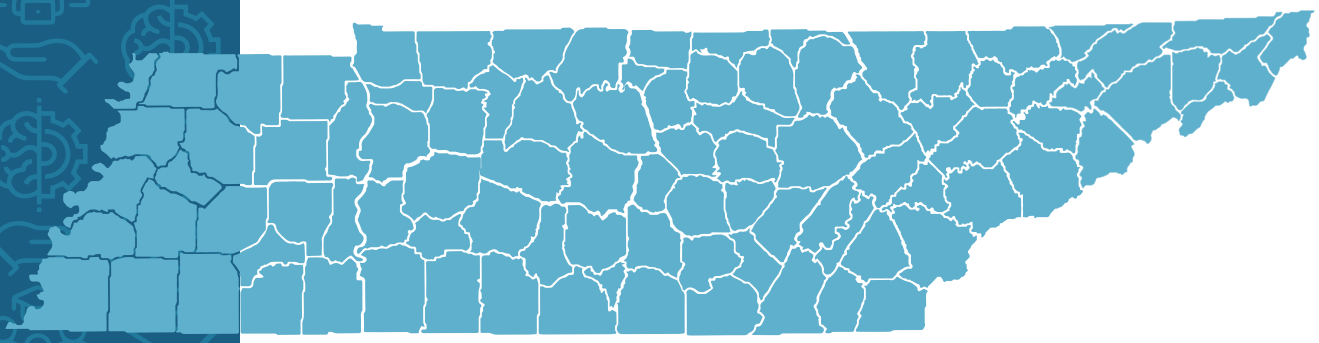
MAPPING THE LANDSCAPE OF MENTAL HEALTH SERVICES AND RESOURCES FOR K-12 STUDENTS IN TENNESSEE

June 2023



THE UNIVERSITY OF TENNESSEE KNOXVILLE

The research presented in this report was conducted by a team from the University of Tennessee, Knoxville. This report includes recommendations for consideration by TDMHSAS, TDOE, and other relevant state partners. The relevant state partners have not vetted, endorsed, or committed to implementing any of the recommendations contained in this report.

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EXECUTIVE SUMMARY

This final report presents conclusions and recommendations from the ***Mapping the Landscape of Mental Health Services and Resources for Kindergarten–12th grade (K-12) students in Tennessee*** project, conducted by the University of Tennessee, Knoxville and funded by the Tennessee Department of Education (TDOE) and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). The purpose of this 24-month project was to collect and analyze data about current mental health resources and services provided to K-12 students, document barriers that may exist, and provide recommendations that could reinforce and strengthen approaches to meet the mental health needs of students. Recommendations have not been vetted, endorsed or committed to by either TDOE or TDMHSAS.

America's students are experiencing a mental health crisis. Rates of depression, anxiety, and other problems among children and youth have been increasing over the past decade and escalated during and after COVID-19.[1] Tennessee initiatives, from the Governor's office and many state agencies, have taken significant steps to address these barriers in services and reduce the rates of mental health problems among Tennessee youth. New programming initiated to address service shortfalls include such efforts as, building the Behavioral Health Safety Net for Children, extending funding of School-based Behavioral Health Liaisons (SBBHL) to cover all counties, supporting the Tennessee Suicide Prevention Network, and establishing more youth and young adult mental health awareness programs. In June of 2022, the Children's Crisis Stabilization Unit opened at East Tennessee Children's Hospital in partnership with McNabb Center. The unit is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and an infrastructure grant from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). Funding has been provided in the 2024 budget to provide opportunities for implementation of similar Crisis Stabilization Units in Middle and West Tennessee. In addition, the Mental Health Trust Fund, a $250 million fund was made available to "...create strong mental health services for school-aged students through a system-wide, evidence-based approach."[3]

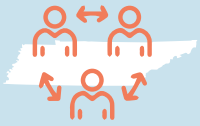
In Tennessee, K-12 students have experienced similar growth in rates of depression, anxiety and other mental health problems as national averages. ***In 2023, Tennessee ranks in the bottom quintile of states,*** *meaning it has among the highest rates of children and youth mental health and substance use problems with lower access to services.*[2]

The primary goal of this project was to examine the current state of K-12 mental health services across Tennessee to help inform a "system-wide, evidence-based approach," and provide recommendations that might help guide allocation of funds. Data for this report included **1:** extensive review of publicly-available data regarding mental health services and resources from every Tennessee school district, relevant state agencies, and community mental health providers; **2:** focus groups and interviews with staff from state agencies (e.g., Tennessee Department of Education [TDOE]; Tennessee Department of Mental Health and Substance Abuse Services [TDMHSAS]), mental health providers, and administrators from community-based mental health agencies; and, **3:** surveys administered to school district personnel and community mental health providers.

Findings across these data sources converged on three main conclusions regarding the needs of schools, students, families, and community mental health providers. Each leads to specific recommended strategies and activities to improve the availability, delivery, and effectiveness of K-12 mental health services across the state.

Improve Communication and Coordination of Services *Most school districts and partnering community mental health agencies provide a variety of appealing evidence-informed and evidence-based programming. Adopting select evidence-based strategies can help overcome barriers to effective collaboration, communication, and coordination across multiple levels of the state's mental health and service delivery system.*

HIGHLIGHTED STRATEGIES & ACTIVITIES



REGIONAL COLLABORATIVES

COMMUNICATION PROCESSES

PROFESSIONAL DEVELOPMENT

Increase Capacity *The growing mental health needs of K-12 students have put additional strains on an already thin mental health care workforce. Opportunities exist to develop and expand a specific school-employed mental health workforce and the community mental health providers, while also clearly defining roles and responsibilities.*

HIGHLIGHTED STRATEGIES & ACTIVITIES

INCREASED COMMUNITY PROVIDERS

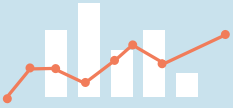
ROLE CLARIFICATION

TECHNICAL ASSISTANCE

Expand Usage of Data to Drive Decision-making *Use of school and community outcome and impact data to drive decision-making is central to building an effective and comprehensive K-12 mental health system. Opportunities exist to leverage state resources and develop a comprehensive, integrated, data-driven monitoring and evaluation system across school, district, and community levels.*

HIGHLIGHTED STRATEGIES & ACTIVITIES

DATA SHARING



ALIGNED SUCCESS METRICS

DATA DASHBOARD

Addressing the state K-12 mental health crisis requires a broad "systems" approach that strategically links school systems with the community-based mental health service system. It is our hope that this report will highlight opportunities and provide guidance regarding ways to strategically expand programming, build collaborative systems, enhance data-systems, and strategically plan and allocate funding across agencies in a way that enhances collaboration, reduces redundancy, and strengthens services.

BACKGROUND

National surveys show that approximately 1 in 5 children in the United States have a mental, emotional, or behavioral disorder.[1] Community rates of depression, anxiety, behavioral problems,[4] and visits to hospital emergency departments by children due to these problems[5] have all shown increases over the past decade. Similarly, rates of youth considering suicide increased 36%, those creating a suicide plan increased by 44%, and the rates of death by suicide increased by 57%.[6] Equally alarming are the low rates of access to community mental health services and a reliance on needs being met by schools, educators, and school staff.[7] Disrupted routines and increased stress caused by the COVID-19 pandemic also affected youth mental health, with national studies showing worsening emotional and cognitive health of children and youth.[8]

In Tennessee, the need for youth mental health services is high. The *Mental Health in America 2023* report ranked Tennessee in the bottom quintile of states regarding youth mental health, indicating higher than average rates of depression, anxiety, and substance misuse and lower likelihood of receiving consistent services.[2] In 2020, the *Suicide Prevention Annual Report* from the Tennessee Department of Health stated that suicidal ideation for those aged 15-24 had increased at a rate of 53% from 2016 to 2019. Based on the Youth Risk Behavior Survey data from this same report, 19% of high school students reported seriously considering suicide. 15% of youth in 2019 had considered a plan for a suicide attempt while 10% of high school students stated that they had attempted suicide.[9] State agencies (e.g., Tennessee Department of Education [TDOE]; Tennessee Department of Mental Health and Substance Abuse Services [TDMHSAS]) and the Governor's office have spearheaded important steps toward addressing this crisis, through such efforts as the Tennessee State Board of Education's School Mental Health Standards and Guidelines, the Tennessee Comprehensive School-based Mental Health Resource Guide, and funding for a variety of programs. ***Tennessee school districts also invested in student mental health directly by allocating over $122 million to create new or additional positions to support student mental health, to purchase curriculum to support Tier I (Universal Supports) mental health programs, and to provide professional development related to mental health to school staff.***

Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) commissioned this statewide data collection and analysis to identify ongoing needs, barriers in services, opportunities within the **Student Mental Health Services System**, and to solicit recommendations to guide future funding directions.

The methods guiding this work were predicated, in part, on the Multi-tiered System of Supports (MTSS), a framework outlined in the Tennessee Comprehensive School-based Mental Health Resource Guide and used by schools to implement interventions to meet student needs using a whole-population, strengths-based perspective instead of an individually-focused, deficit-driven approach.

SELECT EFFORTS TO SUPPORT K-12 MENTAL HEALTH INITIATED BY STATE AGENCIES:

- ***School Mental Health Standards and Guidelines***
- ***Tennessee School-based Mental Health Resource Guide***
- ***Behavioral Health Safety Net for Children***
- ***Increased funding for mental health***
- ***School-based Behavioral Health Liaison program expansion***
- ***Trauma-informed Schools***
- ***$250 million Mental Health Trust Fund to invest in K-12 mental health resources and supports"***
- ***Children and youth mental health services funded by TennCare***

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

Multi-tiered System of Supports (MTSS), often applied to academic (Response to Instruction and Intervention for Academics [RTI²-A]) and behavioral (Response to Instruction and Intervention for Behavior [RTI²-B]) interventions, is also relevant to mental health supports. The Multi-tiered System of Supports (MTSS) framework is responsive to student needs and allows for interventions to be increased as needed. Within Multi-tiered System of Supports (MTSS), mental health interventions fall into the following categories:

Tier I (Universal) *mental health services are designed to foster positive social, personal, and behavioral skills and wellness for all individuals. Examples can include mental health education, preventive programs, positive youth development, pro-social programs, and stigma awareness programs.*

Tier II (Targeted) *mental health services are early mental health interventions designed to support students who have been identified as experiencing mild distress, mildly impaired functioning, or as at risk for a specific mental health problem. Examples can include small group interventions for individuals with similar needs (i.e. brief group counseling) or brief interventions that can involve motivational interviewing and problem-solving with students (i.e. brief individual counseling).*

Tier III (Intensive) *mental health services are intensive individualized interventions, programs, or resources designed to meet the needs of students and/or families experiencing significant distress and impaired functioning. Examples can include individual, group, and/or family therapy for individuals with identified or diagnosed social, emotional, or behavioral needs.*

When implementing Multi-tiered System of Supports (MTSS) for mental health, collaboration with community partners is essential for streamlining student supports. **Figure 1** illustrates the complementary roles of community partner agencies and school districts when they are effectively collaborating. This project assessed school district and community agency familiarity with using the Multi-tiered System of Supports (MTSS) structure to scaffold mental health supports and services and the availability of services at each intervention tier. Both the Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) have implemented school-based mental health interventions that use the Multi-tiered System of Supports (MTSS) as a foundational element.

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS) COMPLEMENTARY ROLES OF COMMUNITY PARTNERS AND SCHOOL DISTRICTS

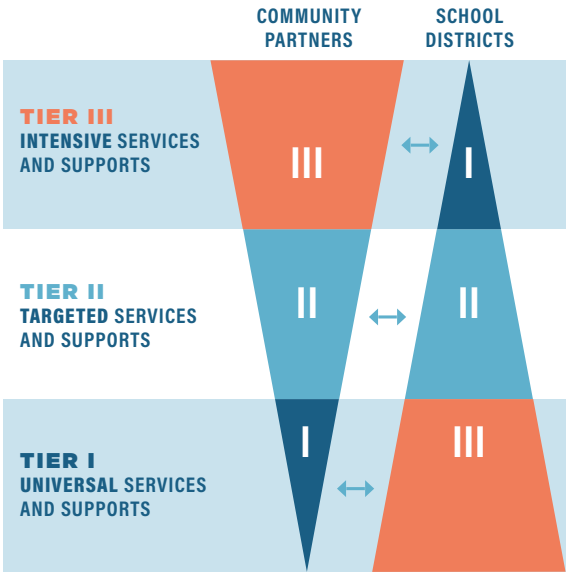


FIGURE 1: Adapted from Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). ***Advancing Comprehensive School Mental Health: Guidance From the Field.*** Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.[10]

METHODS

*Data were collected through **three primary methods:***

FOCUS GROUPS AND INTERVIEWS

Representatives from Tennessee Department of Education (TDOE), Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), and community mental health agency staff participated in focus groups and interviews. Participants were asked about programming across the three tiers of the Multi-tiered System of Supports (MTSS) framework, partnerships with school districts and state agencies, barriers to providing services, and assessment of service needs and program outcomes.

REVIEW OF PUBLICLY AVAILABLE DATA

Information about programs, practices, and policies related to K-12 student mental health was collected from websites of state agencies (e.g., Tennessee Department of Education [TDOE], Tennessee Department of Mental Health and Substance Abuse Services [TDMHSAS], Tennessee Department of Health [TDH]) and all Tennessee school districts and combined with data reflecting student demographics, academic success, and economic status. Availability and proximity to community-based mental health services were calculated using the Substance Abuse and Mental Health Services Administration (SAMHSA) web-based Service Provider Locator.

FOCUS GROUPS

***13** with Tennessee Department of Education staff from all regions of the state*

***4** with Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) staff*

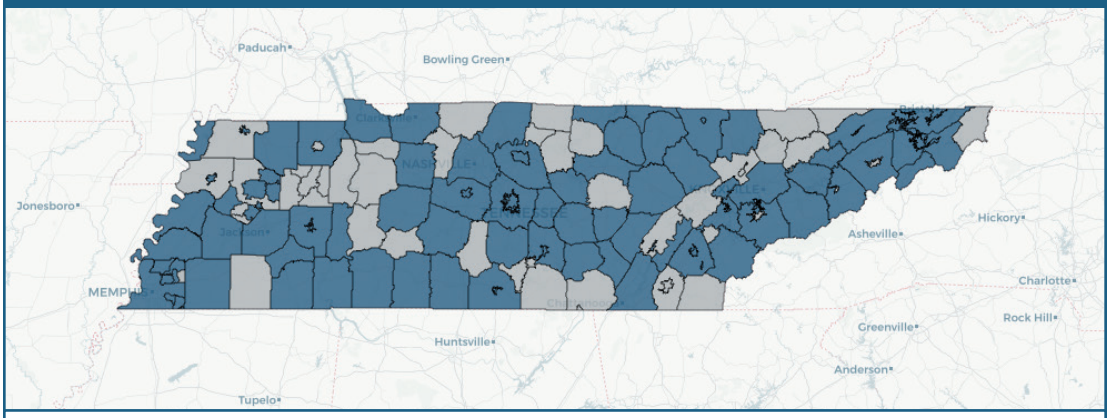
***10** with Community-based providers and administrators*

Data collected from essential state agencies, school staff, and community mental health providers were used to offer recommendations that align with the specific needs of the local community, and to help guide the effective allocation of funds to address the mental health needs of students in Tennessee.

SURVEY Select school personnel and community mental health agency professionals knowledgeable about the student mental health services available in their district and community completed a survey assessing programming, needs, and opportunities across the three tiers of the Multi-tiered System of Supports (MTSS) framework.

Figure 2 illustrates the number of participants completing surveys from each Tennessee county. Community mental health agency personnel represented entire agencies, therefore could also represent multiple counties.

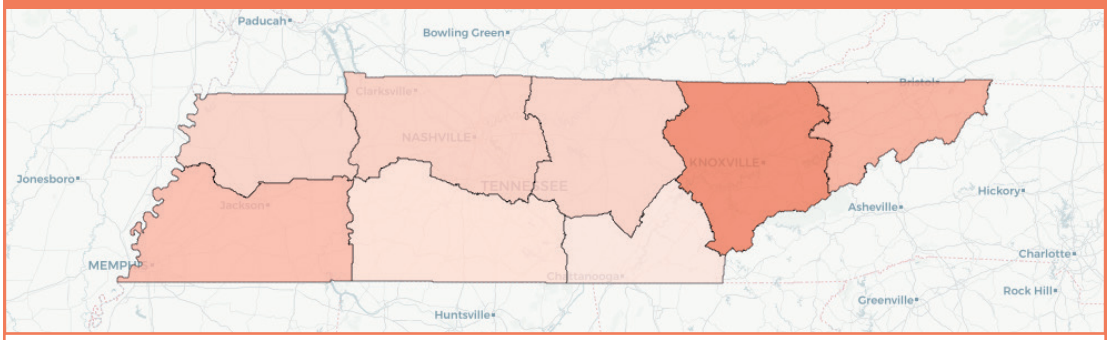
FIG. 2.1 | RESPONDING SCHOOL DISTRICTS



AREAS IN BLUE: *responses received* | **AREAS IN GRAY:** *no responses received*

247 participants from **69** counties and **95** school districts. **THIS FIGURE (2.1) illustrates the number of school personnel by county.**

FIG. 2.2 | COMMUNITY SURVEY RESPONSES (BY REGION)



Higher number of respondents reflected in **COLOR** *density.*

96 participants from **57** agencies, serving **80** counties and **98** school districts. **THIS FIGURE (2.2) illustrates the number of community agency personnel by county.** ***(Note: a single participant could serve multiple counties and districts)***

FIGURE 2: Survey responses by county for school personnel and community agency personnel

FINDINGS

An analysis of the qualitative and quantitative data collected through focus groups, interviews, and surveys were initially organized into two major areas regarding mental health and schools: assets and barriers. Within both areas, further analysis identified themes regarding specific challenges and actionable insights about K-12 mental health services. A variety of impactful programs and resources across the three tiers were identified and adjustments that could increase their effectiveness of improving student mental health were noted.

ASSETS AND OPPORTUNITIES

Respondents identified the following programs, strategies, and resources as the greatest assets to meeting the mental health needs of students.

- **APPEALING PROGRAMMING**

  Participants acknowledged it was important to recognize that Tennessee Department of Education (TDOE), Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), and partner agencies fund a variety of evidence-informed and evidence-based programs. Our focus groups emphasized programming with direct connections to funding and oversight by Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), with many receiving enthusiastic support from school personnel and community providers.

Percentage of responding agencies reporting:

FIGURE 3: Community-Based Personnel Familiarity of Evidence-Based Programs Used in Schools

- **COMMUNITY RESOURCES AND CONNECTIONS**

Critical to serving the mental health needs of K-12 students in Tennessee is ensuring that schools and districts can partner effectively with available community-based mental health providers. In Tennessee, several resources help link schools with community-based mental health providers, particularly for Tier III (Intensive) services.

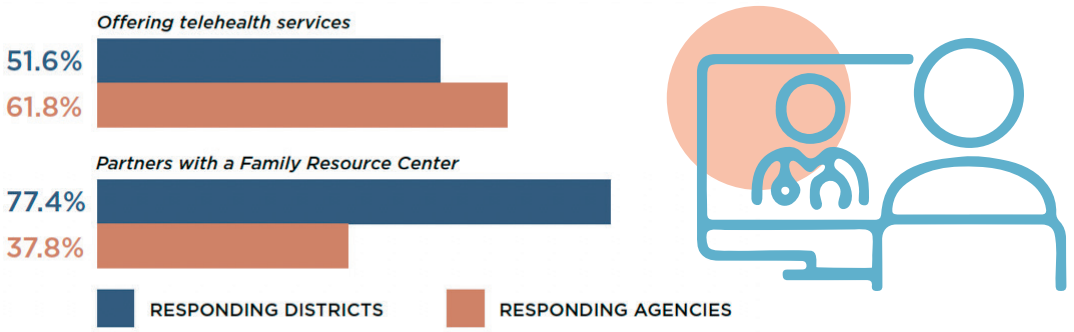


FIGURE 4: Resources to Link Students to Mental Health Supports

- **COMMUNITY PARTNERSHIPS**

School staff indicated effective collaboration with contracted community agencies as a key to successes in providing mental health services. Kingsport City Schools, one exemplar, has established a community mental health workgroup, comprising school and community agency representatives, that convenes quarterly to discuss student needs and to ensure effective collaboration.

Some schools and agencies have found ways to partner effectively with community agencies. **Figure 5** illustrates percentages of school respondents indicating how their school is partnering with a community agency. Effective partnerships can model ways to help more schools build community relationships into their mental health plans and implement strategies that strengthen K-12 mental health services.

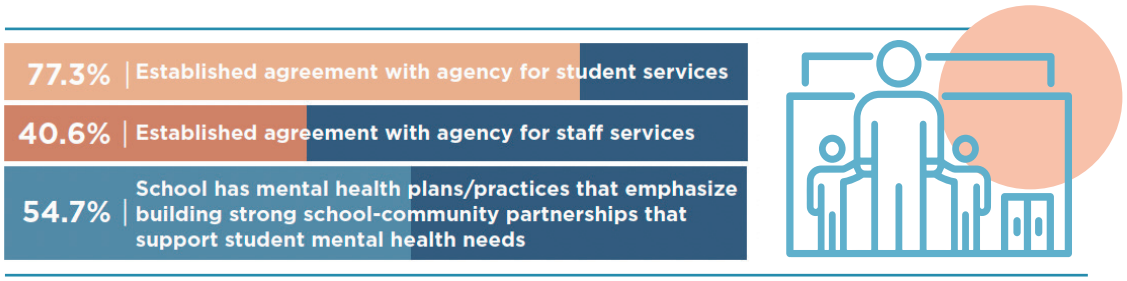


FIGURE 5: Types of School-Community Partnerships

- **COMMUNITY RESOURCES AND CONNECTIONS**

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FAMILY RESOURCE CENTERS

COORDINATED SCHOOL HEALTH

> Teamwork between counselors, social workers and mental health liaisons make sure all students' needs are met effectively."
>
> ***— School Counselor, Crockett County***

BARRIERS

The following barriers were identified as the most frequent obstacles to accessing or providing mental health services across the state.

- **MENTAL HEALTH AWARENESS AND STIGMA**

  Mental health stigma affects service delivery in a variety of ways; it deters students from seeking and accessing mental health services, parents and caregivers may not recognize the need for mental health services, and mental health stigma can drive perceptions that mental health services should not be offered in schools. Although COVID-19 may have reduced mental health stigma slightly, it remains a barrier for some students, especially in rural communities.

- **PARENT AND CAREGIVER ENGAGEMENT**

  At times lack of parent/caregiver engagement in clinical work and follow-up after referrals can be barriers to students accessing mental health services.

- **INTEGRATION OF COMMUNITY PROVIDERS INTO SCHOOL COMMUNITY**

  Community providers are often not well integrated into schools and, therefore experience a variety of challenges in delivering mental health services. This may be due to competing priorities of the school, multiple demands of school administration staff, limited time to provide services, and lack of space to provide confidential services.

INTEGRATION OF COMMUNITY PROVIDERS INTO SCHOOL COMMUNITY *(CONT'D)*

While many districts and schools have been eager to partner with community-based mental health providers, in some cases lack of administrator buy-in can be a barrier to establishing effective school-community agency partnerships and delivering services. Both the voluntary nature of school-based programs and limited funds reduces integration and service delivery.

Despite barriers, community agency staff are eager to assist with K-12 student mental health services. **Figure 6** shows the percentage of responding agencies involved in different levels of district services.

FIGURE 6: Integration of Community Partners into School Community

- **INSURANCE AND FUNDING**

  Tier III (Intensive) services for students are often the most challenging to provide. There are limited resources for uninsured students and limited school-based services for students with private insurance.

  As reflected in **Figure 7**, most Tier III (Intensive) services are funded by TennCare and therefore only accessible to students enrolled in that service. Only a small percentage (**2.5%**) of students receiving Tier III (Intensive) services are covered by the Children's Behavioral Health Safety Net for Uninsured Children.

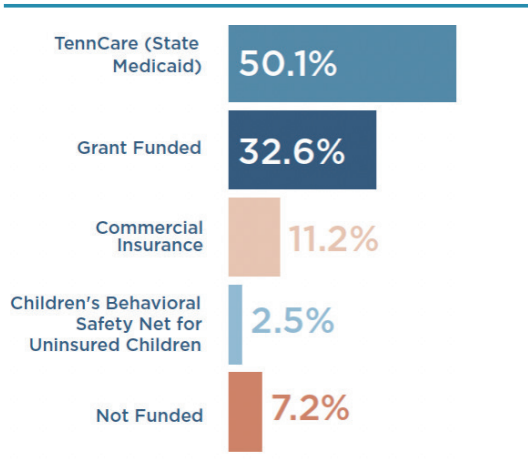

FIGURE 7: Insurance and Funding for Tier III (Intensive) Services

> While we have community connections, community based mental health partners are currently swamped with need. This can create wait lists, poor quality of care, and trouble finding providers for our families."
>
> ***— School District Employee***

- **DATA**

Many participants commented on the need to collect and analyze more outcome data, and to use data more effectively in decision-making. Only **37.0%** of responding districts reported measuring outcomes at all three intervention tiers. **Figure 8** presents the percentage of respondents reporting on how their schools use data for a variety of purposes.

Building a clear data collection, monitoring, and management plan is also relevant for the evaluation of ongoing (Trauma-informed Schools, AWARE [Advancing Wellness and Resilience in Education]) and future programs and to ensure that those data are aligned to school success metrics.

FIGURE 8: Data Usage for Planning Mental Health Programs and Support

- **MENTAL HEALTH PROFESSIONAL RESOURCES AND STAFFING**

There is a clear need for additional funding of resources and staffing to meet the demand for mental health services. Resources in rural counties are extremely limited. For services that are available, there are often long waitlists, which, coupled with community agency staffing shortages, make services inaccessible and, at times, undependable.

School-based staff emphasized a need for full-time mental health providers in each school instead of the current reality of mental health providers that are assigned to multiple schools and unable to meet the needs of their schools. School counselors may not be able to address health concerns because they are used entirely to provide classroom curriculum rather than deliver a comprehensive program or are assigned non-counseling, administrative duties.

- **COLLABORATION, COMMUNICATION, AND COORDINATION**

One of the clearest and most common needs reported was the need to improve collaboration, communication, and coordination across multiple levels of the state's mental health funding and service delivery system. A number of structural and functional barriers contribute to the lack of service collaboration and coordination, but an effective mental health delivery system will require addressing this ongoing need. This issue was highlighted for multiple levels across the state.

Barriers were identified in communication between schools and mental health agencies and between schools and families about available resources. **Figure 9** presents the percentage of school-personnel survey respondents noting how their schools communicate with families and community partners.

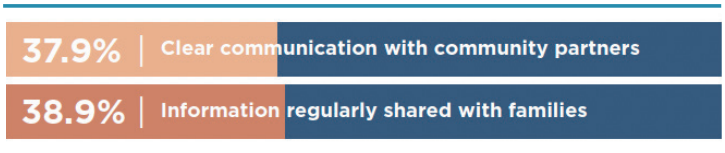

FIGURE 9: Perception of School District Communication

COLLABORATION, COMMUNICATION, AND COORDINATION *(CONT'D)* Clearer communication between service agencies and funders could help reduce duplication of services. A community mental health agency director in the Southwest region noted they work with "some school districts where funding/roles are being duplicated with state [school-based behavioral health liaisons] and internal school resources funded by the [Department of Education]."

- **INSURANCE AND FUNDING**

Tier III (Intensive) services for students are often the most challenging to provide. There are limited resources for uninsured students and limited school-based services for students with private insurance.

As reflected in **Figure 4**, most Tier III (Intensive) services are funded by TennCare and therefore only accessible to students enrolled in that service. Only a small percentage (**2.5%**) of students receiving Tier III (Intensive) services are covered by the Children's Behavioral Health Safety Net for Uninsured Children.

> Everyone needs to get on the same page about how behavioral health is done in school."
>
> ***— Community Mental Health Provider***

FIGURE 10: Services and Resources Available in the Community for School Staff

- **MENTAL HEALTH TRAINING FOR SCHOOL PERSONNEL**

While many survey respondents were familiar with resources and training available to schools and community agencies across the state, they want more mental health training in: trauma-informed practices, adverse childhood experiences (ACEs), early warning signs of mental illness, and data collection.

Several additional, although less prevalent, barriers in mental health services were noted. School and community survey respondents from half of the regions described a specific need for mental health resources, supports, and services that extend to parents and families. School and community agency participants from six of the eight regions specifically identified a need for more Tier III (Intensive) services within their schools and districts.

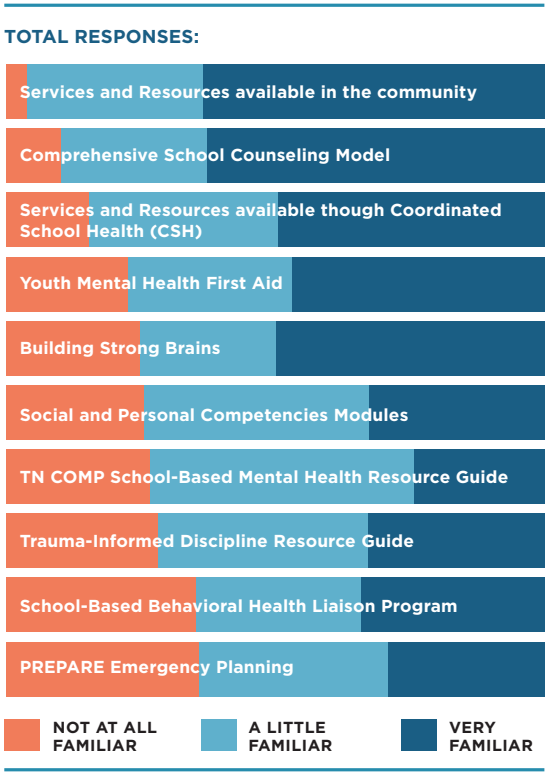

FIGURE 11: Mental Health Training Familiarity for School Personnel

DISCUSSION

This ***Mapping the Landscape of Mental Health Services and Resources for K-12 students in Tennessee*** project has captured a broad assessment of the needs, assets, and opportunities schools, community agencies, and state agencies have to address the mental health crisis confronting students in Tennessee. The school personnel, community mental health providers, administrators, and state agency staff who participated in our focus groups and surveys conveyed a hopeful perspective, but with a clear sense that a great deal more is required to meet the mental health needs of Tennessee's students. In most districts and communities there is a positive perception that good programs are being implemented to help students, however, it is not enough. Good personnel are in schools and community agencies, but there are not enough. Some financial support is available for uninsured and underinsured students, yet it is not enough. Training for school personnel is good, but it is not enough. They want more.

The biggest challenge to addressing the K-12 mental health crisis is that more alone will not effectively remedy the problem. The data gathered in this study converge to bring to light an opportunity to bolster the student mental health delivery system through improved collaboration and coordination of services and supports, creation of a robust data collection system, and integration of mental health interventions into existing student intervention structures for academics and behavior. Using a systems approach to improving student mental health across the state can address many of the barriers in services while capitalizing on the strengths and assets of state agencies, school districts, and community mental health providers.

Findings across the different sources of data point to a major impediment to the delivery of effective and efficient mental health services for K-12 students, especially within the schools; the systems of student mental health services are disconnected from the delivery of other student behavioral and academic supports within schools, such as Positive Behavioral Interventions and Supports (PBIS). For example, Tennessee has adopted programs of interventions to address academics (Response to Instruction and Intervention for Academics, or RTI^2-A) and disruptive student behaviors (Response to Instruction and Intervention for Behavior, or RTI^2-B). These programs can operate independently or, because they are guided by the same Multi-tiered System of Supports (MTSS) framework that provides a structure for collaboration, rigorous data collection, and data-based decision-making, they can be implemented in combination (RTI^2-A + RTI^2-B). Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) adopted Multi-tiered System of Supports (MTSS) to guide its student mental health programming, but it is not connected to either RTI^2-A + RTI^2-B. Given school district and community mental health provider familiarity with the framework, an approach that integrates mental health into these existing Multi-tiered System of Supports (MTSS) structures can create a more holistic and efficacious approach to delivering mental health services within schools.

School-based behavioral and academic programming often operate independently of school mental health programming. New systems models, such as the Interconnected Systems Framework (ISF) combine these

into a single efficient delivery system for behavior and mental health supports. "The result is an integrated structure and process for education and mental health leaders to interact more effectively and efficiently."[11] Frameworks like Interconnected Systems Framework (ISF) rely on creating structured processes that: **1)** unite school and community partners in collaborative decision-making; **2)** clearly define roles, responsibilities, and procedures within and across intervention tiers, and; **3)** prioritize the use of data to identify student needs, the appropriate interventions to meet those needs, and to determine the outcomes of selected interventions.

AN INTEGRATED APPROACH TO BEHAVIORAL AND EMOTIONAL HEALTH IS IMPORTANT FOR STUDENT SUCCESS.

These integrated frameworks also have strong evidence for improving mental health services and outcomes. In a randomized trial, schools implementing Interconnected Systems Framework, as compared to control schools that implemented separate systems, were shown to deliver more Tier II (Targeted Supports) and Tier III (Intensive) interventions to students, to have more interventions delivered by community mental health providers, and to have better outcomes like reductions in office discipline referrals and in-school suspensions.[12]

An integrated framework provides schools and community mental health agencies the autonomy—a value identified by school and community stakeholders—to use resources and interventions based on the specific needs of their students and communities. It also ensures efficient use of time and resources, fidelity of implementation, data driven improvement processes, and collaboration with appropriate stakeholders. The recommendations in the next section not only directly address stakeholder feedback, but they also align with the core features of an integrated system for providing mental health services using a Multi-tiered System of Supports (MTSS) framework.

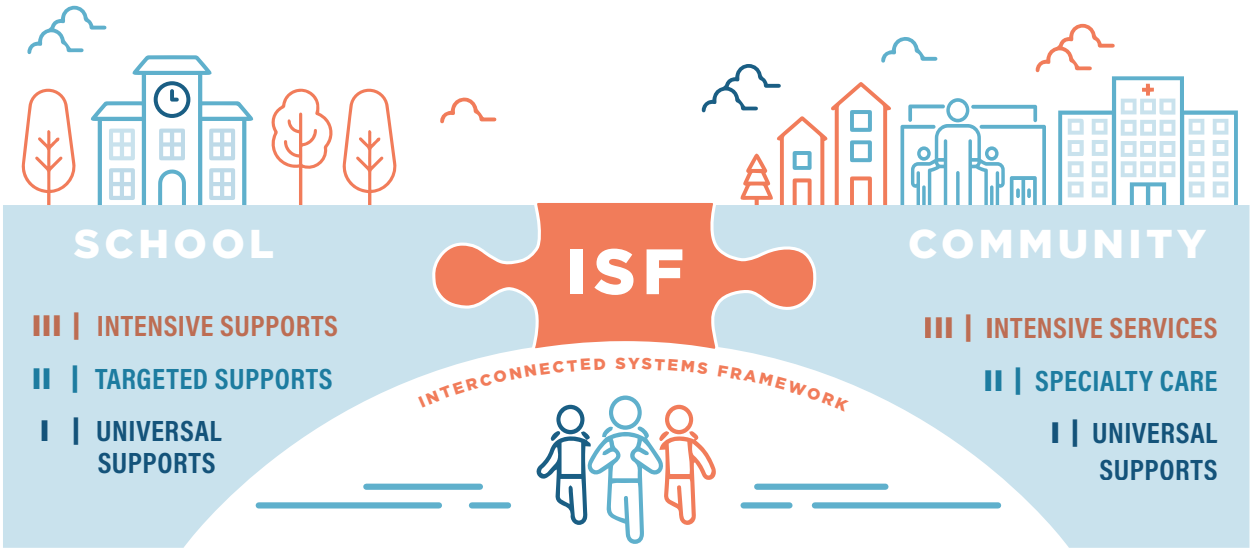

FIGURE 12: Interconnected Systems Framework (ISF) builds collaborative partnerships to bridge gaps in mental health supports for K-12 students. Adapted from Healthy Minds Policy Initiative. (2021, January). *Connecting schools and mental health.*[13]

RECOMMENDATIONS

This report concludes with recommendations for consideration by TDMHSAS and TDOE. The agencies have not vetted, endorsed, or committed to implementing any of the recommendations contained in this report.

SHORT-TERM

Strategy 1.1: **Utilize state-level mental health personnel to coordinate and facilitate regional mental health collaboratives to support the implementation of an integrated and comprehensive system of support for students and families**

ACTIVITIES

1. Build partnerships between Local Educational Agencies, Family Resource Centers, Community-based Mental Health Providers, and state child-serving agencies
2. Develop Memorandums of Understanding (MOUs) between Local Education Agencies and Community-based Mental Health Providers for student and staff supports
3. Provide training and technical support for implementation of Interconnected Systems Framework
4. Create regular opportunities for networking and building effective partnerships
5. Identify consistent methods of communication and dissemination of relevant information and resources
6. Share evidence-based practices, highlight effective strategies, and address challenges collaboratively

BACKGROUND

Barriers to collaboration and communication between school districts and community mental health agencies emerged as a prominent theme across the state. The data reveal an opportunity to bolster partnerships between schools, district Family Resource Centers, and community mental health providers to improve the implementation of school-based mental health services. Tennessee Department of Education (TDOE) utilizes a support structure through Centers for Regional Excellence (CORE) region networks, led by Centers for Regional Excellence (CORE) Directors and content-based Consultants. Hosting monthly/quarterly meetings of similar role groups (District Directors of Schools, Administrators, Supervisors, Career and Technical Education Directors, etc.) has provided meaningful opportunities for information dissemination, collaboration, and technical support.

RECOMMENDATION 1: IMPROVE COLLABORATION AND COORDINATION OF SERVICES

SHORT-TERM

Strategy 1.2: **Establish clear and consistent expectations for the delivery of tiered services that maximize the training and expertise of school-based personnel, community-based mental health providers, and child-serving state agencies and reduces the duplication of services**

ACTIVITIES

1. Clarify roles and responsibilities of Local Educational Agency staff to align to their mental health training/expertise. Utilize school and district personnel (school counselors, school social workers, etc.) to provide Tier I (Universal) and Tier II (Targeted) mental health services. Community-based Mental Health Providers focus their resources on providing Tier III (Intensive) services
2. Ensure that Community-based Mental Health Providers have access to students to provide Tier III (Intensive) services, including time and space for delivery of supports

BACKGROUND

In some instances, the goals of mental health programs and grants do not align to the needs of schools. Community-based Mental Health Providers (CBMHP) shared that schools are requesting Tier III (Intensive) services; however, program and grant expectations specify the provision of Tier I (Universal), II (Targeted), and III (Intensive) services, despite schools having existing personnel trained to deliver Tier I (Universal) and II (Targeted) services.

RECOMMENDATION 1: IMPROVE COLLABORATION AND COORDINATION OF SERVICES

INTERMEDIATE-TERM

Strategy 1.3: **Increase access to services by developing effective processes for clearly communicating available mental health services and supports**

ACTIVITIES

1. Explore statewide electronic referral system or third-party vendor that manages referrals
2. Develop partnerships to increase effective stakeholder communication that includes disseminating information and expectations to families
3. Establish a process for engaging parents in participating in the provision of mental health supports and services including obtaining consent for supports and services
4. Develop strategies for outreach and education regarding mental health and available supports and resources
5. Identify strategies to improve communication about the Children's Behavioral Health Safety Net, especially to partnering school districts
6. Work with existing partners to support expanded telehealth services and build provider networks

BACKGROUND

Barriers to collaboration and communication between school districts and community mental health agencies emerged as a prominent theme across the state. The data reveal an opportunity to bolster partnerships between schools and community mental health providers to improve the implementation of school-based mental health services. Lack of buy-in from school personnel led to challenges in providing services within the context of the school. Internal and external communication were also identified as a barrier to access to mental health services and effective collaboration.

The mental health referral process varies between schools and districts. In reference to the mental health referral process in school, one focus group participant shared, "The referral process is like the volunteer fire department-reactive with no follow-up." Project AWARE (Advancing Wellness and Resilience in Education) districts have access to an online referral system that allows school faculty and staff, parents, and students to refer students to mental health services.

RECOMMENDATION 1: IMPROVE COLLABORATION AND COORDINATION OF SERVICES

INTERMEDIATE-TERM	***Strategy 1.4:*** **Provide mental health training to all stakeholders** **ACTIVITIES** 1. Coordinate efforts of child serving agencies to maximize access and opportunity to participate in professional development related to mental health 2. Increase awareness of and access to professional development related to mental health and support delivery of trainings for all educators 3. Strategically expand Trauma-informed Schools, Project AWARE (Advancing Wellness and Resilience in Education), and Project BASIC (Better Attitudes and Skills in Children)
BACKGROUND	**Survey participants indicate they would like additional professional development on Adverse Childhood Experiences (ACEs), Trauma-Informed practices, early warning signs of mental health problems, and data collection on effectiveness of mental health supports.**

RECOMMENDATION 1: IMPROVE COLLABORATION AND COORDINATION OF SERVICES

INTERMEDIATE-TERM

Strategy 1.5: **Regular collaboration and communication between the Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and other child-serving state agencies**

ACTIVITIES

1. Schedule regular opportunities for collaboration between Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)
2. Identify opportunities to improve communication, collaboration, and role definition/clarification with other child-serving state agencies to support the mental health for children and youth
3. Utilize state-level student support collaboratives established by T.C.A. Section 49-1-231[1] with the addition of Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) personnel to facilitate ongoing communication and collaboration for mental health supports and advise the Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) on student mental health support strategies, programming, and services.

BACKGROUND

Feedback indicates a need for increased coordination and collaboration between Tennessee Department of Education (TDOE) and Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) for school-based mental health supports that leverages the expertise of each department to reduce duplication of services and increase the scale and efficiency of mental health programs and supports.

RECOMMENDATION 2: INCREASE CAPACITY

INTERMEDIATE-TERM

Strategy 2.1: **Increase capacity of community mental health providers to meet mental health demands**

ACTIVITIES

1. Advocate for review of TennCare policies and requirements for covered reimbursable services to prevent unintentional barriers to the delivery of mental health supports
2. Negotiate for reimbursement rates that support consistency in staffing
3. Allocate funding to expand Tier III (Intensive) services in schools
4. Expand Project BASIC (Better Attitudes and Skills in Children) and Project AWARE (Advancing Wellness and Resilience in Education)programs

BACKGROUND

The most consistent barrier to meeting mental health needs identified by both school and community agency respondents is a lack of funding, resources, community providers, and school personnel to effectively meet the mental health needs of students. Community agency professionals and school personnel do not perceive the existing services as sufficient to meet the mental health needs of students. School-based staff emphasized a need for dedicated, full-time mental health providers in each school instead of the current reality of mental health providers that are assigned to multiple schools and unable to meet the needs of their schools.

RECOMMENDATION 2: INCREASE CAPACITY

SHORT-TERM

Strategy 2.2: **Clarify roles and expectations of school-based mental health staff (school counselors, school social workers, school psychologists, etc.) to leverage their expertise and increase capacity to support students**

ACTIVITIES

1. Align school counseling program and role of school counselor to TN State Board of Education policy 5.103
2. Identify state-level support for school social workers
3. Provide relevant training related to mental health resources and supports
4. Increase utilization of Family Resource Centers to support school-based mental health staff

BACKGROUND

School-based staff emphasized a need for dedicated, full-time mental health providers in each school instead of the current reality of mental health providers that are assigned to multiple schools and unable to meet the needs of their schools. Additionally, school respondents described the ways in which the role of school counselor is not being maximized to address student mental health needs.

RECOMMENDATION 2: INCREASE CAPACITY

INTERMEDIATE-TERM

Strategy 2.3: **Increase funding for Local Educational Agency and Community-based Mental Health Providers staffing positions to meet increased need for mental health supports and services and provide consistency of service delivery in schools**

ACTIVITIES

1. Expand funding for school counselors and school social workers to enable school districts to reduce school counselor and school social worker ratios to 1 counselor/social worker per 250 students as recommended by the American School Counseling Association (ASCA) and the National Association of Social Workers (NASW)
2. Advocate for TennCare reimbursement rates to support increased wages for mental health providers
3. Incentivize Community-based Mental Health Providers positions that serve in hard to staff rural areas
4. Allocate funding to expand Tier III (Intensive) services in schools

BACKGROUND

There is a desire to increase staffing of school-based mental health providers to meet the demand in schools, but school districts lack the funds to create new positions. Under the current school funding formula, school counselor and school social worker positions are not funded at the recommended levels.

RECOMMENDATION 2: INCREASE CAPACITY

INTERMEDIATE-TERM	***Strategy 2.4:*** **Provide resources and create a structure to support Local Educational Agency faculty and staff mental health** **ACTIVITIES** 1. Explore supports available for Local Educational Agency faculty and staff mental health 2. Identify barriers and assets of mental health supports for Local Educational Agency faculty and staff
BACKGROUND	**Feedback from many school survey respondents across regions expressed a need for more supports for school personnel mental health.**

RECOMMENDATION 2: INCREASE CAPACITY

SHORT-TERM

Strategy 2.5: **Create a structure to provide technical assistance to Local Education Agencies (LEAs) and Community-based Mental Health Providers (CBMHP) to support the implementation of integrated and comprehensive supports for students and families**

ACTIVITIES

1. Create a Response to Instruction and Intervention for Mental Health (RTI²-MH) pilot program with assistance through Multi-tiered System of Supports (MTSS) Center to determine effectiveness of having a standard framework for handling mental health concerns in schools
2. Align resources and strategies to address mental health in schools
3. Use resources to provide mental health supports and services more equitably throughout state
4. Identify opportunities to reduce duplication of services

BACKGROUND

Despite many districts reporting using Multi-tiered System of Supports (MTSS) frameworks, responding districts indicated limited usage of data to drive decision-making, select interventions, and progress monitoring. These contradictory data could indicate incomplete implementation of the Multi-tiered System of Supports (MTSS) framework for mental health.

RECOMMENDATION 3: EXPAND USAGE OF DATA TO DRIVE DECISION-MAKING

SHORT-TERM

Strategy 3.1: **Develop common language for referral, participation, and outcome data for mental health supports and services between Local Educational Agencies (LEAs), Community-based Mental Health Providers (CBMHP), and child-serving state agencies**

ACTIVITIES

1. Assess how districts are currently measuring outcomes for mental health interventions provided by school personnel
2. Assist agencies providing services for youth and family mental health needs in aligning their outcome indicators to school success metrics
3. Develop data sharing agreements between Local Educational Agencies (LEAs), Community-based Mental Health Providers (CBMHP), and child-service state agencies

BACKGROUND

Schools and Community-based Mental Health Providers (CBMHP) speak different languages and adhere to policies and procedures that are unfamiliar to each other, which creates challenges when Community-based Mental Health Providers (CBMHP) are providing mental health services in schools.

RECOMMENDATION 3: EXPAND USAGE OF DATA TO DRIVE DECISION-MAKING

INTERMEDIATE-TERM

Strategy 3.2: **Collect and analyze data aligned to school success metrics (e.g., improved grades or learning readiness, reduced disciplinary referrals, suspensions, absences) in connection with mental health services provided by school personnel (i.e., school counselors, school social workers, Trauma-informed Schools) and contracted mental health providers working in schools (School-based Behavioral Health Liaisons, Child Development Specialists, school-based therapists, etc.)**

ACTIVITIES

1. Leverage resources and relationships with the Office of Evidence and Impact, and University researchers to develop a data-driven monitoring and evaluation system(s) at school and district levels
2. Conduct process and outcomes-based evaluation of key programming (Trauma-informed Schools, AWARE (Advancing Wellness and Resilience in Education), BASIC (Better Attitudes and Skills in Children) to help guide expansion and scaling of program as well as modifications, if needed
3. Develop a system for collecting data related to school success metrics
4. Develop data sharing agreements between Local Educational Agencies, Community-based Mental Health Providers (CBMHP), and child-service state agencies

BACKGROUND

Statewide, 40.6% of school respondents indicated their school uses data to select evidence-based practices that meet the identified needs of students, teachers, and staff. 38.1% of school respondents indicated their district uses data for action planning and for continuous quality improvement purposes. Additionally, school success outcome data are not being collected for mental health services referred to providers in a community-based setting.

RECOMMENDATION 3: EXPAND USAGE OF DATA TO DRIVE DECISION-MAKING

SHORT-TERM

Strategy 3.3: **Utilize referral, participation, and outcome data for mental health supports and services at the state, regional, and district levels to identify effective intervention strategies and evaluate supports and services**

ACTIVITIES

1. Create a statewide, school-based mental health data dashboard, accessible to Local Education Agencies (LEAs) and Community-based Mental Health Providers (CBMHP), in order to better understand the impact and accessibility of mental health resources and supports for students, families and staff

2. Community-based Mental Health Providers (CBMHP) participation in school-based consultation and collaboration services (i.e. mental health committees, school counseling advisory council, intervention review committees, etc.) that review and analyze data for delivery and evaluation of mental health supports and services

BACKGROUND

Data collection and usage in decision-making is another area in which schools and community partners could align to enhance the implementation of mental health services in schools. Despite many districts reporting using Multi-tiered System of Supports (MTSS) frameworks, responding districts indicated limited usage of data to drive decision-making, select interventions, and progress monitoring.

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GLOSSARY

COORDINATED SCHOOL HEALTH (CSH) is a national model, developed by the Centers for Disease Control and Prevention, that addresses physical, social, and emotional health needs of students within an education setting to improve student health outcomes and reduce barriers to academic success.
LINK: ***https://www.tn.gov/education/health-and-safety/coordinated-school-health.html***

ELEMENTARY AND SECONDARY SCHOOL EMERGENCY RELIEF (ESSER) is a United States Department of Education grant to states for the purpose of granting funding to local education agencies to provide relief from the challenges of the COVID-19 pandemic on elementary and secondary education.
LINK: ***https://oese.ed.gov/offices/education-stabilization-fund/elementary-secondary-school-emergency-relief-fund/***

FAMILY RESOURCE CENTER (FRC) is a hub for resources for students and families within a school district. Family Resource Centers provide resources in response to mental health and well-being needs of students and families to reduce barriers to student success.
LINK: ***https://www.tn.gov/education/student-support/family-resource-centers.html***

INTERCONNECTED SYSTEMS FRAMEWORK (ISF) integrates school mental health (SMH) programs and services into already established school-based Multi-tiered system of supports, such as Positive Behavioral Interventions and Supports (PBIS). The Interconnected Systems Framework blends elements of educational systems and mental health programming in order to better serve students, particularly those with more complex needs. A desired outcome of the Interconnected Systems Framework is a single system that provides access to a full continuum of evidence-based interventions to promote the success of all students.
LINK: ***https://www.Positive Behavioral Interventions and Supports.org/resource/advancing-education-effectiveness-interconnecting-school-mental-health-and-school-wide-positive-behavior-support***

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS) is a framework designed to match students with appropriate academic, behavioral, or social-emotional interventions. Tennessee uses two Multi-tiered System of Supports (MTSS) systems: Response to Instruction and Intervention for Academics (RTI²-A) and Response to Instruction and Intervention for Behavior (RTI²-B).
LINK: ***https://tennesseetsc.org/***

TIER I (UNIVERSAL SUPPORTS):
Evidence-based supports and interventions provided to all students. Interventions include prevention education (bullying, drug, and suicide), school-wide Positive Behavioral Interventions and Supports, social and emotional learning, and restorative practices.

TIER II (TARGETED SUPPORTS):
Targeted supports and interventions to support students who are at-risk for more serious behavior problems. Interventions include small groups (social skills, emotional regulation, and trauma intervention), mentoring, behavior contracts, and check-in/check-out.

TIER III (INTENSIVE SUPPORTS):
Intensive services and interventions needed by some students to succeed. Interventions include referral to community-based services, system of care model, and intensive individual treatments.

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORT (PBIS) is a multi-tiered framework used to support the behavioral and academic needs of students. Like other Multi-tiered System of Supports (MTSS) frameworks, Positive Behavioral Interventions and Supports integrates data, systems, and practices to ensure student success in the classroom.
LINK: ***https://www.Positive Behavioral Interventions and Supports.org***

PROJECT AWARE (ADVANCING WELLNESS AND RESILIENCE IN EDUCATION) is a grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of Project AWARE (Advancing Wellness and Resilience in Education) is to build the capacity of schools and mental health agencies in identifying and responding to the mental health needs of school-aged youth. Project AWARE (Advancing Wellness and Resilience in Education) aims to strengthen partnerships and collaboration between state and local systems of education and mental health services in order to promote student well-being and prevent youth violence.

PROJECT BASIC (BETTER ATTITUDES AND SKILLS IN CHILDREN) is a grant funded program sponsored by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) serving Kindergarten through 3rd grade students with the goal of increasing access to mental health services in rural areas of Tennessee through forming partnerships with local community mental health centers to increase school-wide wellness through mental health education, early intervention services, teacher consultation, and school climate enhancement.

LINK: ***https://www.tn.gov/behavioral-health/children-youth-young-adults-families/BASIC (Better Attitudes and Skills in Children).html***

RESPONSE TO INSTRUCTION AND INTERVENTION FOR ACADEMICS (RTI²-A) uses a multi-tiered system to implement interventions to address deficits in student learning. The model emphasizes high quality, differentiated instruction for all students and early identification and intervention for students struggling academically.

LINK: ***https://tennesseetsc.org/about-us/what-is-rti2a-rti2b/***

RESPONSE TO INSTRUCTION AND INTERVENTION FOR BEHAVIOR (RTI²-B) uses a multi-tiered system to provide supports to schools in order to create a positive culture for students and staff with the goal of improving academic and behavioral outcomes for ALL students.

LINK: ***https://tennesseetsc.org/your-role/educator/***

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) is a branch of the United States Department of Health and Human Services charged with improving the prevention, treatment, and rehabilitative services related to substance abuse and mental illness.

LINK: ***https://www.samhsa.gov***

SCHOOL-BASED BEHAVIORAL HEALTH LIAISON (SCHOOL-BASED BEHAVIORAL HEALTH LIAISONS (SBBHL)) is a program that places mental health professionals in schools to provide preventative services for the K-12 education system in the state of Tennessee. School-based Behavioral Health Liaisons (SBBHL) provide consultations, training, and education for teachers who serve student populations that are at-risk for Serious Emotional Disturbance (SED), behavioral problems, or substance use disorders.

LINK: ***https://www.tn.gov/behavioral-health/children-youth-young-adults-families/School-based Behavioral Health Liaison.html***

SYSTEM OF CARE ACROSS TENNESSEE (SOCAT) provides care coordination through a wrap-around approach for children and their families. Through the system of care, all service providers working a child and their family coordinate activities to ensure children are able to grow up in their home and communities.

LINK: ***https://socacrosstn.org***

TENNESSEE DEPARTMENT OF EDUCATION (TDOE)

LINK: ***https://www.tn.gov/education.html***

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (TDMHSAS)
LINK: ***https://www.tn.gov/behavioral-health.html***

Office of Children, Youth, Young Adults, and Families
LINK: ***https://www.tn.gov/behavioral-health/children-youth-young-adults-families.html***

TENNESSEE RESILIENCY PROJECT (TRP) is a grant that funds the expansion of community-based mental health services to uninsured Tennesseans with a focus on services to children living with serious emotional disturbances (SED).

TRAUMA-INFORMED SCHOOLS (TIS) are schools that participate in the Tennessee Trauma-Informed Schools (TIS) cohorts and commit to a two-year development cycle in partnership with the Tennessee Department of Education (TDOE). During those two years, schools receive high-quality training, resources, and ongoing support in implementing trauma-informed strategies.
LINK: ***https://safesupportiveLocal Educational Agencyrning.ed.gov/discipline-compendium?state=Tennessee&sub_category=Trauma-informed%20Practices***

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RESOURCES ACCESSED

MENTAL HEALTH AGENCY WEBSITES

Referenced information for which mental health agencies offer certain services were gathered through a search of each mental health agency's website

SCHOOL DISTRICT WEBSITES

Referenced information for each school district was gathered through a search of each district's website

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA):

LINK: ***https://www.samhsa.gov/find-treatment***

Mental Health Agency Information in Tennessee

TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS (TAMHO)

Referenced information for which mental health agencies offer certain services were gathered through a search of the TAMHO member reference guide

TENNESSEE DEPARTMENT OF EDUCATION (TDOE):

LINK: ***Tennessee Department of Education (TDOE)@tn.gov***

FAMILY RESOURCE CENTERS (FRCs):

LINK: ***https://www.tn.gov/education/student-support/family-resource-centers.html***

TENNESSEE COMPREHENSIVE SCHOOL-BASED MENTAL HEALTH RESOURCE GUIDE:

LINK: ***https://www.tn.gov/content/dam/tn/education/safety/Comp_School_Mental_Health_Guide.pdf***

TENNESSEE DISTRICT DASHBOARD (SCHOOL DISTRICT ESSER PLANS)

LINK: ***https://districtinformation.tnedu.gov/covid-information/search/-1?selectedDate=12-16-2021***

TENNESSEE REPORT CARD 2020:

LINK: ***https://www.tn.gov/education/data/data-downloads.html***

SCHOOL DISTRICT DEMOGRAPHIC INFORMATION TRANSPARENT TENNESSEE REPORT

SCHOOL DISTRICT DEMOGRAPHIC INFORMATION TRAUMA-INFORMED SCHOOLS COHORTS:

LINK: ***https://www.tn.gov/education/news/2021/4/29/Tennessee Department of Education (TDOE)-selects-176-schools-for-new-trauma-informed-schools-cohort-.html***