Mental Health Required Training FAQ



19 TAC §153.1015 revised by HB 3 (88th) All employees who regularly interact with students must complete an evidenced-based mental health training.

Mental Health Training Requirement Frequently Asked Questions

During the 88th Legislative Session, House Bill 3 was passed to establish a requirement that each district employee who regularly interacts with students enrolled at the district complete an evidence-based mental health training program designed to provide instruction to participants regarding the recognition and support of children and youth who experience a mental health or substance use issue that may pose a threat to school safety. (TEC § 22.904)

This document will provide answers to frequently asked questions for the implementation of this legislation with reference to 19 TAC § 🗹 153.1015.

HB 3 Mental Health Training FAQ (July 2025)

Mental Health Training Requirement FAQs



19 TAC §153.1015 Mental Health Training

Updated: July 2025

During the 88th Legislative Session, House Bill 3 was passed to establish a requirement that each district employee who regularly interacts with students enrolled at the district complete an evidence-based mental health training program designed to provide instruction to participants regarding the recognition and support of children and youth who experience a mental health or substance use issue that may pose a threat to school safety. (TEC 822.904)

This document will provide answers to frequently asked questions for the implementation of this legislation.

Where can I find the list of approved programs?

The Best Practices and Programs Repository:

A school district may choose an evidence-based mental health training course from the recommended lists provided by the Texas Education Agency (TEA), the Texas Health and Human Services Commission (HHSC), or an education service center (ESC) that is specifically designated as compliant under this rule. 19 TAC \$153.1015 (d) (1).

The Texas School Mental Health Resource Database:

Programs that meet these requirements can be found using the Mental and Behavioral Health Recommended Best Practices and Programs Repository list established by <u>TEC §38.351</u> or the Texas School Mental Health Resource Database.

How do I know if a program is approved?

The Best Practices and Programs Repository trainings that meet the requirements of this rule will have the following designation:

"School district employees who have completed this training have fulfilled the mental health training requirements mandated by House Bill 3 88R (TEC \$22.904(b)) and the subsequent Commissioner's Rule (19 TAC \$153.1015)."

The Texas School Mental Health Resource Database trainings that meet the requirements of this rule will be tagged "Required Mental Health Awareness Training" in the resource tag section of the listed resource.

Is Youth Mental Health First Aid (YMHFA) the only training that will meet the requirements of the rule?

Not necessarily.

House Bill 3 introduced a provision in $\underline{\text{TEC } \$22.904(b)}$ which established that training in Youth Mental Health First Aid (YMHFA) would meet the requirement for this evidence-based mental health training.

However, the rule allows school systems the flexibility to provide training through a locally selected course, provided it meets the criteria outlined in subsection 19 TAC \$153.1015 (d)(3)(A)-(J). This alternative course can be developed and delivered by a partnering organization, such as a mental health agency or an Education Service Center (ESC).

Key Mental Health Training Competencies



Mental Health Awareness Competencies

- Awareness and understanding of mental health and substance use prevalence data
- ➤ Build capacity to implement school-based mental health and substance use prevention strategies that promote safety and prevent harm or violence
- Awareness of child development, ACEs, grief, trauma, risk factors, and the value of early identification, intervention, and evidence-based support strategies
- Promote awareness of mental health protective factors and strategies to support student well-being in schools

MENTAL HEALTH TRAINING COMPETENCIES FOR SCHOOL STAFF



Awareness of Mental Health & Substance Use Prevalence



School-Based Prevention Strategies & Protective





Child Development,
Trauma & Early Intervention

Supportive Classroom Environments & Respectiful Communication with Families



Connections to Community Resources

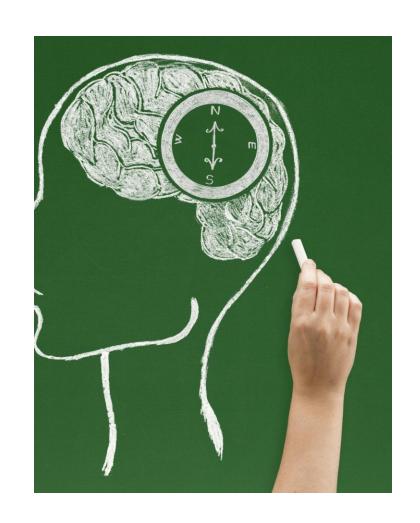


Key Mental Health Training Competencies



Practical Skills and Support Strategies

- Experiential activities: understanding impact of mental illness, respectful listening, crisis support skills, encourage help-seeking, and identify professional care and self-help strategies for mental health and substance use.
- Recognize early warning signs and risk factors for student mental health and substance use concerns using evidence-based practices aligned with TEC §38.351.
- Support students with early mental health concerns using classroom strategies, including for those with intellectual or developmental disabilities and co-occurring challenges.
- Communicate early warning signs to parents/guardians respectfully and guide them toward appropriate support for their child.
- Connect families to school and community mental health resources, including early crisis intervention for risk of harm.
- Strategies to promote mental health and wellness for school staff.





Mental Health Requirements in District Vulnerability Assessments

John Jones, Assistant Chief of School Safety and Security Office of School Safety and Security

User Groups



Superintendent

The superintendent role has full access to all district information, tools, reports, and BTA cases at district and campus levels. Has full user management access. Only authorized user to sign and approve some reporting requirements.

LEA District

Has full access to all district information, tools, and reports at district or campus levels. Does not have default access to BTA cases.

LEA Campus

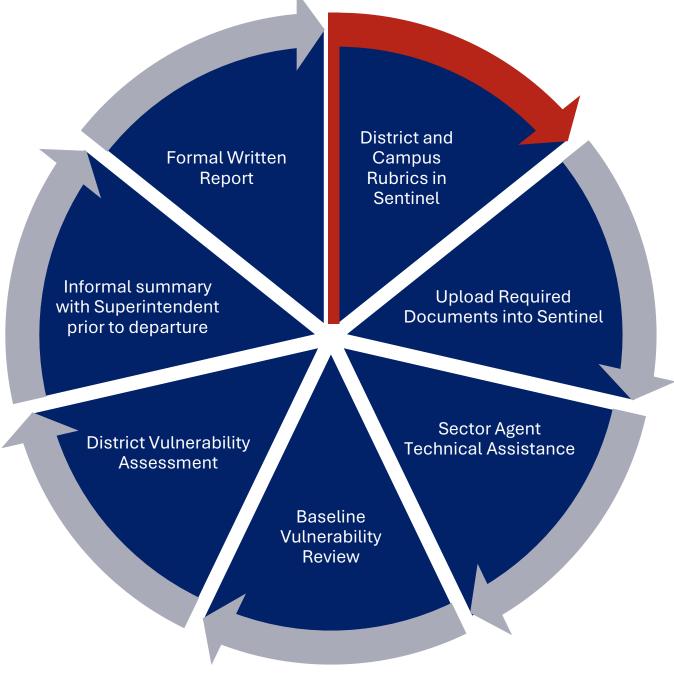
Has default access to Safety Resource. Must be assigned to a campus or campuses and the specific tools (Door Logs, Drill Logs, BTA Module) for those locations.

LEA BTA

Only has access to BTA module for their assigned campus(es).



Managing the DVA Process



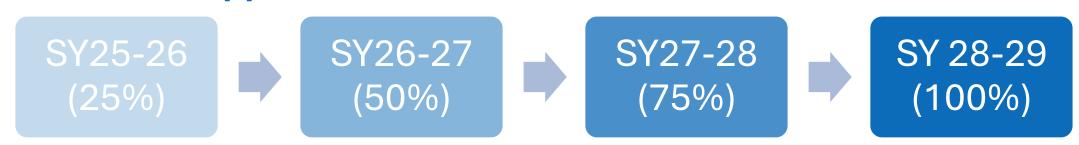
Employee Mental Health Training (TEC, §22.904)



!! All district employees w/regular interaction with students

- Recognize and support students who experience a mental health or substance use issue that may threaten school safety
- No statutory authority to compel Charters per TEC 12.104 (best practice)
- Required regardless of funding (unfunded mandate)

Graduated application:



Mental Health Training FAQs



House Bill 3 (88th) Mental Health Training FAQs



Updated: May 2025

19 TAC §153.1015 Mental Health Training

During the 88th Legislative Session, House Bill 3 was passed to establish a requirement that each district employee who regularly interacts with students enrolled at the district complete an evidence-based mental health training program designed to provide instruction to participants regarding the recognition and support of children and youth who experience a mental health or substance use issue that may pose a threat to school safety. (TEC § 22.904)

This document will provide answers to frequently asked questions for the implementation of this legislation.

Where can I find the list of approved programs?

The Best Practices and Programs Repository:

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19 TAC § 153.1015 (d) (1).

The Texas School Mental Health Resource Database:

Programs that meet these requirements can be found using the Mental and Behavioral Health Recommended Best Practices and Programs Repository list established by <u>TEC § 38.351</u> or the Texas School Mental Health Resource Database.

Answers:

- > Who
- > What
- > Where
- > When
- > How



Mental Health Training FAQs (con't)



WHO

Who can deliver training?

Who should participate in the training?

WHAT

What training is approved?

WHEN

What are the training requirements for compliance?

When do employees need to be trained by?

WHERE

Where can I get trained?

Where can I find the list of approved programs?

HOW

How can training be delivered?

How long is the training good for?

Where/How are training records maintained?

How to Document Training



Records of training

- List of dates and names of employees who have been trained; or training certificates for each employee; and
- What training was provided (i.e., name of training course or course content PowerPoint).

Training records must be uploaded and tagged to DVA Required Documents "Staff Mental Health Training Records (3.10)".

Employees only need to have the training once regardless of district moves, etc.

Best guidance for charters is to follow the Mental Health FAQ (resource) document and conduct training.

Employee Mental Health Training (TEC, §38.351(g)&(i)) TEA

The District shall provide training for teachers, school counselors, principals, and all other appropriate personnel in:



(2) building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;

(3) substance abuse prevention and intervention;

(4) suicide prevention, intervention, and postvention;

(5) grief-informed and traumainformed practices;

(6) positive school climates;

(7) positive behavior interventions and supports;

(8) positive youth development; and

(9) safe, supportive, and positive school climate.

A school district is required to provide the training at an elementary school campus only to the extent that sufficient funding and programs are available.

How to Document Training



- District determines what training will be provided to staff in the (9) category areas.
- Districts may select from various TEA approved training, contract with outside vendors or the ESCs, or develop their own training.

- Districts must upload training records to the DVA Required Documents section:
 - ✓ Early Mental Health Training Support (8.05)
 - ✓ Social Emotional Training Support (8.05)
 - ✓ Substance Abuse Support (8.05)
 - ✓ Behavior Intervention and Support (8.05)
 - ✓ Positive Youth Development Support (8.05)

- ✓ Suicide Prevention Support (8.05)
- ✓ Trauma-Informed Practices Support (8.05)
- ✓ Positive School Climate Support (8.05)
- ✓ Safe, Supportive, and Positive School Climate Support (8.05)

TEA Updates





New Mental Health Best Practices and Programs List Competencies



Mental Health Best Practices and Programs List Competencies



Purpose of Competencies

The competencies outlined within this document serve as a foundational guide for selecting best-practices and research-based programs that meet the requirements of TEC §38.351, TEC §38.036, TEC §21.451, and TEC §21.4515, School systems may use these competencies when evaluating programs or practices not currently on the list established by TEC §38.351, ensuring that locally selected approaches are aligned with statutory requirements. By addressing multiple areas of school mental health, these competencies support a comprehensive and integrated implementation strategy.

The list of best-practice-based programs and research-based practices are not exhaustive, and approaches for fulfilling the competencies are not limited to the examples provided below. The competencies and examples below may be considered when establishing local training and implementation procedures based upon the recommendations of the SBEC Clearinghouse.

Suicide Prevention, Intervention, and Postvention

Competency	Examples of Fulfilling Competency
Addresses suicide prevention strategies for students at risk of attempting suicide: including students who may be the victims of bullying, engage in bullying, or students displaying a possible need for early mental health or substance abuse intervention.	Promoting protective factors that contribute to suicide prevention. Understanding factors that increase the risk of suicide. Recognizing the correlation between bullying and suicide.
Addresses suicide intervention strategies for students identified as a trisk of suicide or displaying early warning signs for the need of early mental health or substance use interventions.	Learning to identify early warning signs and strategies for intervening when a student is at risk for suicide. Promoting the skills needed to follow local policies and procedures for suicide prevention (e.g., referrals and resources).
Addresses suicide postvention strategies to promote the healing necessary for those affected by a death by suicide.	Improving student connectedness with the school community. Utilizing strategies to promote positive interactions among students and adults. Stressing the importance of school procedures for addressing a loss to suicide.
Addresses strategies to assist students in returning to school following treatment of a mental health concern or suicide attempt.	Holding a supportive and safe transition meeting with the students and their families. Utilizing evidence-based safety planning interventions. Identifying appropriate coping strategies for both at school and at home.

Mental Health Best Practices and Programs List Competencies



Trauma and Grief Informed Practices

Competency	Examples of Fulfilling Competency
Addresses how to recognize the effects of trauma and grief on students' learning and behavior.	Understanding Adverse Childhood Experiences (ACEs) and the prevalence of trauma. Identifying the signs of students impacted by trauma and grief.
Addresses evidence-based, trauma and grief- informed care practices that support the academic success of students affected by trauma and grief.	Utilizing evidence-based classroom and campus strategies that mitigate the impacts of grief and trauma on students. Implementing practices that create safe and supportive learning environments.
Addresses how to respond to students impacted by trauma and grief.	Understanding available counseling options and resources for students listed in the local trauma-informed care policy. Promoting protective factors of Positive Childhood Experiences (PCEs) to mitigate the negative impacts of ACEs.
Addresses staff awareness of trauma and grief- informed care.	Understanding data that describes the impacts of trauma and grief on students. Promoting trauma and grief-informed practices that can be used by school staff.

Positive Youth Development

Competency	Examples of Fulfilling Competency
Addresses strategies for preventing problem behaviors	Increasing school connectedness and supportive school climates. Promoting protective factors that decrease problem behaviors. Recognizing risk factors that increase problem behaviors.
Addresses healthy development and wellbeing	Identifying opportunities to build leadership skills. Developing resilience when experiencing adversity. Modeling self-regulation and healthy coping skills.
Addresses preventing, identifying, responding to, and reporting incidents of bullying	Promoting the use of local procedures for reporting bullying. Improving attitudes towards seeking help when needed. Encouraging behaviors that create positive learning environments.

Mental Health Best Practices and Programs List Competencies



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

Competency	Examples of Fulfilling Competency
Addresses student skills for managing emotions.	Promoting the ability to cope with stress and anxiety. Building capabilities to identify and communicate emotions in a healthy way. Encouraging strategies to seek support when needed.
Addresses student skills for establishing and maintaining positive relationships.	Developing the ability to be dependable to others. Promoting skills to empathize with others. Supporting strategies for peaceful conflict resolution.
Addresses student skills for positive decision- making.	Strengthening problem-solving and critical thinking skills. Promoting protective factors that reduce risky behavior. Utilizing strategies to build students' ability to set and achieve goals.

Competencies in Practice

Below are examples of research-based best practices and best-practice-based programs implemented by school systems to address the areas of school mental health outlined in this document. These examples are organized within a tiered framework, illustrating how student support can be tailored to meet varying levels of individualized need. These strategies align with the Texas School Mental Health Framework, which offers further guidance and considerations for implementation.

Example Supports



- Staff training (e.g., suicide awareness, bullying prevention, restorative practices)
- Positive classroom management and culture building
- . Local policies and procedures (e.g., crisis protocols, bullying prevention, traumainformed care)
- · Supportive school environments



- · Small group skill-building support
- Mentorship from a peer and/or a trusted adult
- Restorative discipline
- Screenings and connection to supportive services



- Individual mental health counseling Safety planning
- · Student goal setting and progress monitoring
- Wraparound supports

TEA State School Mental Health Plan



Coming Soon!

- The Texas Statewide Plan for Student Mental Health is currently being updated.
- The updated plan will incorporate the latest strategies, goals, and activities
- Release of the updated plan is scheduled for the near future.

Find out when it is released!
Sign up for the Mental & Behavioral Health Newsletters!





Statewide Plan for Student Mental Health

Senate Bill 11

December 2020

Child Abuse Prevention Awareness Training



Modules Launched September 1, 2025



Protective factors are characteristics that may reduce the likelihood of child maltreatment occurring. These factors have been less studied than risk factors but play an important role in buffering the potential for harm. It should be noted that abuse can occur even in families where many of these protective factors may be present.

Click the hotspots in the graphic to the right to learn more about the protective factors.





TEA Learn