

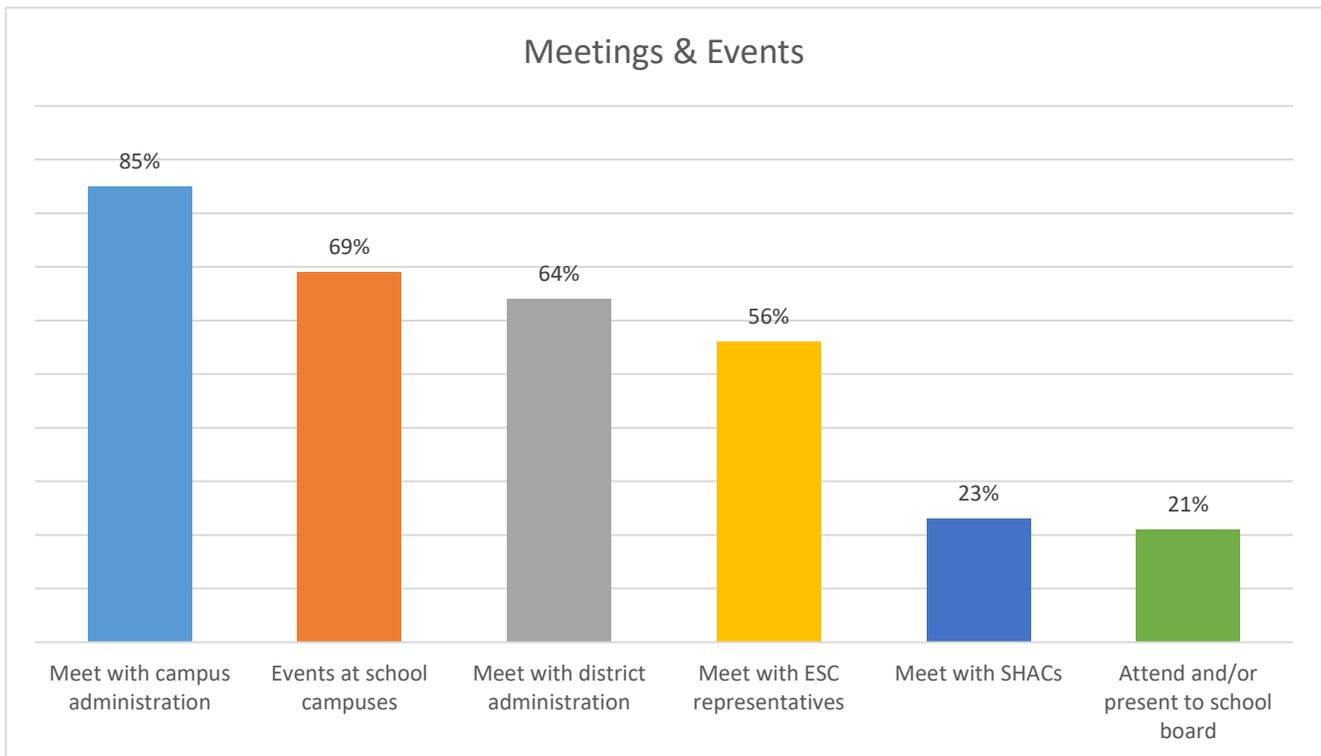


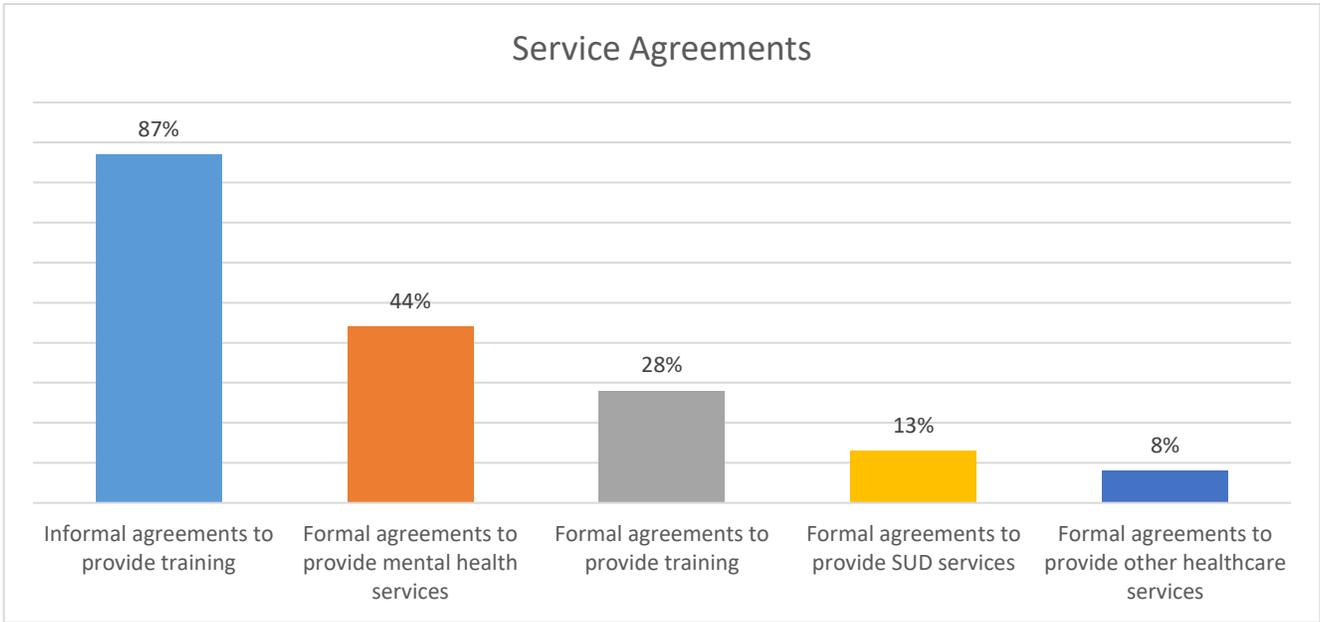
Community Centers & Schools Across Texas Summary of Survey Results

The Texas Council surveyed its member Centers regarding interactions with local school systems and regional Education Service Centers. The survey goal is to gain a better understanding of the various ways in which Centers build and sustain relationships with schools. Additionally, the survey includes questions regarding Mental Health First Aid, an evidence-based practice that legislation has made available at no cost for teachers, school personnel, and college and university staff. Survey results are summarized below.

Center/School Engagement

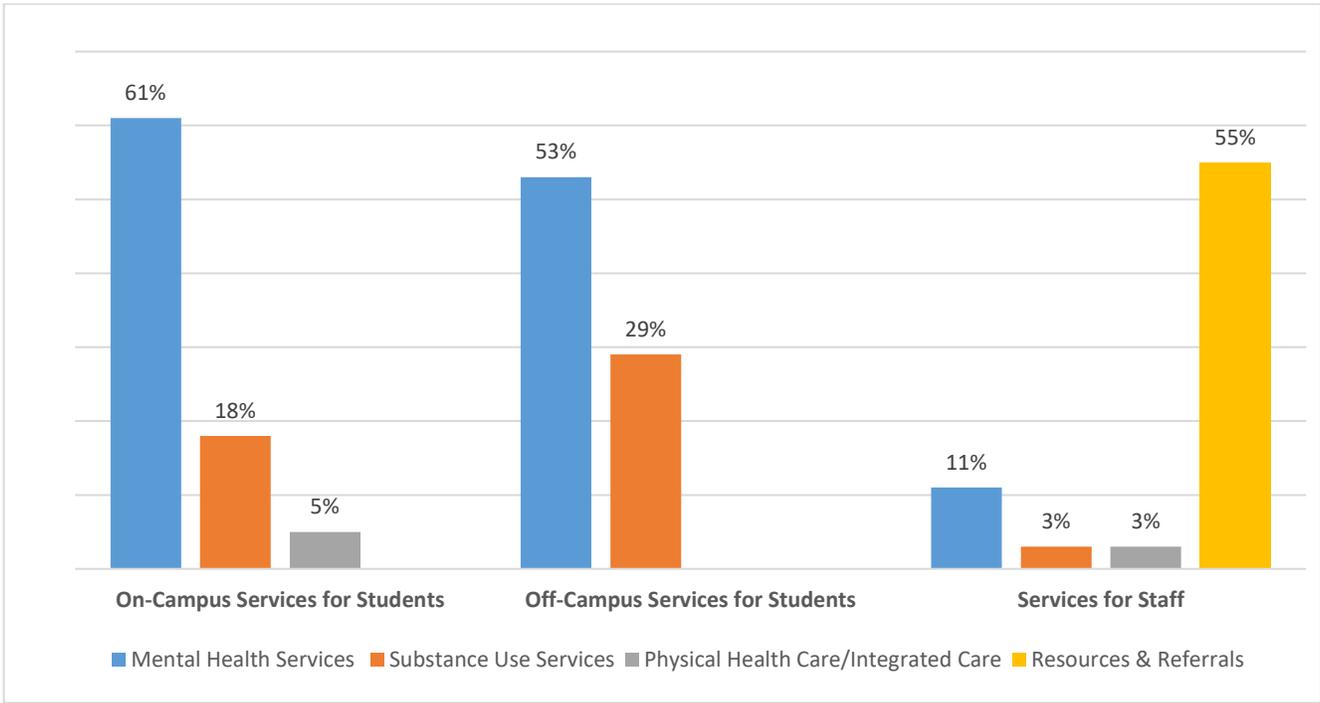
The charts below detail the ways in which Centers relate to schools, through meetings, events, and formal and informal arrangements for services.





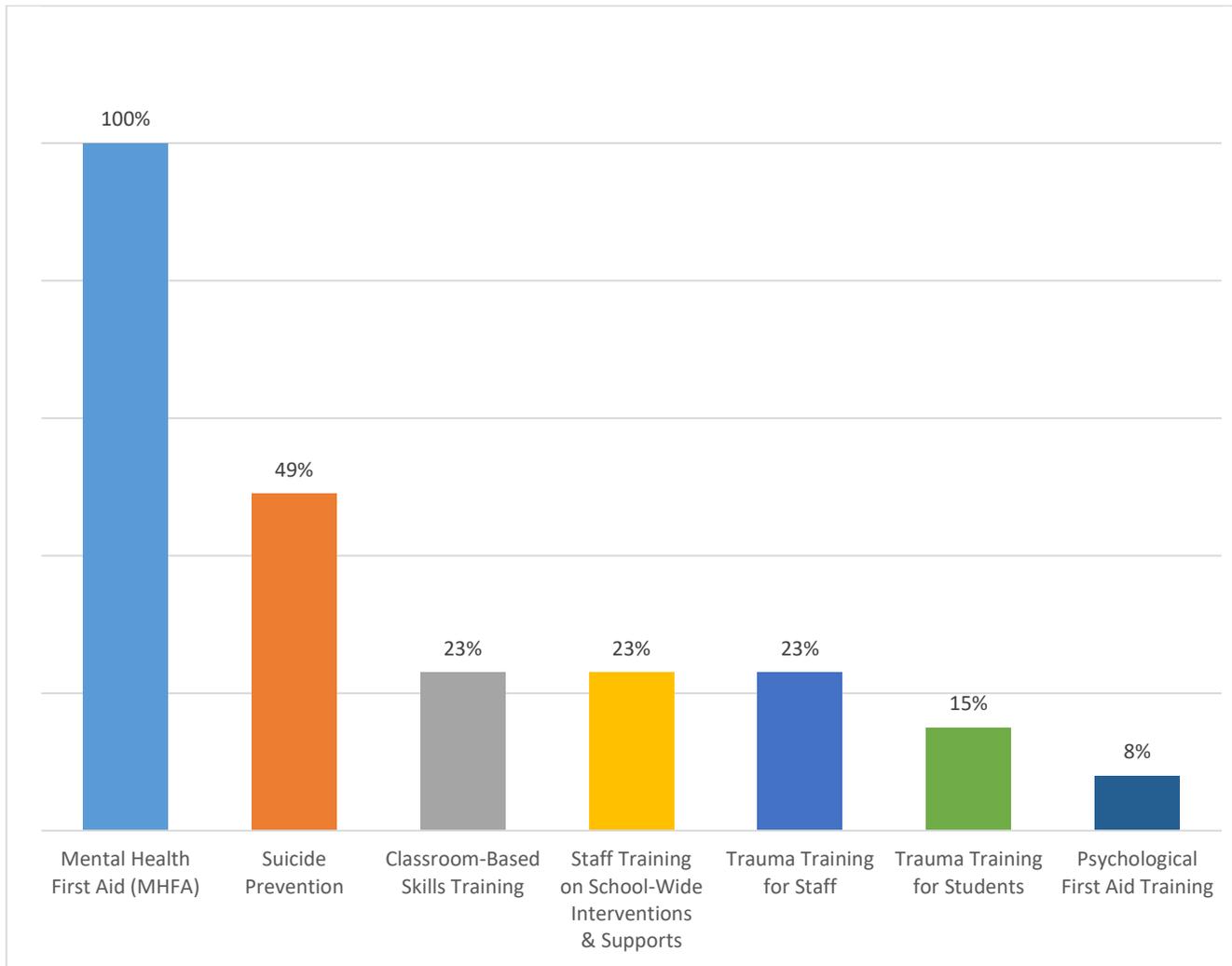
Center/School Partnerships to Directly Address Health Needs

More than 43% of Centers indicate they have formal agreements to provide health services for students at one or more local schools. These arrangements vary, but focus primarily on mental health services for students in the school. Other agreements include on-campus substance use services and primary care, off-campus mental health and substance use services for students, and services for staff, including direct services, resource assistance, and referrals.



Center/School Training Activities

Training is another significant area of engagement between Centers and schools. The vast majority of Centers have at least an informal training agreement with local schools, primarily to provide Mental Health First Aid, given the dedicated state appropriation over the last several legislative sessions. Other trainings and instructional activities are identified below, including education on suicide prevention, substance use prevention, and trauma-informed practices.

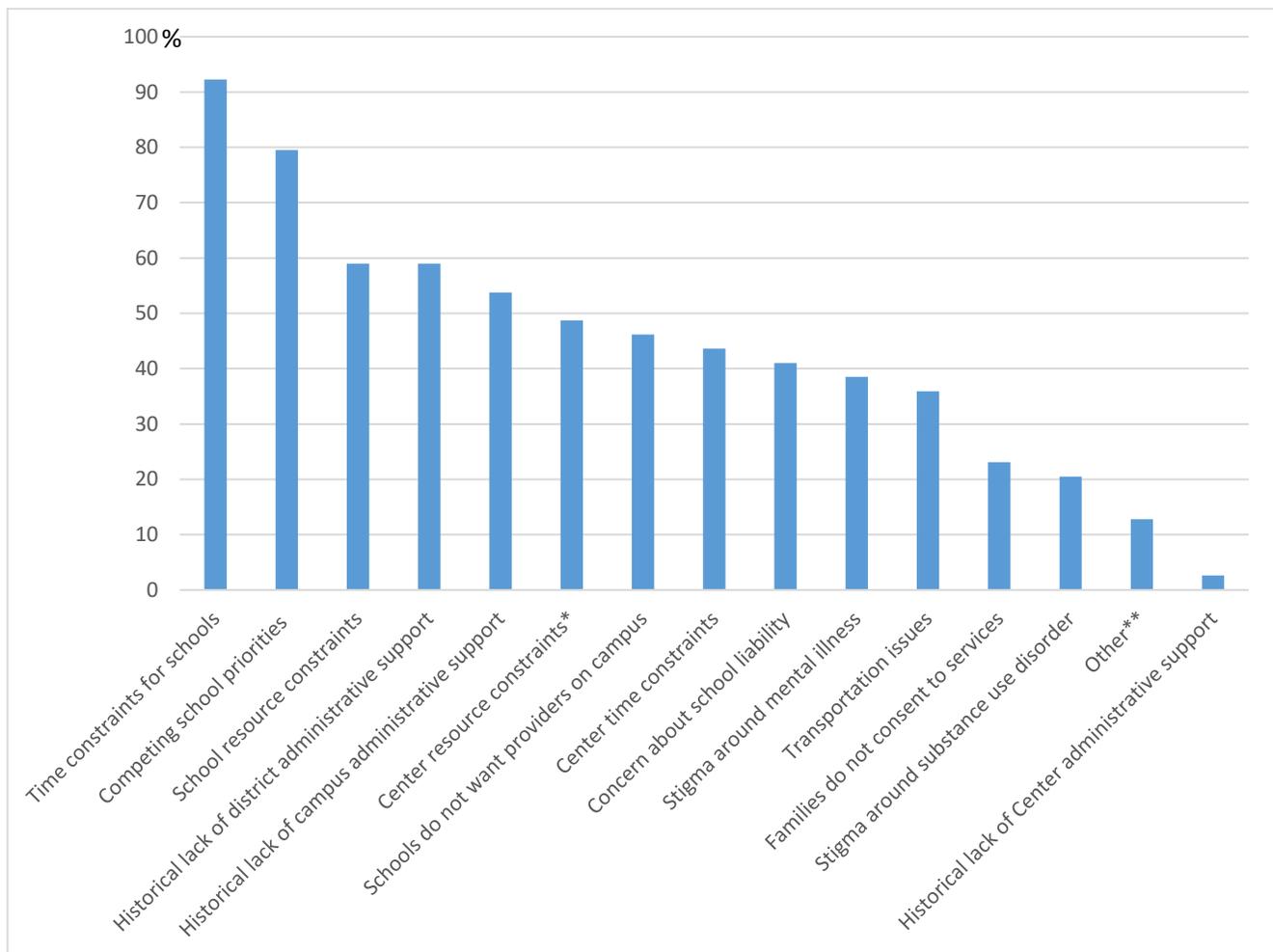


Other identified training at various schools:

- Services available through the Center and how to refer individuals for services
- Bullying
- Self-harm
- Healthy relationships
- Mental health in general – anxiety, depression, suicide
- Parent/caregiver training
- Safety training/safety planning
- Training on crisis services/crisis response
- De-escalation techniques
- Relaxation/stress management
- Educational workshops

Barriers in school engagement

Despite the many and varied mutually beneficial relationships between Centers and schools, barriers to engagement exist across the state. These primarily include challenges related to time and resource constraints, as well as competing priorities. School districts and Centers each have many duties to fulfill, and it can be difficult to create and maintain the key relationships necessary for building sustainable partnerships. Barriers noted by Centers are included below.

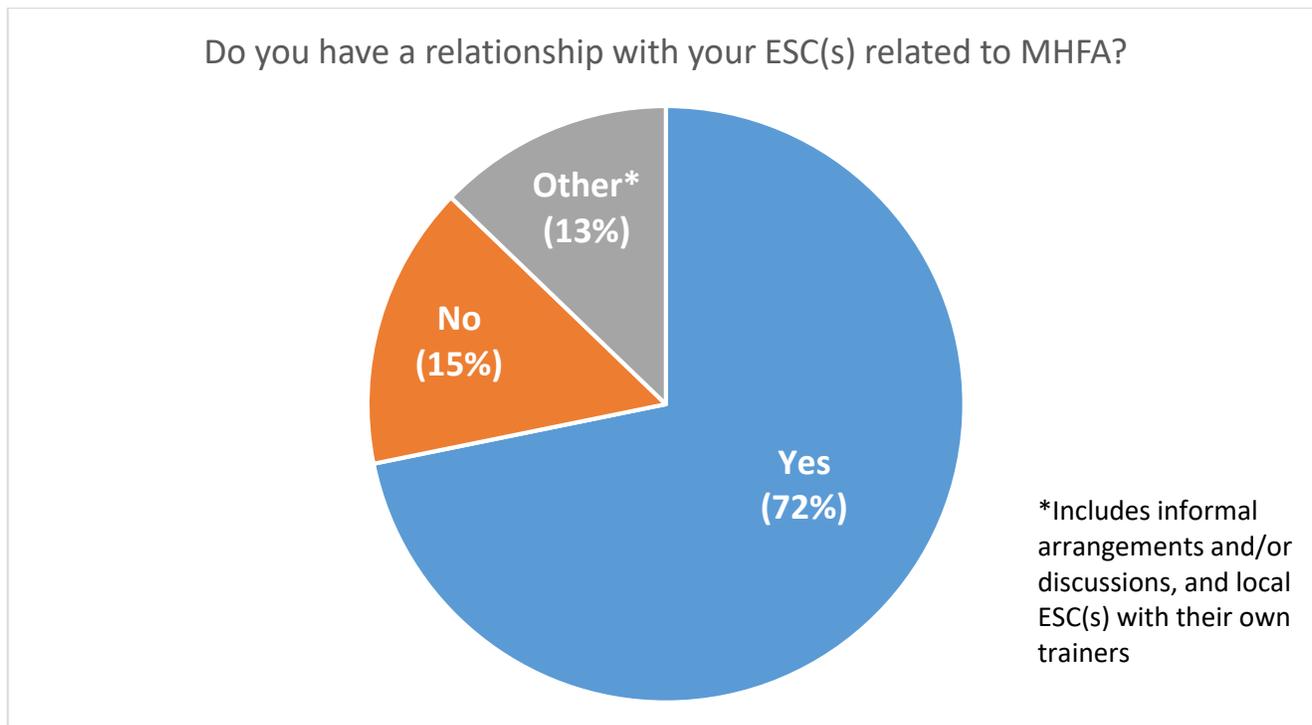


* Include financial limitations, workforce shortages and staff turnover, service capacity limitations (serving over target already)

** "Other" responses included reports that schools are not aware that MHFA training is available free of charge; challenges related to information sharing between school staff, educators, and Center staff; and school security measures that make it difficult to access school campuses.

Mental Health First Aid (MHFA)

In light of the recent legislative focus on MHFA, as well as its inclusion in the Governor’s [School and Firearm Safety Action Plan](#), the survey includes a variety of questions related to MHFA and the ways in which Centers work with schools and Education Service Centers (ESCs) to make this training available to educators and staff.



Centers have both formal and informal relationships with their regional ESCs, and these vary across the state. Formal relationships include Centers contracting with ESC trainers to co-train the classes for educators and school staff, and signing Memoranda of Understanding (MOUs) in which the ESC provides training space and promotes training and the Center provides trainers, materials, and supplies. Informal arrangements include similar activities, and several responses note that Centers and ESCs are in the process of formalizing existing relationships.

The survey also asks Centers about MHFA instructors. Most Centers employ between two and seven instructors, with a few employing more, including one that employs 20 instructors. Centers also reported the number of contracted MHFA instructors they work with. The majority of Centers have no contracted instructors, though several contracted with fewer than 10 and one Center reported contracting with 30 instructors.

Despite the number of instructors employed and under contract throughout the system, most Centers report that no instructor’s time was 100% devoted to MHFA. Only 8% of Centers have a dedicated MHFA staff person. Among the other 92%, most report that less than 25% of their MHFA Coordinator’s job time was focused on MHFA, and only 3% report that over 50% of the Coordinator’s time focused on MHFA. This suggests potential to grow and enhance the MHFA outreach and training Centers conduct, if they are able to have a staff person dedicated to the effort. Almost 70% of Centers report that a dedicated staff person would be helpful, but indicate a lack of resources to support one.

The survey also queries respondents about other populations that should be included in cost-free training, if the effort was expanded beyond the current focus. Responses are summarized below.

Clubs/Youth Organizations	Other School-Related Individuals	Private Organizations
<ul style="list-style-type: none"> • Head Start • Big Brothers, Big Sisters • Boys and Girls Clubs • Girl Scouts, Boy Scouts • Youth sports organizations • Children’s Advocacy Centers • Nonprofits working with school-age kids and families 	<ul style="list-style-type: none"> • Student teachers and substitutes • Communities in Schools • Contract staff at schools (including contracted bus drivers) • After-school program staff • PTAs/parents/ school volunteers 	<ul style="list-style-type: none"> • Private schools • Charter schools • Homeschool organizations • Churches • Sunday school teachers
Public Safety Officials/Justice	Other Agencies & Organizations	Students, Etc.
<ul style="list-style-type: none"> • Peace officers • Law enforcement • Juvenile probation departments • Juvenile detention center staff 	<ul style="list-style-type: none"> • FQHC staff • City and county employees and contractors • Veterans • Long-term care facilities • Large companies with many employees • Substance use disorder providers 	<ul style="list-style-type: none"> • High school juniors and seniors and college students, as part of a health class or for extra credit • Everyone!

Looking Forward

Events such as Hurricane Harvey and the school shooting in Santa Fe have led to more conversations about the role mental health plays in students’ lives and the ways in which community providers and school districts can work together to address local needs. As the survey data demonstrates, Texas is a large, diverse state with wide variation in the ways in which Community Centers interact with the schools and ESCs in their areas. To a certain extent, services and supports must be individually tailored to the needs of each campus, resulting in differences in design and implementation throughout the state.

There is always more work to be done, but the information from this survey and the individual responses that follow can offer examples of the kinds of connections and collaborations that are possible when Centers and schools work together to address mental health needs early and help students achieve their full potential.

Appendix

The following statements are individual responses to survey questions regarding ways in which Centers partner with schools. As may be expected in a large and diverse state, the statements reflect a wide range of experience and efforts to engage and partner in strategies to address student needs.

- We respond and assist when a suicide has occurred, providing counseling the children, staff, etc. This is invitation only. Some school districts say they don't need our help. Others request it. It really depends on the school district. We have offered numerous trainings and assistance but cannot force the schools to receive it.
- Heart of Texas Region MHMR's Klaras Center for Families and Our Community Our Future (System of Care) have made great strides in partnering with schools and communities through perseverance and community cooperation.
- We have experienced difficulty with schools allowing our providers on campus. Some schools do not allow our staff access to their campus/students. When they do, they often restrict the time we can spend with the students to only certain periods and limited time within that period. We currently have an MOU that is not always supported by the different campuses.
- We have improved our relationship with schools over the years and continue conversations on how we can build on this. We are moving toward adding crisis services more readily available in the schools by having a staff officed in a campus.
- We have close relationships with four of the largest ISDs in our community. In our area there are 22 distinct school districts, including charter schools. Resources are thin compared to the need. ISDs have been very eager to have on-campus mental health services, but there is not enough funding to meet the needs.
- We're fortunate to have good, long-standing relationships with our school districts. Due to funding limitations and various, sometimes conflicting priorities, our ISDs often have to make difficult choices about how to help their students and faculty. Historically, we have not charged our ISDs for the training, supports and other resources we provide because we understand their constraints. Yet it does limit our ability to help, since we could all do much more with funding designated specifically for this purpose on both sides.
- It has been a slow process but we are finally making inroads with our schools as they realize the benefits of the services we provide to their students. Partnering with families to help persuade the districts has also been effective.
- We routinely make face-to-face visits, phone calls, take brochures and flyers. As previously stated, some schools are very eager to partner with us and are even asking for training for the students, while others will not allow us on campus.
- Partnership is driven by the individual district; some are very close, with multiple staff embedded at multiple schools, while other districts won't let us step foot on their property.
- Each of our 17 partnerships is based on the specific needs of each ISD and/or school. The services provided by the Center on various campuses include mental health and substance use counseling, medical care, dental care, trauma-informed disaster services, case management, and autism services.

- We partner with the school leadership in an informal manner. I personally have been friends with the second in command at the biggest school for 24 years. We often reach out to each other when issues come up. Our case managers are welcomed onto school campuses during the school day.
- We conduct periodic meetings with school principals, administrators, and parents to discuss processes and protocols to provide mental health services to students in the schools.
- We provide MHFA training, and have several governance boards for our System Of Care grant, which many school districts attend (staff include teachers, assistant principals, school counselors, school LSSPs, and special education teachers/administrators). We provide crisis services in the schools when asked. We have 55 school districts in our catchment area so it makes it challenging. We are also available during disaster events for staff and students.
- We have formal agreements for school-based mental health services on 35 campuses in nine school districts and three different counties. We partner with the Region 12 Service Center, social service agencies such as Communities in Schools, Be Emotionally Aware and Responsive (BEAR), Prosper Waco. We have formed a System of Care that includes many agencies that serve children and adolescents.
- We meet with superintendents, counselors, teachers and parents in various ways, such as staffings, meetings and formal agreements.
- We work with the Community Resource Coordination Group (CRCG) and children's case managers, as well as offer education sessions by the Mental Health Deputy Program.
- We partner with multiple school districts in Tarrant County, the North Texas Behavioral Health Authority (NTBHA), Denton County MHMR, the local Education Service Center, multiple universities, city governments, and community agencies. We are part of a 16-county collaborative led by the DFWHC Foundation's MHFA initiative, poised to train 10,000 people in MHFA over the course of the next three years. Over 40 agencies are part of this collaborative.
- We have partnerships with school districts to allow us to provide services on their campuses, and we involve staff, administration, and parents as well as the child. While there is no "formal agreement" written, we have met with schools to discuss our services and they are open to us providing these services to children.
- There is a long-standing relationship with the various schools & multiple campuses, where staff are permitted to provide services in the schools. In addition we offer MHFA to various ISDs.
- Among our partners in providing services to students are the People's Community Clinic and CommUnityCare (local FQHCs), the University of Texas School of Nursing, PTAs, NAMI, Communities In Schools, Safe Alliance, Lifeworks, Goodwill, Kids Living Well (a key Travis County stakeholder group in which a Center staff member services as co-chair), County Health and Human Service partners, School Resource Officers, and the local Healthcare District.
- With the exception of one school district, partnerships are sustained through informal agreements with districts in the counties of Aransas, San Patricio, Bee, Live Oak, Duval, Jim Wells, Kleberg, Kennedy and Brooks. All school districts in Central Plains Community Center's nine-county catchment area are receptive to having the following services delivered at their campuses: Cognitive Behavior Therapy (CBT), skills training and development, family partner services, and Wraparound and crisis services.

- The Harris Center has MOUs with school districts to provide mental health services on campus. We provide assessments for initial eligibility, counseling, case management, parent and child behavior-management skills, and family partner services. We also collaborate with teachers and counselors. At some of our school-based clinics we also provide psychiatric services, including psychiatric evaluation and medication management. We also provide education and consultation to school personnel to help identify at-risk students and other needed resources in the community. We set up a special crisis line for anyone (students, staff, parents, others) impacted after the Santa Fe school shooting.
- The faculty/staff at school, students, parents, Center staff, Communities in Schools, and local nonprofit Inspire, Encourage, Achieve (IEA) all work together to create a network of resources and referrals. This is true for most school districts in the area, but primarily Port Arthur ISD, Beaumont ISD, and some of the Orange County ISDs.
- We work with Conroe Independent School District, Sam Houston State University and the Lone Star Family Health Center (FQHC) in Conroe. Magnolia ISD, New Caney ISD and Splendora ISD have expressed interest in partnership as well, but formal agreements are not yet in place.
- We are in process of finalizing MOUs with Dallas Independent School District and Texas Can Academy that will allow our clinicians to work within the school setting. We also have Business Agreements with some local schools as part of the Pathways in Technology Early College High School (P-TECH) and provide trainings and education for mental health awareness and suicide prevention months.
- Texas Panhandle Centers partners with local school districts, the Region 16 ESC and their representatives.
- We work with administrators and/or counselors from several school districts in our area to ensure representation on our Texas System of Care Governance Board. We provide education about how to refer students for services, information on the types of services provided, etc., at health and resource fairs and individual speaking engagements when requested.
- Texoma Community Center has MOUs with each school district and is expanding our service array to include every school in our catchment area. Offering MHFA training for all school staff is another goal.
- We do not have formal partnerships. Most of the schools allow us on their campuses to provide services to the children who are open at our center. Most campuses within one ISD do not let us on campus. Our caseworkers and family partner attend 501/ARD meetings and Community Resource Coordination Groups (CRCGs).
- We have had partnerships with most school districts to provide in-school supports to children, and have had visits with teachers and students to assist with behavioral health issues, but in the last few years the schools have been reluctant to allow behavioral health providers in the schools.
- Partnerships with schools are varied across our very large service area. Some schools are very eager to partner with us and others will not engage with us or allow us on campus. In the districts where we have strong partnerships, we partner with district administrators, campus principals, teachers, counselors and families. In other districts, the schools will not allow us on campus or engage in partnerships. We continue to try to engage at any level.

- We work with campus staff, ESC staff, Title 1 coordinators, lead counselors and nurses, and Communities in Schools.
- Outpatient community mental health and substance abuse services are available to students. Most of the schools within our 19 counties allow our staff to provide services on school campus. These services are also available off campus. Partnerships involve our agency and the county/city school district.
- We have MOUs with local school districts, an MOU with Youth Village including a Jail Diversion employee stationed at the youth village, and are active participants in Community Resource Coordination Group (CRCG) meetings.
- On-campus case managers can provide skills training services for students who are actively enrolled in our Gulf Coast Center-Youth Behavioral Services (GCC-YBHS) clinic, which helps youth learn coping skills needed to manage symptoms and improve behaviors and overall functioning. Training is provided on a one-on-one basis with the parent/legal guardian's consent and approval from school administration. Off-campus services for youth/adolescents ages 3-17 include medication management, case management (routine & intensive), individual therapy, skills training, family partner services, substance abuse counseling and crisis intervention available at GCC-YBHS outpatient clinics in Galveston and Brazoria Counties. Additionally, representatives from GCC-YBHS participates in school and community resource fairs, events, meetings to provide resources and referrals to staff and parents.