

Texas Children's Mental Health Forum
Texas School-Based Behavioral Health Survey:
Results and Recommendations

Tuesday, October 20, 2009
DISCUSSION NOTES

PRESENTATIONS:

[Overview of the Texas Mental Health Transformation Project's Texas School-Based Behavioral Health Survey](#)

Children & Adolescent Work Group, School-Based Behavioral Health Action Team
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[Results and Recommendations of the Texas School-Based Behavioral Health Survey](#)

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The complete **Texas School-Based Behavioral Health Survey** report is now available on the
Mental Health Transformation Work Group website:

http://www.mhtransformation.org/documents/pdf/sbbh/SBBH_Report_FINAL_10.2.09.pdf

COMMENTS & RECOMMENDATIONS FOLLOWING PRESENTATIONS:

- ❖ Comment: Georgetown ISD has been successful in social marketing the fact that schools and communities must communicate and collaborate, using the handout/diagram entitled "[Interconnected Systems for Meeting the Needs of All Children](#)" produced and published by the **UCLA Center for Mental Health in Schools**

- ❖ Comment: Every school district's **School Health Advisory Council (SHAC)** is as different as each ISD in Texas, but there is a Texas state SHAC, mandated through legislation, governor appointed, run through DSHS, that is/should be the leader for statewide SHACs
 - Find out more on DSHS website, members, bylaws, etc.
 - <http://www.dshs.state.tx.us/schoolhealth/shadvise.shtm>
 - Find out more through TEA, promoting "[Year of the SHAC](#)"

- ❖ Recommendation: Follow federal level recommendation encouraging **Licensed Specialist in School Psychology (LSSP)** to student ratio of 1:1000, as opposed to 1:3000 as it currently is in Texas. Funding recommendations for meeting this need:
 - Schools receive funding in 3 ways (local, state, federal)
 - Federal stimulus funding currently coming to Response to Intervention (RtI) programs

- ❖ Recommendation: Use **interim opportunities** to address behavioral health Possibilities coming from the State Legislature:

- HB 2196 passed in the 81st Legislative Session established the Integration of Health and Behavioral Health Services Workgroup. Stakeholders should work to ensure the group addresses school based behavioral health.
- Monitor legislative interim charges, which are expected to be released in a few months, to see if additional opportunities arise
 - Texans Care for Children has submitted a [list of recommendations](#) for interim studies to the Legislature
- ❖ Recommendation: Promote **best practices** in current efforts. If the 70% of schools that reported having Student Assistance Programs were following best practices, the mental health needs would be met more often
- ❖ Recommendation: Amend one of the recommendations from the **Texas School-Based Behavioral Health Survey** report:
 - Replace “*Encourage school nurses to be trained in integrated behavioral and physical health through the SHACs and public health districts*” with “*Encourage training in integrating behavioral health and physical health care, through school nurses, SHACs, and public health districts.*”
- ❖ Recommendation: Every school needs a **school social worker** or **community partner** who can assist parents/families in the completion of **Medicaid** and **CHIP applications**
- ❖ Comment: Clarification on **school counselors** – all are teachers, certified counselors, educated and trained mental health professionals in the school system
- ❖ Recommendation: Address issues around **school counselor ratios** and **responsibilities**. Problems arise when school counselors are stretched too thin, given too large caseloads, have no ratio requirements, given inadequate time to provide counseling, and become testing/administrative staff
- ❖ Recommendation: Address **lack of leadership** concerning mental health in districts and state
- ❖ Recommendation: Send a copy of this survey report to every **school board** in the state, all of the **school administrator groups** in the state
- ❖ Recommendation: Texas Counseling Association (TCA) and Texas Counseling Association of Special Education (TCASE) should align lobbying activities
- ❖ Comment: Paradigm shift is required so that counselors can be counselors
- ❖ Comment: As consequence of legislation, schools are in the business of good grades, not in business of caring about the whole child and promoting success in that way
- ❖ Recommendation: Establish **leadership academies** to promote paradigm shift. Federal government has established leadership academies at various points, could that be a possibility in Texas through school districts to establish a collaborative

- Regional Education Service Centers could provide the infrastructure for reaching out to school districts; currently have certain point people in each region (for RTI, etc.)
 - Peer-to-Peer learning is more effective with school administrators; School administrators have not been inclined to work with Education Service Center (ESC) staff
- ❖ Recommendation: Elevate the recognition and treatment of **behavioral health** through **Response to Intervention (RTI)**
 - ❖ Comment: Texas Collaborative for Emotional Development in Schools (TXCEDs), a TEA initiative, will be providing **Positive Behavior Support trainings** at all of the education service centers throughout the state, beginning in November 2009, but school and ISD participation is voluntary
 - ❖ Recommendation: Address barriers in **transportation, outreach, and willingness of schools to partner** with community resources.
 - Community resources may be available, but families may not be aware of them or able to get to them
 - Financial resources can be challenge in staffing and funding outreach
 - Need for buy-in/willingness of district, campus, and campus personnel in allowing community mental health agencies and/or resources to come onto campus.
 - ❖ Recommendation: Provide peer-to-peer support to address **teacher's mental health needs**
 - ❖ Recommendation: Consider **racial and cultural disparities** in the data and the importance of cultural competence for all of the staff in the schools
 - Currently there is a significant lack of wrap around services and systems of care approach so that everyone who needs to be at the table is there
 - ❖ Recommendation: Partner with **Federally Qualified Health Centers (FQHCs)** in helping schools link families to CHIP, Children's Medicaid, and even mental health services. FQHCs are receiving stimulus funds and are working on promoting their membership – partnership would be a win-win situation, for them in increasing membership and for schools assisting students

Upcoming conferences/meetings:

- [Partners in Prevention Training Conference](#), Round Rock, October 27-29, 2009
- [Bridging the Gap Symposium](#), Fort Worth, November 2-3, 2009
- [Strengthening Youth and Families](#), Austin, November 4-6, 2009
- Children's Mental Health Forum, Austin, November 17, 2009
- [Texas Association of Infant Mental Health Annual Meeting and Conference](#), Fort Worth, November 19, 2009