

Pine Tree ISD

Mental Health, Substance Abuse, and Youth Suicide

I. General Guidelines

School Mental Health Definition

In accordance with guidance from the Texas Education Agency (TEA), school mental health (SMH) refers to a comprehensive system of support and services designed to promote students' emotional, behavioral, and psychological well-being to enhance academic success, safety, and overall functioning. School mental health includes prevention, early identification, intervention, crisis response, and coordination of services, and addresses both mental health and substance use concerns within the educational environment.

SMH includes systemically integrating evidence-based practices and research-based programs to address:

- Social, emotional, behavioral, and mental development and well-being for all persons in the school community.
- Age-appropriate development of personal and interpersonal skills that support learning and overall wellness
- A positive, safe, and supportive school climate
- Adequate access to mental healthcare when students and their families need help
- Safety, emotional, and physical, for all persons in the school environment.

The Texas School Mental Health Framework includes components and domains to implement evidence-based practices and research-based programs to address:

- Mental health literacy and promotion
- Early mental health prevention and intervention
- Building skills related to managing emotions, establishing and maintaining positive relationships, and making responsible decisions
- Suicide prevention, intervention, and postvention
- substance use prevention and intervention
- positive youth development
- positive behavior intervention and supports
- grief-informed and trauma-informed practices
- safe, supportive, and positive school climate.

- School mental health practices that build and nurture partnerships developed between schools, youth, families, community and faith-based organizations, businesses, and mental health providers can result in improved academic outcomes and related assets for students, families, educators, schools, and communities, such as:
- Strengthened social and emotional competencies
- Strengthened relationship-building and relationships to support learning
- Strengthened school engagement with children being better prepared and able to concentrate on learning
- More families participating in their children's education
- Preparation of school staff to address students' mental health needs
- Reduced educator stress and strengthened educator wellness
- Early identification of mental health challenges through appropriate screening, assessment, services, and follow up support
- Early and adequate access to counseling and treatment through school-connected and community-based mental health services
- Increased knowledge, understanding, and access to supportive community resources

Adverse Childhood Experiences (ACEs)

ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs can be prevented. Researchers estimate that 61% of adults have at least one ACE, and 16% have four or more ACEs. Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood.

Role of Campus School Counselor (Texas Education Code §33.005)

In accordance with Texas Education Code §33.005, the campus school counselor implements a comprehensive school counseling program that supports students' academic, career, social, and emotional development. Within the school mental health framework, the counselor provides short-term, solution-focused counseling and plays a key role in early identification, collaboration, crisis response, and referral.

Role of the District Licensed Professional Counselor (LPC)

The District Licensed Professional Counselor (LPC) provides specialized mental health services that extend beyond the scope of the comprehensive school counseling program. The LPC supports students experiencing significant mental health concerns through clinical assessment, intervention, and evidence-based counseling practices.

The LPC's responsibilities include providing individual counseling services, conducting mental health assessments and screenings, and responding to students in need of crisis intervention.

This includes participation in suicide risk screener, development of safety plans, and collaboration with campus staff to ensure appropriate support for students.

The LPC works collaboratively with administrators, school counselors, families, and, when applicable, outside mental health providers to support student well-being and continuity of care.

Due to the clinical nature of services and capacity considerations, not all students will receive direct services from the LPC. Services are prioritized for students demonstrating more severe, complex, or high-risk mental health needs, including those requiring clinical intervention or intensive support.

Referrals to the LPC are made through established district procedures, and services are provided based on identified need, appropriateness of service, and available resources.

Review of Procedure

These procedures and guidelines should be reviewed annually to ensure alignment with current laws, best practices, and student needs.

II. Mental Health Liaison

Pine Tree ISD designates:

Jaclyn Watson, PTISD Lead Counselor

Responsibilities include:

- Oversight of district mental health procedures
 - Coordination of services and supports
 - Compliance with TEA and state law
 - Support for campuses and staff training
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III. Early Identification and Prevention

Trauma-Informed Care Approaches School mental health practices are designed to be trauma-informed. School mental health seeks to reduce or mitigate against risk factors that many students are facing in their lives, among peer groups, and in the learning environment. Schools reduce and mitigate risk factors by increasing promotive and protective factors that surround students. When school mental health practices are put in place, schools can help build resilience and mental health and promote healthy child and adolescent development and wellbeing to strengthen student success in school and life. By addressing barriers to teaching and learning related to mental health, well-being, and social, emotional, and behavioral

development, school mental health practices address the vision and strategic priorities of TEA that every child will be prepared for success in college, a career, or the military. School mental health practices promote a positive, safe, and supportive school climate for all persons in the learning community. Research shows that students who have their mental health needs met are better able to focus on learning. Teachers are also supported through school mental health practices and able to fully focus on instruction with strengthened wellbeing and relationships that promote teaching and learning.

All staff who interact with students are responsible for recognizing early warning signs.

Suicide Prevention Guidelines Consistent with the intent of TEC § 38.351, an LEA should evaluate and ensure its suicide prevention program includes training and components that build competencies, as appropriate, for school counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students to:

1. recognize students at risk of attempting suicide, including students who are or may be the victims of or who engage in bullying
2. recognize students displaying early warning signs and a possible need for early mental health or substance abuse intervention, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others
3. intervene effectively with students described above by providing notice and referral to a parent or guardian so appropriate action, such as seeking mental health or substance abuse services, may be taken by a parent or guardian
4. assist students in returning to school following treatment of a mental health concern or suicide attempt.

Early intervention may include:

- Referral to a counselor via written documentation
 - Teacher Referral
 - Campus Committee (RtI/MTSS)
 - Staff Referral
 - Parent/ Guardian
 - Student Self-Report
 - Anonymous Online Reporting Tool - StopIt
- Monitoring and support

The Texas Framework for Comprehensive School Mental Health Domains: This is the research-based pathway to plan and implement comprehensive school mental health in Texas. The stones depict the steps in the process— the pathway—toward building and implementing an effective MTSS for SMH. This pathway facilitates the process to

integrate practices and procedures for the statutory components of mental health promotion in Texas schools.

- Multidisciplinary Teaming and Planning: Includes collaborating with multidisciplinary school staff and community mental health service providers. Students' families and youth voices are included in school-wide program planning to ensure stakeholder engagement in planning for services and supports.
 - Needs Assessment and Resource Mapping: Needs assessment to identify mental health needs in the school and community as part of the campus needs assessment process; measuring school climate and using data; resource identification and mapping; aligning resources within the school; developing agreements with community service providers; and establishing referral pathways. Engaging families and students is critical in this process.
 - Early Identification: Using the TEA provided state-standardized platform Sentinel, counselors and/or administration use the behavior needs assessment to determine the level of risk. Following a needs assessment the following actions will be used on an as-needed basis.
 - Official/ Unofficial check-ins
 - Wellness plan support
 - Provide programs and practices focused on early mental health prevention and intervention.
 - Referrals to outside agencies as needed
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IV. Reporting and Referral Procedures

A. Required Reporting Chain

Pine Tree ISD follows the following reporting pathway:

1. **Any Staff Member**
 - Identifies concerns
 - Report concerns immediately to the Campus Counselor or Campus Administrator
 - If needed, staff member report to CPS/ law enforcement
2. **Campus Counselor**
 - Assesses concern
 - Assesses the level of risk through inquiry questions
 - Determines a plan of action
 - Notifies:
 - Campus Administrator
 - Parent/Guardian
 - Region 7/Outside sources as needed
3. **Campus Administrator**

- Supports intervention and safety procedures

B. Notice to Parents of Recommendation for Early Mental Health or Substance Abuse Intervention

Parent engagement is critical to the success of SMH services and supports.

1. Purpose

This procedure establishes a consistent, respectful, and legally compliant process for notifying parents/guardians when a school identifies a student who may benefit from early mental health or substance abuse intervention. The goal is to support student well-being through timely communication and collaboration with families.

2. Guiding Principles

- Prioritize student safety, dignity, and confidentiality
- Use supportive, non-stigmatizing language
- Encourage family partnership and informed decision-making
- Follow all applicable federal, state, and local privacy laws and school policies

3. Identification of Concern

A recommendation for early intervention may be made based on:

- Observable behavioral or emotional changes
- Academic decline linked to potential mental health or substance use concerns
- Reports from staff, peers, or the student
- Screening tools or wellness assessments (if applicable)

All concerns must be documented factually and without speculation.

4. Internal Review Process

Before notifying parents:

- The referring staff member submits documentation to the designated school team (e.g., counselor, student support team, or administrator)
- The team reviews available information and determines whether a recommendation is appropriate
- Immediate risks (e.g., threats of harm to others) must follow PTISD's Crisis Protocols. For information on Crisis Protocols, contact the Director of Safety and Security.

5. Preparation for Parent Notification

The designated staff member (typically a school counselor or administrator) will:

- Review and document through the Sentinel Database Platform.
- Identify appropriate resources or referral options
- Prepare to communicate clearly, respectfully, and without diagnosis

- Parent communication
 - Provide parent information for mental health topics via the PTISD website under Guidance and Counseling

6. Method of Notification

Parents/guardians should be notified using one or more of the following:

- Phone call (preferred for initial contact)
- Follow-up written notice (email or letter)
- In-person meeting when feasible

Communication should occur within a reasonable timeframe after the determination is made.

7. Content of the Notice

The notification should include:

- A clear statement that the school has observed concerns regarding the student's well-being
- Specific, objective examples of observed behaviors or changes
- A statement that the school is recommending consideration of early intervention support
- Clarification that the school is not making a medical diagnosis
- Available school-based supports (if any)
- Community-based resources or referral options
- An invitation to discuss next steps collaboratively

8. Sample Notification Language

"Hello [Parent/Guardian Name], we are reaching out because we have noticed some changes in [Student Name]'s behavior/academic engagement that may indicate they could benefit from additional support. While we are not making any diagnosis, we recommend considering an early mental health/substance use evaluation or support service. We would like to partner with you to ensure [Student Name] receives the help they may need."

9. Documentation

- Record the date, time, and method of contact
- Summarize the information shared
- Note parent/guardian response (if any)
- Maintain records in accordance with FERPA

10. Confidentiality

- Share only necessary information with parents/guardians
- Do not disclose information about other students
- Follow FERPA and district policies

11. Follow-Up

- Offer to schedule a meeting to discuss concerns and supports
- Provide additional resources [Community Resources](#)
- Continue monitoring the student's well-being within the school setting

12. Non-Response or Refusal

If parents/guardians do not respond or decline intervention:

- Document all attempts at communication
- Continue providing appropriate in-school support
- Follow additional protocols if concerns escalate

13. Staff Training

Staff involved in this process should receive training every three years based on the PTISD District of Innovation Plan:

- Recognizing early signs of mental health and substance use concerns
 - Trauma-informed communication
 - Cultural sensitivity
 - Legal and ethical requirements
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C. Emergency Situations

If immediate danger is suspected:

- The student must remain under supervision
 - Staff must contact the counselor/administrator immediately
 - Parent Contacted
 - Emergency services (911) may be contacted if necessary
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V. Screening and Assessment

- Administration and/or counselors will conduct a risk threat assessment guided by TEA's digital safety platform, Sentinel.
- Parents/guardians will be notified after any immediate safety threat has been addressed.

Screener results guide:

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- Comprehensive Campus Service Delivery Plan provided by a Safe and Supportive Schools Program
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VI. Parent/Guardian Notification

A. Suicide Risk

- Parents/guardians are contacted immediately
- The Suicide Protocol Committee will complete PTISD's Suicide Protocol and document **through Sentinel Database.**

B. Early Mental Health Concerns

- Parents are notified as needed, based on:
 - Observable behaviors
 - Assessment level
 - After Response to Intervention Meetings, and behaviors are escalating

C. Documentation

- Counselor/Administrator documents behavior risks and suicide risks in Sentinel
- [Support Plan](#)

D. Education/Resources

Parents are provided:

- Parent talking document - [English](#) and [Spanish](#)
- Warning signs
- Risk factors
- Substance use awareness
- Community resources and contacts
- PTISD counselor web-site

Parents may access support through:

- School counseling
- Collaboration with the school nurse
- District LPC referrals
- 988 Suicide & Crisis Lifeline
- Text 741741
- Emergency services (911)

VII. Threat Assessment Procedures

A. Activation Criteria

Threat Assessment is initiated when a student presents:

- Threat of harm to self
- Suicidal ideation or behavior
- Behaviors indicating potential risk

B. Team Composition

The type of threat assessment determines the committee formation. Behavior threat assessment, toward others, initiates the Behavior Threat Assessment Team. The members of this team consists of:

- Campus Administrators
- Counselors /LPC
- SRO
- Staff as needed
- Special Education staff, if applicable

The second type of threat assessment committee is Suicide Protocol Committee. This committee is initiated when the student threatens harm to self. The members of this team consists of:

- Campus Administrator
- Counselor
- Parent
- Student

C. High-Risk Response

- Immediate supervision
 - Removal from the classroom
 - Immediate parent contact
 - Referral for services
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VIII. Safety Planning and Intervention

Students may receive a Student School Support Plan, including:

- Coping strategies
 - Trusted adults
 - Monitoring supports
 - Crisis resources (988, local providers) [Community Resources](#)
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IX. Staff Training Requirements

In accordance with TEC §22.904, staff who regularly interact with students must complete an evidence-based mental health training program designed to provide instruction to participants regarding the recognition and support of children and youth who experience a mental health or substance use issue that may pose a threat to school safety.

This training must comply with the standards of 19 TAC 153.1015, including the following competencies:

- Mental health awareness
- Suicide prevention
- Substance use awareness
- Reporting procedures

PTISD may not require a district employee who has previously completed mental health training offered by a local mental health authority under [Health and Safety Code](#) 1001.203 to complete the required training.

PTISD will provide staff completing the required training the local district policies and procedures for the mental health topics covered in TEC 38.351. PTISD also develops practices and procedures for providing educational material to all parents and families in the district that contain information on identifying risk factors, accessing resources for treatment or support provided on and off campus, and accessing available student accommodations provided on campus in accordance with TEC 38.351(i-1). The verification will be documented using a district-approved acknowledgment form signed by the employee. This will be completed at the beginning of each academic year through Skyward.

PTISD staff must submit a signed acknowledgement form confirming receipt of the current training and a copy of local procedures and practices, as published in the PTISD Employee Handbook.

The CI department will track completion of the training annually ensuring the following percentages are completed within a school year.

- 25% trained (2025/2026)

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- 50% trained (2026/2027)
- 75% trained (2027/2028)
- 100% trained (state timeline compliance)

PTISD are required to keep records of the following documents:

1. The employee's certificate of completion for the evidence-based mental health training program;
2. The acknowledgement form of local procedures and practices; and,
3. Information, including the name of the training course, along with supporting documentation confirming the training course meets the competences outlined in the rule.

This documentation must be retained by PTISD and can be housed in the document repository in Sentinel so it is available for TEA upon request. PTISD must upload training logs containing the names and dates of training completed into the Required Documents section of the PTISD Documentation Repository in Sentinel. Records must be kept for each employee for the duration of their employment.

X. Documentation and Confidentiality

- Records maintained per FERPA
- Information shared with school officials who have a legitimate educational interest
- Documentation includes:
 - Parent contact
 - Risk assessment
 - Safety planning