

Student Mental Health After The Storm



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Hurricane Harvey Raises the Stakes for Supporting Healthy Minds in Texas Schools

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The opinions expressed in this document are those of Texans Care for Children and do not necessarily reflect the views of the foundations or the other organizations and individuals with whom we have collaborated on this issue.

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ABOUT TEXANS CARE FOR CHILDREN

We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow.

We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

We are a statewide, non-profit, non-partisan, multi-issue children's policy organization. We develop policy solutions, produce research, and engage Texas community leaders

to educate policymakers, the media, and the public about what works to improve the well-being of Texas children and families.

Funded by a variety of foundations and individual donations, our work covers child protective services, juvenile justice, mental well-being, health and fitness, early childhood, and the ways that each of those policy areas work together to shape children's lives and the future of Texas.

CONTENTS

1 Executive Summary

3 Background on Student Trauma and Mental Health

- Student Trauma Caused by Hurricanes, Violence, Neglect, Loss, and Other Challenges
- Other Student Mental Health Challenges
- Impact on Academics, Behavior at School, and Risk of Entering the Juvenile Justice System
- The Role of Schools — and State Leaders

6 Key Strategies For Supporting Student Mental Health and Academic Success

- Creating Safe and Supportive School Climates
 - The Texas Picture
- Training and Technical Assistance on Effective Practices for School Personnel
 - The Texas Picture
- School-Based Mental Health Services and Supports
 - The Texas Picture
- Support Through Special Education
 - The Texas Picture

18 Current State Law on Student Mental Health

- The 2017 Legislative Session
- Current Law on Training
- Current Law on District Policies
- Current Law on State Agency Resources to Assist Schools

20 Recommendations

- Texas Governor
- State Legislators
- Texas Education Agency
- School Districts and Campuses



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EXECUTIVE SUMMARY

Before Hurricane Harvey made landfall on the Texas Gulf Coast and caused widespread devastation, there was a growing recognition in Texas that schools should play a role in addressing the mental health of students. The best-taught math lesson using state-of-the-art instructional methods will not make a difference for students who are depressed or struggling with anxiety. Following the trauma caused by the hurricane and its aftermath, the urgency is now even greater for schools, communities, and the state to tend to the mental health of students. Recognition of the need for action is evident in the the recent announcement by Governor Greg Abbott and Texas Education Commissioner Mike Morath of a Hurricane Harvey Task Force on School Mental Health Supports.

More than a million public school students in Texas have been affected by Hurricane Harvey, according to estimates.¹ Many of these students will experience the effects of trauma. Before Hurricane Harvey, Texas students had also experienced trauma for numerous reasons, such as the loss of a loved one; instability at home; neglect; physical, emotional, or sexual abuse; or witnessing violence. In Texas, nearly one in four (24 percent) children are estimated to have multiple traumatic experiences unrelated to the hurricane that place their physical, social, emotional, and educational development at risk.²

Trauma can have a significant effect on children in the short and long term, especially if they experience more than one cause of trauma and they do not have a strong support system. Children's responses to trauma can include:³

- Ongoing feelings of concern for their own safety and the safety of others.
- Changes in behavior, such as increased irritability, aggression, and anger.
- Somatic complaints such as stomachaches, headaches, and pains.
- Impaired attention and concentration and more school absences.
- Greater likelihood of adolescents to engage in self-destructive, accident-prone, or reckless behaviors.
- Changes in interpersonal relationships with family members, teachers, and classmates.

Beyond trauma, mental disorders are common among school-age children. In any given year, up to one in five children experience a mental disorder, including attention-deficit/hyperactivity disorder (ADHD), anxiety disorder,

depression, conduct problems, and other disorders, with the prevalence of these conditions increasing in recent years.⁴ Half of lifelong cases of mental illness emerge by age 14, and two-thirds emerge by age 25.⁵

Schools have a great deal at stake in addressing student trauma and mental health, including the implications for academic performance and student behavior. Additionally, given the amount of time youth spend in schools, they are also a natural place to help with early identification of and intervention for mental health concerns.

In recent years, Texas school districts and community partners have recognized the importance of student mental health and taken several steps to improve support for students, as outlined below. As part of that effort, more schools are working to educate the “whole child,” helping to identify factors outside the classroom that threaten a student's learning, health, and well-being — such as losing a home, going hungry, or using drugs — and referring students and their families to community resources. Yet, the role of the state of Texas in supporting these and other student mental health efforts has been very limited.

This report covers four primary ways that Texas schools, districts, community partners, and policymakers can address student mental health:

- Creating Safe and Supportive School Climates,
- Training and Technical Assistance on Effective Practices for School Personnel,
- School-Based Mental Health Services and Supports, and
- Support Through Special Education.

A number of Texas school districts have implemented effective school climate models, such as social emotional learning (SEL) and positive behavior intervention and supports (PBIS), that reduce discipline referrals and improve academic performance. However, the Texas Education Agency (TEA) does not systematically collect information on the use of districts' school climate strategies, so it is unknown how widely they are used in Texas. The state's role in supporting effective school climate practices is largely limited to providing districts with an annually updated online list of recommended best practice-based mental health programs and practices. The state does not require school districts to include these strategies in their annual improvement plans. Texas' implementation plan for the

Every Student Succeeds Act (ESSA, the replacement for the federal No Child Left Behind education law) fails to address school climate. Local districts' School Health Advisory Councils (SHACs) are positioned to work on school climate, but the state does not have an adequate system in place to provide information and resources to SHACs. Additionally, mental health is almost entirely excluded from students' health curriculum.

Training and technical assistance for teachers and other school personnel is key to addressing student mental health, but Texas requires very little training, provides little funding for training, and collects no information on the training and technical assistance provided to school personnel. Districts are only required to provide suicide prevention training to elementary school personnel if funding and programs are available. Districts are required to provide limited training to personnel in middle and high schools on mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention. The Department of State Health Services (DSHS) is required to coordinate with TEA and Education Service Centers (ESCs) to provide districts with an annually updated online list of recommended best practice-based mental health programs and practices, although that information is not available on the Texas Gateway website that TEA maintains as a one-stop-shop for teachers seeking resources. Some mental health training opportunities are available to school personnel through Texas universities and community programs.

School-based mental health services are also key to supporting students. A national study found students are just as likely to receive mental health services at school (24 percent) as they are from an off-campus mental health provider (23 percent).⁶ With an average of 470 Texas students for every school counselor, according to a 2014 report, counselors are able to provide little support to students in need.⁷ A few Texas school districts have partnered with their Local Mental Health Authority (LMHA) or established school-based health centers that include mental health support, although the state has provided neither funding nor guidance for these efforts. The state's role in supporting school-based mental health-related services is largely limited to providing funding to Communities in Schools (CIS) and Services to At-Risk Youth (STAR), effective programs that reach a small fraction of Texas students.

Students with Emotional Disturbance (ED) are entitled under the federal Individuals with Disabilities Education Act (IDEA) to receive support through special education,

but the vast majority of students with mental disorders that cause major disruptions in their daily lives do not receive IDEA services and protections within the Texas education system. In addition to under-identifying children who should receive special education support for mental health disorders, districts also underutilize the opportunity to bill Medicaid for psychological and counseling services that are included in a Medicaid-enrolled student's special education Individualized Education Program (IEP). In 2014, psychological and counseling services made up only four percent of IEP-prescribed services funded by Medicaid in Texas.⁸ Additionally, schools often use overly punitive and ultimately ineffective discipline practices with students in special education for Emotional Disturbance. A statewide study conducted between 1999 and 2008 that tracked nearly a million 7th graders through their 12th grade year found that 90 percent of students enrolled in special education due to Emotional Disturbance had been removed from their classrooms for disciplinary referrals.⁹

State lawmakers showed greater interest in addressing student mental health during the 2017 legislative session, putting in statute for the first time a recognition of the importance of trauma-informed practice in schools and developing a multi-faceted student mental health bill that fell just short of reaching a vote on the floor of the Texas House of Representatives. The Speaker of the Texas House has also issued interim charges directing the House Public Health Committee to study student mental health, including the role of TEA and ESCs, before the 2019 legislative session.

The new state Hurricane Harvey Task Force on School Mental Health Supports is further evidence that state leaders are increasingly ready to address student mental health. The Task Force can play an important role in identifying resources, sharing information with school districts, and shining a light on student mental health. However, the Task Force does not have dedicated funding nor the statutory authority necessary to take many of the steps needed to address this challenge. The vast majority of the state's work on this issue will require action by the Legislature, Governor, and TEA.

It's time for Texas to build on and connect recent local and state efforts to develop a statewide strategy to help schools and communities support the mental health of all Texas students so they can succeed in the classroom and beyond. To address student trauma and other mental health challenges, this report outlines numerous, actionable recommendations for TEA, school districts and campuses, state legislators, and the Governor.

BACKGROUND ON STUDENT TRAUMA AND MENTAL HEALTH

Student Trauma Caused by Hurricanes, Violence, Neglect, Loss, and Other Challenges

More than a million public school students in Texas have been affected by Hurricane Harvey, according to estimates.¹⁰ Some had to be rescued from their flooded homes. They watched as their scared parents were unable to stop the rising waters. They have lain awake at night in shelters or motels or on relatives' couches, wondering where they will live and when they will see their friends and teachers again. Many have seen their homes, their schools, and their favorite toys badly damaged or destroyed. They see the adults around them continuing to worry, uncertain about what the future holds. All of this shakes children's sense of safety and security.

The natural disaster shines a spotlight on how traumatic experiences put children's mental health and development in jeopardy, both in the short and long term. Most children will largely recover from the hurricane as stability and routine are restored in their lives. However, many others, especially those who have experienced trauma and adversity prior to the storm, will continue to have symptoms in the months and years ahead.¹¹ Children respond to trauma in different ways, such as:¹²

- Ongoing feelings of concern for their own safety and the safety of others.
- Changes in behavior, such as increased irritability, aggression, and anger.
- Somatic complaints such as stomachaches, headaches, and pains.
- Impaired attention and concentration and more school absences.
- Greater likelihood of adolescents to engage in self-destructive, accident-prone, or reckless behaviors.
- Changes in interpersonal relationships with family members, teachers, and classmates.

Hurricane Harvey and the instability children are experiencing in its aftermath are certainly not the only source of childhood trauma in Texas. Trauma can be caused by the loss of a loved one; instability at home; neglect; physical, emotional, or sexual abuse; or witnessing violence. **In Texas, nearly one in four (24 percent) children are estimated to have multiple**

traumatic experiences unrelated to the hurricane that place their physical, social, emotional, and educational development at risk.¹³

Children affected by trauma may not develop a diagnosable mental disorder, but adverse experiences in childhood are a strong predictor of future mental illness. Studies indicate that childhood adversities are associated with nearly half (45 percent) of all childhood-onset disorders.¹⁴ They are also the most preventable cause of serious mental illness.¹⁵

Other Student Mental Health Challenges

Mental disorders are common among school-age children. In any given year, up to one in five children experience a mental disorder, including attention-deficit/hyperactivity disorder (ADHD), anxiety disorder, depression, conduct problems, and other disorders, with the prevalence of these conditions increasing in recent years.¹⁶ White, Black, and Hispanic youth have similar rates of mental disorders.¹⁷

Mental health challenges are particularly prevalent among children in foster care. Texas CASA reported in 2015 that more than one-third of children in foster care required some type of mental health treatment.¹⁸ About half of those had severe emotional or mental health needs.¹⁹

Half of lifelong cases of mental illness emerge by age 14, and two-thirds emerge by age 25.²⁰ Access to early identification and treatment in adolescents has been shown to shorten the duration of episodes of mental illness and prevent problems from becoming worse, with improvements persisting into adulthood.²¹

Among all youth with a mental disorder, less than half receive some form of professional help.²² Black and Hispanic youth are less likely than White youth to initiate or receive mental health treatment.²³

While not all social, emotional, or behavioral difficulties experienced by students meet the threshold for a clinical diagnosis for a mental disorder, such challenges can nonetheless interfere with students' health, safety, and learning. Puberty can be a tumultuous time for many students. Some students may struggle because of poverty, conflicts

at home, or problems with friends. Many feel disconnected from their peers, school, and community, conditions that are known risk factors for dropping out of school, delinquency, and drug use.²⁴

Data from the most recent Texas Youth Risk Behavior Surveillance Survey (YRBSS), administered to high school students in 2013, indicated:

- One in two students reported feeling like they did not matter to people in their community.
- One in four students reported having felt so sad or hopeless for two weeks or more during the previous year that they stopped doing some usual activities.
- One in five students reported being bullied on school property during the previous year.
- One in six students reported making a plan to attempt suicide during the previous year.
- One in ten students attempted suicide one or more times in the previous year.

Impact on Academics, Behavior at School, and Risk of Entering the Juvenile Justice System

Whether rooted in trauma or not, mental disorders can take a considerable personal toll on children they afflict and their families, schools, and communities. Research has estimated the costs associated with mental, emotional, or behavioral disorders in young people to be \$247 billion nationally.²⁵

Students experiencing mental illness, such as depression, ADHD, or anxiety disorder, are at higher risk of missing school and struggling academically.²⁶ Mental health concerns can interfere with a student's concentration and ability to stay on task or manage stress. Interacting with other students can be difficult and lead to social withdrawal from friends. Youth with serious mental health concerns are twice as likely as peers without mental illness to drop out of school.

Trauma and mental challenges can also lead to behavior challenges at schools. Behaviors often associated with trauma or other mental health concerns, such as a lack of focus, oppositional behaviors, or outbursts, can be perceived by teachers or other school personnel as misbehavior or noncompliance instead of a symptom of a disorder or underlying trauma. Unfortunately, schools' responses often backfire. Exclusionary discipline responses, like removing a student from the classroom, are the most common response to student misbehavior.²⁷ Substantial research shows that traditional disciplinary responses, like suspensions or

expulsions, do little to nothing to reduce rates of disruptive behavior among students or to improve school climate.²⁸ In fact, removing students from the classroom has been linked to ongoing misbehavior and negative school climates.²⁹

The way adults respond to children's trauma and mental health challenges can also lead children to the juvenile justice system, both through school discipline practices, known as the "school-to-prison pipeline," and through difficulties outside of school.³⁰ **In 2016, 55 percent of youth committed to a Texas Juvenile Justice Department (TJJD) facility had mental health treatment needs.**³¹ Past trauma is particularly pervasive among youth in the juvenile justice system. Research shows that an alarming 90 percent of juvenile offenders in the nation experienced some sort of traumatic event in childhood.³² A study of more than 20,000 juvenile offenders in Florida found that for each adverse childhood experience/trauma a youth experienced, their risk of being a serious, violent, and chronic offender increased by more than 35 percent, even when controlling for other known risk factors for criminal behavior.³³

The Role of Schools – and State Leaders

Not only do schools have a great deal at stake in addressing student trauma and mental health – including the implications for academic performance and student behavior – but they are also well positioned to address these challenges and provide supports to students because of the central role they play in students' daily lives. Schools can directly address student mental health and also provide referrals to community resources that address some underlying causes of mental health challenges, such as homelessness or hunger. Additionally, schools provide students with a much needed sense of routine and, ideally, a sense of emotional security and safety, despite the chaos they may be experiencing outside of their classrooms. By addressing student mental health, schools will be more successful achieving their primary goal of preparing students for college, career, and adulthood.

Across Texas, individual school districts, mental health providers, and communities are increasingly taking steps to help children recover from trauma and manage their mental health concerns.

To date, those local efforts have received little support from the state, although the Texas Legislature is showing greater interest in building on those local efforts and encouraging districts to incorporate best practices into their mental health efforts. During the 2017 legislative session, for



example, the Legislature took some small but noteworthy steps to encourage trauma-informed practices in schools. Key legislative leaders also developed more comprehensive legislation to support the mental health of students, HB 11, although this broader bill did not pass. Similar legislation is expected to enter the 2019 legislative session with greater momentum.

The state took on a new role on October 11th, 2017 when Governor Greg Abbott and Texas Education Commissioner Mike Morath announced a new Hurricane Harvey Task Force on School Mental Health Supports to address the mental health needs at schools and universities affected by the hurricane. Responding to the immediate needs of the disaster-affected areas, the Task Force will focus initially on ways to connect students and educators to needed mental health supports. While unveiling the Task Force, Governor Abbott, said, “The invisible wounds left behind after this

storm are often the most difficult to recover from. It is crucial that the State of Texas provides our educators and students with all available resources to address mental health needs as quickly as possible.”³⁴

The new state Task Force is further evidence that state leaders are increasingly ready to address student mental health. The Task Force can play an important role in identifying resources, sharing information with school districts, and shining a light on student mental health. However, the Task Force does not have dedicated funding nor the statutory authority necessary to take many of the steps needed to address this challenge. The vast majority of the state’s work on this issue will require action by the Legislature, Governor, and TEA. Given the broad impact the storm had in terms of the number of students, school, and communities affected, the work of the Task Force should inform efforts to expand access to student mental health supports across the state.

KEY STRATEGIES FOR SUPPORTING STUDENT MENTAL HEALTH AND ACADEMIC SUCCESS

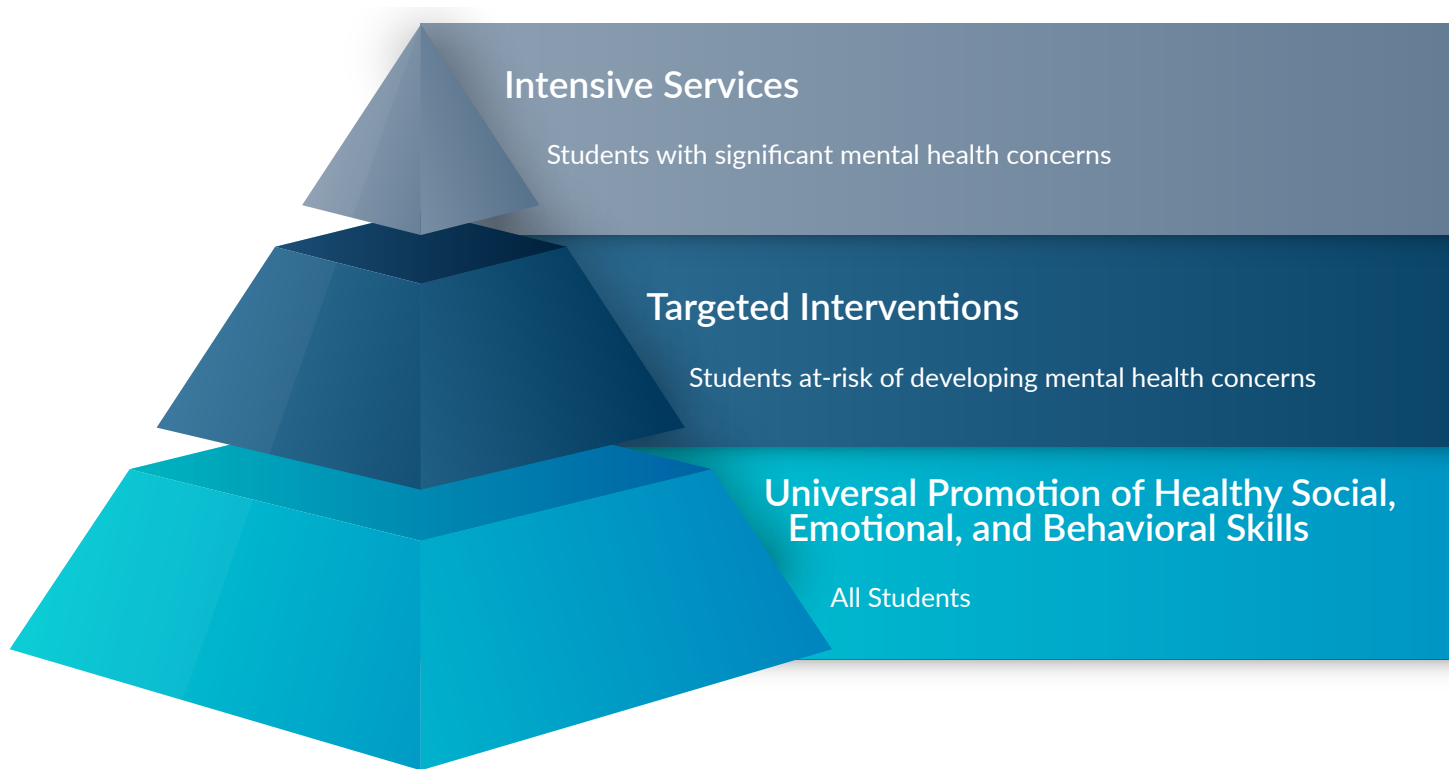
Experts in both mental health and education recommend schools use a multi-tiered system of services and supports to tackle mental health, behavior, and academic concerns at the same time.³⁵ This approach uses a range of strategies to meet the needs of all students in order to:

1. Promote the development of healthy social, emotional, and behavior skills among all students;
2. Provide targeted interventions to students at risk of developing mental health concerns; and
3. Provide students with greater challenges access to the mental health services and supports they need to be successful in school.

Below are strategies that schools and communities can use to build a continuum of supports that bolster learning and success in all students and are especially important for students with trauma and or other mental health concerns. Four types of strategies described in the following pages are:

- Creating Safe and Supportive School Climates,
- Training and Technical Assistance on Effective Practices for School Personnel,
- School-Based Mental Health Services and Supports, and
- Support Through Special Education.

Fig. 1. A Multi-Tiered System of Services and Supports



Creating Safe and Supportive School Climates

Schools can use school-wide strategies that help all students develop social, emotional, and behavioral skills and create school environments that are conducive to learning. These strategies promote student learning and prevent students from developing mental health concerns. Several of these approaches are described below.

Social Emotional Learning: Building Student Skills Related to Managing Emotions and Resolving Conflicts

Just as schools teach academic skills, they can also help students develop skills and abilities needed to get along with others, manage their emotions and behavior, and resolve conflicts in healthy ways, all critical for success in school and later adulthood. Students can be taught how to identify and cope with their emotions, recognize good solutions, adapt to new situations, and manage conflict in healthy ways. A large scale meta-analysis of 82 school-based, universal social and emotional learning (SEL) interventions involving 97,406 kindergarten to high school students showed significant short and long-term improvements in social and emotional skills, academic performance, positive social behaviors, and school attendance as well as reductions in emotional distress, conduct problems, and drug use.³⁶ Aside from the positive impact these outcomes have on individual children and their families, the state, schools, and communities benefit from reduced fiscal and societal costs that stem from diverting students from trajectories that lead to truancy, engaging in risky behaviors, dropping out of school, delinquency, or the need for mental health treatment.

For example, the *PAX Good Behavior Game* is an evidence-based behavior management strategy used in elementary grades that builds students' social and emotional skills, such as self-regulation, self-control, and self-management skills. Immediate benefits of this classroom intervention include students who are more engaged with their learning, fewer classroom disruptions, and reduced disciplinary referrals, suspensions, and expulsions. These benefits are certainly important for student learning, but the long-term benefits associated with the *PAX Good Behavior Game* include reducing students' need for mental health and substance abuse services from first grade through young adulthood.³⁷

Restorative Discipline is an evidence-based practice for addressing student behavior that develops social and

emotional learning skills in students. Instead of relying on disciplinary practices to address student misbehavior, restorative discipline teaches students to understand the harm caused by their behavior and how to repair relationships harmed by their actions. Restorative Discipline develops empathy in students, strengthens relationships, and fosters school connectedness.

School-wide Positive Behavior Interventions and Supports

Positive behavior interventions and supports (PBIS) is an evidence-based framework to bring about proactive systems change within a school. When used as a school-wide approach, PBIS establishes a social culture within the school that promotes social, emotional, and academic success. The three-tiered model starts with universal supports for all students, increased supports for at-risk students, and provides intensive, highly individualized interventions for students needing wraparound services. PBIS acknowledges positive student and staff behavior and implements strategies for improved decision-making based on data to increase positive outcomes both on an individual student and school-wide level. An analysis of the more than 1,000 schools in Illinois implementing schoolwide positive behavior support showed that effective implementation improves student behavior (i.e. reduced office discipline referrals and suspensions) and academic outcomes (i.e. test scores in math).³⁸

Every Student Succeeds Act (ESSA)

The *Every Student Succeeds Act (ESSA)*, which replaced the *No Child Left Behind Act* starting with the 2017-2018 school year, requires state education agencies to help schools improve school conditions for student learning, including the reduction of incidences of bullying and harassment; the overuse of discipline practices that remove students from the classroom; and the use of potentially harmful behavioral interventions, such as seclusion and restraints, that compromise student health and safety.

State education agencies are required to use at least one non-academic indicator of school performance as part of the state's school accountability system. ESSA does not prescribe what indicator states use, but the federal law lists "school climate and safety" as an example of a possible measure. Regardless of what accountability measures states select, ESSA does require districts and campuses to annually report to the state rates of in- and out-of-school suspensions, expulsions, chronic absenteeism, and bullying, all of which

are indicators of school climate. ESSA also encourages states to report on the interventions that schools are using to reduce them. This reporting will help schools, districts, and the state identify promising practices and opportunities for improvement.

Improving Mental Health Knowledge and Skills

Just as it is important for students to understand how to foster and maintain their physical health, students should also learn what it means to be mentally healthy, become familiar with signs that they or others may have a mental health concern, and understand how to seek help. Research has shown that when individuals learn about mental health, they have fewer negative attitudes about mental illness and are more supportive of people experiencing mental illness.³⁹ Mental health literacy can be taught to students in health classes or incorporated into school curriculum in other ways.

Whole School, Whole Community, Whole Child: An Expanded Coordinated School Health Model

Student health and academic outcomes are strongly linked but are often addressed by schools in a siloed, disconnected manner.⁴⁰ Schools can improve the health and learning of students by supporting opportunities to learn about and practice healthy behaviors, providing school health services, creating safe and positive school environments, and engaging families and community.⁴¹

The Centers for Disease Control and Prevention (CDC) recommends schools use a *Whole School, Whole Community, Whole Child (WSCC)* coordinated school health approach to ensure the physical and mental health, safety, and well-being of their students, staff, and school environment. The WSCC model provides a framework for promoting greater alignment, integration, and collaboration between health and education in schools in order to improve students' educational, physical, social, and emotional development.⁴² The approach factors in strategies that address social and emotional school climate, counseling, social services, family engagement, community involvement, and staff wellness, in addition to more traditional school health components like health and nutrition services and physical education and activity.

Collecting Data on School Climate and Student Well-Being

It is important for schools, communities, and state policymakers to have up-to-date information on factors known to put students' education, mental health and well-being at-risk. What gets measured gets improved. Tools like the YRBSS and school climate surveys can help schools identify emerging and ongoing areas of concern when it comes to student mental health and safety. Regular data collection is also needed to evaluate the impact of district and state efforts to promote healthy students and positive school environments.

The Texas Picture

TEA does not systematically collect information on the use of any of these strategies by districts in Texas, so there is not a clear statewide picture of just how many schools are using them or the effect they are having on students. While they are not universally used nor necessarily available in all schools, the policies, programs, and initiatives below provide examples of what schools and communities can do to improve the learning environment in schools and promote the mental health of all students.

District Policies Related to School Climate

The Legislature authorizes districts to adopt policies related to trauma-informed practices, positive school climate, building social and emotional learning skills in students, and using positive behavior supports.⁴³ While the development of these practices and procedures is optional, if a district chooses to develop such policies, state law requires them to be included in the district's annual improvement plan that is used to guide the district and campus staff in improving student performance and in annual student handbooks. Including these strategies in annual district planning efforts will raise districts' level of attention to these positive school climate practices that have significant impact on student learning and mental well-being. Inclusion of the practices and procedures in annual student handbooks can also help increase awareness among students, families, and educators about what they should expect from the school when it comes to student mental health and school climate, increasing transparency and accountability.

Social Emotional Learning

TEA does not track information on school districts or campuses that are integrating social emotional learning skills into their classroom, so it is unknown how many schools are implementing this strategy. However, districts like Houston ISD, El Paso ISD, San Antonio ISD, and Dallas ISD all have social emotional learning (SEL) initiatives in place.

Austin ISD began incorporating SEL into its curriculum in 2011. In 2015-2016, SEL was in all 129 of the district's schools and showed impressive outcomes. Among schools with three to four years of SEL experience, disciplinary referrals fell by 45 percent at elementary schools and 29 percent at middle and high schools. Elementary schools with high SEL integration ratings had seven percent more students pass the State of Texas Assessment for Academic Readiness (STAAR) reading and math tests in 2015 than did elementary schools with low SEL integration ratings.⁴⁴

In 2010, Houston ISD and Crockett ISD received multi-year grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the *PAX Good Behavior Game*. The Health and Human Services Commission (HHSC) and TEA include the *PAX Good Behavior Game* in their listing of evidence-based mental health promotion programs.

Much of the state-supported efforts on SEL can be found in school-based substance abuse prevention programs. HHSC funds evidence-based substance abuse programming in over 500 school districts in Texas, using developmentally appropriate programs in elementary through high school campuses. These prevention programs incorporate SEL strategies shown to increase healthy coping and social skills in students, help students develop strong self-esteem, and help make healthy decisions, all competencies that promote student mental health and well-being. Although the Legislature increased funding overall for substance abuse related strategies for the 2018-2018 biennium, the state budget provides for fewer youth to receive substance abuse prevention services. About 150,000 youth are expected to receive substance abuse prevention services each year in the 2018-2019 biennium, which is about 30,000 fewer youth than the Legislature funded to receive prevention services during each year of the 2016-2017 biennium.

Among Austin ISD schools with three to four years of SEL experience, disciplinary referrals fell by 45 percent at elementary schools and 29 percent at middle and high schools.

School-wide Positive Behavior Interventions and Supports (PBIS)

TEA does not track information on school districts or campuses implementing school-wide PBIS. However, the agency has designated the Region 4 ESC in Houston as the state lead for the Texas Behavior Support (TBS) Initiative, including a network of representatives from each of the 20 ESCs in Texas available to assist school district efforts to implement PBIS. As of 2014-2015, more than 500 campuses reported to Region 4 that they were using school-wide PBIS.⁴⁵ This number is likely to be a significant undercount of the campuses using PBIS since not all schools use ESC resources to implement this popular proactive disciplinary approach.

Texas Behavior Support has launched additional initiatives to provide training to schools in integrating PBIS with complementary strategies such as mental health services, restorative practices, and efforts to reduce racial/ethnic inequities. Improved tracking of the number of campuses that are implementing these practices and the effects they are having on student outcomes and school climate would help identify pockets of excellence and areas of concern to help guide district and state efforts.

District Guidance on SEL, PBIS, Trauma-Informed Practices and School Climate

To encourage the use of research-based practices in schools, the Legislature requires the Department of State Health Services (DSHS) to coordinate with TEA and ESCs to provide districts with an annually updated online list of recommended best practice-based mental health programs and practices. In 2017, the Legislature charged the state agencies with including programs and practices related to building social and emotional learning skills, trauma-informed practices, positive school climates, and positive behavior supports on this recommended list. TEA does not collect information on how many districts or schools implement the recommended practices.

Every Student Succeeds Act (ESSA)

Unfortunately, Texas is one of nine states that did not include a non-academic indicator in its state ESSA plan.⁴⁶ Instead, TEA proposes the use of “Postsecondary School Readiness” as the single measure of School Quality or Student Success indicator, using STAAR assessments as the measure. TEA already uses STAAR assessments as proxy measures for the Academic indicators.

Several states have included Chronic Absenteeism, usually defined as missing 10 percent of the school year or more than 15 school days (including missed school due to absences, suspensions, or expulsions) as an indicator for School Quality or Student Success. Illinois selected as its measure of School Quality or Student Success the participation rate of schools in administering a school climate survey that reflects student, educator, and parent safety and satisfaction.

Unfortunately, Texas is one of nine states that did not include a non-academic indicator in its state ESSA plan.

Mental Health Literacy and Social-Emotional Skills in TEKS

School districts are required to provide health instruction to students. High school students are only required to have a half credit for health in order to graduate. The Legislature requires health education to emphasize the importance of proper nutrition and exercise and include information on the dangers of binge drinking and alcohol poisoning. There is no requirement for districts to include information on mental health in their health curriculum.

The State Board of Education (SBOE) is responsible for adopting standards, known as the Texas Essential Knowledge and Skills (TEKS), covering the knowledge and skills students are expected to demonstrate in each subject of the required curriculum. The TEKS for health education indicate students should acquire health information and skills that are necessary to become healthy adults. There are various TEKS for kindergarten through 12th grade health education that address social and emotional skills related to regulating emotions and behavior, building and maintaining healthy relationships, communicating effectively, and managing stress. All are skills that promote mental well-being and are associated with success in school and life.

However, the health education TEKS are almost silent when it comes to knowledge and skills related to mental health concerns. Out of the more than 600 health education TEKS spanning kindergarten through 12th grade, there are only three that address recognizing or preventing mental illness: students in 6th grade are expected to identify eating disorders as an effect of poor body image; students in 7th and 8th grade are expected to describe different types of eating disorders; and students in 7th and 8th grade are expected to identify and describe strategies to prevent depression and anxiety disorders. There are other health education standards that can and should include mental health competencies, such as TEKS related to recognizing the importance of early detection and intervention of health concerns and knowing to reach out to parents, teachers, or health professionals when a student does not feel well. However, instead of including mental health, these standards are currently framed around physical health. There is no explicit or implicit expectation from the state that these TEKS include information related to mental health.

The SBOE is expected to review and revise health education TEKS beginning in 2018 with adoption of revised standards in 2019.⁴⁷ The revision process, which SBOE has indicated will involve stakeholder input, provides an opportunity to

update Texas health education standards to integrate mental health knowledge and skills so students will have a more complete health education.

Coordinated School Health and District School Health Advisory Councils (SHACs)

Each school district in Texas is required to establish a School Health Advisory Council (SHAC) with parent and community representation to advise school boards on issues related to student health and well-being. SHACs are grounded in the CDC's coordinated school health model, which aims to coordinate and align school health policies, programs, and efforts to better address the "whole" health and education of students. SHACs have a legislative mandate to address student mental health. Thirty-five percent of school districts report having a mental health or social service staff member serving on their SHAC in the 2015-2016 school year.⁴⁸ Nearly half (47 percent) of districts indicate SHAC recommendations resulted in changes in policy, programs, or practices. Few districts (10 percent) reported changes in policies, programs, or practices related to mental health, specifically suicide prevention.⁴⁹

Texas has a state-level SHAC, the Texas School Health Advisory Committee (TSHAC), that is charged with advising DSHS on issues related to coordinated school health. In addition to its statutory mandate, the TSHAC develops resources to support school districts in implementing coordinated school health, including a handful of resources that address student mental health and positive school climates.

There is room for the state TSHAC and district SHACs to better coordinate to disseminate resources that address the needs of the whole child, including the social, emotional, and mental health needs of students. There currently is no streamlined mechanism for the TSHAC to share information with district SHACs across the state, many of which may be unfamiliar with the work of the state advisory body.

In addition to SHACs, state law requires districts to implement coordinated school health programs in elementary, middle, and junior high school with the specific goals of preventing obesity, cardiovascular disease, oral disease, and type 2 diabetes. The programs selected by TEA for district use are tailored to legislative requirements that focus on students' physical health. Although referred to as coordinated school health programs, these programs do not address all of the "whole child" components of the recommended coordinated school health model. The programs do not include student mental health, school climate, or staff well-being.

Training and Technical Assistance on Effective Practices for School Personnel

With the high prevalence of students affected by mental health concerns and trauma, the majority of whom are in general education classrooms,⁵⁰ it is critical that all educators be trained on recognizing potential symptoms of underlying issues and knowing how to respond in ways that help students learn instead of being further harmed. Many symptoms of depression, such as agitation and irritability, difficulties paying attention, or outbursts in the classroom, are behaviors that teachers respond to with discipline. **It is important for teachers to have a mindset not of "what's wrong with you?" but instead "what happened to you?"**

At the very minimum, teachers and school staff need to be able to recognize when a student might be experiencing a mental health crisis. They should know how to respond to make sure the student is safe and how to help the student's family connect to services if necessary.

The Texas Picture

The state network of 20 Education Service Centers (ESCs) is the primary infrastructure for TEA to provide educators with training and technical assistance. However, the ESC network does not currently provide training or technical assistance that focuses on student mental health. The state makes other training and informational resources available to schools through other channels, but their reach is limited. Training and technical assistance through universities and community organizations offer additional resources the state can leverage to extend its support to schools seeking to better equip teachers and other school personnel with innovative practices related to student mental health and learning.

Educator Training on Suicide Prevention and Mental Health First Aid

Texas school districts are required to provide all district employees with best practice-based suicide prevention training and to include suicide prevention training in new employee orientation. Districts are also required to provide teachers, school counselors, principals, and all other appropriate personnel in middle and high schools with training in mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention. However, districts are only required to provide suicide prevention trainings to elementary school personnel

if funding and programs are available, and it unknown how many provide such suicide prevention training. Districts are required to maintain a list of names of school personnel who have been trained as a limited measure of accountability. In 2015-2016, seven percent of districts and charter schools reported that they had provided training for staff on recognizing and responding to students at risk of suicide.⁵¹ There is no requirement for districts to report to TEA, or for TEA to collect information, on what type of mental health or suicide prevention training is provided to school staff at any grade level.

The state provides funding for teachers and other school personnel in Texas to access an eight-hour in-person Mental Health First Aid (MHFA) training through their Local Mental Health Authority (LMHA). The training addresses risk factors and warning signs for mental health and substance abuse concerns, strategies for how to help individuals in both crisis and non-crisis situations, and where to turn for help. While the training is provided to districts at no cost, some schools reportedly have been reluctant to use it because of the costs they do incur, such as paying for a substitute teacher and/or travel costs associated with allowing classroom teachers to attend the full day training, which can take place far from their community, especially in rural areas of the state. A total of 15,088 school district and university employees, including teachers and other personnel, attended the MHFA training in Fiscal Years 2016 and 2017.⁵² That is a small fraction of the more than 688,000 employees of Texas school districts.⁵³ A less comprehensive but more more accessible interactive online training, the Texas Youth Suicide Prevention Project's At-Risk (Kognito), was available to schools at no cost through HHSC until July 2017, when the grant funding that supported it ended.

List of Student Mental Health Best Practice for Schools

To encourage the use of research-based practices in schools, the Legislature requires DSHS to coordinate with TEA and ESCs to provide districts with an annually updated online list of recommended best practice-based mental health programs and practices. The list includes mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention for implementation in public elementary, junior high, middle, and high schools within the general education setting. In 2017, the Legislature charged the state agencies with including on this recommended list programs and practices related to building social and emotional learning skills, trauma-informed practices, positive school climates, and positive behavior supports.

Together, DSHS, TEA, and each ESC are required to make the list of student mental health resources easily accessible on their websites for schools to access. However, it is not known how many educators are aware the websites exist or if they are using the resources they offer. Just over half (51 percent) of schools participating the 2015-2016 School Health Survey reported using an evidence-based suicide prevention program or curriculum.⁵⁴ TEA maintains a standalone website *Texas Gateway* (www.texasgateway.org) to make it easy for teachers to look for online resources they can use in their classroom or to access self-directed professional development courses. The website is robust and, as to be expected, focuses predominantly on academic skills and competencies. While it does include a few non-academic resources, such as lesson plans related to substance use, information on restorative discipline practices, and tools to prevent dating violence, TEA's *Texas Gateway* website does not include the resources related to student mental health posted on the agency and ESC websites.

Community-Based Training and Technical Assistance

The Center for School Behavioral Health, housed within Mental Health America of Greater Houston, is an example of how schools can partner with community stakeholders to bring effective practices into more classrooms, school hallways, and school playgrounds. Building off of recommendations that were developed by consensus of school and community stakeholders in and around Harris County during the 2012-2013 school year, the Center works with over 100 organizations in the greater Houston area including school districts, charter school systems, therapeutic or parochial schools, child-serving organizations, and education and advocacy organizations to improve prevention, identification, and treatment of mental health and substance use issues among school-age children. The Center facilitates a School Behavioral Health Collaborative, a school district learning community, and a "best practice incubator." It also hosts an annual conference to help spread information and effective practices to educators. The Center has been instrumental in hurricane recovery efforts, being well-positioned to connect districts in the greater Houston area with services, supports, and training in trauma-informed practice.

National Alliance on Mental Illness (NAMI) affiliates in Austin, Dallas, El Paso, Houston and Waco offer schools free training called *Parents & Teachers as Allies* that is specifically designed for teachers, administrators, school health professionals, parents, and others in the school community. The presentation can be offered in schools and is conducted by parents and a young adult living in recovery who have had

to negotiate mental illness within the school system. The two hour program helps school personnel understand how to recognize early warning signs of mental health concerns in students, effectively communicate and partner with families, and help link them to community services quickly. The training also addresses how schools can create a supportive learning environment for all students.

University-Based Training and Technical Assistance

Colleges and universities in Texas are another potential resource for districts to access training and technical assistance. Texas State University and Texas A&M University both have faculty and staff who have worked with schools in implementing school-wide PBIS. The Texas School Safety Center, housed within Texas State University, is funded by the Legislature to provide schools with training and technical assistance on effective school safety practices, including bullying prevention resources. The University of Texas at Austin provides schools with training on restorative discipline practices. Each of these provides examples of how the state can leverage expertise within the state higher education system to improve school climate and student outcomes.

School-Based Mental Health Services and Supports

While student mental health challenges are common, harmful, and treatable, unfortunately, less than half of youth in the United States with a mental disorder receive some form of professional help.⁵⁵ School personnel need to be able to identify when a student may be struggling with a mental health concern and know how to respond. This can range from being a safe and supportive adult to reaching out to parents and school counselors who can help the student access services as needed.

Providing health services on school campuses is a convenient and cost-effective way to address this challenge.⁵⁶ Many youth with mental disorders who do access treatment receive services in schools. A national study found students are just as likely to receive mental health services at school (24 percent) as they are from an off-campus mental health provider (23 percent). Only 10 percent of those receiving treatment accessed services through a primary care provider.⁵⁷

Many people may assume every school campus has a school counselor to whom students, families, and teachers can turn when a student is struggling with social or emotional

concerns. Unfortunately, these professionals are frequently overburdened with administrative tasks and high student-to-counselor ratios that prevent them from being available to address students' mental health needs.⁵⁸ High schools maintaining one school counselor for every 250 students have shown better graduation and school attendance rates and fewer disciplinary incidents.⁵⁹

Embedding a mental health provider within schools has great potential to improve student access to services when they need them, especially for Black and Hispanic youth, who are less likely to initiate and receive mental health treatment. Mental health providers, such as school social workers or psychologists, can be employed directly by the district or through a school partnership with a community provider to help address the mental health needs of students through prevention, early intervention, treatment, and referral services.

School-based health centers (SBHCs) are clinics that provide health services to students in either a school-based or school-linked setting, including preventative and treatment services. They often serve districts in low-income communities and play a key role in improving access to health services among children. Students attending schools served by SBHCs have demonstrated improved academic and health outcomes, including higher grade point averages, fewer emergency department visits and hospital admissions, and lower rates of drug and alcohol use.⁶⁰ They have also been linked to safe and supportive school climates and students feeling more connected to their schools.⁶¹

Most SBHC's in the nation (67 percent) are staffed by a primary care provider and a mental health provider. The majority of SBHCs screen for challenges like depression (76 percent) and anxiety issues (71 percent) in students.⁶² About 75 percent of SBHCs in the country also provide individual counseling to students on issues related to substance use prevention, suicide prevention, and dating violence. They can also engage in primary prevention activities that target the whole school, reaching more than just the students who receive care from the centers.

The Texas Picture

As with other strategies outlined above, a statewide picture of how students receive mental health services through school is not available. Policymakers can look to various examples of school-community partnerships within the state as examples of promising practices to increase student access to mental health services. The work of the Hurricane Harvey Task Force on School Mental Health Supports will likely increase knowledge and awareness of current practices,

potential opportunities, and gaps in resources available to schools in connecting students with mental health services.

District Policies Related to Student Mental Health

The Legislature has authorized school districts to adopt practices and procedures related to notifying a student's parent or guardian when students show early warning signs for suicide or mental health or substance abuse concerns.⁶³ As of 2017, if they adopt such practices and procedures, districts are required to include them in their annual district improvement plans and student handbooks. According to the School Health Survey for 2015-2016, 37 percent of districts and charter schools already address early mental health intervention in their district or school improvement plans while 63 percent address suicide prevention.⁶⁴

School Counselors

Both state law and current campus staffing decisions are inadequate for ensuring access to mental health support through school counselors. School districts in Texas with 500 or more students enrolled in elementary school grades are required to employ a school counselor, maintaining a 1:500 counselor to student ratio. Districts with fewer than 500 elementary students can employ a part-time school counselor or share a counselor with one or more other districts. There are no minimum counselor-to-student ratios for middle or high school grades. The American School Counselor Association recommends a counselor-to-student ratio of 1:250. A 2014 report put the statewide average counselor-to-student ratio across all grades at 1:470.⁶⁵ Some districts have ratios that far exceed even that high average. Houston ISD, for example, in January 2016 had 1,356 students for every counselor. The ratio was much higher than the 1:863 ratio it had for security personnel to students.⁶⁶

Community-Based Youth Providers

When school counselors are overburdened or unavailable, other school-based or community providers can help schools with programs and services that impact students' mental health. Communities in Schools (CIS) and Services to At-Risk Youth (STAR) programs in Texas are both state-supported programs to provide students with non-academic services and supports, which can include counseling, to help address concerns that interfere with their learning.

The Legislature appropriated \$38.8 million in the 2018-2019 TEA budget for CIS, a slight reduction from recent

years, allowing an estimated 82,0000 students to receive case management services in each year of the biennium. In addition, the Legislature appropriated \$48.6 million to the Department of Family and Protective Services (DFPS) Prevention and Early Intervention division for the STAR program, a \$6.6 million increase from the previous biennium. Through the STAR program, DFPS contracts with community-based programs and agencies to provide a variety of services that help prevent abuse, neglect, delinquency, and truancy of Texas children. Each year, just over 6,000 youth are expected to receive STAR services, which can include crisis intervention; help with family conflict, school performance, and attendance; and building parent and youth skills.

Mental Health Providers

Some schools in Texas partner with mental health providers to offer students mental health services on campus or in the community. Waco, Hutto, and Del Valle ISDs, for example, partner with their Local Mental Health Authorities (LMHA) to provide school-based mental health services to students. In the case of Del Valle ISD, the district partners with Integral Care, the LMHA for Travis County, to provide school-based mental health services on all district campuses to students experiencing mental health challenges. Licensed therapists provide services during school hours and immediately after school year-round, including during school vacations. Services include assessment, counseling, support for families, and access to Integral Care psychiatric resources as needed.

While there are examples of school-community partnerships to address the mental health needs of students, TEA has not tracked district or campus efforts to provide mental health services to students, and as a result, much of the current landscape of school-based mental health services in Texas is unknown. However, the state's Hurricane Harvey Task Force on School Mental Health Supports can fill a key gap by producing a robust mapping of mental health services available to Texas schools. This state effort to connect schools with mental health services and supports positions the state to more easily identify student mental health needs in all parts of the state, assess the availability of services to meet those needs, and evaluate ways the state can help to plug gaps that exist.

School-Based Health Centers

The Legislature authorizes DSHS to provide funding to school-based health centers (SBHCs) based on the availability of federal or state funds. Of the three SBHCs the state funded between September 2013 and August 2015, the sites reported 1,142 visits were made to a mental health provider, 341 mental health screenings were provided,



and 251 individuals were identified as having mental health needs.⁶⁷

State-supported SBHCs represent a small fraction of the school-based health programs that are operating in Texas. According to a national school-based health care census conducted by the School-Based Health Alliance, there are 215 school-based health care programs in the state, including 92 school campuses that use telemedicine and one that provides tele-psychiatry.⁶⁸ It is not known how many of these school-based health centers or programs provide mental health services to students, although most should be able to make referrals to community-based services for students presenting with mental health concerns beyond the SBHC's capacity to address. However, there are examples of SBHCs that are providing students with specialized mental health services on their campuses, including:

- Dallas ISD's Youth and Family Centers provide mental health care for all Dallas ISD students and their families, including evaluation and assessment; psychiatric consultation; and group, individual, and family counseling.
- Galveston ISD's Teen Health Centers provide students with free medical and mental health care via clinics located on three campuses. Mental health services include cognitive behavioral therapy, telepsychiatry, and other evidence-based treatments for a wide variety of mental health issues including depression, anxiety, ADHD, and trauma- and stress-related problems.

Support Through Special Education

The Individuals with Disabilities Education Act (IDEA) requires schools to provide students with qualifying disabilities special education services, supports, and protections to ensure their disabilities do not preclude them from educational opportunities they are entitled to receive. The IDEA uses the term Emotional Disturbance (ED) to refer to mental health concerns that make a student eligible for special education services and protections. To qualify for Emotional Disturbance (ED) under the IDEA, a student must have a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.

- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Students with ADHD can qualify for special education under an Other Health Impairment disability category, which is separate from the ED category. In addition, students with other qualifying disabilities, such as intellectual, developmental, or learning disabilities, can also have co-occurring mental health concerns. It is estimated that between 30 to 50 percent of youth with intellectual disabilities also have a mental disorder.⁶⁹

Students who are enrolled in special education receive Individualized Education Programs (IEPs) that include accommodations, modifications, and supports that must be provided to meet a student's unique needs and prepare him or her for further education, employment, and independent living. IEP services can include counseling, psychological or school social work services, and parent counseling and training.⁷⁰ School districts can obtain Medicaid reimbursement for certain health-related services that are included in a student's IEP if the student is enrolled in Medicaid.

Student IEPs should also identify disability-related behaviors that interfere with learning and strategies to reduce the likelihood that such behaviors will occur. The IDEA requires schools to consider positive behavioral interventions, strategies, and supports to address challenging behavior. The law provides students with certain protections to make sure they are not being disciplined for behaviors that stem from their disability. Students with disabilities can be removed from their classroom for behaviors that violate student codes of conduct, but if the student is removed from the classroom for more than 10 days in a school year, schools are required to continue providing the student with the services outlined in the IEP in another setting (with exceptions for having a weapon or drugs at school or inflicting serious bodily injury upon another person at school). Students removed from the classroom should receive a functional behavioral assessment and behavioral intervention services and modifications that are designed to address the behavior violation so that it does not recur. If schools report a crime committed by a student with a disability to law enforcement or judicial authorities, they must provide copies of the special education and disciplinary records to the authorities for them to consider.

The Texas Picture

Students with Emotional Disturbance (ED) Enrolled in Special Education

The vast majority of students with mental disorders that cause major disruptions in their daily lives do not receive IDEA services and protections within the Texas education system. HHSC, the state agency that oversees the state's public mental health system, estimates 250,000 children in Texas have a serious emotional disturbance, which it defines as a mental disorder that severely interferes with a child's ability to function at home, in school, or in the community.⁷¹ However, in the 2015-2016 school year, only 26,000 students in Texas were enrolled in special education due to an ED, as defined by the education system.⁷² This means only about 10 percent of children in Texas estimated to have a serious mental disorder are enrolled in special education under the ED category. The eligibility criteria for ED in the school system is narrower than criteria for serious emotional disturbance in the public mental health system. A youth who receives special education services under the ED disability category is automatically considered to have a SED by the public mental health system. However, the education system does not automatically deem youth with a SED as ED within its system. This can account for some of the discrepancy between the estimates of children with serious emotional disturbance in Texas and the number of students enrolled in special education for ED. Nonetheless, there are likely to be students who are eligible for special education services under the education system's higher threshold but have not been identified as such by schools.

Policies and practices implemented by TEA in 2004 and acted upon by districts drastically reduced the number of students enrolled in special education over the past decade, preventing thousands of students with serious emotional disturbance in Texas from receiving services necessary for their education.⁷³ Enrollment in special education due to ED dropped by 42 percent between 2004 and 2014. While the harmful TEA policy ended in 2017 through both administrative action and legislative direction, changing how schools operate at the campus level is a more difficult task that requires additional guidance and support for appropriately identifying and serving students with mental disorders who are eligible for special education services.

Mental Health Services within IEPs

While districts can obtain reimbursement from Medicaid for psychological and counseling services that are included

The vast majority of students with mental disorders that cause major disruptions in their daily lives do not receive IDEA services and protections within the Texas education system.

in a student's IED if the student is enrolled in Medicaid, in 2014, psychological and counseling services made up only four percent of IEP-prescribed services funded by Medicaid in Texas.⁷⁴ Districts can increase access to mental health services for students with disabilities by better leveraging Medicaid funding.

Disciplinary Referrals of Students with ED

In Texas, school districts are required to provide training to general education teachers that enables them to implement a student's IEP using research-based practices. The IDEA requires schools to consider positive behavioral interventions, strategies, and supports to address challenging behavior in students with a disability.

Nonetheless, a significant proportion of students in special education due to Emotional Disturbance are removed from their classrooms for disciplinary reasons. A statewide study conducted between 1999 and 2008 that tracked nearly a million 7th graders through their 12th grade year found that 90 percent of students enrolled in special education due to Emotional Disturbance had been removed from their classrooms for disciplinary referrals.⁷⁵ These exclusionary discipline practices place students already at risk of school failure due to their mental health challenges at even greater risk. Suspensions and expulsions are highly correlated with students going on to repeat a grade, drop out of school, or become involved in the juvenile justice system.⁷⁶

CURRENT STATE LAW ON STUDENT MENTAL HEALTH

The 2017 Legislative Session

The 2017 legislative session was a busy one for student mental health. It was the first time state lawmakers passed legislation, HB 4056, to promote trauma-informed practice in general education. (The Legislature passed its first bill mandating trauma-informed care training for staff working in child protective services in 2011 and for juvenile justice personnel in 2013.) Legislation to make trauma training a requirement for school personnel, HB 3887, did not pass.

The Legislature passed two bills – HB 179 on cyberbullying and HB 674 banning most expulsions and out-of school suspensions in pre-k through second grade – that outline positive steps schools can take on student mental health.

The Legislature did not pass three bills to expand TEA's role in supporting student mental health, SB 1688, SB 1699, and HB 2258. A multi-layered student mental health bill by the Chairman of the House Public Health Committee, HB 11, was on the House calendar for a floor vote but did not come up before the deadline for House bills.

Over the last decade, the Texas Legislature has passed several bills to help schools recognize and respond to students who may be experiencing a mental health concern or crisis. Below are some of the significant state laws on student mental health:

Current Law on Training

- Educators are required to receive instruction regarding mental health, substance abuse, and youth suicide before they are awarded a teaching certificate. The instruction must include effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports. *Texas Education Code Sec. 21.044*
- Schools must provide best practice-based training on suicide prevention as part of new employee orientation for educators and to existing educators on a schedule determined by the district. The training may be completed online. *Texas Education Code Sec. 21.451*

- DSHS is authorized to make grants, which the Legislature has funded, to Local Mental Health Authorities to provide mental health first aid training to public school district employees and school officers at no cost to the district. *Texas Health and Safety Code Sec. 1001.203*
- Continuing education requirements established by a district for classroom teachers and principals may include instruction regarding how grief and trauma affect student learning and behavior and how evidence-based grief-informed and trauma-informed strategies support the academic success of students affected by grief and trauma. *Texas Education Code Sec. 21.054*
- School police and resource officers in school districts with more than 30,000 enrolled students are required to receive training on child and adolescent development and psychology, positive behavioral interventions and supports, conflict resolution techniques, restorative justice techniques, de-escalation techniques, techniques for limiting the use of force (including the use of physical, mechanical, and chemical restraints), the mental and behavioral health needs of children with disabilities or special needs, and mental health crisis intervention. *Texas Education Code Sec. 37.0812*

Current Law on District Policies

- If a school district develops practices and procedures related to school climate and student mental health, it is required to include them in its district improvement plan and student handbooks. This includes practices and procedures related to mental health promotion and early intervention, grief- and trauma-informed practices, social emotional learning, positive behavior interventions and supports, positive youth development, and safe and supportive school climates. *Texas Health and Safety Code Sec. 161.325(f)*
- School Health Advisory Councils, which each district is required to establish, are charged with making recommendations to their district boards regarding policies, procedures, strategies, and curriculum to prevent mental health concerns using coordinated school health efforts that address the whole student. *Texas Education Code Sec. 28.004*

- Schools are prohibited from placing a student below third grade in out-of-school suspension except in certain cases. Schools are authorized to develop positive behavior strategies for early elementary grades as an alternative to the harmful exclusionary practices. School strategies must be research-based and age-appropriate and include positive behavior interventions and supports, trauma-informed practices, social and emotional learning, restorative practices, and referral for services when necessary. School districts and charter schools are authorized to conduct training for staff on the positive behavior strategies they adopt under these provisions. *Texas Education Code Sec. 37.0013*

Current Law on State Agency Resources to Assist Schools

- TEA and HHSC are required to maintain a website to provide resources for schools regarding working with students with mental health conditions. The resources must provide information about grief-informed and trauma-informed practices, building skills related to managing emotions, establishing and maintaining positive relationships, responsible decision-making, positive behavior interventions and supports, and a safe and supportive school climate. *Texas Education Code Sec. 21.462; Texas Health and Safety Code Sec.161.325*



RECOMMENDATIONS

Schools, communities, and the state all have critical roles to play in helping students with mental health concerns be healthy, safe, and successful in school. In order to boost student success in school and life, Texas leaders should commit to the following:

- Ensuring all school personnel understand how mental health concerns, including trauma, affect student learning and behavior and use research-based and trauma-informed practices that promote student learning and well-being
- Providing mental health services and supports to students who need them
- Providing safe and supportive learning environments for all students

Texas Governor

1. Support efforts by state legislators and TEA to implement the recommendations in this report.
2. Maximize opportunities to secure additional federal disaster relief funding to support schools and the well-being of Texas students.
3. Continue to speak out publicly about the need to address student mental health in hurricane-affected communities and statewide during the interim and during the 2019 legislative session.

State Legislators

1. Build upon and sustain the work of the Hurricane Harvey Task Force on School Mental Health Supports by directing TEA and HHSC to develop and administer a phased-in multi-year state plan with goals and benchmarks to ensure every school can access the tools and resources they need to support the mental health of all students in Texas. The plan should include strategies that:
 - a. Assess the needs of districts and communities within the state to support the mental health of students; the availability of resources to meet those needs; and concrete steps that will be taken to address gaps in resources.
 - b. Provide training and technical assistance to districts on research-based practices shown to support the mental health of students, including: creating safe and supportive school climates, teaching students social and emotional skills, the use of positive school-wide behavior

management strategies, and implementation of of trauma-informed practices.

- c. Provide school- or community-based mental health services to students with serious mental health concerns.
 - d. Ensure students with mental health concerns who are eligible for special education are identified and enrolled.
 - e. Identify and address gaps in existing resources.
 - f. Leverage and align federal resources and opportunities such as the Every Student Success Act (ESSA) and Medicaid.
2. Direct TEA to develop a model framework school districts can use to support the mental health of all students. The framework should include guidance on:
 - a. Accessing the social and emotional wellness of students and the climate of schools within a district.
 - b. Aligning available resources to create a multi-tiered system of support that addresses unique needs of each district and community, including state and federal resources identified within the state's multi-year strategic plan.
 - c. Identifying students who are at-risk of developing or who are experiencing mental health concerns, such as students affected by trauma, and providing them with early interventions that support their well-being and success in school.
 - d. Forming effective partnerships with community-based mental health providers to increase student access to mental health services.
 - e. Leveraging Medicaid funding for mental health services included in student IEPs.
 3. Provide dedicated funding to districts to hire or contract with a mental health professional(s) to address student social and emotional concerns and well-being.
 4. Require each ESC to employ at least one staff person that is dedicated to assisting districts and educators in addressing student mental health.
 5. Establish and fund a statewide technical assistance center to provide training and technical assistance to schools on using evidence-based practices that foster safe and supportive learning environments, mitigate the effects of trauma, and address student mental health concerns that interfere with learning. Such a center can operate as part of a university, similar to the Texas School Safety Center that is housed within Texas State University, or as part of a community-

based organization, such as the Center for School Behavioral Health housed within Mental Health America - Greater Houston.

6. Increase funding to support school-based health clinics that integrate mental health services through DSHS.
7. Require mental health to be included in health education curriculum across all grade levels in a developmentally appropriate manner.

Texas Education Agency

1. Build capacity within education services centers to provide schools with training and technical assistance on using a multi-tiered system of supports that:
 - a. Creates safe and supportive school climates, including using trauma-informed practices.
 - b. Prevents student mental health concerns from developing.
 - c. Offers school- or community-provided services to students whose mental health concerns interfere with their learning.
 - d. Ensures students with mental health concerns who are eligible for special education are identified and enrolled.
2. Track students impacted by Hurricane Harvey in the short and long term to monitor school absences, the use of exclusionary disciplinary actions, and academic performance, all of which are indicators that can be affected by underlying trauma.
3. Use the School Health Survey to collect information about districts' policies and training needs related to practices and procedures described in *Texas Health and Safety Code Sec. 161.325(f)*.
4. Regularly administer the Texas Youth Risky Behavior Surveillance Survey (YRBSS), which has not been conducted since 2013.
5. Monitor the use of exclusionary disciplinary actions given to all students in the state, while paying particular attention to groups of students who disproportionately receive suspensions and expulsions, including students in foster care, Black students, students in special education, and male students.
 - a. Report school climate data, including in-school and out-of-school suspensions, on annual state and district report cards. Disaggregate special education data by disability category to identify subgroups of students who are at heightened risk of exclusionary or restrictive discipline practices.
 - b. For districts that rely heavily on exclusionary discipline practices, provide targeted training and technical assistance on alternative behavior management practices, the role of implicit bias and ways to mitigate its effect, and addressing the unique needs of students with different types of disabilities.
6. Maximize federal opportunities and resources, including ESSA, to improve school climate and help students with mental health concerns be successful at school.
 - a. Include Chronic Absenteeism as an additional performance indicator for School Quality or Student Success. This measure should reflect absences due to out-of-school suspensions.
 - b. Convene a stakeholder workgroup to develop additional measures of school climate for inclusion in future years, which may include:
 - i. Participation rate in administering school climate surveys that reflects student, educator, and parent safety and satisfaction.
 - ii. Use of all exclusionary discipline; corporal punishment; and referral to law enforcement. Reduction of the exclusionary discipline, law enforcement referral, and disproportionality over time can be used as indicators of improved climate.
 - iii. Parental and community engagement indicators.
 - c. Add additional metrics to report cards required by ESSA to include the ratio of students to school mental health professionals and the ratio of students to police officers at the district and, if possible, campus level. Utilize district report cards to evaluate schools' reliance on overly punitive discipline measures and their disproportionate impact on subgroups of students, including youth of color and students with disabilities.
 - d. Include in the needs assessments for Title I schools under ESSA:
 - i. Existing resources, services, and organizations within the community that schools can work with to address the mental health needs of their students, as well as potential gaps in mental health treatment referral or screening processes.
 - ii. Measures of school climate and safety.
7. In coordination with DSHS, improve the dissemination of information and resources to district School Health Advisory Councils (SHACS) to assist schools educating the "whole child" through the coordination of health and academic efforts.

School Districts and Campuses

1. Provide a multi-tiered system of support that creates safe and supportive school climates, prevents mental health concerns in students, and offers school- or community-provided services to students whose mental health concerns interfere with their learning.
2. Implement prevention and intervention strategies that target a range of non-academic barriers to learning, many of which are interrelated, in order to broaden and enhance their impact on student outcomes.
3. Provide school counselors with adequate time and resources to counsel students. Reduce the amount of non-counseling duties assigned to school counselors.
4. Utilize Medicaid funding when possible to support the hiring of school nurses, social workers, and psychologists who can provide students with mental health screenings and services.
5. Partner with agencies and organizations in the community who can help address non-academic challenges that interfere with students' success in school. This includes organizations funded through the Department of Family and Protective Services Prevention and Early Intervention (PEI) Division, the Texas Department of Juvenile Justice (TJJD), local probation departments, local governments, or private non-profit organizations.
6. Employ or partner with community-based organizations to bring mental health professionals into schools to provide services to students who need them.
7. Train teachers on the prevalence and impact of trauma and mental disorders on student learning and behavior and in evidence-based practices that foster safe and supportive school climates, build students' social and emotional skills, and use positive behavior management strategies. Take advantage of training resources that are available for school staff to better understand the prevalence and impact of mental disorders and trauma among students and student learning and behavior, including Mental Health First Aid training through Local Mental Health Authorities, trainings provided by other community-based organizations such as NAMI chapters, and school police training.
8. Once school personnel are trained to identify and respond to student mental health concerns and trauma, provide support for putting their knowledge into practice. Ensure that the district or campuses do not continue policies and practices that contradict what teachers have learned, such as the unnecessary use of suspensions to address challenging behavior in students.
9. Reduce the use of exclusionary discipline practices, replacing them with more effective positive behavior intervention strategies.
10. Identify students eligible for special education services due to Emotional Disturbance and ensure they receive the services, supports, and protections to which they are entitled.
11. Administer a school climate survey to identify and assess the conditions for learning among each campus.
12. Include school climate measures and strategies in district improvement efforts, such as district and campus improvement plans.
13. Use district-based School Health Advisory Councils to engage parents and community members in efforts to support student mental health and assist the district in educating the whole student.
14. Integrate mental health into the district's health education curriculum across all grade levels in a developmentally appropriate manner.

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