

# TEXAS SCHOOL-BASED BEHAVIORAL HEALTH SURVEY RESULTS AND RECOMMENDATIONS



Center for Social Work Research  
UT School of Social Work

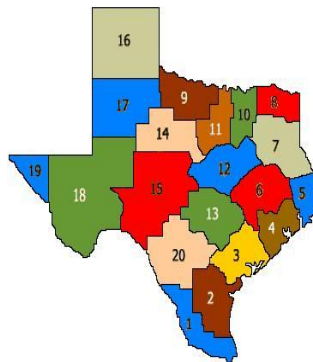
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## Main Topics

- Respondent Characteristics
- Facility Resources for Behavioral Health
- Promotion of Behavioral Health & Stakeholder Involvement
- Coordination and Delivery of Behavioral Health Services
- Behavioral Health Services Provided in School
- Coordination and Collaboration to Provide Behavioral Health
- Behavioral Health Training
- Children of Military Personnel
- Most Frequently Cited Problems and Comments
- Recommendations

## Responses from all regions of Texas

ESC Region	Number of Survey Respondents
1	45
2	22
3	17
4	158
5	16
6	31
7	33
8	22
9	7
10	87
11	101
12	32
13	97
14	6
15	23
16	21
17	20
18	62
19	8
20	29



## Respondent Characteristics

- Largest percentage were counselors (51.7%) and nurses (30%)
- Most respondents work 5 days a week, although special ed, social workers, and counselor/psychologists worked > 40 hours a week more frequently
- A majority had worked 3 years or fewer (38.8%)  
However, a large percentage had worked for 11 or more years (24.7%)
- Of these, rural school staff tended to report longer tenures

## Facility Resources for Behavioral Health

- The existence of both a confidential room (87.2%) and secure storage for student records (93.3%) were common.
- Many indicated no School-based Health Center (54.5%) and no School-linked Health Center (52.5%)
  - However inconsistencies in responses from other staff compared to nurses and administrators indicates a probable misunderstanding of the definition of these centers.

## Promotion of Behavioral Health & Stakeholder Involvement

- A majority reported they have not:
  - conducted assessments on behavioral health risk factors (47.1%)
  - met with parent organizations (61.1%)
  - invited family members to attend activities (53.4%) or
  - polled stakeholders on behavioral health services (no students 67.2%, nor families 62.9%)
- Responders from more rural ESC regions provided fewer positive responses to promotion of behavioral health and stakeholder involvement than responders in other ESC regions.

## Coordination and Delivery of Behavioral Health Services

- Coordinators of behavioral health services were Counselors (27.4%), followed by Nurses (15.07%) and Principals or Vice-Principals (11.02%).
- Deliverers of behavioral health services were Counselors (31.73%), followed by nurses (13.71%) and psychologists (11.83%).
- Counselors are most often described as responsible for behavioral health but report that they do not have protected time.
- There is a lack of standardized language across the state schools in respect of staff titles.

## Behavioral Health Services Provided in Schools

- A majority reported:
  - the existence of a student assistance program (SA)(62.4%)
  - the existence of standing or ad-hoc SA teams (75%)
  - participating in development of IEPs (69.4%)
  - participating in ARDs (75.3%)
  - participating in 504 Plans (73.8%)
- However a large number did not know if certain behavioral health services were available (3.2% to 17.7%)
- Nurses overwhelmingly indicated participation in development of IHPs (91.7%), but only 43.6% of overall respondents indicated participating in creating IHPs.
- Only 19% indicated that community agency staff participated in student assistance programs or teams

## Coordination and Collaboration to provide Behavioral Health Services

- When asked if the school where they worked had arrangements to provide behavioral health services for students, the largest percentage responded that they did not know (37.3%) in comparison to 34.4% who responded yes and 28.3% who responded no.
- The majority (66.4%) reported that interdisciplinary meetings on behavioral health were not held.

## Coordination and Collaboration to provide Behavioral Health Services

### Most frequent collaborators:

- parents (90.4%),
- students (88.3%),
- social service agencies (55.5%)
- child welfare agencies (63%)

### Less frequent collaborators:

- community mental health centers (44.2%)
- substance abuse prevention orgs (35%)
- substance abuse treatment orgs (26%)

Information on community BH resources not available or not updated frequently (42.9%). And staff did not take action to improve these linkages (56.6%)

## Training in Behavioral Health

- Staff in health services and other teacher roles reported wanting training in more topics than all other staff.
- Counselors and social workers reported wanting training less frequently than all other staff.
- Training need was reported as superficial in relation to the underlying need for increased staff and resources devoted to students with behavioral health challenges.
  - However, one comment: *"Please note that we are not behavioral health professionals, we are guidance counselors."*

## BH Training Topics Desired

### Requested by more than 50% of respondents:

- behavioral health pharmacotherapies (67%),
- case management (59%),
- identification, screening, and referral (55%),
- tobacco cessation (55%),
- alcohol or other drug screening, brief intervention and referral (52%), and
- alcohol, illicit drug, prescription drug, or over-the-counter drug abuse treatment (51%).

## Children of Military

- A majority of respondents agreed that children of military personnel did attend the school(s) where they worked (72.7%)

- Comments:

"We probably do have a few"

"We are not a base. Some stay with grandparents"

"Without a military base in our area, families feel that they lack support when their loved one is on active duty."

"Many of them talk about missing their mothers and fathers."

## Most Frequently Cited Problems

- Counselors being pulled away to be used as test administrators
- A lack of local community resources for students with BH needs
- Inadequate school resources and leadership for BH

## Counselors being pulled away to be used as test administrators

- "I am a certified school counselor, LPC, and NCC. My district uses me as a paper pusher/administrator. I spend hours every month sending students away so that I can coordinate TAKS or fill in schedules. I am not being utilized properly..."
- "I think if all schools would allow counselors to be counselors and not quasi administrators then so many of our students would have coping skills to succeed in life. Not enough time to implement everything that we have been trained to do."

## Counselors being pulled away to be used as test administrators

- "Our counselors are trained, but do not have time to do any of this due to all the standardized testing they must do. We need to hire testing coordinators so our counselors can do their jobs!!!!!!!!!"
- "Counselors in our district are swamped with additional duties that seem to stifle a counseling program...We need state laws to do our jobs!"

## Lack of community resources

- "I think we have several issues in our area. One is money, many of our students and parents can't pay for ongoing family counseling, inpatient mental health treatment, outpatient drug treatment. There are a few counseling resources in the county that charge on a reduced fee scale, but they are always overworked ... the parents that I refer out, usually don't follow through"

## Lack of community resources

- *"There is very limited support for parents with 1 or more children with emotional/behavioral [sp] problems. Transportation to keep appointments is often a very real issue in preventing ongoing quality care."*
- *"We need more resources in small communities - our clients do not have the resources to travel to other cities, and our school district doesn't have funds to cover travel or other expenses, either."*

## Lack of community resources

- "My biggest problem is where to refer students who don't have insurance. I use community health care, but they are limited on the number of visits. Many students have major mental health issues and they are not receiving help. I have tried multiple resources (community HC, CPS, private referrals) and the students are not getting the services."
- Rural areas have few resources and a great need. Only one private provider in area and MHMR center does not make our county a priority.
- "The availability of resources ... is extremely limited ... Private insurance is of little help with these problems."

## Lack of school resources and leadership for behavioral health

- Inadequate school resources (staff, time and training) were the third most common issue raised by respondents.
- They also felt a state-wide consensus did not exist on the importance of behavioral health to their students' success and that this often can be seen in local administration failure to support behavioral health programs and staff. *Some reported that funding for behavioral health programs had been diluted for use in other areas.*

## Lack of school resources and leadership for behavioral health

- "I am so glad that you are taking the time to address such a "needed issue." We can[']t teach the academics until we attend to the emotional state of the student first."
- "In my experiences, mental health needs are seen as secondary to academic demands and often swept under the rug and not tolerated."
- "I have seen in 14 years in education working with at-risk youth an exponential growth in the need for mental health services, and the school district has failed to grow at the same rate."

## Lack of school resources and leadership for behavioral health

- "We try the best we can but the School Board does not understand the need for PBS and behavioral health issues."
- "... inadequate administrative understanding and buy-in ... results in inadequate support for the process and ultimately return to the status quo. Hopefully, you are sending a questionnaire to district level leadership (superintendents)"
- "... no one talks about home problems which affect learning ... Is there a drug/alcohol situation at home, abuse, bullying, etc? How does the child cope and at what level? If he is overwhelmed at home, learning is impaired."

## Lack of school resources and leadership for behavioral health

- "It would be fantastic to be as well trained concerning behavioral health issues as we are for high stakes testing! :)"
- "I am not able to reach as many children as I need to due to the 620:1 ratio of students to counselor..."
- "Training does not address the human need students have for *direct interaction with a significant adult* trained to address their issue. I don't believe that by training already overwhelmed educators the issue will be resolved."

## Looking forward...

- "*I would love to see a more uniformed approach across the state when dealing with behavioral and counseling issues. It seems all school districts have their own way of doing things. If we could find a model school district and utilize what they do...I think we would do a much better job.*"

## Recommendations

- Promote behavioral health services in schools
- Increase awareness of existing behavioral health services
- Increase avenues of access to services
- Enhance or develop behavioral health services in collaboration with the community
- Provide training, with follow up coaching/mentoring on behavioral health services

## Promote BH services in schools

- Increase opportunities for community and in-school service providers to promote, campaign, and train on social emotional development and mental wellness and charge an appropriate entity with guiding these opportunities.
- Utilize [Behavior/Classroom Management Staff](#) at the 20 Regional Education Service Centers (ESCs) and [Regional Health Specialists](#) of School Health Advisory Councils (SHACs) to serve as liaisons on behavioral health information between the state and local Independent School Districts.
- Promote the concepts of healthy development, mental wellness, and mental health recovery through SHACs and with the [Center for Mental Health in Schools Model](#).

## Increase awareness of existing BH services

- Improve existing state and local websites
- Targeted delivery of BH information and updates
- Increase awareness of SHACs
- Increase awareness and training on TxCEDs throughout child-serving agencies and through SHACs

## Increase avenues of access to services

- Ensure availability of LSSPs in schools to coordinate activities among home, school, and community
- Encourage campus-based behavioral risk assessments and create campus-level continuum of support for at-risk students (see the SAP model)
- Promote inclusion of school-based models in the [Integration of Health and Behavioral Health Services Workgroup](#) established by House Bill 2196 of the 81<sup>st</sup> Legislature
- Ensure dissemination of best practices for BH promotion, prevention, and intervention (e.g. TxCEDs)

## Enhance or develop BH services in collaboration with the community

- Co-locate community service providers within the natural setting of the school
- Promote the [Center for Mental Health in Schools Interconnected Systems Model](#) as a strategic social marketing tool to create a continuum of school and community supports
- Provide joint continuing education trainings for school-based staff and community professionals
- Emphasize behavioral health screening and inclusion of student and/or parent report during the [Response to Intervention \(RtI\)](#) process
- Create a seamless continuum of support on each campus, within each district, and at the state level by coordinating the separate activities of the Response to Intervention (RtI), the School Health Advisory Council, and the [Individuals with Disabilities Education Act \(IDEA\)](#)

## Provide training, with follow-up coaching/mentoring on BH services... 1

- Establish a Center of Excellence or Training Institute for children's mental health
- Develop a statewide training plan utilizing representative stakeholder groups
- Change existing policies to ensure schools have access to staff with sufficient training and time to address behavioral health issues
- Build on existing infrastructures for FU and ongoing evaluation of practice using reporting systems to measure BH health outcomes

## Provide training, with follow-up coaching/mentoring on BH services... 2

- Develop a coordinated approach among existing mandated services (and trainings) to include community service providers
- Provide a comprehensive curriculum integrated into academics to teach specific skills on early intervention for social, emotional and behavioral development
- Promote formal training in SAP core team best practices
- Encourage school nurses to be trained in integrated (physical and behavioral) health through the SHACs and public health districts
- Train school nurses in strategies to access health insurance for families (e.g. Medicaid, SCHIP)

## Details, Details....

- Complete report will be available at:  
Mental Health Transformation Project  
<http://www.mhtransformation.org/>
- Related URLs:
  - Behavior/Classroom Management Staff  
<http://mansfield.tea.state.tx.us/TEA.AskTED.Web/Forms/ESCSearchScreen.aspx>
  - Regional Health Specialists  
<http://www.dshs.state.tx.us/schoolhealth/netlist.shtm>
  - Texas Collaborative for Emotional Development in Schools (TxCEDS) <http://www.txceds.org/>

## Details .... 2

- Center for Mental Health in Schools Model  
<http://smhp.psych.ucla.edu/pdfdocs/2009InterconnectedSystems.pdf>
  - For more detail see  
<http://smhp.psych.ucla.edu/publications/14%20reframing%20mh%20in%20schools%20and%20expanding%20school%20reform.pdf>
- School Health Advisory Councils (SHAC)  
<http://www.dshs.state.tx.us/schoolhealth/sdhac.shtml>
- School Based Health Centers  
<http://www.dshs.state.tx.us/schoolhealth/healctr.shtml>

## Details .... 3

- Licensed Specialist in School Psychology (LSSP)  
[http://www.nasponline.org/about\\_sp/whatis.aspx](http://www.nasponline.org/about_sp/whatis.aspx)
- Integration of Health and Behavioral Health Services Workgroup  
<http://www.hhsc.state.tx.us/BehavioralHealth.shtml>
- Response to Intervention Curriculum (Rtl)  
<http://ritter.tea.state.tx.us/curriculum/Rtl/index.html>
- Individuals with Disabilities (IDEA)  
<http://idea.ed.gov/>

## Many thanks

- And time for your input ....