

Texas School-Based Behavioral Health Survey

Results and Recommendations

**Texas Mental Health Transformation
Transformation Working Group**

***Children & Adolescent Work Group
School-Based Behavioral Health Action Team***

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Findings and Recommendations

Included below are summary findings from each of the survey sections and from open-ended survey responses. Specific data for each of the survey questions can be found within the report and appendix. Recommendations based on the findings immediately follow.

Findings:

Respondent Characteristics

- The largest percentage of survey respondents were counselors (51.7%) and nurses (30%).
- Most respondents reported working 5 days a week. Counselors and administrators reported working over 40 hours a week more frequently than other staff.
- Overall, a majority reported working in the school for three years or less (38.8%). Counselors (60.8%) and health service staff (52.6%) reported working in the school for five years or less more frequently than other staff.
- A relatively large percentage of responders reported working in the school for 11 or more years (24.7%). School staff working in more rural ESC regions tended to report longer tenures in school (Regions 1, 3, 8, 15, 17 and 18).

Facility Resources for Behavioral Health

- Many school staff are not aware of existing behavioral health services available at their schools.
- A majority reported that a confidential meeting room (87.2%) and secure record storage (93%) was available at their school.
- A majority reported that there was not a School-based Health Center (54.5%) or School-linked Health Center (52.5%) in their school, but the fairly large percentage of yes responses to the questions indicates that there may be a misunderstanding of what constitutes these centers.

Promotion of Behavioral Health & Stakeholder Involvement

- A majority reported they have not conducted assessments on behavioral health risk factors (47.1%), met with parent organizations (61.1%) or invited family members to attend activities (53.4%).
- A majority reported they have not polled stakeholders on needed behavioral health services in schools (students 67.2; families 62.9%).
- Responders from more rural ESC regions provide less positive responses to promotion of behavioral health and stakeholder involvement than responders in other ESC regions.

Coordination and Delivery of Behavioral Health Services

- The wide range of school staff identified as responsible for behavioral health services may indicate either a team approach or lack of role clarity for these services in schools.
- The top three staff reported as coordinators of behavioral health services were Counselors (27.4%), followed by Nurses (15.07%) and Principals or Vice-Principals (11.02%).
- The top three staff reported as deliverers of behavioral health services were Counselors (31.73%), followed by nurses (13.71%) and psychologists (11.83%).
- Counselors are most often reported as responsible for behavioral health but often do not have time for this responsibility given other duties (primarily reported as test monitoring and coordination).
- Open-ended responses to staff responsible for behavioral health indicates that there is a lack of standardized language across the state for school staff titles.

Behavioral Health Services Provided in School

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

Coordination and Collaboration to Provide Behavioral Health Services

- When asked if the school where they worked had arrangements to provide behavioral health services for students, the largest percentage responded that they did not know (37.3%) in comparison to 34.4% who responded yes and 28.3% who responded no.
- The majority (66.4%) reported that interdisciplinary meetings on behavioral health were not held.
- The stakeholders or community members that respondents most frequently reported as collaborators were parents (90.4%), students (88.3%), social service agencies (55.5%) and child welfare agencies (63%). Behavioral health agencies were reported as collaborators in lower percentages, such as community mental health centers (44.2%), substance abuse prevention organizations (35%) and substance abuse treatment organizations (26%).
- A majority reported that their school had clear referral procedures for behavioral health issues (57.7%) but that information on school and community behavioral health resources was not frequently updated or available (42.9%) and that they did not work closely with other staff to improve referral and linkage to services (56.6%).
- A majority reported receiving more referrals for behavioral health issues than they referred each month.

Behavioral Health Training

- A majority feel somewhat (49.9%) trained, supported and supervised to handle behavioral health issues.
- Training topics wanted by more than 50% of respondents included behavioral health pharmacotherapies (66.81%), case management (59.05%), identification, screening, and referral (55.38%), tobacco cessation (54.72%), alcohol or other drug screening, brief intervention and referral (51.9%), and alcohol, illicit drug, prescription drug, or over-the counter drug abuse treatment (51.35%).
- Staff in health services and other teacher roles reported wanting training in more topics than all other staff. Counselors and social workers reported wanting training less frequently than all other staff.
- Training need was reported as superficial in relation to the underlying need for increased staff and resources devoted to students with behavioral health challenges.
- A majority (55.5%) reported traveling less than 30 miles for training.

Open-Ended Survey Responses

- The most common comment was that the schools and school districts were using counselors as test administrators. The need for behavioral health services is increasing at the same time that counselors are pulled to perform non-counseling duties. This appears to be frustrating for counselors, but also has a detrimental effect on an increasing number of at-risk students.
- The second most common comment was the apparent lack of local community resources, including therapists, family finances, and school district ability to communicate with the local community. A number of respondents felt that their communities had a need for increased resources for diverse families (low income, immigrant, undocumented). It was also noted that many families did not have financial resources or awareness of the availability of behavioral health treatment to follow through on referrals from the school. Long distances to clinicians or treatment centers were often cited as an additional deterrent to the families following through with a school referral.

- Inadequate school resources (staff, time and training) were the third most common issue raised by respondents. Some respondents emphasized that academic goals could not be achieved until underlying risks had been assessed and students with behavioral health challenges had been assisted. They also felt a state-wide consensus did not exist on the importance of behavioral health to their students' success and that this often can be seen in local administration failure to support behavioral health programs and staff. Some reported that funding for behavioral health programs had been diluted for use in other areas.
- Several mentioned that staff have not been trained in behavioral health and that specified persons in the school should be serving that need (counselors, other behavioral health staff). Others had a view that all staff should be "cross trained" in order to provide sufficient support to the children.
- In general, training was felt to be an issue for counselors and other staff. One suggestion was a system of regular trainings and updates that was available to local communities. Another suggestion was increased funding for training as long distances put some staff at a disadvantage for the preferred training (off-site conferences and workshops). However, some felt that training was superficial in relation to the underlying need for increased staff and resources devoted to students with behavioral health challenges.
- Respondents clearly preferred face-to-face training methods, whether delivered through on campus in-services or off campus conferences/college courses. The majority of training sources listed by the participants were district in-services, conferences and workshops, and Education Service Centers. The ESC was mentioned as a major training source in responses from almost every region, with a wide variation in the importance to different regions.

Overall findings of the School-based Behavioral Health Survey reveal that although there are school and community-based programs that could be accessed or leveraged to provide behavioral health services to school-aged children and their families across the state, many school staff do not know these programs exist or how to access them. In addition, there is a lack of evident school consensus and/or leadership placing a priority on the provision of behavioral health services and support to school-aged children. Some resources and services do exist and these should be promoted and utilized to address behavioral health issues whenever possible. Based on these findings, the following actions are recommended.

Recommendations:

Promote behavioral health services in schools

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

Increase awareness of existing behavioral health services

- Improve existing state and local websites (TEA, ESCs, ISDs, DSHS etc) by including easy to find, up to date content on behavioral health services and practices.
- Target school counselors, nurses, psychologists, vice principals and [SHACs](#) as audiences to receive and disseminate behavioral health information and updates.
- Increase awareness of the comprehensive array of services offered by [school-based health centers](#).
- Increase awareness and training on the Texas Collaborative for Emotional Development in Schools ([TxCEDS](#)) throughout child-serving agencies at the state and local level and through School Health Advisory Councils (SHACs).

Increase avenues of access to services

- Provide access to behavioral health services on each campus by ensuring the availability of a [Licensed Specialist in School Psychology](#) to coordinate activities and ongoing collaboration between the home, school and community.
- Encourage campus-based behavioral risk assessments and create campus-level continuum of support plans for at-risk students. Engage stakeholders to identify needs and links campus and community services. The Student Assistance Program (SAP) is a successful model using these activities and should be promoted across the state.
- Promote the inclusion of school-based models in the [Integration of Health and Behavioral Health Services Workgroup](#) established by House Bill 2196 of the 81st Legislature.
- Ensure access to Texas examples of local best practices for behavioral health promotion, prevention, and intervention and provide mentoring to interested campuses (e.g. TxCEDS).

Enhance or develop behavioral health services in collaboration with the community

- Co-locate community service providers within the natural setting of the school (i.e., social workers, care coordinators/system navigators, family liaisons, etc).
- Promote the Center for Mental Health in Schools Interconnected Systems Model as a strategic social marketing tool to create a continuum of school and community supports.
- Provide joint continuing education trainings for school-based staff and community professionals to forge relationships, foster collaboration, and ensure cross-training (e.g. school and public health nurses; school guidance counselors and community mental health professionals).
- Emphasize behavioral health screening and inclusion of student and/or parent report during the [Response to Intervention \(RtI\)](#) process.
- Create a seamless continuum of support on each campus, within each district, and at the state level by coordinating the separate activities of the Response to Intervention (RtI), the School Health Advisory Council, and the [Individuals with Disabilities Education Act \(IDEA\)](#).

Provide training, with follow up coaching/mentoring on behavioral health services

- Establish, in partnership with higher education institutions, a Center of Excellence or Training Institute to serve as a hub for state of the art children's mental health and training for the existing and upcoming workforce.
- Develop a statewide training plan utilizing representative stakeholder groups to ensure the plan is in line with existing requirements.
- Change existing policies to ensure schools have access to staff with sufficient training and time to address behavioral health issues within the school. Examples of changes may include:
 - Distinguish between academic counselors and behavioral health counselors through the use of different qualifications and pay scales.
 - Ensure school guidance counselors spend 100% of time on counseling duties.
 - Increase the number of social workers hired in schools by examining hiring guidelines.
- Build on existing infrastructures (regionally and within school districts) for follow up and ongoing evaluation of practice after training using available reporting systems ([the state performance plan and annual performance report](#)) to measure progress on behavioral health outcomes.
- Develop a coordinated approach among existing mandated services and trainings that follows their respective policy/practice (e.g., RtI, PBIS, TxCEDS, etc.) to specifically include community service providers.
- Provide a comprehensive curriculum integrated into the academic curriculum to teach specific skills on early intervention for social, emotional and behavioral development that includes positive behavioral support strategies.
- Promote formal training in [Student Assistance Program \(SAP\)](#) core team best practices to increase campus awareness of the impact of behavioral health on learning; promote case management by core team members; reduce stigmatization; increase collaboration with community organizations and professionals; and increase access to services over time.
- Encourage school health nurses to be trained in integrated physical/behavioral health through SHACs and public health districts.
- Provide training to school health nurses in strategies to facilitate families' access to health insurance (e.g., Medicaid, SCHIP).

Introduction

Texas received a Mental Health Transformation State Incentive Grant (MHT-SIG) from the Substance Abuse and Mental Health Services Administration (SAMHSA) to build state behavioral health infrastructure that would lead to achievement of the six goals in the President's New Freedom Commission on Mental Health. The Texas Governor charged the Department of State Health Services with administering the grant and convened a Transformation Working Group (TWG) comprised of a Governor's Office representative, thirteen state level agency representatives, four mental health consumer and family member representatives, and two legislative representatives to develop a comprehensive mental health plan (www.mhtransformation.org) to move toward achievement of the six goals.

Several workgroups were created by the TWG to develop the comprehensive mental health plan for the state, including the Children and Adolescent Workgroup. The Children and Adolescent Workgroup identified three major areas of focus for transformation including: Mental Health Promotion and Early Intervention; Evidence-Based Practices; and School-Based Mental Health Resources.

A School-Based Mental Health Resources action team was established and developed a work plan to address the goal of increasing access to school based behavioral health resources for children and adolescents. The four objectives of the action team work plan include:

1. Assess existing School-based Behavioral Health (SBBH) programs and services in Texas.
2. Establish linkages between SBBH resources and the community at large.
3. Increase the skills of teachers, school staff, and administrators in the promotion of behavioral health, prevention of serious emotional disturbance, recognizing mental health problems in students, and accessing appropriate services.
4. Establish revenue to sustain and expand SBBH resources to every student in Texas.

The first objective of the action team was to gain a better understanding of behavioral health resources and needs in schools across Texas. This survey was conducted to achieve that objective. Results of this survey will be used by the action team, workgroup, and TWG to address the other objectives described in the work plan.

SBBH Survey Distribution and Response Rates

Survey Distribution:

The School-based Behavioral Health Survey was administered online using SurveyMonkey and was open for response from November 12 to about December 5, 2008. The survey link was emailed via state level distribution lists to a primary audience of counselors, nurses, and to a limited extent, special education staff. Based on responses received, particularly higher response rates from school administration these staff were on the distribution lists or the email was forwarded to them by email recipients.

Survey Distribution to the following email lists:

- Texas Department of State Health Services School Nurses (nurses & other health staff) = 1,000
- Texas Department of State Health Services School-based Health Centers = 100
- Texas Education Agency and Texas Counseling Association Counselors in Schools = 1,800
- Texas Health and Human Services Commission = 35

Survey Response Rate:

Based on the number of individuals who received the survey via email distribution lists (approximate n=2935), a survey response rate of 29% was obtained (response rate = 860/2935). The total number of individuals who entered the online survey administrator was 906. Of these, 860 responded to all or some of the survey questions. The response rate is acceptable, but results should be interpreted with caution, particularly in ESC Regions or School Staff categories with a low number of respondents.

The frequency of response to each question varied widely when analyzed at the state level (aggregate responses), by ESC Region and by School Role. The number of respondents who provided their ESC Region was 815. The number of respondents per ESC Region varied significantly (a high of 158 responses from Region 4 and a low of 6 responses from Region 14) and is presented in the table at right.

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

Results Presentation:

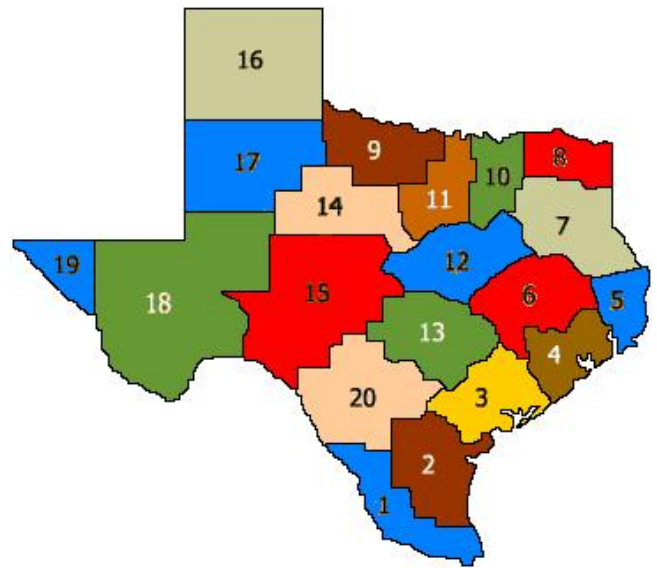
Only descriptive results to survey questions are presented in this report, with responses organized into three categories: Overall State, ESC Region, and Staff Role. Due to the limited number of responses by particular staff roles, roles were grouped into major categories (see table page 6). When question responses created large tables, as often occurred with ESC Regions and School Role, the results are summarized in the report and a full results table is presented in the Appendix.

Survey Limitations:

Due to the number of survey respondents and nature of survey distribution, results represent only those opinions and perceptions of respondents and findings cannot be generalized to the state, ESC Region, or School Role. Information obtained from the surveys is still useful to provide understanding of the perceptions of behavioral health needs and resources of the survey responders.

Texas Education Service Center Regions:

To serve the large number of individual school districts and charter schools in Texas, the Texas Education Agency has divided the state into 20 regions (see map at right), each containing an Educational Service Center (ESC, sometimes called Regional Service Center or RSC). The ESC serves as a liaison between the individual school districts and TEA headquarters, providing support to the districts such as conducting workshops, training, and providing technical assistance.



When examining results, it is helpful to refer to the location of the ESC Region as rural location appears to be a factor that affects responses. The table below lists the ESC regions, the counties served within the regions, and the cities (in parentheses) in which the regional ESC office is located.

Region	Counties in Region (city of ESC office)
Region 1	Cameron, Hidalgo, Jim Hogg, Starr, Webb, Willacy, and Zapata (Edinburg)
Region 2	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, San Patricio (Corpus Christi)
Region 3	Calhoun, Colorado, DeWitt, Goliad, Jackson, Karnes, Lavaca, Matagorda, Refugio, Victoria, Wharton (Victoria)
Region 4	Brazoria, Chambers, Fort Bend, Galveston (excluding High Island), Harris, Liberty, Waller (Houston)
Region 5	Galveston (High Island district only), Hardin, Jasper, Jefferson, Newton, Orange, Tyler (Beaumont)
Region 6	Austin, Brazos, Burleson, Grimes, Houston, Leon, Madison, Milam, Montgomery, Polk, Robertson, San Jacinto, Trinity, Walker, Washington (Huntsville)
Region 7	San Augustine, Shelby, Smith, Upshur, Van Zandt (excluding Canton and Wills Point districts served by Region 10, Wood (Kilgore)
Region 8	Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Red River, Titus (Mount Pleasant)
Region 9	Archer, Baylor, Clay, Foard, Hardeman, Jack, Knox, Montague, Throckmorton, Wichita, Wilbarger, Young (Wichita Falls)
Region 10	Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Rockwall, Van Zandt (Canton and Wills Point districts only) (Richardson)
Region 11	Cooke, Denton, Erath, Hood, Johnson, Parker, Palo Pinto, Somervell, Tarrant, Wise (Fort Worth)
Region 12	Bell, Bosque, Coryell, Falls, Freestone, Hamilton, Hill, Lampasas, Limestone, McLennan, Mills, Navarro (Waco)
Region 13	Bastrop, Blanco, Burnet, Caldwell, Comal, Fayette, Gillespie, Gonzales, Guadalupe, Hays, Kendall, Lee, Llano, Milam, Travis, Williamson (Austin)
Region 14	Callahan, Comanche, Eastland, Fisher, Haskell, Jones, Mitchell, Nolan, Scurry, Shackelford, Stephens, Stonewall, Taylor (Abilene)
Region 15	Brown, Coke, Coleman, Concho, Crockett, Edwards County, Texas, Irion, Kimble, Mason, McCulloch, Menard, Runnels, San Saba, Schleicher, Sterling, Sutton, Tom Green, Val Verde (San Angelo)
Region 16	Armstrong, Briscoe, Carson, Castro, Childress, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Wheeler (Amarillo)
Region 17	Bailey, Borden, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Gaines, Garza, Hale, Hockley, Kent, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum (Lubbock)
Region 18	Andrews, Brewster, Crane, Culberson, Ector, Glasscock, Howard, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reagan, Reeves, Terrell, Upton, Ward, Winkler (Midland)
Region 19	El Paso, Hudspeth (El Paso)
Region 20	(San Antonio) Atascosa, Bandera, Bexar, Dimmit, Frio, Kendall, Kerr, Kinney, La Salle, Maverick, Medina, Real, Uvalde, Wilson, Zavala

Respondent Characteristics

The following section presents survey responses to questions that asked about role in school, school(s) worked, tenure in school(s) worked, and the average amount of time spent working at the school(s) during an average week. In general, results of responses to school staff characteristics questions revealed:

- The largest number of responders identified themselves as counselors (n=424; 51.7%) and nurses (n=246; 30%).
- At the state level, a majority of responders worked 5 days a week (89%); with counselors and administrators reporting that they work over 40 hours a week more frequently than other staff.
- At the state level, a majority of responders reported working more frequently at Elementary or High Schools (72.3%). More variation existed when examined by school role.
- At the state level, a majority of all responders reported working in the school for three years or less (38.8%). A majority of counselors (60.8%) and health service staff (52.6%) reported working in the school for five years or less more frequently than other staff.
- A relatively large percentage of responders reported working in the school for 11 or more years (24.7%). Rural ESC regions were more likely to have staff reporting longer tenures (Regions 1, 3, 8, 15, 17 and 18).

Role in School:

As would be expected from the survey distribution, of the 847 who provided responses, the majority were health services staff (primarily nurses – 246; 30%) and counselors/psychologists (primarily counselors – 424; 51.7%). The next highest percentage of survey respondents were 48 (5.67%) administrators and 37 (4.37%) special education staff. The staff role by each ESC Region is presented in the Appendix; but this is reflective of state results, with more health services and counselor staff responding to the survey in each ESC Region.

State Responses
Question 2. What is your primary role at the school(s) where you work?

School Role (n=847)	frequency	%
Special Education (includes teacher, director, coordinator, counselor)	37	4.37
Health Services (includes nurse, SBHC/SLHC, health aide, other health staff)	264	31.17
Social Worker	11	1.30
Counselor/Psychologist (includes coordinators of these services)	455	53.72
Behavioral/Social Services (includes Safe and Drug Free Schools, behavioral & intervention specialists)	17	2.01
Administrators (includes Principal, Vice-Principal, Superintendents, Directors, Other)	48	5.67
Other Teacher	15	1.77

Time Spent in School:

Two questions asked about the amount of time spent in school(s) by days and hours. Overall, a majority of respondents (89.2%) spend five days a week working in the school(s). This was similarly reflected by ESC Regions and by Staff Role.

State Responses

Question 4. On average, how many days you spend at the school(s) each week?

Number of days each week?	Frequency	Percent
0 to less than 1	6	0.7
1 day	8	1
2 days	6	0.7
3 days	17	2
4 days	15	1.8
5 days	744	89.2
6 days	21	2.5
7 days	17	2
Total	834	100

Differences were seen in responses to the number of hours worked per week (Table below). At the overall state level, the majority of respondents reported working up to 40 (36.7%) and 50 (34.9%) hours per week. A smaller percentage reported working up to 10 hours per week (14.1%) and up to 60 hours per week (7.6%).

State Responses

Question 4. On average, how many hours do you spend at the school(s) each week?

Number of hours each week?	Frequency	Percent
up to 5	14	1.7
up to 10	116	14.1
up to 20	18	2.2
up to 30	13	1.6
up to 40	301	36.7
up to 50	286	34.9
up to 60	62	7.6
up to 70	5	0.6
up to 80 or more	3	0.4
text response, no number given	2	0.2
Total	820	100

By school role, a larger percentage (over 50%) of special education, social workers, and administrators reported spending up to 50 or 60 hours per week compared to staff in other roles (see table below). School staff who worked up to 10 hours per week were more frequently counselors (17.2%) and behavioral/social services staff (18.8%).

School Role Responses

Question 4. On average, how many hours do you spend at the school(s) each week?

	up to 5	up to 10	up to 20	up to 30	up to 40	up to 50	up to 60	up to 70	up to 80 or more
n=817									
Special Education	2	2	1	2	10	16	2	0	0
n=35	5.7%	5.7%	2.9%	5.7%	28.6%	45.7%	5.7%	.0%	.0%
Health Services	2	26	2	3	150	67	3	1	0
n=254	.8%	10.2%	.8%	1.2%	59.1%	26.4%	1.2%	.4%	.0%
Social Worker	0	0	0	0	4	5	0	0	0
n=9	.0%	.0%	.0%	.0%	44.4%	55.6%	.0%	.0%	.0%
Counselor/Psychologist	3	76	9	5	124	173	44	4	1
n=439	.7%	17.2%	2.0%	1.1%	28.1%	39.2%	10.0%	.9%	.2%
Behavioral/Social Services	0	3	2	2	3	6	0	0	0
n=16	.0%	18.8%	12.5%	12.5%	18.8%	37.5%	.0%	.0%	.0%
Administrator	6	7	4	0	3	15	11	0	1
n=47	12.8%	14.9%	8.5%	.0%	6.4%	31.9%	23.4%	.0%	2.1%
Other Teacher	1	0	0	1	6	4	2	0	1
n=15	6.7%	.0%	.0%	6.7%	40.0%	26.7%	13.3%	.0%	6.7%

Schools worked:

When asked about the school(s) where they worked, the majority reported working at Elementary (42.7%) or High Schools (29.6%).

State Responses

Question 5. The school(s) where you work is:

School where you work (n=1136)*	Frequency	%
I work across multiple grade levels	169	18.7
Elementary School	387	42.7
Middle School	170	18.8
Junior High School	91	10.0
High School	268	29.6
Disciplinary Alternative Education Program (DAEP)	45	5.0
Juvenile Justice Alternative Education Program (JJAEP)	6	0.7
*Respondents could select more than one school type as a response.		

The schools worked varied more when responses were analyzed by school role. Higher percentages of health service staff (Elementary 59.8% and High School 27.3%) and counselors (Elementary 40.4% and High School 37.1%) reported working in specific grade levels, while other staff more frequently reported working across multiple grade levels (see table below).

School Role Responses

Question 5. The school(s) where you work is:

School Role (n=847)		Elementary School	Middle School	Junior High School	High School	DAEP	JJAEP	Multiple grade levels
Special Education	N	15	7	0	4	4	4	17
n=37	%	40.5%	18.9%	.0%	10.8%	10.8%	10.8%	45.9%
Health Services	N	158	56	25	72	17	1	45
n=264	%	59.8%	21.2%	9.5%	27.3%	6.4%	.4%	17.0%
Social Worker	N	3	4	2	4	2	0	4
n=11	%	27.3%	36.4%	18.2%	36.4%	18.2%	.0%	36.4%
Counselor/Psychologist	N	184	84	54	169	17	0	60
n=455	%	40.4%	18.5%	11.9%	37.1%	3.7%	.0%	13.2%
Behavioral/Social Services	N	3	4	1	2	1	1	11
n=17	%	17.6%	23.5%	5.9%	11.8%	5.9%	5.9%	64.7%
Administrator	N	16	13	7	13	4	0	28
n=48	%	33.3%	27.1%	14.6%	27.1%	8.3%	.0%	58.3%
Other Teacher	N	7	2	1	4	0	0	4
n=15	%	46.7%	13.3%	6.7%	26.7%	.0%	.0%	26.7%

School Tenure:

Of all respondents, 38.8% reported tenure in the school(s) where they worked of 3 or less years. About a quarter of respondents reported working in the school for 11 years or more (24.7%).

State Responses

Question 7. How long have you worked in this school(s)?

School tenure	Frequency (n=844)	Percent
less than 1 year	104	12.3
1 to 3 years	224	26.5
4 to 5 years	135	16
6 to 10 years	173	20.5
11 to 15 years	85	10.1
more than 15 years	123	14.6

When examined by ESC Region, there were more differences in tenure at the schools. Overall, respondents in 11 of the 20 Regions reported working in the school(s) for less than one year or one to three years most frequently. Responders in more rural ESC Regions tended to report longer tenure than staff in other regions (Regions 1, 8, 15, 17, and 18).

ESC Region Responses

Question 7. How long have you worked in this school(s)?

ESC Region	n	Most Frequently Reported Tenure in School
1	44	6 to 10 years (31.8%)
2	22	1 to 3 years (22.7%)
3	17	4 to 5 and 6 to 10 years (23.5% each)
4	158	1 to 3 years (30.4%)
5	16	4 to 5 years (43.8%)
6	30	1 to 3 years (36.7%)
7	33	< 1 year (24.2%)
8	22	> 15 years (36.4%)
9	7	< 1 year (42.9%)
10	87	1 to 3 years (25.3%)
11	100	1 to 3 years (33%)
12	32	4 to 5 years (28.1%)
13	97	1 to 3 years (26.8%)
14	6	1 to 3 years (50%)
15	23	> 15 years (34.8%)
16	21	1 to 3 years (33%)
17	20	6 to 10 years (40%)
18	62	> 15 years (22.6%)
19	7	1 to 3 years (42.9%)
20	29	4 to 5 years (24.1%)

When examining responses by school role, a majority of health services and counseling staff (who comprised the majority of survey respondents) reported working in the school(s) for five years or less. School staff that reported longer tenure in the school (6 to more than 15 years) were Special Education (61.1%), Social Workers (72.8%) and Administrators (61.7%).

School Role Responses

Question 7. How long have you worked in this school(s)?

	< 1 year	1 to 3 years	4 to 5 years	<1 to 5 years	6 to 10 years	11 to 15 years	> 15 years	6 to >15 years
Special Education n=36	4 11.1%	7 19.4%	3 8.3%	38.8%	10 27.8%	5 13.9%	7 19.4%	61.1%
Health Services n=264	26 9.8%	70 26.5%	43 16.3%	52.6%	52 19.7%	25 9.5%	48 18.2%	47.4%
Social Worker n=11	0 .0%	1 9.1%	2 18.2%	27.3%	3 27.3%	0 0%	5 45.5%	72.8%
Counselor/Psychologist n=452	62 13.7%	133 29.4%	80 17.7%	60.8%	88 19.5%	47 10.4%	42 9.3%	39.2%
Behavioral/Social Services n=17	2 11.8%	4 23.5%	2 11.8%	47.1%	5 29.4%	0 0%	4 23.5%	52.9%
Administrator n=47	8 17.0%	6 12.8%	4 8.5%	38.3%	11 23.4%	5 10.6%	13 27.7%	61.7%
Other Teacher n=15	2 13.3%	3 20.0%	1 6.7%	40.0%	4 26.7%	2 13.3%	3 20.0%	60.0%

Facility Resources for Behavioral Health Services

The following section present results to questions that asked about the facilities available for behavioral health at the school(s) where the respondents work. If the respondent worked at multiple schools, an overall perspective was asked to be provided. Overall results of responses to facility resources questions revealed:

- A majority indicated a confidential room for meeting with students (87.2%) and secure storage (93%) for student records was available at their school.
- Although a majority reported **no** School-based Health Center (54.5%) or School-linked Health Center (52.5%) in their school, the fairly large percentage of **yes** responses to the question by staff other than nurses or administrators indicates that there may be a misunderstanding of what constitutes these centers.

State Responses

Question 8. Does the school(s) where you work have:

	Yes	No	Some do, some don't	I don't know
Confidential room (n=835)	728 (87.2%)	50 (6%)	53 (6.3%)	4 (0.5%)
Secure Storage (n=807)	753 (93.3%)	20 (2.5%)	17 (2.1%)	17 (2.1%)
School-based Health Center (n=749)	303 (40.5%)	408 (54.5%)	22 (2.9%)	16 (2.1%)
School-linked Health Center (n=808)	176 (19.4%)	476 (52.5%)	13 (1.4%)	143 (15.8%)

Confidential Room and Secure Storage:

Overall and across ESC Regions and School Staff Roles, the majority indicated that the schools where they worked had a confidential room or office available for one-on-one or group behavioral health meetings or activities with students and space to store student health records and information that is secure and can be locked. Over 80% of respondents in all ESC Regions reported that their school(s) had space to store student health records and information that is secure and can be locked. Only two ESC Regions had less than 75% of respondents report that a confidential room or office available for one-on-one or group behavioral health meetings or activities with students (Regions 14 and 19). In ESC Region 14, 66.7% of respondents reported yes and in Region 19, 57.1% of respondents reported a confidential room was available.

School-Based and School-Linked Health Centers:

By ESC Region and School Role, there was more variation in response to the questions about whether there was a School-based Health Center (SBHC) or a School-linked Health Center (SLHC) in the school(s) where they worked (see full data tables in Appendix). A majority from all ESC Regions reported that there was no school-based or school-linked health center in the school(s) where they worked. Health Services School staff reported “No” to a SBHC (63.5%) and SLHC (69.6%) in their school(s) in higher percentages than other school staff. The fairly high number of “yes” responses to the school-based and school-linked question – and the actual limited number of these centers throughout the state indicate that some school staff may not be aware what constitutes a school-linked or school-based health center. Some respondents may have misunderstood the definition of a school-based health center, reflecting perhaps the availability of a nurse at the school rather than an actual center.

Promotion of Behavioral Health and Stakeholder Involvement

The following section presents results to questions asked about the promotion of behavioral health services at the school(s) where respondents work and the involvement of stakeholders (students, families, community) in planning for or reviewing behavioral health services or activities. If the respondent worked at multiple schools, an overall perspective was asked to be provided. Overall results of responses to questions about the promotion of behavioral health and stakeholder involvement revealed:

- A majority responded they have **not** conducted assessments on risk factors (47.1%), met with parent organizations (61.1%), invited family members to attend activities (53.4%), or collected suggestions from students (67.2%) or families (62.9%) on needed behavioral health services in school.
- Responses varied widely by ESC Region, but as presented in the graphs, respondents from more rural ESC regions had less positive responses to these questions than responders in other ESC regions.
- Variation exists in response by school staff role.

Presented in the table below, aggregate state responses indicate less agreement that these behavioral health activities occurred in their schools during the last 12 months.

State Responses

Question 9. You or other staff at the school(s) where you work have done the following during the past 12 months:

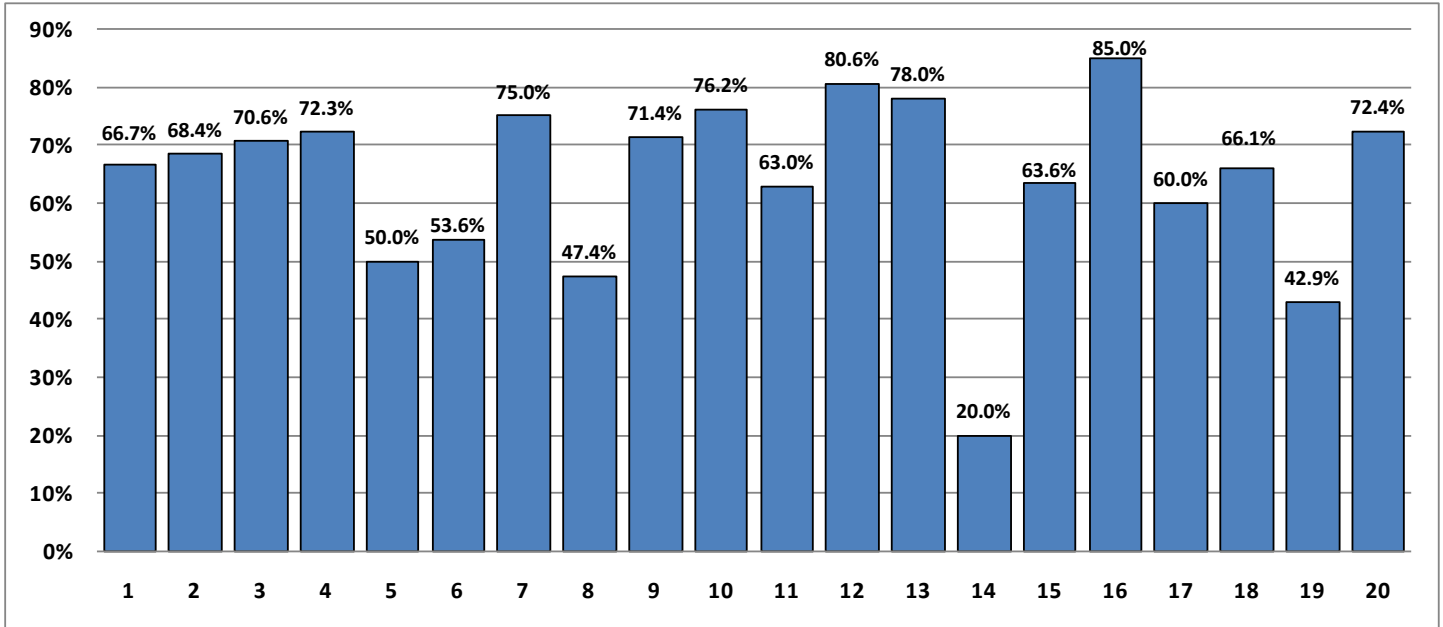
	Yes	No	I don't know
reviewed records and campus-level data to identify behavioral health issues and/or identify ways to prevent or assist with reduction in the occurrence of these issues? (n=797)	552 (69.3%)	148 (18.6%)	97 (12.2%)
conducted assessments on common risk and stress factors faced by students (for example, exposure to crime, violence, substance abuse)? (n=794)	280 (35.3%)	374 (47.1%)	140 (17.6%)
provided families with information on behavioral health services and activities available in the school or community? (n=793)	610 (76.9%)	115 (14.5%)	68 (8.6%)
met with a parent organization, such as the Parent Teacher Association (PTA) or Federation of Families (a national family-run organization with local chapters dedicated to helping children with mental health needs and their families achieve a better quality of life) to discuss or present school behavioral health services or activities? (n=795)	173 (21.8%)	486 (61.1%)	136 (17.1%)
invited family members to attend behavioral health related activities or tour school-based facilities? (n=794)	245 (30.9%)	424 (53.4%)	125 (15.7%)
collected suggestions from students about available school behavioral health services or needed behavioral health services? (n=793)	129 (16.3%)	533 (67.2%)	131 (16.5%)
collected suggestions from families of students about available school behavioral health services or needed behavioral health services? (n=792)	150 (18.9%)	498 (62.9%)	144 (18.2%)
collected suggestions or received guidance from community organizations and leaders about available behavioral health services or needed behavioral health services? (n=788)	349 (44.3%)	320 (40.6%)	119 (15.1%)

ESC Region Responses

Question 9: You or other staff at the school(s) where you work have done the following during the past 12 months:

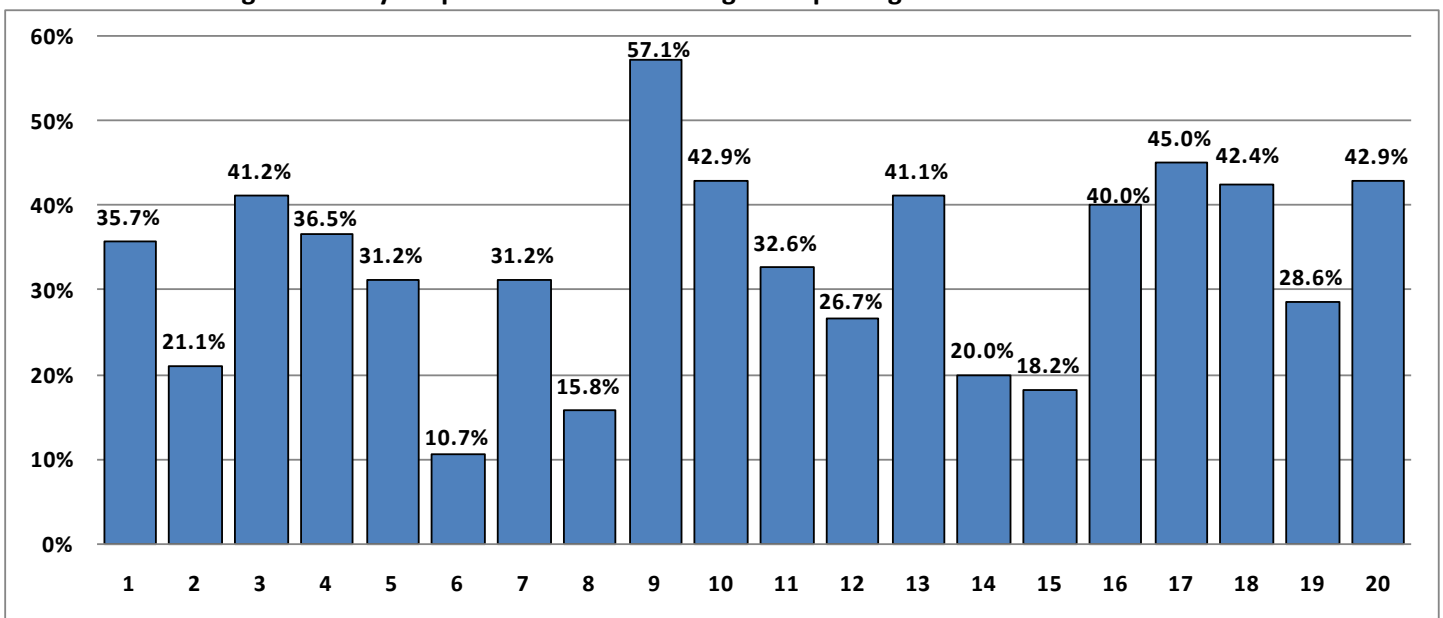
- A.** During the past 12 months, have you or other staff at the school(s) where you work **reviewed records and campus-level data** to identify behavioral health issues and/or identify ways to prevent or assist with reduction in the occurrence of these issues?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Record Review



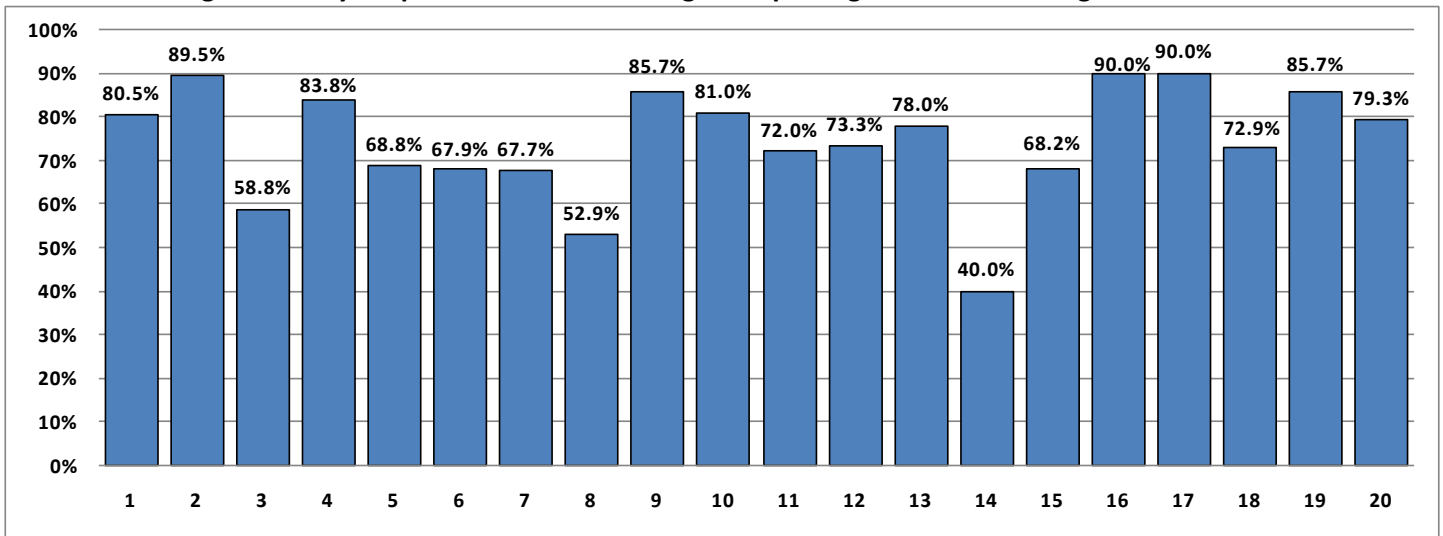
- B.** During the past 12 months, have you or other staff at the school(s) where you work **conducted assessments** on common risk and stress factors faced by students (for example, exposure to crime, violence, substance abuse)?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Conducted Assessments



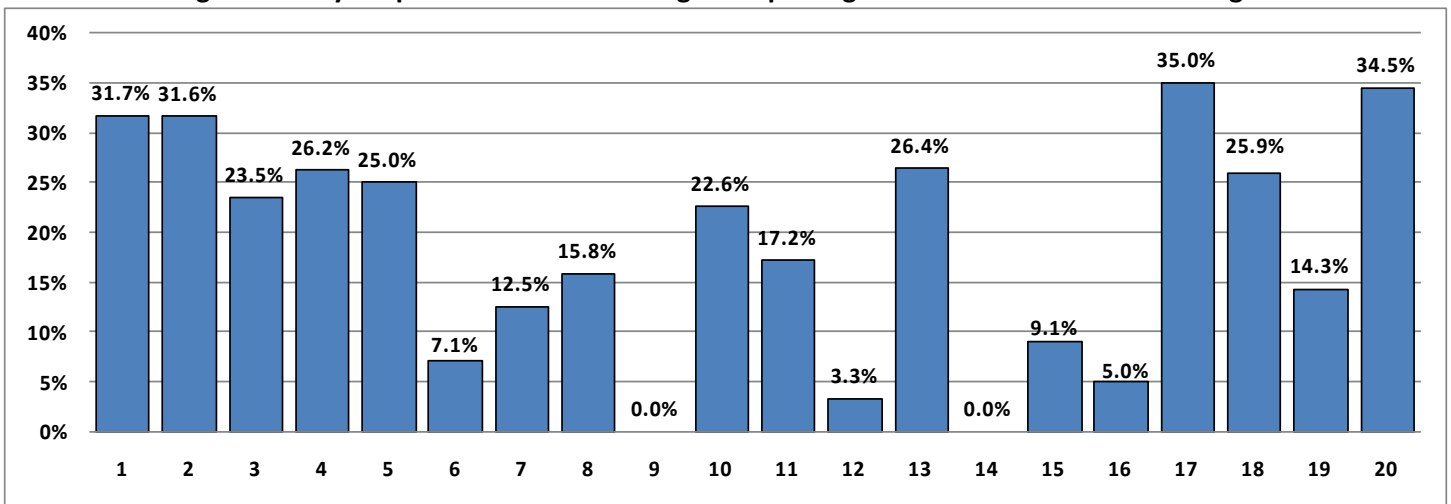
C. During the past 12 months, have you or other staff at the school(s) where you work **provided families with information** on behavioral health services and activities available in the school or community?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Providing Families Information



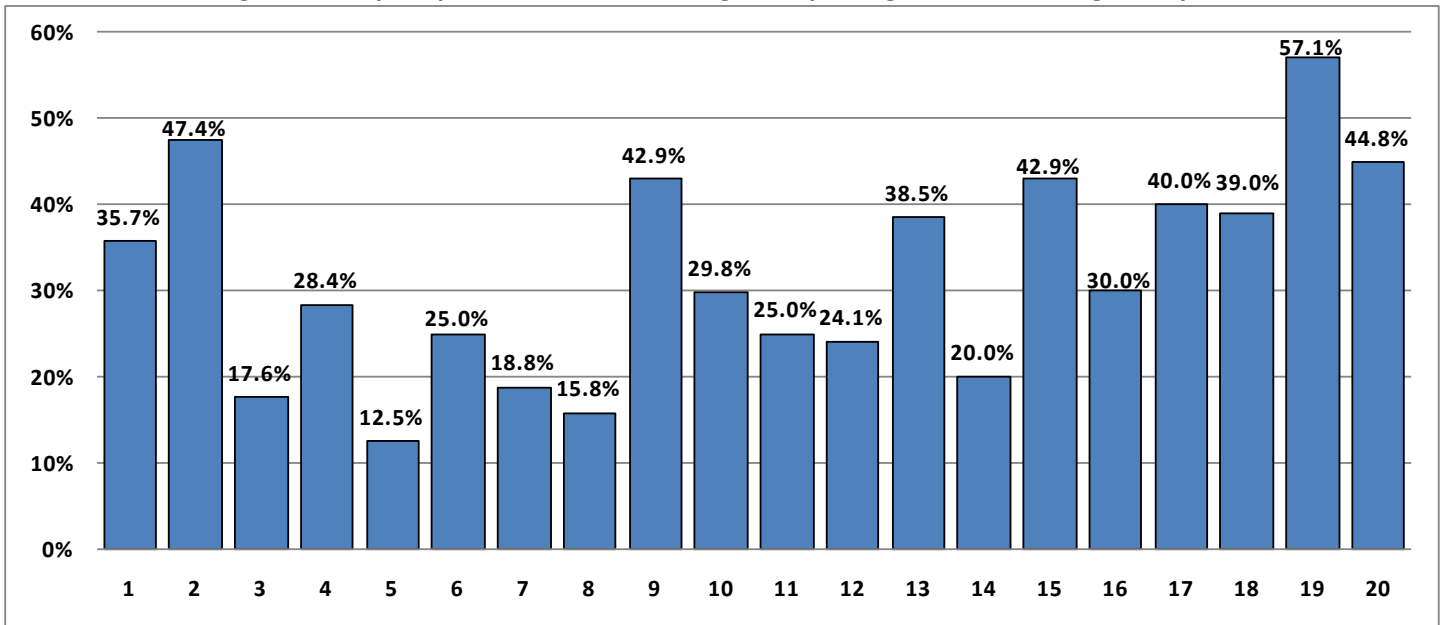
D. During the past 12 months, have you or other staff at the school(s) where you work **met with a parent organization** to discuss or present school behavioral health services or activities?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Met with a Parent Organization



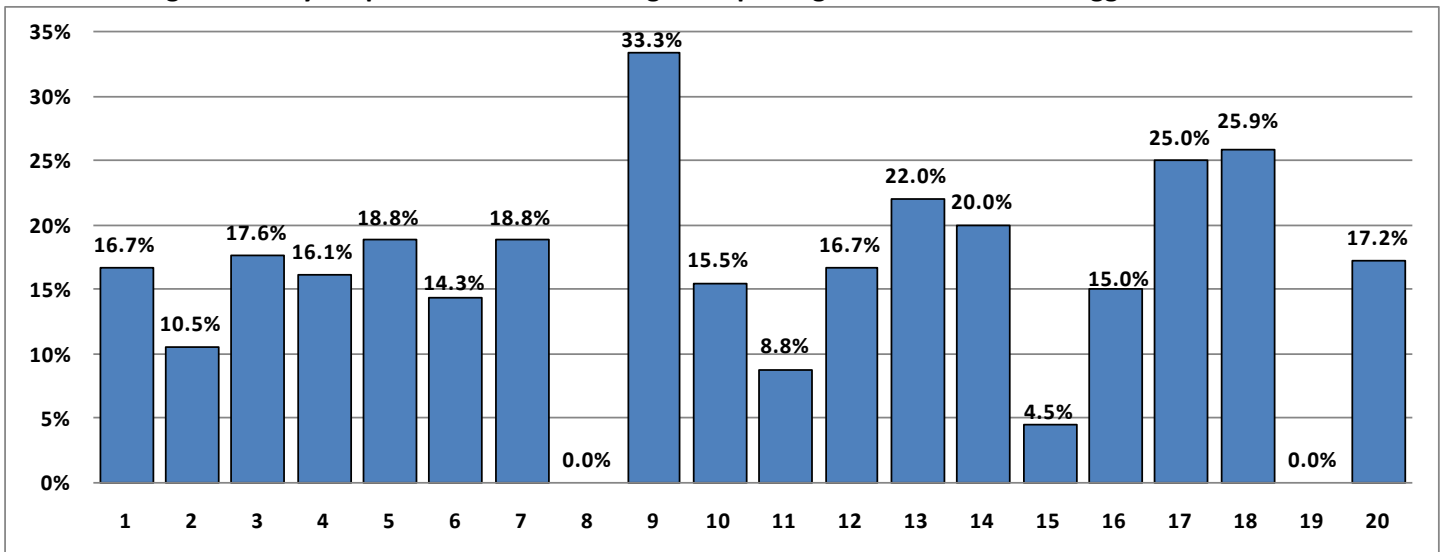
E. During the past 12 months, have you or other staff at the school(s) where you work **invited family members** to attend behavioral health related activities or tour school-based facilities?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Inviting Family Members



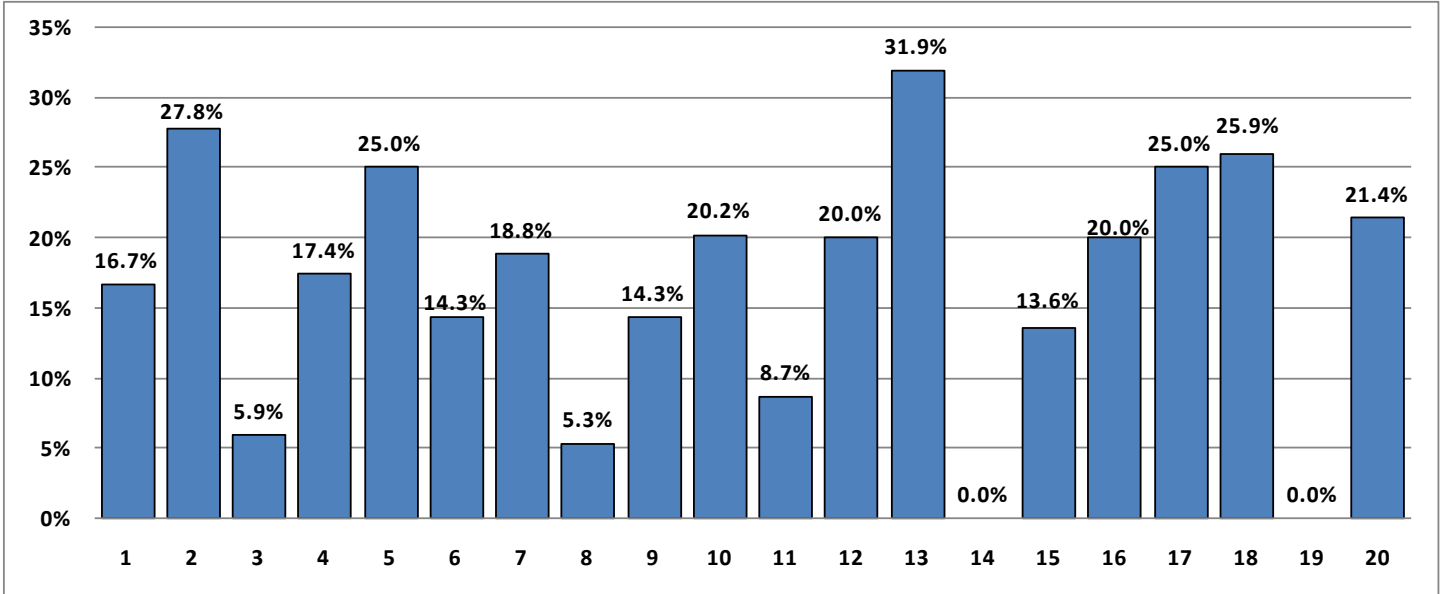
F. During the past 12 months, have you or other staff at the school(s) where you work **collected suggestions from students** about available school behavioral health services or needed behavioral health services?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Collected Suggestions from Students



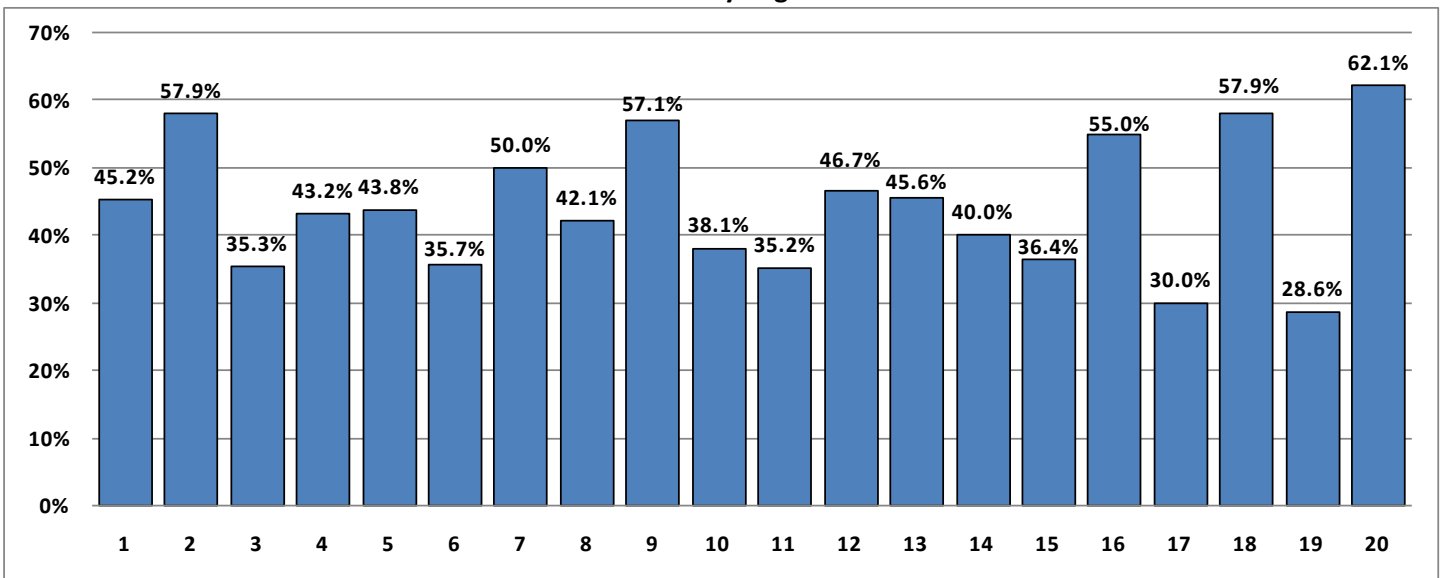
G. During the past 12 months, have you or other staff at the school(s) where you work **collected suggestions from family members of students** about available school behavioral health services or needed behavioral health services?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Collected Suggestions from Family Members



H. During the past 12 months, have you or other staff at the school(s) where you work **collected suggestions or received guidance from community organizations and leaders** about available behavioral health services or needed behavioral health services?

Percentage of Survey Responders in each ESC Region Reporting "YES" to Collected Suggestions or Received Guidance from Community Organizations



Examination of responses by school role reveals variability among the various school staff. Overall, in the past 12 months at the school where they work: greater than 60% of all staff report the school has conducted **record review**; only social workers report **assessment** over 50% of the time; all staff report the school **provides information** about behavioral health over 60% of the time; all staff except for special education report that school **has not met with parent organizations**; all staff except special education and social workers **have not invited family to participate** in behavioral health activities at the school; the majority of all staff report the school has **not asked for student suggestions**; has **not asked for family suggestions**; and report mixed responses to asking for community suggestions, with a majority of special education, social workers, counselors, behavioral/social services, and administrators reporting that the **community is asked for suggestions** regarding behavioral health.

School Role Responses

Question 9: You or other staff at the school(s) where you work have done the following during the past 12 months:

Question	Response	Special Education		Health Services		Social Worker		Counselor/ Psychologist		Behavior/Social Services		Administrator		Other Teacher		All Roles Combined	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Record Review n=794	DK	4	11.4%	48	19.5%	2	22.2%	32	7.4%	0	0.0%	8	18.2%	2	13.3%	96	12.1%
	No	6	17.1%	38	15.4%	1	11.1%	91	21.2%	3	20.0%	6	13.6%	2	13.3%	147	18.5%
	Yes	25	71.4%	160	65.0%	6	66.7%	307	71.4%	12	80.0%	30	68.2%	11	73.3%	551	69.4%
	Total	35		246		9		430		15		44		15		794	
Assessment n=791	DK	8	22.9%	74	30.1%	2	22.2%	44	10.3%	1	6.7%	6	13.6%	5	33.3%	140	17.7%
	No	10	28.6%	78	31.7%	1	11.1%	246	57.6%	8	53.3%	19	43.2%	9	60.0%	371	46.9%
	Yes	17	48.6%	94	38.2%	6	66.7%	137	32.1%	6	40.0%	19	43.2%	1	6.7%	280	35.4%
	Total	35		246		9		427		15		44		15		791	
Provide Information n=790	DK	4	11.4%	42	17.1%	1	11.1%	14	3.3%	0	0.0%	6	13.6%	1	6.7%	68	8.6%
	No	5	14.3%	34	13.9%	0	0.0%	63	14.8%	2	13.3%	5	11.4%	5	33.3%	114	14.4%
	Yes	26	74.3%	169	69.0%	8	88.9%	350	82.0%	13	86.7%	33	75.0%	9	60.0%	608	77.0%
	Total	35		245		9		427		15		44		15		790	
Met with Parent Org n=792	DK	11	32.4%	59	24.0%	2	22.2%	48	11.2%	1	6.7%	12	27.3%	3	20.0%	136	17.2%
	No	11	32.4%	142	57.7%	4	44.4%	292	68.1%	9	60.0%	19	43.2%	7	46.7%	484	61.1%
	Yes	12	35.3%	45	18.3%	3	33.3%	89	20.7%	5	33.3%	13	29.5%	5	33.3%	172	21.7%
	Total	34		246		9		429		15		44		15		792	
Invite Family n=791	DK	10	28.6%	59	24.0%	2	22.2%	39	9.1%	1	6.7%	8	18.2%	6	40.0%	125	15.8%
	No	9	25.7%	122	49.6%	3	33.3%	250	58.5%	8	53.3%	22	50.0%	7	46.7%	421	53.2%
	Yes	16	45.7%	65	26.4%	4	44.4%	138	32.3%	6	40.0%	14	31.8%	2	13.3%	245	31.0%
	Total	35		246		9		427		15		44		15		791	
Student Suggestion n=790	DK	8	22.9%	67	27.5%	3	33.3%	38	8.9%	1	6.7%	8	18.2%	6	40.0%	131	16.6%
	No	17	48.6%	145	59.4%	3	33.3%	320	74.8%	9	60.0%	27	61.4%	9	60.0%	530	67.1%
	Yes	10	28.6%	32	13.1%	3	33.3%	70	16.4%	5	33.3%	9	20.5%	0	0.0%	129	16.3%
	Total	35		244		9		428		15		44		15		790	
Family Suggestion n=789	DK	10	28.6%	74	30.7%	3	33.3%	39	9.1%	2	13.3%	10	22.7%	6	40.0%	144	18.3%
	No	14	40.0%	128	53.1%	3	33.3%	310	72.1%	7	46.7%	25	56.8%	8	53.3%	495	62.7%
	Yes	11	31.4%	39	16.2%	3	33.3%	81	18.8%	6	40.0%	9	20.5%	1	6.7%	150	19.0%
	Total	35		241		9		430		15		44		15		789	
Community Suggestion n=786	DK	7	20.0%	67	27.8%	2	22.2%	30	7.0%	0	0.0%	7	15.9%	6	42.9%	119	15.1%
	No	12	34.3%	94	39.0%	0	0.0%	191	44.6%	5	33.3%	12	27.3%	6	42.9%	320	40.7%
	Yes	16	45.7%	80	33.2%	7	77.8%	207	48.4%	10	66.7%	25	56.8%	2	14.3%	347	44.1%
	Total	35		241		9		428		15		44		14		786	

Coordination and Delivery of Behavioral Health Services

The following section presents results to questions that asked about responsibility for the coordination and provision of behavioral health services in school(s). If the respondent worked at multiple schools, an overall perspective was asked to be provided and more than one selection could be made (the average number of selections was about 2.5 per respondent). Overall results of responses to coordination and delivery of health services questions revealed:

- Counselors (27.4%) followed by nurses (15.07%) and Principals or Vice-Principals (11.02%) were reported as the top three *coordinators* of behavioral health services. The wide range of school staff identified as coordinators of behavioral health services may reveal a lack of clear procedures for these services in schools.
- Counselors (31.73%) followed by nurses (13.71%) and psychologists (11.83%) were reported as the top three *deliverers* of behavioral health services. A wide range of school staff was also identified as deliverers of behavioral health services which may indicate a team approach or lack of clarity in roles.
- Although counselors were most frequently reported as responsible for coordinating and delivering behavioral health services, qualitative responses by counselors indicate that given other duties (primarily test monitoring/coordination) they do not have a lot of time to play the role they may have been hired for.
- Questions about responsibility for coordinating or delivering behavioral health services included an “other” category in which respondents were allowed to provide an open-ended response. Responses could typically be grouped into a broader staff category already included as a response selection, but the titles of staff provided as open-ended responses indicates a lack of standardized language in schools across the state and within ESC Regions.

Coordination of Behavioral Health Services:

Counselors (27.4%) were the most frequently reported staff that coordinated behavioral health services in school. Joining counselors in the top five most frequently reported were Nurses (15.07%), Principal or Vice-Principal (11.02%), Psychologist (9.16%), and Special Education Coordinator (8.65%).

State Responses

Question 10. Responsibility for *COORDINATING* behavioral health services for students at school where you work

Coordinates BH Services for students? (n=847)	Frequency	%
Counselor	589	27.40%
Nurse	324	15.07%
Principal or Vice-Principal	237	11.02%
Psychologist	197	9.16%
Special Education Coordinator	186	8.65%
Special Education Teacher	131	6.09%
Social Worker	122	5.67%
Behavioral Health/Social Services Staff	68	3.16%
Safe and Drug Free Schools Coordinator or Staff	62	2.88%
Other Administrator	50	2.33%
I don't know	38	1.77%
Physical Education Teacher and/or Athletic Coach	30	1.40%
Health Education Teacher	28	1.30%
School-based Health Center Staff	26	1.21%
Other Teacher	20	0.93%
School-linked Health Center Staff	15	0.70%
Physician	12	0.56%
Other Health Services Staff	10	0.47%
Health Aide	5	0.23%
Total number of responses	2150	

Counselors were selected most frequently at the ESC Region level as the school staff responsible for coordinating behavioral health for students, followed by nurses, and principals/vice-principals.

ESC Region Responses

Question 10. Responsibility for *COORDINATING* behavioral health services for students at school where you work

ESC Region	N	Selection 1		Selection 2		Selection 3	
1	n=45	Counselor	60.0%	Nurse	55.6%	Principal or VP	26.7%
2	n=22	Counselor	63.6%	Nurse	54.5%	Principal or VP	27.3%
3	n=17	Counselor	94.1%	Nurse	64.7%	Principal or VP	47.1%
4	n=158	Counselor	71.5%	Nurse	37.3%	Psychologist	46.8%
5	n=16	Counselor	81.2%	Nurse	37.5%	Principal or VP	25.0%
						Special Education Coord.	25.0%
6	n=31	Counselor	48.4%	Principal/VP	29.0%	Special Education Coord.	19.4%
						Nurse	19.4%
7	n=33	Counselor	72.7%	Principal/VP	54.5%	Nurse	42.4%
8	n=22	Counselor	63.6%	Nurse	50.0%	Principal or VP	22.7%
9	n=7	Counselor	100.0%	Nurse	42.9%	Principal or VP	42.9%
						Psychologist	42.9%
						Special Education Coord.	42.9%
						Special Education Teacher	42.9%
10	n=87	Counselor	69.0%	Nurse	28.7%	Principal or VP	24.1%
11	n=101	Counselor	71.3%	Nurse	25.7%	Psychologist	25.7%
12	n=32	Counselor	71.9%	Nurse	31.2%	Principal or VP	31.2%
13	n=97	Counselor	72.2%	Nurse	34.0%	Principal or VP	28.9%
14	n=6	Nurse	33.3%	Counselor	16.7%		
				Oth. Administrator	16.7%		
				I don't know	16.7%		
15	n=23	Counselor	87.0%	Nurse	47.8%	Principal or VP	34.8%
						Special EducationTeacher	34.8%
16	n=21	Counselor	85.7%	Nurse	42.9%	Principal or VP	47.6%
17	n=20	Counselor	85.0%	Nurse	65.0%	Principal or VP	35.0%
18	n=62	Counselor	61.3%	Nurse	46.8%	Principal or VP	33.9%
19	n=8	Counselor	62.5%	Nurse	37.5%	Social Worker	37.5%
20	n=29	Counselor	69.0%	Nurse	51.7%	Social Worker	44.8%
State	n=837	Counselor	70.1%	Nurse	38.6%	Principal or VP	28.2%

School staff selected counselors most frequently as responsible for coordinating behavioral health for students, followed by nurses, and principals and vice-principals.

School Role Responses

Question 10. Responsibility for *COORDINATING* behavioral health services for students at school where you work

		Behavioral/Social Services	Counselor	Health Aide	Health Education Teacher	Nurse	Other Administrator	Other Health Services Staff	Other Teacher	PE Teacher and/or Coach	Physician	Principal or Vice-Principal	Psychologist	School-linked Health Center	Safe and Drug Free Schools Coordinator/Staff	School-based Health Center	Social Worker	Special Education Coordinator	Special Education Teacher	I don't know	
n=847																					
Special Education	N	6	23	0	0	14	4	0	1	0	1	6	16	0	1	3	7	10	9	2	
n=37	%	16.2%	62.2%	0.0%	0.0%	37.8%	10.8%	0.0%	2.7%	0.0%	2.7%	16.2%	43.2%	0.0%	2.7%	8.1%	18.9%	27.0%	24.3%	5.4%	
Health Services	N	36	186	1	4	92	16	2	7	6	7	78	63	4	10	8	35	63	41	14	
n=264	%	13.6%	70.5%	0.4%	1.5%	34.8%	6.1%	0.8%	2.7%	2.3%	2.7%	29.5%	23.9%	1.5%	3.8%	3.0%	13.3%	23.9%	15.5%	5.3%	
Social Worker	N	1	6	0	0	3	2	0	0	0	0	1	2	0	0	0	5	1	0	0	
n=11	%	9.1%	54.5%	0.0%	0.0%	27.3%	18.2%	0.0%	0.0%	0.0%	0.0%	9.1%	18.2%	0.0%	0.0%	0.0%	45.5%	9.1%	0.0%	0.0%	
Counselor/Psychologist	N	30	320	3	21	186	27	7	9	19	4	122	103	10	40	13	60	91	67	21	
n=455	%	6.6%	70.3%	0.7%	4.6%	40.9%	5.9%	1.5%	2.0%	4.2%	0.9%	26.8%	22.6%	2.2%	8.8%	2.9%	13.2%	20.0%	14.7%	4.6%	
Behavioral/Social Services	N	8	10	0	1	4	3	0	0	1	0	5	4	0	3	0	4	5	2	0	
n=17	%	47.1%	58.8%	0.0%	5.9%	23.5%	17.6%	0.0%	0.0%	5.9%	0.0%	29.4%	23.5%	0.0%	17.6%	0.0%	23.5%	29.4%	11.8%	0.0%	
Administrator	N	3	34	0	2	18	3	1	1	4	0	21	5	1	8	1	7	13	9	0	
n=48	%	6.2%	70.8%	0.0%	4.2%	37.5%	6.2%	2.1%	2.1%	8.3%	0.0%	43.8%	10.4%	2.1%	16.7%	2.1%	14.6%	27.1%	18.8%	0.0%	
Other Teacher	N	0	10	1	0	7	0	0	2	0	0	3	3	0	0	1	4	3	3	0	
n=15	%	0.0%	66.7%	6.7%	0.0%	46.7%	0.0%	0.0%	13.3%	0.0%	0.0%	20.0%	20.0%	0.0%	0.0%	6.7%	26.7%	20.0%	20.0%	0.0%	

Note: more than one response could be selected.

Delivery of Behavioral Health Services:

Counselors (31.73%) were the most frequently reported deliverer of behavioral health services to students. Nurses (13.71%), Psychologists (11.83%), Special Education Teachers (8.13%), and Principal or Vice-Principal (6.14%) followed counselors to complete the top five school staff reported that deliver behavioral health services to students.

State Responses

Question 11. Responsibility for *DELIVERING* behavioral health services for students at school where you work

Delivers BH services for students (n=906)	Frequency	Percent
Counselor	574	31.73%
Nurse	248	13.71%
Psychologist	214	11.83%
Special Education Teacher	147	8.13%
Principal or Vice-Principal	111	6.14%
Social Worker	110	6.08%
Special Education Coordinator	83	4.59%
Behavioral Health/Social Services Staff	67	3.70%
I don't know	48	2.65%
Safe and Drug Free Schools Coordinator or Staff	37	2.05%
Physical Education Teacher and/or Athletic Coach	35	1.93%
Health Education Teacher	33	1.82%
Other Teacher	33	1.82%
Other Administrator	21	1.16%
School-based Health Center Staff	18	1.00%
School-linked Health Center Staff	12	0.66%
Other Health Services Staff	9	0.50%
Physician	6	0.33%
Health Aide	3	0.17%
Total number of responses	1809	

By ESC Region, counselors were most frequently selected as responsible for delivering behavioral health services. A full table of responses is provided in the Appendix.

ESC Region Responses

Question 11. Responsibility for *DELIVERING* behavioral health services for students at school where you work

ESC Region	N	Selection 1		Selection 2		Selection 3				
		N	%	N	%	N	%			
1	N=45	Counselor	32	71.1%	Nurse	18	40.0%	Special Education Teacher	8	17.8%
2	N=22	Counselor	14	63.6%	Nurse	8	36.4%	Social Worker	4	18.2%
3	n=17	Counselor	14	82.4%	Nurse	7	41.2%	Special Education Teacher	4	18.2%
4	n=158	Counselor	110	69.6%	Psychologist	84	53.2%	Behavior/Social Service Staff	5	29.4%
5	n=16	Counselor	11	68.8%	Nurse	4	25.0%	Nurse	48	30.4%
6	n=31	Counselor	15	48.4%	Nurse	7	22.6%	Principal or VP	3	18.8%
7	n=33	Counselor	25	75.8%	Nurse	13	39.4%	Don't know	3	18.8%
8	n=22	Counselor	15	68.2%	Nurse	9	40.9%	Principal or VP	6	19.4%
9	n=7	Counselor	6	85.7%	Psychologist	3	42.9%	Psychologist	6	19.4%
10	n=87	Counselor	55	63.2%	Nurse	23	26.4%	Special Education Coordinator	7	21.2%
11	n=101	Counselor	66	65.3%	Nurse	22	21.8%	Principal or VP	4	18.20%
12	n=32	Counselor	21	65.6%	Psychologist	22	21.8%	Principal or VP	2	28.6%
13	n=97	Counselor	65	67.0%	Nurse	8	25.0%	Health Education Teacher	2	28.6%
14	n=6	Counselor	1	16.7%	Psychologist	29	29.9%	Psychologist	20	23.0%
15	n=23	Nurse	1	16.7%	Nurse	8	25.0%	Special Education Teacher	7	21.9%
16	n=21	Administrator	1	16.7%	Psychologist	29	29.9%	Nurse	22	22.7%
17	n=20	Principal or VP	1	16.7%	Psychologist	7	30.4%	Nurse	6	26.1%
18	n=62	Don't know	1	16.7%	Psychologist	7	30.4%	Spe Ed. Coord	6	26.1%
19	n=8	Counselor	7	87.5%	Psychologist	7	30.4%	Spe Ed. Teach	6	26.1%
20	n=29	Counselor	21	72.4%	Psychologist	7	30.4%	Principal or VP	5	23.8%
All Regions	n=837	Counselor	570	68.1%	Nurse	246	29.4%	Psychologist	210	25.1%

By school staff role, counselors were the most frequently selected as responsible for delivering behavioral health services for students, followed by psychologists and nurses.

School Role Responses

Question 11. Responsibility for *DELIVERING* behavioral health services for students at school where you work

		Behavioral/Social Services	Counselor	Health Aide	Health Education Teacher	Nurse	Other Administrator	Other Health Services Staff	Other Teacher	PE Teacher and/or Coach	Physician	Principal or Vice-Principal	Psychologist	School-linked Health Center	Safe and Drug Free Schools Coordinator/Staff	School-based Health Center	Social Worker	Special Education Coordinator	Special Education Teacher	I don't know	
N=847																					
Special Education	N	4	21	1	0	9	1	1	2	0	0	3	17	0	1	2	7	1	12	2	
	%	10.8%	56.8%	2.7%	0%	24.3%	2.7%	2.7%	5.4%	0%	0%	8.1%	45.9%	0%	2.7%	5.4%	18.9%	2.7%	32.4%	5.4%	
Health Services	N	26	174	1	3	94	6	2	10	8	3	40	68	3	9	6	28	26	43	23	
	%	9.8%	65.9%	.4%	1.1%	35.6%	2.3%	.8%	3.8%	3.0%	1.1%	15.2%	25.8%	1.1%	3.4%	2.3%	10.6%	9.8%	16.3%	8.7%	
Social Worker	N	0	5	0	0	2	0	0	0	0	0	0	2	0	1	0	6	1	1	0	
	%	0%	45.5%	0%	0%	18.2%	0%	0%	0%	0%	0%	0%	18.2%	0%	9.1%	0%	54.5%	9.1%	9.1%	0%	
Counselor/Psychologist	N	27	327	0	27	123	15	3	21	23	3	56	110	9	19	8	57	43	77	20	
	%	5.9%	71.9%	0%	5.9%	27.0%	3.3%	.7%	4.6%	5.1%	.7%	12.3%	24.2%	2.0%	4.2%	1.8%	12.5%	9.5%	16.9%	4.4%	
Behavioral/Social Services	N	7	10	0	1	4	1	0	0	0	0	1	5	0	4	0	5	2	3	0	
	%	41.2%	58.8%	0%	5.9%	23.5%	5.9%	0%	0%	0%	0%	5.9%	29.4%	0%	23.5%	0%	29.4%	11.8%	17.6%	0%	
Administrator	N	7	30	0	2	14	1	3	2	4	0	7	7	0	3	1	6	9	8	0	
	%	14.6%	62.5%	0%	4.2%	29.2%	2.1%	6.2%	4.2%	8.3%	0%	14.6%	14.6%	0%	6.2%	2.1%	12.5%	18.8%	16.7%	0%	
Other Teacher	N	0	8	1	0	2	1	0	0	0	0	4	3	0	0	1	2	1	2	2	
	%	0%	53.3%	6.7%	0%	13.3%	6.7%	0%	0%	0%	0%	26.7%	20.0%	0%	0%	6.7%	13.3%	6.7%	13.3%	13.3%	

Note: more than one response could be selected. The percent reflects the percentage of individuals in that staff role who selected that response.

Behavioral Health Services Provided in School(s)

The following section presents results to survey questions that asked about the types of behavioral health services available in the school(s) and who delivered these services. The majority of responses at the state level indicate that these services are provided on campus and by school staff. Overall results of responses to behavioral health resources provided in school questions revealed:

- The majority of respondents indicated that behavioral health services were provided on campus by school staff. Some did not know if the services were available in the school where they worked.
- A majority of responders reported the existence of a student assistance program at the school where they worked (62.4%) or a standing or ad-hoc team (75%). Only 19% of respondents indicated that community agency staff participate in these student assistance programs or teams.
- Overall, a majority indicated participation in the development of IEPs (69.4%), ARDs (75.3%), and 504 Plans (73.8%) but only 43.6% indicated participation in the development of IHPs. Conversely, 91.7% of nurses indicated participation in IHP development.

Prevention or Intervention Services or Activities:

The following table presents overall state responses to questions about the availability of a variety of behavioral health services or activities at the school or in the community. As seen in the table below, the majority of survey responders reported that all of the services listed are offered in schools by school staff. The same is generally true for ESC Regions and School Roles, however, variations do exist. These data are presented in the Appendix.

State Responses

Question 12. Prevention or intervention services or activities are available at the school(s) where you work

Service or Activity Topics (n=906)	On campus school staff	On campus community provider	Off campus school staff	Off campus community provider	No school staff or community provider	I don't know
Identification of/referral for physical, sexual, or emotional abuse	65.0%	7.3%	2.9%	12.1%	2.5%	3.6%
Alcohol or other drug prevention programs	54.3%	16.3%	2.0%	6.7%	6.0%	4.7%
Assessment of emotional or behavioral issues	54.9%	7.9%	5.3%	11.9%	4.9%	4.3%
Assistance with enrolling in Medicaid or CHIP	40.0%	5.7%	3.8%	12.3%	10.0%	13.9%
Case management for emotional or behavioral issues	52.8%	8.5%	3.5%	11.6%	4.9%	8.7%
Counseling or treatment for emotional or behavioral issues	57.3%	12.5%	3.6%	19.0%	4.0%	3.5%
Crisis intervention for an individual student's personal issues	71.5%	8.7%	2.0%	7.6%	1.0%	1.5%
Referrals to after school programs	37.0%	6.1%	1.5%	5.8%	14.3%	16.3%
Counseling after a disaster, emergency, or crisis situation	67.7%	11.7%	3.1%	5.7%	2.0%	3.5%
Identification of or referral for eating disorder issues	44.7%	4.2%	2.0%	10.2%	10.4%	13.9%
Support programs to encourage family involvement	49.9%	6.4%	4.6%	5.6%	8.6%	11.4%
Identification of or referral for students with family problems	63.7%	7.1%	3.0%	12.1%	4.0%	5.2%
Identification of emotional or behavioral issues	66.3%	7.0%	4.4%	8.5%	2.5%	2.6%
School-wide activities promoting good mental health	46.4%	7.2%	1.7%	3.1%	15.7%	9.2%
Supports for new students transitioning into the school	59.2%	4.1%	1.9%	2.1%	6.8%	8.8%
Development for teachers on promoting positive mental health	36.0%	8.1%	5.0%	7.1%	13.2%	16.2%
Screening for emotional or behavioral issues	52.1%	6.6%	5.8%	10.2%	7.0%	6.6%
Stress management	46.4%	5.4%	2.0%	6.4%	10.6%	14.5%
Suicide prevention	48.2%	9.3%	3.3%	14.3%	7.7%	11.7%
Tobacco use cessation programs	15.7%	6.8%	1.5%	7.0%	26.8%	17.7%
Tobacco use prevention programs	51.9%	13.1%	1.7%	3.0%	9.3%	5.6%
Violence prevention (e.g. bullying or fighting)	67.1%	10.3%	2.6%	6.6%	2.8%	3.2%

Student Assistance Services:

The following tables present responses to questions about the availability of student support, assistance, or guidance programs or teams in the school. These are services designed to assist students experiencing personal or social problems that can impact school performance, physical health, or overall well-being.

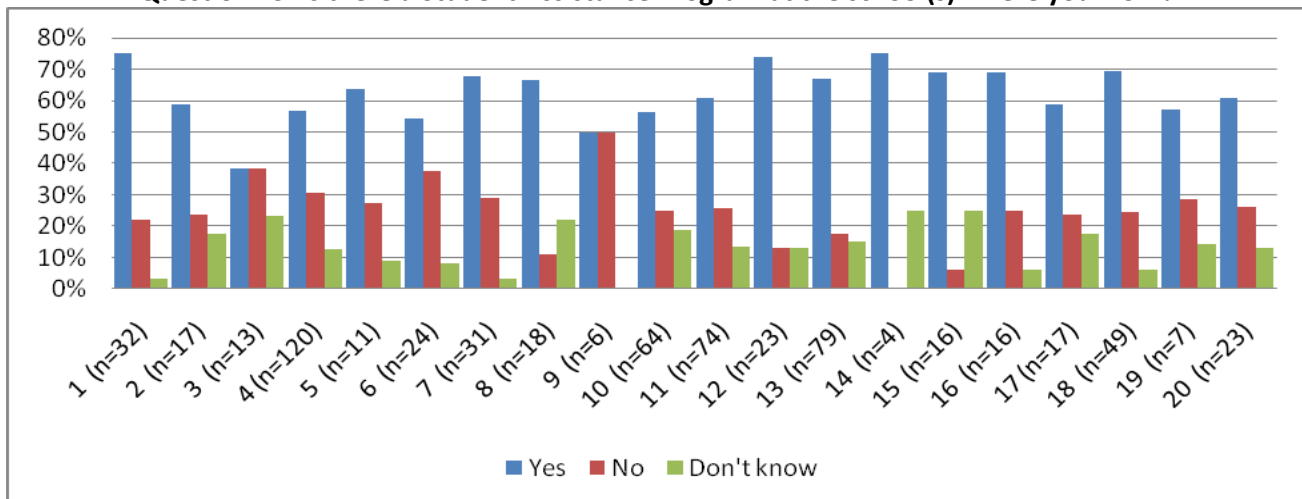
At the state level, respondents indicated more frequently that the schools where they worked had some form of student assistance program, with higher percentages indicating less formal teams (75%) than formal programs (62.4%). It was also more frequently reported that community agencies were not included (55.8%) on these programs or teams.

State Responses
Questions 13-15. Availability of Student Assistance Services

Is a student assistance program offered to students at the school(s) where you work?			Does the school(s) where you work have a standing or ad-hoc student support, assistance, or guidance team?			If the school(s) has a program or team, does it include staff from community agencies?		
Response (n=695)	Freq	%	Response (n=692)	Freq	%	Response (n=659)	Freq	%
Yes	434	62.4%	Yes	519	75.0%	Yes	131	19.9%
No	172	24.7%	No	110	15.9%	No	368	55.8%
Don't Know	89	12.8%	Don't Know	63	9.1%	Don't Know	160	24.3%

Responses were similar across ESC Regions but variability existed both across and within ESC Regions. Responses varied most on the question of community involvement in student assistance programs, with a large percentage responding that community agency staff are not included on student assistance teams, but also a large percentage responding that they did not know if community agencies participated. The graphs below present ESC Region responses to the inclusion of staff from community agencies on the school student assistance program or team. A table of all ESC Region responses to survey questions 13 to 15 is provided in the Appendix.

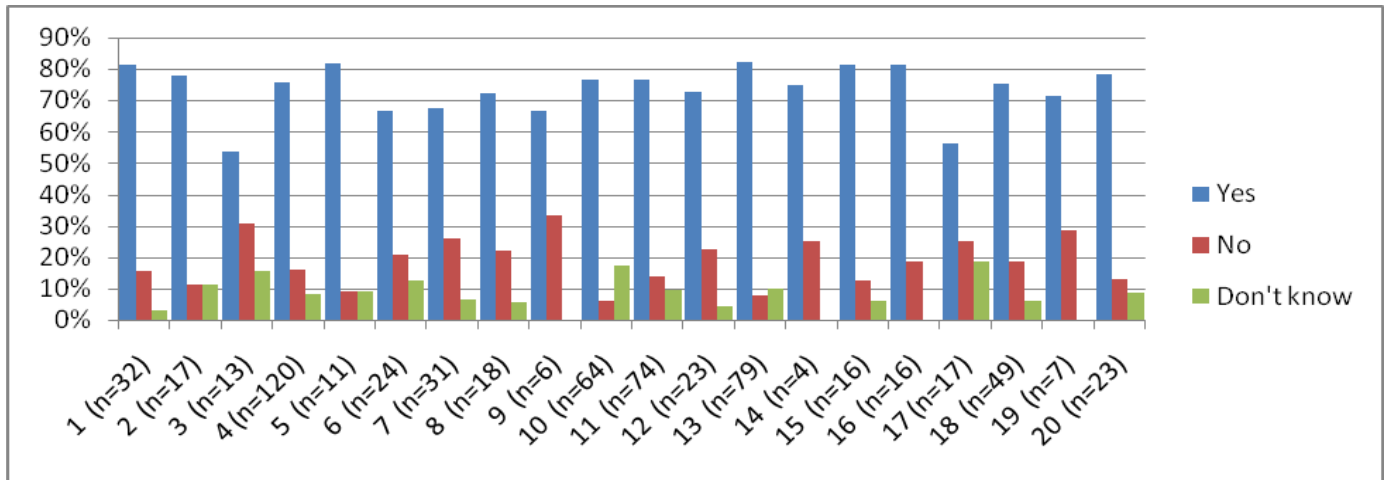
ESC Region Responses
Question 13. Is there a Student Assistance Program at the school(s) where you work?



A majority of respondents in all ESC Regions reported the existence of an informal standing or ad-hoc student support team. Who comprises this group and the functions they perform are unknown and likely vary across schools, districts and regions.

ESC Region Responses

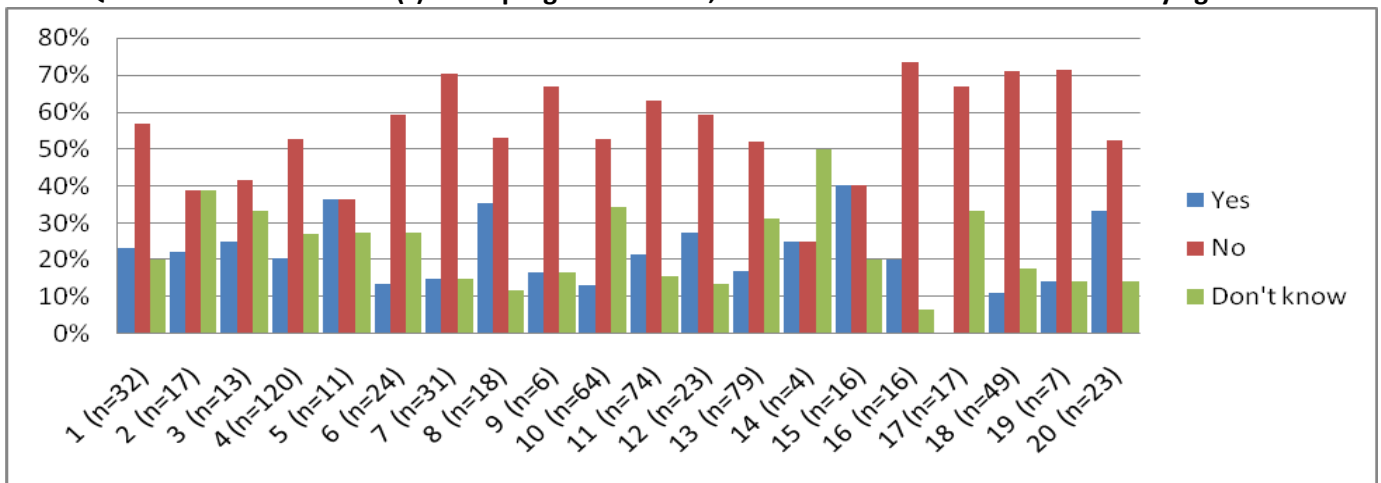
Question 14. Does the school(s) where you work have a standing or ad-hoc student support, assistance, or guidance team?



A majority of all respondents in all ESC Regions reported that staff from community agencies are not included in the school's student assistance program or team. Not one ESC Region had more than 40% of respondents indicating participation of community agency staff.

ESC Region Responses

Question 15. If the school(s) has a program or team, does it include staff from community agencies?



The following table presents responses to student assistance questions by school staff role. The highlighted percentages indicate respondent school roles that had more variability across “yes, no, I don’t know” responses than other school roles. There were fairly large percentages of respondents reporting “I don’t know” to the student assistance questions.

School Role Responses
Questions 13-15. Availability of Student Assistance Services

	13. Is there a Student Assistance Program at the school(s) where you work?				14. Does the school(s) where you work have a standing or ad-hoc student assistance, support, or guidance team?				15. If the school(s) where you work have a program or team, does it include staff from collaborating community agencies?			
	N	Yes	No	I don't know	N	Yes	No	I don't know	N	Yes	No	I don't know
Special Education	n=31	24	6	1	n=31	28	2	1	n=31	9	13	9
	%	77.40%	19.4%	3.2%	%	90.3%	6.5%	3.2%	%	29.0%	41.9%	29.0%
Health Services	n=198	107	50	41	n=197	132	29	36	n=187	33	87	67
	%	54.0%	25.3%	20.7%	%	67.0%	14.7%	18.3%	%	17.6%	46.5%	35.8%
Social Worker	n=8	7	1	0	n=8	7	0	1	n=8	5	2	1
	%	87.5%	12.5%	0.0%	%	87.5%	0.0%	12.5%	%	62.5%	25.0%	12.5%
Counselor/Psychologist	n=362	238	91	33	n=360	283	61	16	n=344	70	213	61
	%	65.7%	25.1%	9.1%	%	78.6%	16.9%	4.4%	%	20.3%	61.9%	17.7%
Behavioral/Social Service	n=12	8	3	1	n=12	9	3	0	n=12	1	10	1
	%	66.7%	25.0%	8.3%	%	75.0%	25.0%	0.0%	%	8.3%	83.3%	8.3%
Administrator	n=31	18	9	4	n=31	26	4	1	n=29	4	20	5
	%	58.1%	29.0%	12.9%	%	83.9%	12.9%	3.2%	%	13.8%	69.0%	17.2%
Other Teacher	n=11	5	1	5	n=11	6	0	5	n=11	1	3	7
	%	45.5%	9.1%	45.5%	%	54.5%	0.0%	45.5%	%	9.1%	27.3%	63.6%

Participation in Student Plan Development:

Overall, a larger percentage of staff agreed that they participated in the development of all plans, except for IHPs with a larger percentage of “no” responses (56.4%).

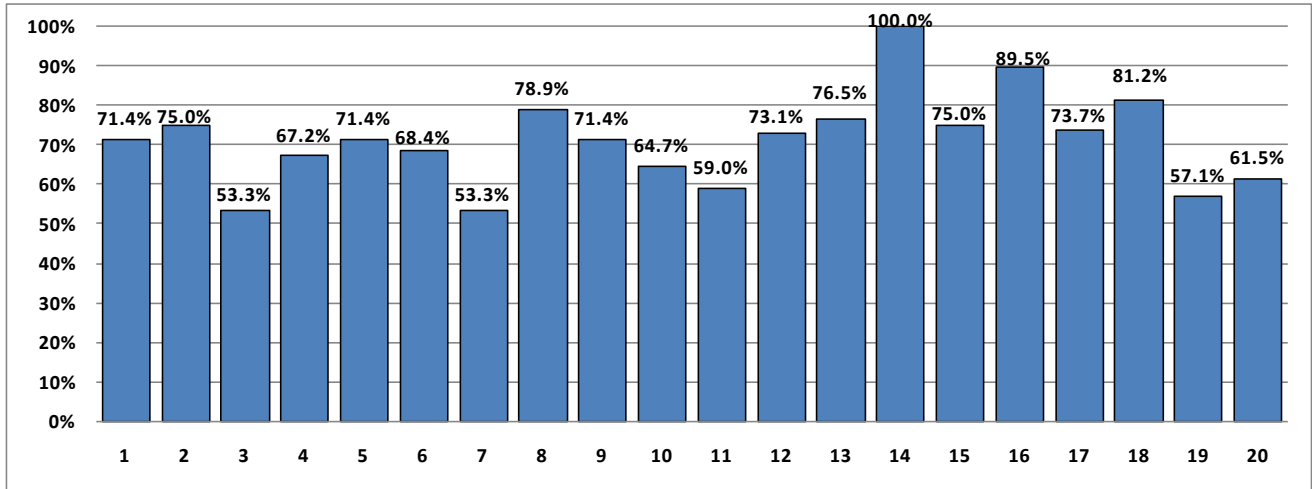
State Responses
Question 16. When indicated for a student, you participate in:

	Yes	No
development of Individualized Education plans (IEPs)? (n=692)	480 (69.4%)	212 (30.6%)
development of Individualized Health Plans (IHPs)? (n=685)	299 (43.6%)	386 (56.4%)
convening of Admission, Review and Dismissal (ARDs)? (n=693)	522 (75.3%)	171 (24.7%)
development of 504 Plans? (n=687)	507 (73.8%)	180 (26.2%)

A majority of responders in ESC Regions indicate that they participate in the development of IEPs, with the lowest “yes” percentage (53.3%) in Regions 3 and 7 and the highest “yes” percentage (100%) in Region 14.

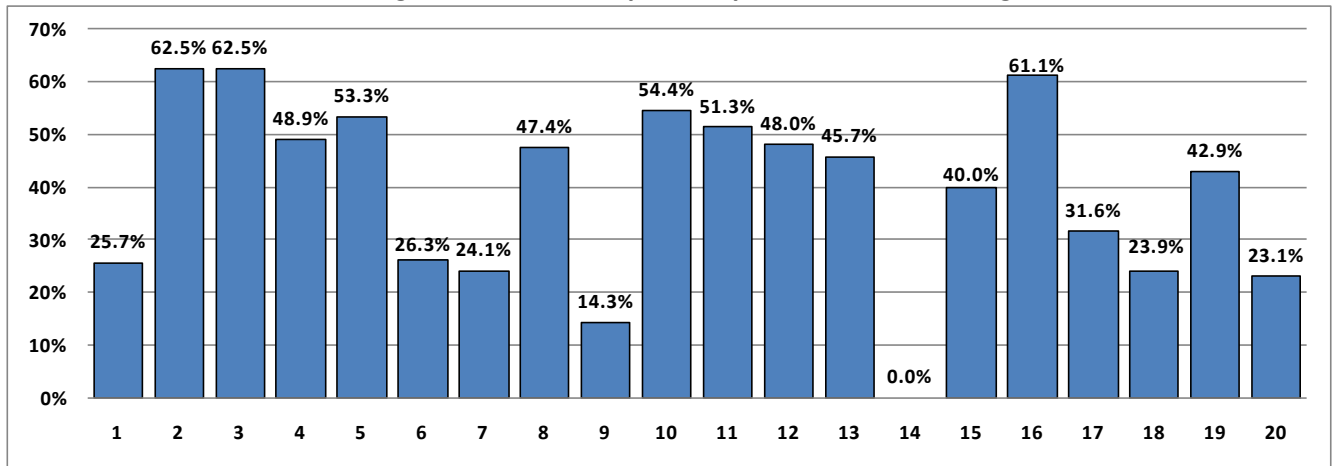
ESC Region Responses

Question 16. When indicated for a student, you participate in development of Individualized Education Plans (IEPs)?
Percentage of “Yes” I Participate Responses in each ESC Region



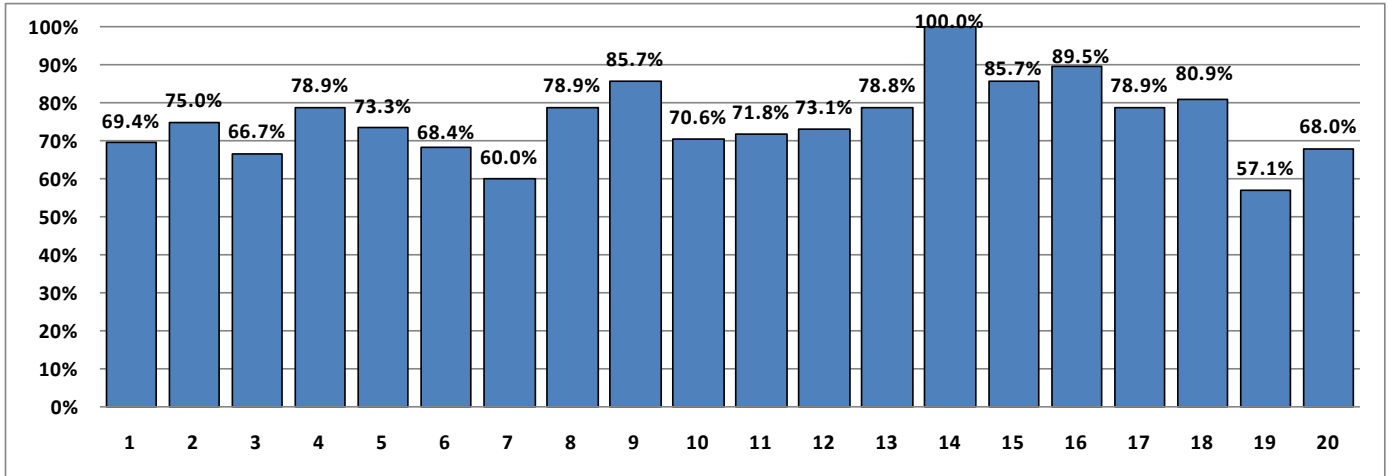
The greatest variability among ESC Regions is demonstrated in response to the development of IHPs, with a low of 0% in Region 14 reporting participation in IHP development and a high of 62.5% reporting participation in Regions 2 and 3.

Question 16. When indicated for a student, you participate in development of Individualized Education Plans (IHPs)?
Percentage of “Yes” I Participate Responses in each ESC Region



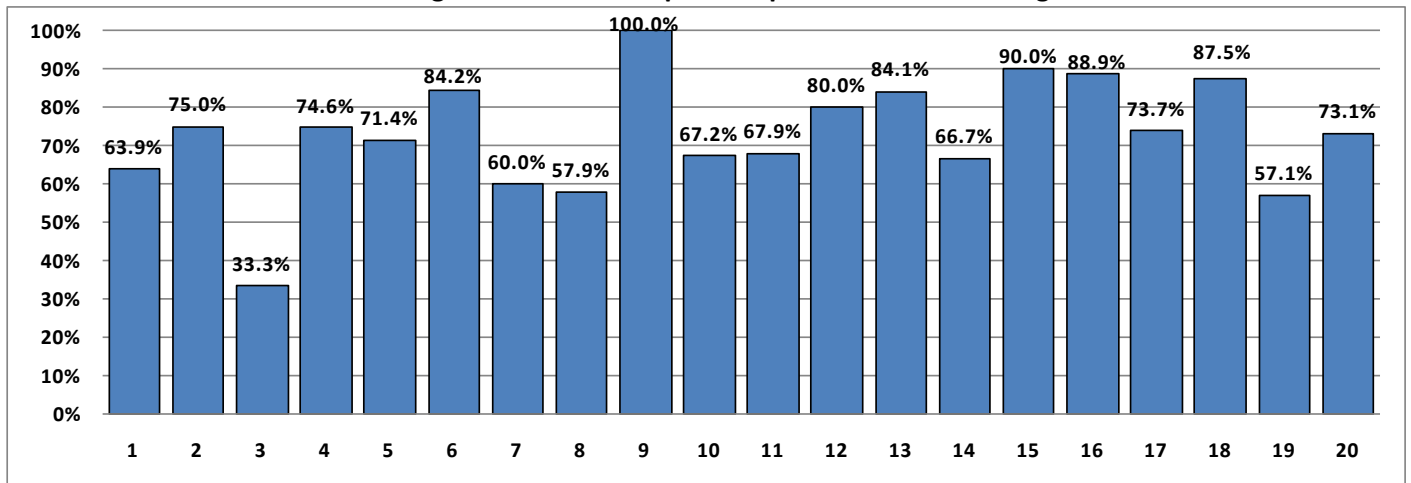
A majority indicated that they do participate in convening of ARDs, with the lowest positive response (57.1%) in Region 19 and 100% positive response in Region 14.

**Question 16. When indicated for a student, you participate in convening of Admission, Review, and Dismissals?
Percentage of "Yes" I Participate Responses in each ESC Region**



Variability existed across ESC Regions for participation in the development of 504 Plans, with a low of 33.3% participation reported in Region 3 and a high of 100% participation reported in Region 9.

**Question 16. When indicated for a student, you participate in development of 504 Plans?
Percentage of "Yes" I Participate Responses in each ESC Region**



When analyzed by school staff role, similar responses as the state and ESC Region were obtained for all plans except development of IHPs. Health Services staff (91.7%) reported participating in the development of IHPs more frequently than all other school staff roles.

School Role Responses

Question 16. When indicated for a student, you participate in:

	development of Individualized Education Plans (IEPs)?			development of Individualized Health Plans (IHPs)?			convening of Admission, Review, and Dismissals (ARDs)?			development of 504 Plans?		
	n	Yes	No	n	Yes	No	n	Yes	No	n	Yes	No
Special Education	28	28	0	28	4	24	30	30	0	28	24	4
	%	100.0%	0%	%	14.3%	85.7%	%	100.0%	0%	%	85.7%	14.3%
Health Services	203	137	66	205	188	17	204	170	34	201	137	64
	%	67.5%	32.5%	%	91.7%	8.3%	%	83.3%	16.7%	%	68.2%	31.8%
Social Worker	8	5	3	8	0	8	8	5	3	8	2	6
	%	62.50%	37.5%	%	0%	100.0%	%	62.5%	37.5%	%	25.0%	75.0%
Counselor/Psychologist	385	266	119	376	91	285	383	272	111	381	305	76
	%	69.1%	30.9%	%	24.2%	75.8%	%	71.0%	29.0%	%	80.1%	19.9%
Behavioral/Social Services	14	10	4	14	1	13	14	10	4	14	7	7
	%	71.4%	28.6%	%	7.1%	92.9%	%	71.4%	28.6%	%	50.0%	50.0%
Administrator	39	22	17	39	11	28	39	22	17	39	21	18
	%	56.4%	43.6%	%	28.2%	71.8%	%	56.4%	43.6%	%	53.8%	46.2%
Other Teacher	13	10	3	12	3	9	11	9	2	13	8	5
	%	76.9%	23.1%	%	25.0%	75.0%	%	81.8%	18.2%	%	61.5%	38.5%

Coordination and Collaboration to Provide Behavioral Health Services

The following section presents responses to questions about perceptions and understanding of behavioral health services delivered to students by professionals other than school staff. Overall results of responses to questions about coordination and collaboration to provide behavioral health services revealed:

- More respondents did not know (37.3%) if the school where they worked had arrangements to provide behavioral health services for students, followed by 34.4% indicating yes and 28.3% indicating no arrangement existed.
- The majority (66.4%) reported that interdisciplinary meetings on behavioral health were not held.
- The stakeholders or community members that respondents most frequently reported as collaborators were parents (90.4%), students (88.3%), social service agencies (55.5%) and child welfare agencies (63%). Behavioral health agencies were reported as collaborators in lower percentages, such as community mental health centers (44.2%), substance abuse prevention organizations (35%) and substance abuse treatment organizations (26%).
- A majority reported that their school had clear referral procedures for behavioral health issues (57.7%) but that information on school and community behavioral health resources was not frequently updated or available (42.9%) and that they did not work closely with other staff to improve referral and linkage to services (56.6%).
- A majority reported that each month they received more student referrals for behavioral health issues than they referred.

School Arrangements for Behavioral Health Service Provision:

Among survey responders overall, more **did not know** (37.3%) if arrangements existed between the school and community providers to provide behavioral health services to students.

State Responses

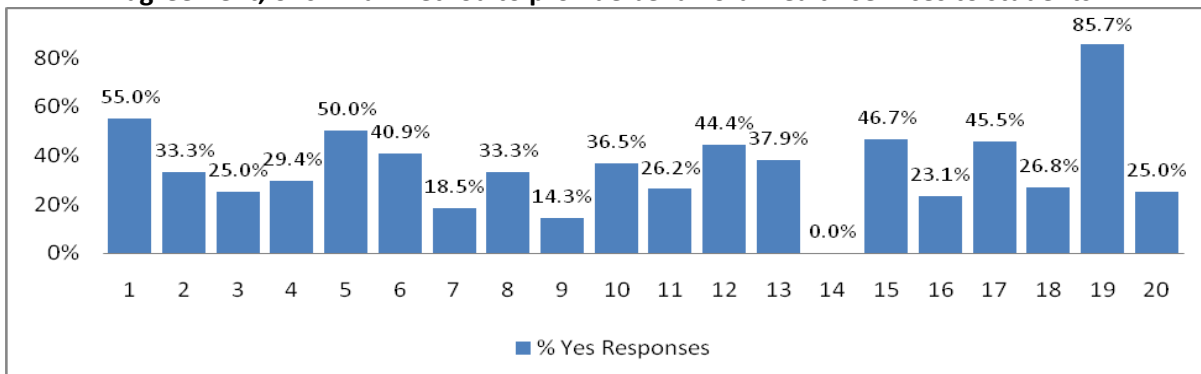
Question 17. Does the school(s) where you work have an arrangement through contract, memorandum of agreement, or similar method to provide behavioral health services to students?

Response (n=573)	Frequency	%
I don't know	214	37.3
Yes	197	34.4
No	162	28.3

Knowledge of arrangements to provide behavioral health services varied from ESC Region to ESC Region, with more variability demonstrated in “yes, no, and I don’t know” responses among regions. The following graph presents the percentage of “yes” responses by each ESC Region. A table of all responses is provided in the Appendix.

ESC Region Responses

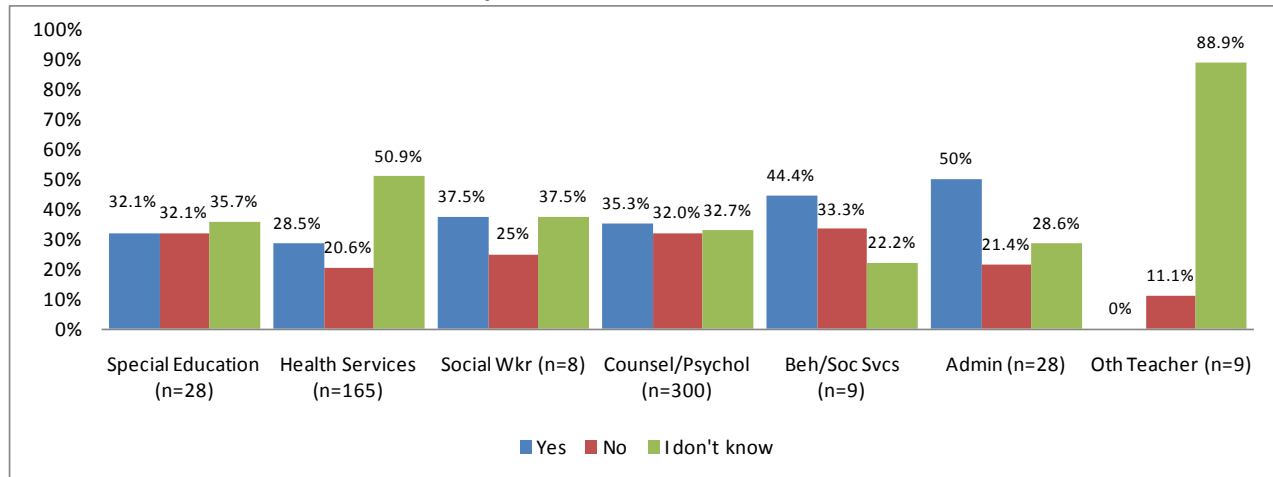
Question 17. Percent “Yes” the school(s) where you work has an arrangement through contract, memorandum of agreement, or similar method to provide behavioral health services to students



Knowledge of arrangements to provide behavioral health services varied by school staff role, with a larger percentage of counselors, behavior/social services, and administrators responding “yes” and a larger percent of special education, health services, social workers, and other teachers responding that they “didn’t know.” Health services staff were frequently reported as responsible for coordinating or delivering behavioral health services, so the numbers reporting “I don’t know” about behavioral health arrangements may need to be examined and addressed.

School Role Responses

Question 17. Does the school(s) where you work have an arrangement through contract, memorandum of agreement, or similar method to provide behavioral health services to students?



Arrangements for Behavioral Health Services with Particular Organizations:

As a follow-up to the question about arrangements to provide behavioral health services to students, respondents were asked if arrangements were made with particular organizations. Overall, a larger percentage of responses indicate that there are no arrangements or they don’t know if arrangements are in place with the listed community service providers.

State Responses

Question 18. Does your school have an arrangement to provide behavioral health services when needed by students?

Organization	Yes, formal arrangement	Yes, informal arrangement	No	I don't know
School-based Health Center (n=322)	65 (20.2%)	18 (5.6%)	157 (48.%)	82 (25.5%)
School-linked Health Center (n=325)	52 (16%)	18 (5.5%)	168 (51.7%)	87 (26.8%)
Community Health Clinic (n=327)	39 (11.9%)	67 (20.5%)	129 (39.4%)	92 (28.1%)
Local Health Department (n=321)	32 (10%)	67 (20.9%)	118 (36.8%)	104 (32.4%)
Local Hospital (n=321)	23 (7.2%)	56 (17.4%)	131 (40.8%)	111 (34.6%)
Local Community Mental Health Center (n=341)	53 (15.5%)	96 (28.2%)	99 (29%)	93 (27.3%)
Local drug prevention organization (n=328)	55 (16.8%)	78 (23.8%)	107 (32.6%)	88 (26.8%)
Local drug treatment organization (n=325)	41 (12.6%)	65 (20%)	127 (39.1%)	92 (28.3%)
Local social services organization (n=335)	57 (17%)	94 (28.1%)	95 (28.4%)	89 (26.6%)
University or medical school (n=319)	24 (7.5%)	25 (7.8%)	171 (53.6%)	99 (31%)
Managed Care Organization (n=316)	13 (4.1%)	26 (8.2%)	166 (52.5%)	111 (35.1%)
Private psychologist (n=328)	54 (16.5%)	40 (12.2%)	145 (44.2%)	89 (27.1%)
Private Psychiatrist (n=322)	22 (6.8%)	28 (8.7%)	170 (52.8%)	102 (31.7%)
Private Social Worker (n=321)	30 (9.3%)	32 (10%)	162 (50.5%)	97 (30.2%)
Private Counselor (n=329)	46 (14%)	47 (14.3%)	146 (44.4%)	90 (27.4%)
Private Physician (n=312)	11 (3.5%)	33 (10.6%)	168 (53.8%)	100 (32.1%)

Collaboration among school staff:

Overall state responses indicate collaboration within the school and among school staff, with responders indicating they had worked with the majority of staff listed. More “no” responses were provided to working with health education teachers (no = 47.3%) and athletic and/or physical education teachers (no = 41.5%). In addition, social workers were reported far more frequently as a “resource not available in school” (37.3%) than any other school staff listed. Data tables of responses by ESC Region and School Staff Role are provided in the Appendix.

State Responses

Question 19. During the past 12 months, have you or staff in your school(s) worked with the following school staff on behavioral health services or activities for a student(s)?

Worked with these school staff:	Yes	No	Resource not available in school
School Counselor (n=604)	565 (93.5%)	30 (5%)	9 (1.5%)
School Social Worker (n=536)	234 (43.7%)	102 (19%)	200 (37.3%)
School Nurse (n=579)	507 (87.6%)	60 (10.4%)	12 (2.1%)
Special Education Teacher (n=593)	530 (89.4%)	52 (8.8%)	11 (1.9%)
Health Education Teacher (n=512)	176 (34.4%)	242 (47.3%)	94 (18.4%)
Athletic and/or Physical Education Teacher (n=525)	283 (53.9%)	218 (41.5%)	24 (4.6%)
School Administrator (n=602)	542 (90%)	51 (8.5%)	9 (1.5%)
Other Teacher (n=468)	378 (80.8%)	79 (16.9%)	11 (2.4%)

Collaboration with stakeholders or community agency staff:

All survey responses indicate less collaboration overall with external stakeholders. More collaboration was reported (“yes” response) with parents (90.4%), students (88.3%), social service (55.5%) and child welfare agencies (63%). Less collaboration was reported with health departments, physical health providers, hospitals, substance abuse prevention or treatment, suicide prevention, colleges or universities, and local juvenile probation departments. Collaboration with community mental health centers and private mental health service providers was fairly evenly divided between “yes” and “no” responses. Results reported by ESC Region and by School Role are included in the Appendix.

State Responses

Question 20. During the past 12 months, have you or staff in your school(s) worked with the following stakeholders or community agency staff on behavioral health services or activities for a student(s)?

Stakeholders or Agencies	Yes	No	Not aware of resource in community
Parent(s), guardian, or student family member(s) (n=616)	557 (90.4%)	41 (6.7%)	18 (2.9%)
Student(s) (n=607)	536 (88.3%)	53 (8.7%)	18 (3%)
Community Mental Health Center (n=557)	246 (44.2%)	232 (41.7%)	79 (14.2%)
Private mental health service provider(s) (n=552)	238 (43.1%)	246 (44.6%)	68 (12.3%)
Social service agency(ies) (n=562)	312 (55.5%)	192 (34.2%)	58 (10.3%)
Health Department (n=534)	156 (29.2%)	313 (58.6%)	65 (12.2%)
Physical health service provider(s) (n=532)	164 (30.8%)	300 (56.4%)	68 (12.8%)
Hospital (n=535)	149 (27.9%)	329 (61.5%)	57 (10.7%)
Child Welfare Agency (n=567)	357 (63%)	169 (29.8%)	41 (7.2%)
Substance abuse prevention organization (n=540)	189 (35%)	281 (52%)	70 (13%)
Suicide prevention organization (n=531)	111 (20.9%)	331 (62.3%)	89 (16.8%)
Substance abuse treatment organization (n=527)	137 (26%)	306 (58.1%)	84 (15.9%)
Local college or university (n=532)	139 (26.1%)	326 (61.3%)	67 (12.6%)
Local service club or organization (n=527)	160 (30.4%)	303 (57.5%)	64 (12.1%)
Local juvenile probation department (n=533)	215 (40.3%)	262 (49.2%)	56 (10.5%)

Behavioral Health Interdisciplinary Meetings:

As shown in the tables and graphs below, interdisciplinary behavioral health meetings and trainings *are not held regularly* at the overall state level, by ESC, or by school role. At the state level, only 19.1% responded “yes” to this question. At the ESC Region level, 29.3% of respondents in ESC Region 11 reported interdisciplinary meetings occurring, the highest percentage of all regions. At the school role level, 50% of social workers and 33.3% of behavioral/social services staff reported that interdisciplinary behavioral health meetings and trainings were held with school staff. Less than 25% of other school staff reported that these meetings occurred.

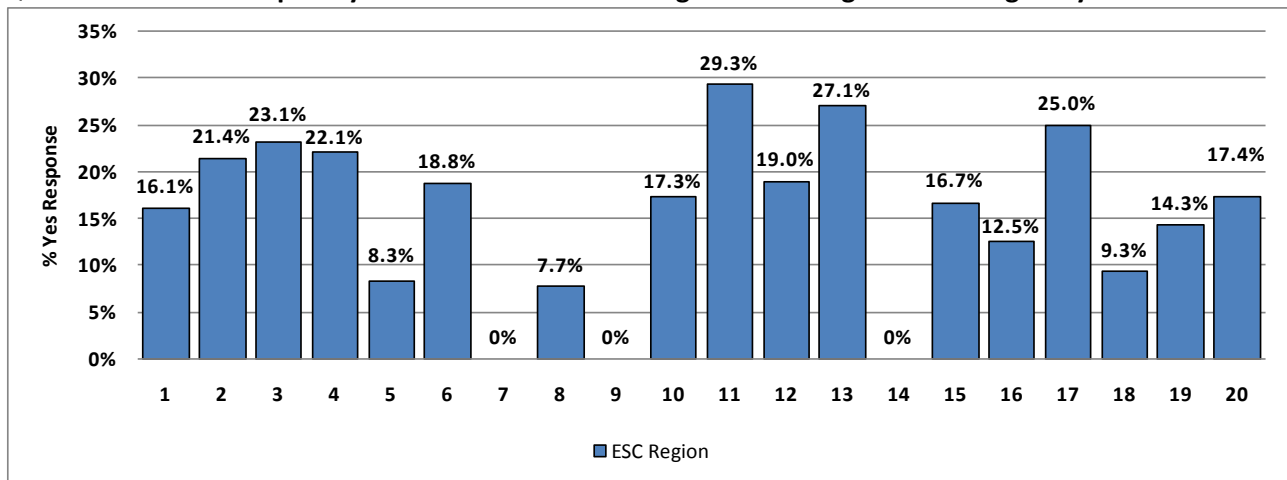
State Responses

Question 29. Interdisciplinary behavioral health meetings and trainings are held regularly with school staff.

Response (n=550)	Frequency	%
Yes	105	19.1
No	365	66.4
I don't know	80	14.5

Percentage of “Yes” Responses by ESC Region

Question 29. Interdisciplinary behavioral health meetings and trainings are held regularly with school staff



School Role Responses

Question 29. Interdisciplinary behavioral health meetings and trainings are held regularly with school staff.

	Special Education		Health Services		Social Worker		Counselor/ Psychologist		Behavior/Social Services		Administration		Other Teacher		All Roles	
	n=23	%	n=133	%	n=6	%	n=337	%	n=12	%	n=29	%	n=8	%	n=548	%
Yes	4	17.4%	30	22.6%	3	50.0%	56	16.6%	4	33.3%	7	24.1%	1	12.5%	105	19.2%
No	15	65.2%	74	55.6%	2	33.3%	246	73.0%	7	58.3%	15	51.7%	4	50.0%	363	66.2%
I don't know	4	17.4%	29	21.8%	1	16.7%	35	10.4%	1	8.3%	7	24.1%	3	37.5%	80	14.6%

Behavioral Health Referrals:

A majority at the state level agree (57.5%) there are clear referral procedures for behavioral health in their school(s). There was a larger percentage of “no” responses to questions about information on community behavioral health resources being regularly updated and available (42.9%) and to working closely with others to improve referrals, linkages, and services (56.5%). Responses to “other school staff work closely to improve referrals, linkages, and services” were split fairly evenly among yes (32.7%) no (33.9%) and I don’t know (33.4%).

State Responses

Questions 21 - 24. Referral procedures, information, and linkages for behavioral health.

21. Your school has clear referral procedures for behavioral health.			22. Information about school and community behavioral health resources is regularly updated and available for staff, students, and families.			23. You work closely with community providers & programs to improve referrals, enhance linkages, coordinate and expand services.			24. Other school staff work closely with community providers & programs to improve referrals, enhance linkages, coordinate and expand services.		
Responses (n=624)	Freq	%	Responses (n=624)	Freq	%	Responses (n=622)	Freq	%	Responses (n=620)	Freq	%
Yes	360	57.7	Yes	217	34.8	Yes	230	37	Yes	203	32.7
No	182	29.2	No	268	42.9	No	352	56.6	No	210	33.9
Don't know	82	13.1	Don't know	139	22.3	Don't know	40	6.4	Don't know	207	33.4

When examining responses by ESC Region, a majority of ESC Regions except Regions 5, 7, 8 and 9 reported “yes” their school has clear referral procedures. A majority of responders in ESC Regions except Regions 1, 4 and 19 reported that “no” information on resources is not regularly updated and available. A majority of respondents reported “no” they do not work closely with others to improve referral, linkages, and services except in Regions 1, 2, 3, 17 and 18. A data table of all ESC Region responses is presented in the Appendix.

A majority of all school staff reported that their school(s) *has clear referral procedures* for behavioral health issues (see question 21 in the table below). A majority of all school staff reported that information about school and community behavioral health resources *is not regularly updated or available* for staff, students and families (see question 22 in the table below). Responses were split when asked whether they *work closely with community providers* to improve services (see question 23 in the table below), with a majority of special education, health services, counselors, and other teachers more frequently reporting *no* they do not and social workers and behavioral/social services staff more frequently reporting *yes*. Responses were mixed when asked if other school staff worked closely with community providers, with variability in response among staff roles (see question 24 in the table below).

School Role Responses

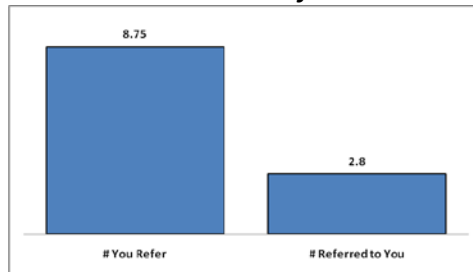
Questions 21 - 24. Referral procedures, information, and linkages for behavioral health

School Role	Q21. School has clear referral procedures for behavioral health issues				Q22. Information on school & community resources are updated and available				Q23. You work closely with others to improve referrals, linkages, services				Q24. Other school staff work closely to improve referrals, linkages, services			
	N	Yes	No	I don't know	N	Yes	No	I don't know	N	Yes	No	I don't know	N	Yes	No	I don't know
Special Education	25	17	6	2	25	5	13	7	25	8	15	2	24	8	7	9
		68.0%	24.0%	8.0%		20.0%	52.0%	28.0%		32.0%	60.0%	8.0%		33.3%	29.2%	37.5%
Health Services	183	83	52	48	183	47	75	61	182	46	117	19	182	55	42	85
		45.4%	28.4%	26.2%		25.7%	41.0%	33.3%		25.3%	64.3%	10.4%		30.2%	23.1%	46.7%
Social Worker	7	4	2	1	7	3	3	1	7	6	1	0	7	2	3	2
		57.1%	28.6%	14.3%		42.9%	42.9%	14.3%		85.7%	14.3%	0.0%		28.6%	42.9%	28.6%
Counselor/ Psychologist	349	221	106	22	350	144	152	54	349	149	189	11	349	116	146	87
		63.3%	30.4%	6.3%		41.1%	43.4%	15.4%		42.7%	54.2%	3.2%		33.2%	41.8%	24.9%
Behavior/ Social Services	12	8	4	0	12	5	4	3	12	6	5	1	12	5	4	3
		66.7%	33.3%	0.0%		41.7%	33.3%	25.0%		50.0%	41.7%	8.3%		41.7%	33.3%	25.0%
Administrator	34	20	8	6	33	10	16	7	33	14	15	4	32	16	5	11
		58.8%	23.5%	17.6%		30.3%	48.5%	21.2%		42.4%	45.5%	12.1%		50.0%	15.6%	34.4%
Other Teacher	11	6	2	3	11	1	4	6	11	0	9	2	11	1	1	9
		54.5%	18.2%	27.3%		9.1%	36.4%	54.5%		0.0%	81.8%	18.2%		9.1%	9.1%	81.8%

Number of Behavioral Health Referrals:

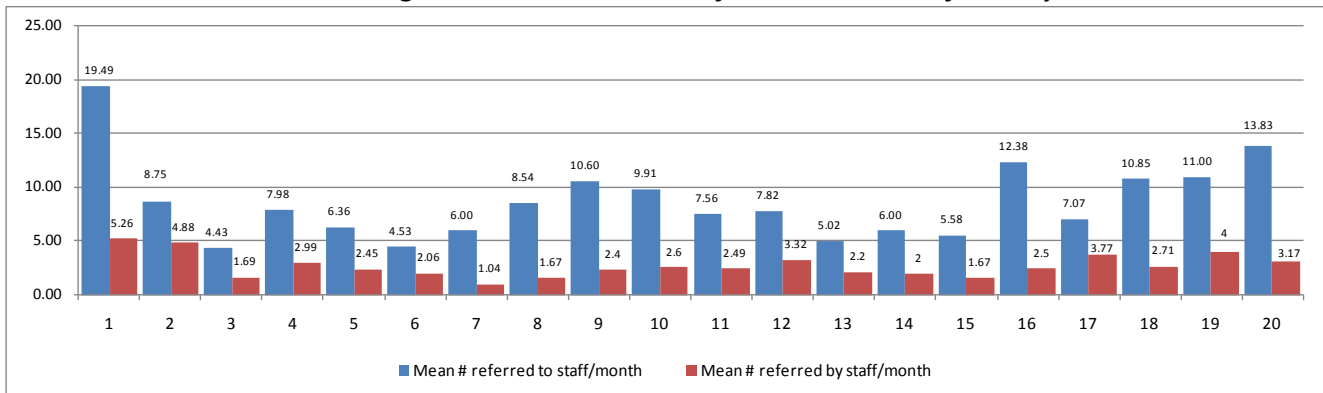
At the state level, the number of students that were referred to the survey responder for behavioral health issues exceeded the number of students that the responder referred each month.

State Level Responses
Questions 25 and 26. Average Number of Students Referred to You or Referred by You each Month



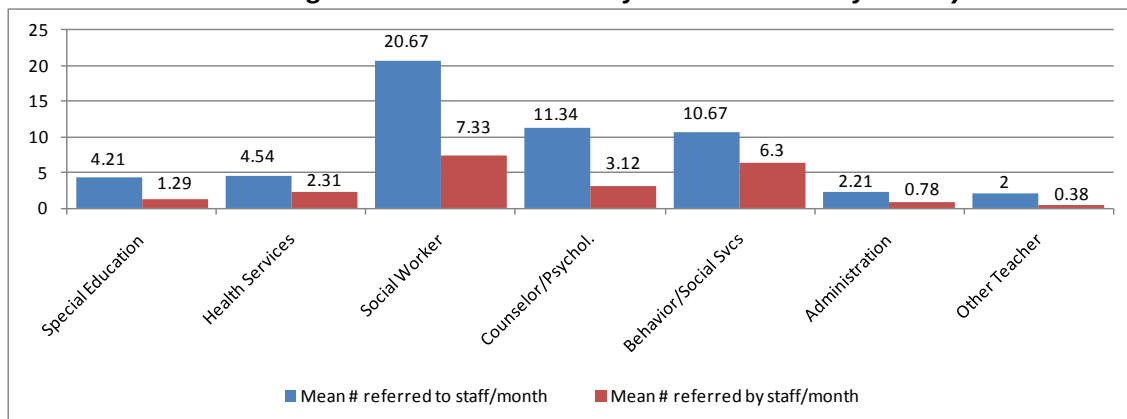
In each ESC Region, the number of students that were referred to the survey responder exceeded the number of students that the responder referred each month. There may be opportunity for increased collaboration within schools and with the community to provide behavioral health assistance to students.

ESC Region Responses
Questions 25 and 26. Average Number of Students Referred to You or Referred by You each Month



Overall, each school staff role received more student referrals to them than they made to others. By school role, social workers (20.67), counselors (11.34) and behavioral health staff (10.67) reported the greatest number of referrals to them each month.

School Role Responses
Questions 25 and 26. Average Number of Students Referred to You or Referred by You each Month



Behavioral Health Training

The following section present responses to questions about perceptions of training, support and supervision provided to handle behavioral health issues, the opportunities for behavioral health training and staff development that school staff have received and/or want to receive, and the distance traveled to receive behavioral health training. Overall results of responses to questions revealed:

- A majority feel “somewhat” (49.9%) trained, supported and supervised to handle students’ behavioral health issues.
- Training topics that were wanted by more than 50% of respondents included Behavioral health pharmacotherapies 66.81%); Case management (59.05%); Identification, screening, and referral (55.38%); Tobacco Use Cessation (54.72%); Alcohol or other drug screening, brief intervention and referral (51.9%); and, Alcohol, illicit drug, prescription drug, or over-the counter drug abuse treatment (51.35%).
- A majority (55.5%) reported traveling less than 30 miles for training.
- Staff in the health services and other teacher roles reported wanting training in more topics than all other staff. Counselors and social workers reported wanting training in the topics listed less frequently than staff in all other roles.
- Some respondents added qualitative comments reflecting that training was superficial in relationship to the underlying need for increased staff and resources devoted to students with BH challenges

Training, support and supervision to handle behavioral health issues:

At the state level, a majority of respondents (49.9%) indicate that they feel somewhat trained, supported and supervised to handle students’ behavioral health issues in an ethical and effective manner.

State Responses

Question 30. You are trained, supported and supervised to handle behavioral health ethically and effectively.

Response (n=551)	Frequency	%
Somewhat	275	49.9
Yes	183	33.2
No	88	16.0
I don't know	5	0.9

When examined by ESC Region, a majority of respondents in Region 4 reported yes, equal amounts of respondents in regions 16 and 17 reported yes and somewhat, and all other regions reported that they were somewhat trained, supported and supervised to handle students' behavioral health issues. Region 4 also had the largest number of respondents to the survey overall and to this question (n=103).

ESC Region Responses

Question 30. You are trained, supported and supervised to handle students' behavioral health issues in an ethical and effective manner

ESC Region	N	Response with greatest percentage
1	32	Somewhat - 53.1%
2	14	Somewhat - 64.3%
3	13	Somewhat -53.8%
4	103	Yes - 47.6%
5	12	Somewhat -75.0%
6	16	Somewhat - 56.2%
7	24	Somewhat -50.0%
8	13	Somewhat -38.5%
9	6	Somewhat -50.0%
10	52	Somewhat -50.0%
11	58	Somewhat -56.9%
12	22	Somewhat -45.5%
13	58	Somewhat -46.6%
14	1	Somewhat -100.0%
15	18	Somewhat -66.7%
16	16	Equal % Yes and Somewhat - 43.8%
17	16	Equal % Yes and Somewhat - 43.8%
18	44	Somewhat -61.4%
19	7	Somewhat -42.9%
20	23	Somewhat -56.5%

When examined by school role, responses revealed that a majority of special education staff (40.9%), social workers (83.3%) and behavioral/social services (58.3%) reported *yes*; and a majority of health services (52.2%), counselors (51.8%), administration (58.6%), and other teachers (62.5%) reported that they were *somewhat* trained, supported and supervised to handle students' behavioral health issues.

School Role Responses

Question 30. You are trained, supported and supervised to handle students' behavioral health issues in an ethical and effective manner

	Special Education		Health Services		Social Worker		Counselor/ Psychologist		Behavior /Social Services		Administration		Other Teacher		All Roles	
	n=22	%	n=134	%	n=6	%	n=338	%	n=12	%	n=29	%	n=8	%	n=549	%
Yes	9	40.9%	25	18.7%	5	83.3%	129	38.2%	7	58.3%	6	20.7%	1	12.5%	182	33.2%
Somewhat	5	22.7%	70	52.2%	1	16.7%	175	51.8%	2	16.7%	17	58.6%	5	62.5%	275	50.1%
No	7	31.8%	36	26.9%	0	0.0%	34	10.1%	3	25.0%	5	17.2%	2	25.0%	87	15.8%
I don't know	1	4.5%	3	2.2%	0	0.0%	0	0.0%	0	0.0%	1	3.4%	0	0.0%	5	0.9%

Behavioral Health Training Received and Wanted:

Responses at the state level indicate that over 50% had received training in 20 of the 26 behavioral health topics presented. Over 50% of responders reported wanting training or wanting more training on the remaining six topics, including: Behavioral health pharmacotherapies, i.e. prescription drugs used in behavioral health treatment (66.81%); Case management for students with emotional or behavioral health problems (59.05%); Identification, screening, and referral for behavioral health issues (55.38%); Tobacco Use Cessation (54.72%); Alcohol or other drug screening, brief intervention and referral (51.9%); and, Alcohol, illicit drug, prescription drug, or over-the counter drug abuse treatment (51.35%). Responses to all topics are presented in the table below.

State Responses

Q28. You have received training and/or would like to receive training (or additional training) on these topics:

Training Topics	received training	want training	want more training	total responses
Counseling after a disaster, emergency or crisis situation	304 59.49%	158 30.91%	49 9.59%	511
Crisis intervention for personal problems	318 63.22%	136 27.04%	49 9.74%	503
Emergency preparedness and response	351 69.50%	116 22.97%	38 7.52%	505
Identification of emotional or behavioral issues	313 61.74%	140 27.61%	54 10.65%	507
Counseling for emotional or behavioral issues	295 59.60%	143 28.89%	57 11.52%	495
Suicide prevention	306 61.45%	142 28.51%	50 10.04%	498
Screening for emotional or behavioral issues	256 53.33%	223 46.46%	1 0.002%	480
Tobacco use prevention	283 67.06%	129 30.57%	10 2.37%	422
Tobacco use cessation	163 45.28%	185 51.39%	12 3.33%	360
Alcohol, drug, prescription drug, or over-the counter drug abuse prevention	284 62.56%	140 30.84%	30 6.61%	454
Alcohol, illicit drug, prescription drug, or over-the counter drug abuse treatment	198 48.65%	188 46.19%	21 5.16%	407
Alcohol or other drug screening, brief intervention and referral	202 48.10%	194 46.19%	24 5.71%	420
Stress management	280 55.56%	175 34.72%	49 9.72%	504
Identification of or referral for physical, sexual, or emotional abuse	329 65.02%	129 25.49%	48 9.49%	506
Ways to promote a positive school climate	306 60.36%	155 30.57%	46 9.07%	507
Violence prevention	294 61.00%	150 31.12%	38 7.88%	482
Case management for students with emotional or behavioral health problems	181 40.95%	219 49.55%	42 9.50%	442
Identification, screening, and referral for behavioral health issues	207 44.61%	202 43.53%	55 11.85%	464
Signs, symptoms, and interventions for specific behavioral health issues (e.g. ADHD, conduct disorder, depression, anxiety,	273 53.32%	163 31.84%	76 14.84%	512
Behavioral health pharmacotherapies (i.e. prescription drugs used in behavioral health treatment)	149 33.18%	254 56.57%	46 10.24%	449
Providing effective services for students and families from diverse developmental, cultural, ethnic, and personal backgrounds	249 53.32%	166 35.55%	52 11.13%	467

The table below presents training that is wanted by over 50% of survey respondents in each ESC Region. Responses are similar to the state level, but some additional topics are reflected in particular ESC Regions that did not reach 50% at the state level. For example, case management did not quite reach 50% at the state level, but is reported as a training need by 50% of responders in Regions 1, 2, 5, 7, 8, 9, 10, 11, 12, 16, 18 and 19 (see table below). This is also reflected in the topics “Alcohol and Other Drug Treatment”; “Alcohol, Other Drug Screening, Brief Intervention & Referral”; and “Identification, Screening, and Referral for Behavioral Health” (see table below for ESC Regions). Respondents in ESC Region 19 reported wanting training more frequently than any other ESC Region. All ESC Region response percentages for all topics are included in the Appendix.

ESC Region Responses

Q28. You have received training and/or would like to receive training (or additional training) on these topics:

Training Topics	over 50% "WANT" training in the topic area
Counseling after a disaster, emergency or crisis situation	Regions 7, 8, 9, and 19
Crisis intervention for personal problems	Region 8
Emergency preparedness and response	Region 9
Identification of emotional or behavioral issues	Region 19
Counseling for emotional or behavioral issues	Region 3
Suicide Prevention	n/a
Screening for emotional or behavioral issues	Regions 1, 2, 3, 5, 6, 7, 8, 12, 13, 18 and 19
Tobacco Use Prevention	Regions 2 and 13
Tobacco Use Cessation	Regions 2, 3, 5, 8, 9, 10, 11, 12, 13, 17, 19 and 20
Alcohol and other Drug Prevention	Region 19
Alcohol and other Drug Treatment	Regions 2, 3, 7, 8, 10, 12, 17 and 19
Alcohol, other drug screening, brief intervention & referral	Regions 2, 3, 5, 6, 10, 13, 17 and 19
Stress Management	Region 19
Identification/referral for physical, sexual, emotional abuse	Region 19
Ways to promote a positive school climate	Region 19
Violence Prevention	Region 19
Case management for emotional or behavioral health	Regions 1, 2, 5, 7, 8, 9, 10, 11, 12, 16, 18 and 19
Identification, screening, referral for behavioral health	Region 1, 5, 7, 12, 18, 19
Signs, symptoms, interventions for behavioral health issues	Region 8 and 19
Behavioral health pharmacotherapies	Region 1, 2, 4, 5, 6, 7, 8, 9, 10, 12, 13, 15, 18, 19, 20
Effective Services for Diverse Cultures	Region 19



The table below presents all of the behavioral health topics and an “x” indicates when over 50% of the school staff respondents reported wanting training in that specific topic. All school role responses for topics are included in the Appendix.

School Staff Responses

Q28. You have received training and/or would like to receive training (or additional training) on these topics:

Training Topics	Spec Educ	Health Svcs	Soc Wkr	Couns/ Psyc	Beh/Soc Svcs	Admin	Oth Teach
Counseling after a disaster, emergency or crisis situation	X						X
Crisis intervention for personal problems		X					X
Emergency preparedness and response			X				X
Identification of emotional or behavioral issues							X
Counseling for emotional or behavioral issues		X					
Suicide Prevention	X	X				X	X
Screening for emotional or behavioral issues		X				X	X
Tobacco Use Prevention							X
Tobacco Use Cessation	X	X	X	X			X
Alcohol and other Drug Prevention							X
Alcohol and other Drug Treatment					X		X
Alcohol, other drug screening, brief intervention & referral	X				X		X
Stress Management		X					X
Identification/referral for physical, sexual, emotional abuse							
Ways to promote a positive school climate							X
Violence Prevention							X
Case management for emotional or behavioral health		X				X	X
Identification, screening, referral for behavioral health		X				X	X
Signs, symptoms, interventions for behavioral health issues							
Behavioral health pharmacotherapies	X		X	X	X	X	X
Effective Services for Diverse Cultures		X					
" X" indicates that over 50% of these staff report wanting training in the topic							

Travel to Receive Training

The following section provides responses to the distance traveled to receive training. It is expected that distances would be low as school staff are encouraged to receive training from their regional ESC. Overall, responses reflect this (55.15% travel up to 30 miles or less) but there are some reports of longer distance traveled. This may be due to more specialized training or attendance at state or national conferences. Relatively small distances to travel for training were also reported when examining responses by school role. Complete data by ESC Region and School Role are presented in the Appendix.

State Responses

Question 33. Average number of miles traveled to receive training

Response (n=495)	Frequency	%
at school(s) where I work	37	7.47
up to 10 miles	100	20.2
up to 20 miles	74	14.95
up to 30 miles	62	12.53
up to 40 miles	21	4.24
up to 50 miles	33	6.67
up to 60 miles	35	7.07
up to 70 miles	13	2.623
up to 80 miles	19	3.84
up to 90 miles	12	2.42
up to 100 miles	24	4.85
up to 150 miles	22	4.44
up to 200 miles	15	3.03
up to 250 miles	6	1.21
up to 300 miles	13	2.63
up to 400 miles	3	0.61
up to 500 miles	4	0.81
up to 600 miles or more	2	0.4

A majority of respondents in ESC Regions report travel of up to 50 miles or less to receive training, but more variability in distance traveled was demonstrated within and across ESC Regions. Some respondents reported travel up to 300 miles for training (a high percentage of 23.1% respondents in Region 2) or further. When examining by school role, higher percentages of counselors and administrators reported traveling 150 to 250 miles than other staff and a higher percentage of counselors than other school staff reported traveling 300 to 600 miles for training. A full table of all responses by ESC Region and School Staff Role is presented in the Appendix.

Children of Military Personnel

Because of the high number of military personnel in the state (active, veterans, national guard or the reserves) and the desire to gather more information about awareness of military families, a question in the survey asked if children of military personnel attended the school(s) where staff worked. Presented in the table below, a majority of respondents (72.7%) indicated that children of military personnel did attend the school(s) where they worked. In all ESC Regions (see Appendix), the majority of school staff responded that there are children of vets in the schools where they work. When analyzed by school role, administrator responses appear to be more definitive than other staff role responses, with greater percentage “yes” and “no” responses than “I don’t know” (see Appendix).

State Responses

Question 6. Children of military personnel (Active, Veterans, National Guard or the Reserves) attend your school(s)

	N (843)	%
Yes	613	72.7
I don't know	138	16.4
No	92	10.9

Forty-nine respondents provided additional comments regarding children of military personnel in school(s). In these comments, some themes emerged. First, was an overall lack of knowledge if these children were in their school(s), if the school used any system to identify these children, or if the school should play any particular role with these children. This is indicated in responses such as:

- I know there are some, just by knowing the kids, however I don't know of any official way that these kids are identified within the schools records.
- The high school has over 2500 students, so I'm not sure.
- We probably do have a few veteran parents here. We don't have any with parent deployed overseas that I know of.
- Not that I am aware of.
- Only one or 2 kids have active duty parents.
- We are not a base. Some stay with grandparents.
- I'm sure there are students here whose parents are veterans and some may be in the Reserves or National Guard, but we are not near a base of any sort.
- Certainly not a military campus, but we do have a few.
- Only a few...we are not near a military base.
- We are not a military town, but may have a few children in this category.

Distance to services for these families and an inability to meet their unique needs in school(s) was also indicated in responses:

- Because of the distance to San Antonio there is limited support utilized by residents.
- Military families are underserved. We need more resources to meet their unique needs.
- Without a military base in our area, families feel that they lack support when their loved one is on active duty.
- Many of them talk about missing their mothers and fathers.

Others cited programs for military families that were working:

- We have established great access to care.
- We have a program here (near Ft. Hood), Hope for Heroes, that serves families who have members in Iraq/Afg. for counseling.

A few responses reflected other populations in need of behavioral health in their communities, including children who are abused and neglected, single parent families, and students whose parents were convicts or ex-convicts.

Summary of Additional Participant Comments

The following section presents a summary of all additional comments provided by respondents. Comments were grouped into thematic topics and an overall summary of comments is provided. Specific unedited comments made by survey responders are included as bullets under each thematic topic.

Use of Counseling Staff for Testing:

The most common comment of this survey was that the schools and school districts were using counselors as test administrators. The need for BH services is climbing at the same time that counselors are pulled to do non-counseling duties. It is frustrating for counselors, but also has a detrimental effect on an increasing number of at-risk students.

- *Counselors are too busy taking care of clerical tasks and managing the state testing program to be effective counselors in the public school. We need to be free to do our counselor duties.*
- *I would like to see more school counselors providing counseling to students instead of being testing coordinators. This is a huge problem in the state of TX.*
- *Counselors in our district are swamped with additional duties that seem to stifle a counseling program.*
- *Counselors in my school 4A school district coordinate so many programs that we lack time as well as in district training to care of students adequately. We need state laws to do our job.*
- *Our counselors are trained, but do not have time to do any of this due to all the standardized testing they must to. We need to hire testing coordinators so our counselors can do their jobs!!!!!!!!!!!!!!*
- *I am a certified school counselor, LPC, and NCC. My district uses me as a paper pusher/administrator. I spend hours every month sending students away so that I can coordinate TAKS or fill in schedules. I am not being utilized properly....*

Community Issues:

The second-most-cited issue was the lack of local community resources, including therapists, family finances, and districts' ability to communicate with the local community. A number of respondents felt that their isolated communities had a need for increased resources for diverse families (low income, immigrant, undocumented). It was also noted that many families did not have financial resources or an awareness of the ability to receive behavioral health treatment to follow through on referrals from the school. Long distances to clinicians or treatment centers were often an additional deterrent to the families.

- *I think we have several issues in our area. One is money, many of our students and parents can't pay for ongoing family counseling, inpatient mental health treatment, outpatient drug treatment. There are a few counseling resources in the county that charge on a reduced fee scale, but they are always over worked and the staff changes often. The parents that I refer out, usually don't follow through.*
- *The availability of resources for any behavioral or emotional problems referral is extremely limited and non-existent[sp] for low income families, citizen and non-citizen. Private insurance is of little help with these problems. There is very limited support for parents with 1 or more children with emotional/behavioral [sp] problems. Transportation to keep appointments is often a very real issue in preventing ongoing quality care.*
- *We need more resources in small communities - our clients do not have the resources to travel to other cities, and our school district doesn't have funds to cover travel or other expenses, either.*
- *... My biggest problem is where to refer students who don't have insurance. I use community health core, but they are limited on the number of visits. Many students have major mental health issues and they are not receiving help. I have tried multiple resources (community health core, CPS, private referrals) and the students are not getting the services.*
- *Rural areas have few resources and a great need. Only one private provider in area and MRMH center does not make our county a priority.*

School/District Issues:

Some respondents emphasized that academic goals could not be achieved until underlying risks had been assessed and students helped with BH challenges. They also felt a state-wide consensus did not exist on the importance of BH to their students' success and that this often can be seen in local administration's failure to support BH programs and staff. They reported that funding for BH programs had been "diluted" for use in other areas. Inadequate school resources (staff, time, training) was the 3rd most common issue raised by the respondents.

- *I am so glad that you are taking the time to address such a "needed issue." We can[']t teach the academics until we attend to the emotional state of the student first.*
- *A SCREENING TOOL FOR EMOTIONAL NEEDS, PROBLEMS, AND AGE WOULD BE AN ASSET. EVEN MAKING IT MANDATORY FOR 2ND, 4TH, 6TH, 8TH. NO ONE TALKS ABOUT HOME PROBLEMS WHICH AFFECT LEARNING SO THIS TOOL WOULD MAKE THAT ALLOWABLE. IS THERE A DRUG/ALCOHOL SITUATION AT HOME, ABUSE, BULLYING, ETC? HOW DOES THE CHILD COPE AND AT WHAT LEVEL? IF HE IS OVERWHELMED AT HOME, LEARNING IS IMPAIRED.*
- *There is a large gap between the mental health needs of students and families in the school district and the validation of those needs/services provided. In my experiences, mental health needs are seen as secondary to academic demands and often swept under the rug and not tolerated. I have seen in 14 years in education working with at-risk youth an exponential growth in the need for mental health services, and the school district has failed to grow at the same rate.*
- *I am not able to reach as many children as I need to due to the 620:1 ratio of students to counselor, which is a concern. Also, I feel limited as a school counselor on the amount/depth of intervention and counseling I personally can/am allowed to provide, especially with those families who would not otherwise be able to receive counseling service due to financial or time constraints.*
- *This is my third year as counselor for this district. The first year I was here, I was the sole counselor for the district. Last year I convinced the "powers that be" to hire another counselor. At this time, she and I collaborate as much as possible to meet the MANY needs of our students and families...*
- *We try the best we can but the School Board does not understand the need for PBS and behavioral health issues.*
- *... inadequate administrative understanding and buy-in ... results in inadequate support for the process and ultimately return to the status quo. Hopefully, you are sending a questionnaire to district level leadership (superintendents)*
- *Our need is much greater than our resources. More severe behavior issues and severe mental health issues at a much younger age...*
- *I think if all schools would allow counselors to be counselors and not quasi administrators then so many of our students would have coping skills to succeed in life. Not enough time to implement everything that we have been trained to do.*

Roles:

Several respondents mentioned the fact that many staff have not been trained in BH and that specified persons in the school should be serving that need (counselors, other BH staff). Others had a view that all staff should be "cross trained" in BH in order to provide sufficient support to the children.

- *The school counselors handle most behavioral related issues. I deal mostly with physical health. I do have forms for parents/guardians to fill out for testing for ADD/ADHD. However, these forms have to be taken to a doctor of the parents/guardians' choice to be evaluated. As I deal mostly with the physical health of students, I am unaware of the behavioral health resources and services provided by the school.*
- *We desperately need a counselor who is trained in mental health problems. Our counselors are academic counselors and do not have the training necessary to deal with some of the severe problems.*
- *I do not have the time or resources as a public school counselor for case management. I can help students with minor issues.*
- *I hope this survey is being completed by counselors in my school because I feels it is releted more to counseling duties*
- *TEACHERS AND ADMINISTRATORS NEED A LOT MORE TRAINING ON THESE ISSUES.*

- *I feel there should be more training and better services for people to make them aware and gain more understanding of the problems. Help is very hard to find.*
- *Please note that we are not behavioral health professionals, we are guidance counselors.*

Policy/Regulations:

A lack of statewide agreement on the importance of BH is reported (as evidenced by actual fiscal support and corresponding regulations). Inadequate funding, leading to insufficient staffing, and use of staff for inappropriate roles all were mentioned.

- *...We need state laws to do our job.*
- *I would love to see a more uniformed approach across the state when dealing with behavioral and counseling issues. It seems all school districts have their own way of doing things. If we could find a model school district and utilize what they do...I think we would do a much better job.*
- *Having a standing committee does not mean the committee is actually engaged in meaningful prevention or screening activities. Fidelity is a huge issue in every district I consult with. Many initiatives such as this (and RTI, PBS, etc., etc.,) fall flat because of inadequate administrative understanding and buy-in, which results in inadequate support for the process and ultimately return to the status quo...*
- *Most counselors are on their own in their school, and conflict of interest between accessing resources and allowing access to others outside the schools issues that might look negative restrict services quickly linking...*
- *... Lack of training of staff to handle the severe cases, use of paraprofessionals to handle severe cases instead of professional staff. Decline of Special Education funding for students who are in severe need of behavioral intervention and psychological service. The requirement to document, document...*
- *I wish public schools would utilize LPC's like they do MSW's. Especially those who have worked in a school environment. I do not understand why counselor's in public schools must teach or be teacher certified because many counselor's have lost touch with counseling, they are too busy managing schedules and testing from what my colleagues are expressing.*
- *Many years ago our District utilized a service called CIS (Communities in Schools). They were a fantastic resource for dealing with everything from behavioral issues to financial issues in the home. WE NEED THEM BACK [IN] THE DISTRICT!*
- *It would be more effective for each campus to have a testing person on campus or even an administrative person hired specifically for graduation plans, schedules, TAKS,RPTE, and every other program...*

Training Issues:

In general, training was felt to be an issue for counselors and other staff. One participant suggested a system of regular trainings and updates which was available closer to their local communities. Another suggestion was increased funding for training as long distances put them at a disadvantage for the preferred training (off-site conferences and workshops). However, some respondents felt that training was superficial in relationship to the underlying need for increased staff and resources devoted to students with BH challenges.

- *I am adequately trained for services; however, due to the work load and administrative responsibilities, adequate programs cannot be offered to students*
- *I would like to see a little more training in behavioral health issues for the staff, especially at this school. I believe that would solve a lot of our behavior problems.*
- *Money is an issue in my efforts to receive training mainly due to distance for face to face (the method I prefer) meetings.*
- *I would like to see more training specific to counselors. Due to time constraints possible summer inservices.*
- *It would be fantastic to be as well trained concerning behavioral health issues as we are for high stakes testing! :)*
- *It appears that experts believe that training is the key. It also appears that many experts want to provide training. If this is the case, what resource (actual human beings) are available to help the students. Training does not address the human need students have for direct interaction with a significant adult trained to address their issue. I don't believe that by training already overwhelmed educators the issue will be resolved.*

Training Sources:

The majority of training sources listed by the participants were district in-services, conferences and workshops, and ESCs. The ESC was mentioned as a major training source in responses from almost every region, with a wide variation in the importance to different regions. Preferences for on-campus training versus off-campus training were fairly evenly split. Sources such as “professional organizations” and could not definitively be identified as face-to-face (conferences) or non face-to-face (CEUs online). Occasionally local hospitals or community groups were cited as training sources.

Training Methods:

Participants clearly preferred face-to-face methods, whether delivered through on campus in-services or off campus conferences/college courses. A number of methods were unable to be categorized as to location, including “ESCs”, “professional associations”, and “face-to-face”. Self study, college courses, online sources, and teleconferences appeared to be ranked as lower choices by most participants.

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