Mental Health Research in Tennessee Schools

POLICY BRIEF

How Tennessee Schools Built Capacity for School-Based Mental Health Services with Federal AWARE Grants

By the Vanderbilt University and VUMC Mental Health Research in Tennessee Schools team

Childhood and adolescence are critical times for mental development (2022 National Healthcare Quality and Disparities Report). Yet many young people do not receive care when struggling with mental health concerns. During the 2021-2022 school year in Tennessee, 20% of youth experienced at least one major depressive episode, 62% of whom did not receive treatment (Reinert et al., 2024). Children in rural areas are especially likely to lack access to specialized mental health providers (Morales et al., 2020).

Between 2014 and 2024, the federal Substance Abuse and Mental Health Services administration awarded over $800 million to states and school districts across the United States through Project AWARE (Advancing Wellness and Resiliency in Education). This grant was meant to support the development of sustainable, integrated systems for mental health support within schools and to provide training for school personnel to better recognize and respond to children's mental health needs. These activities were typically conducted in collaboration with community partners—such as county health departments, healthcare organizations, and other community-based organizations—with the intent to increase sustainability of mental health infrastructure when the grant ends.

Tennessee received three rounds of Project AWARE grants (FY 2014, 2019 and 2021) and chose to prioritize ten rural, economically distressed, high-mental health need school districts. Each district received five years of grant funding and technical support. Based on stakeholder interviews, student referral, and medical claims data, we learned that

KEY FINDINGS

This report presents findings and analysis of how school districts across Tennessee utilized federal Advancing Wellness and Resiliency in Education (AWARE) grants.

- **AWARE funds jump-started school-based mental health programs and allowed school districts to "look deeper at what we can do" for students.**
- **Districts invested in school-based staff to minimize stigma, cost, and logistical barriers to student mental health support.**
- **AWARE programs engaged school staff, students, and families in learning about mental health.**
- **Districts leveraged the "referral pathway" as a key tool for structuring school-based mental health care.**
- **Diagnoses of student mental health conditions increased while student disciplinary actions decreased after AWARE grant receipt.**
- **Districts sought to sustain mental health capacity by retaining staff with general funds, partnering with external providers who bill TennCare, and integrating AWARE programs with other state initiatives.**

Project AWARE districts expanded mental health capacity by hiring school-based mental health staff, building awareness and skills among teachers, students, and families about mental health, and developing a referral pathway routine that allows staff to coordinate student supports. Below we describe each capacity-building strategy in more detail and how districts differentially weighted their investments depending on their local student, school, and community contexts. When all three elements are implemented, AWARE grants have the potential to

increase district capacity to support students even in districts with very high student needs and little to no pre-existing mental health infrastructure.

Data & Methods

The Tennessee Project AWARE funds were awarded to Lauderdale County Schools, Lawrence County Schools, and Anderson County Schools in 2014; Cocke County Schools, Fayette County Schools, Hickman County Schools, and Lake County Schools in 2019, and Bledsoe County Schools, Haywood County Schools, and Scott County Schools in 2021. We utilized both qualitative and quantitative methods to understand how AWARE grants were implemented and affected districts' capacity to support students' mental health needs.

Research Question 1: How were AWARE grants used to increase school capacities for serving children's mental health needs?

We conducted two waves of semi-structured interviews with AWARE district-level staff, typically the AWARE project director or Coordinated School Health Director. These interviews allowed us to learn about the mental health infrastructure in school districts before, during, and after Project AWARE grants, as well as the strategies that districts employed to increase and sustain mental health capacity. We integrated interview findings with granular data from EMT Associates on student referrals for mental health support (referral source, reason, and type of provider to which the referral was made), services provided, and the location of services.

Research Question 2: To what extent does the introduction of AWARE grants change mental healthcare utilization, diagnoses, and disciplinary outcomes among school-based children?

We estimated the effects of AWARE grants using linked health and education data for all Medicaid-enrolled, school-aged children from 2006-2021. We compared outcomes for students in AWARE districts to students in other Tennessee districts without AWARE grants or school-based health centers. We accounted for baseline differences between AWARE grantees and other districts using difference-in-difference methods, although our analysis still relies on the assumption that student outcomes in AWARE districts would have followed those of non-treated districts in the absence of Project AWARE.

Findings

Key Findings 1 – AWARE funds jump-started school-based mental health programs and allowed districts to "look deeper at what we can do" for students.

District staff described high levels of unmet mental health needs prior to their AWARE grant. For example, one interviewee noted that their county has a poverty rate of over 40 percent and has experienced many youth suicides. Given these conditions, most school districts were already attempting to expand access to mental health services. Coordinated School Health Directors (CSHD) championed efforts to obtain grant funding and partner with community organizations. However, the success of these prior efforts varied and many districts struggled to meet high levels of student need. One CSHD described how their district went without a mental health provider due to staff turnover:

"And we had a gap in service last year...we had one therapist for our county, eight schools...And so – and then she went on leave...So there was a huge just nothing. There was no mental health services for a long time."

Even in districts with extensive local partnerships, CSHDs noted that "the number of mental health referrals exceeded the number of available therapists." CSHDs viewed the AWARE grant as an opportunity

Title/Position	Who They Are	What They Do
AWARE Directors	District-level staff with a background in mental health counseling or nursing	• Establish a school-based mental health strategy and referral system • Recruit, train, and support mental health staff onsite in schools • Build and coordinate partnerships with external providers and community organizations • Partner with the Coordinated School Health Director to align student support programs • Lead Youth Mental Health First Aid trainings and other efforts to promote mental health skills • Develop strategies to sustain mental health initiatives including writing grants and advocating for district and state funding
Student Support Specialists	Licensed social workers (or other community members with degrees in psychology or sociology) who is assigned to work onsite in a particular school	• Facilitate individual and group therapy • Manage student referrals to external providers • Provide classroom or small group instruction, including anti-vaping, character education, and grief support • Strengthen communication with families • Promote school attendance • Roles varied based on the individuals' level of training and experience.
External Mental Health Staff	Licensed social workers employed by an external provider who may work onsite in one or more schools	• Facilitate individual therapy, during the school day • Maintain mental health services during school breaks, in some cases • Supplement AWARE funding by billing TennCare and other insurance

to sustain and extend the type of supports provided for students— "really look deeper at what we can do."

Key Findings 2 – Districts invested in school-based staff to minimize stigma, cost, and logistical barriers to mental health support.

Districts used grant funds to hire an AWARE director, district-employed social workers, and contract with external mental health providers. AWARE directors provided critical leadership for shaping program strategies, and routines. School-based social workers, referred to as "student support specialists" (S3s), acted as case managers, evaluating student needs, helping them connect with services, and providing therapy. External mental health providers offered therapy sessions during the school day and billed TennCare to supplement AWARE funds.

AWARE grants increased access to mental health services for students regardless of insurance status. One district described the challenges for students with private insurance prior to the grant:

"Our big deficiency...the students who have private insurance. There's a national shortage of people, and the waiting list is six months to find a provider, and being in the rural area where transportation is a problem.

But we don't have anyone in our backyard that provides mental health assessments or services."

District-employed S3s were able to support students without billing insurance and AWARE funds were able to "take care of" payments to external providers when insurance fell short.

Key Findings 3 – AWARE programs engaged school staff, students, and families in learning about mental health.

AWARE grants created an impetus to engage school staff, students, and families in learning about mental health. Districts provide Youth Mental Health First Aid (YMHFA) training for school staff, directly motivated by AWARE grant requirements. In one district, "800 plus staff were trained over a five-year period" to recognize and aid those who are experiencing a mental health or addiction challenge or are in crisis.

These types of professional development efforts helped to equip broader school staff with tools to identify students who might benefit from mental health supports. After training, teachers were able to initiate conversations with families when they noticed "something going on with their kids," and this was how districts "reached a lot of parents." Teacher referrals became a powerful supplement to mental health screeners. Training gave teachers skills to respond in these situations, while the presence of the mental health-focused AWARE staff allowed teachers to refer students more intensive services, rather than having to serve as the sole support person.

Another district focused on getting the word out about services— "just educating people on what Project AWARE meant, and trying to build that trust that," and building school-wide systems of support. This district created a Youth Advisory Board who "helped build those skills among students... if someone might be struggling, this is what you do."

With this knowledge, students were able to initiate mental health referral processes for themselves and peers by submitting information to a centralized referral pathway system. Although districts took different approaches to building mental health awareness, they all directly leveraged resources available within the school and community, including dedicated staff, parents, and students.

Key Findings 4 – Districts leveraged the "referral pathway" as a key tool for structuring school-based mental health care.

As part of the grant, districts were required to implement a referral pathway tracking system. Figure 1 shows each step of the process. Teachers, students, families, and other school staff identified students for mental health support by submitting an online form. After initial referral, students were evaluated by counselors, social workers, or S3s, who gained an understanding of the reason for referral, distributed formal screeners, obtained consent for treatment, and referred students to school or community partners.

The referral form created data to ground discussions of behavioral health that could be used alongside academic indicators. Checking on the progress of students "in the pathway" became a common agenda item for RTI teams in one district:

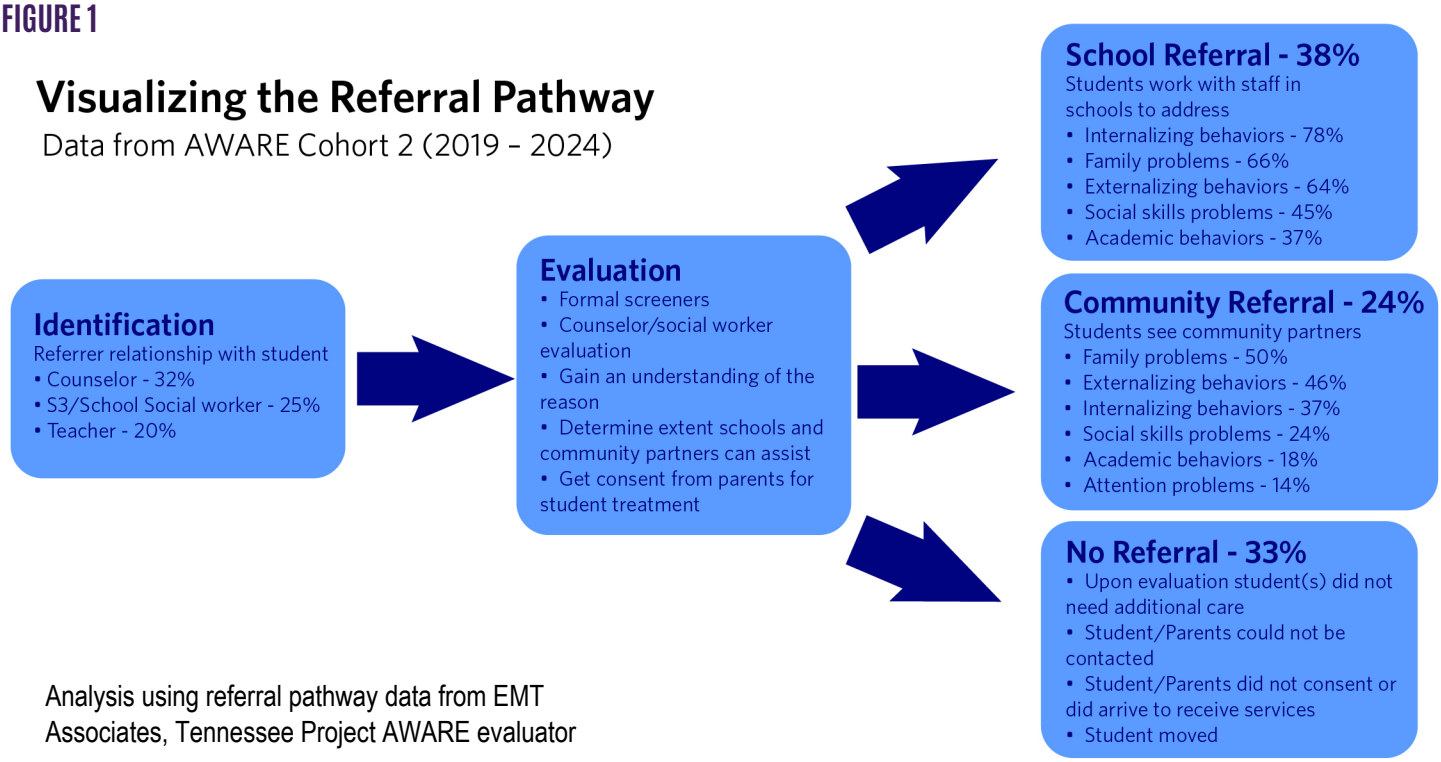
"Every four weeks when we meet, we are talking about students who are in the pathway. This is part of what's called RTI, A plus B. That is where our academic team and our behavior team all come to the table together on a regular basis so everybody is in the know of students' achievement academically and then, of course, behaviorally. And, as we all know, they go hand in hand so often."

The referral pathway tool became embedded within new routines for reviewing students' needs and support across school teams.

Key Findings 5 – As the result of AWARE funds, schools experienced:

- An 0.8 percentage point increase in student mental health diagnoses, over a baseline rate of 12%.

FIGURE 1



Analysis using referral pathway data from EMT Associates, Tennessee Project AWARE evaluator

- A 2 percentage point decrease in students expelled from school, over a baseline rate of 4%.

There is also suggestive evidence of a decrease in TennCare claims for school-based mental health services, as districts shifted to providing no-cost mental health support for all students.

Key Findings 6 – Districts sought to sustain mental health capacity by retaining staff with general funds, partnering with external providers who bill TennCare, and integrating AWARE programs with other state initiatives.

The sustainability of district mental health capacity after grant termination depended on shifting each element to other funding sources. AWARE directors engaged in ongoing advocacy throughout the course of the grant to highlight the value of school-based staff and share data on the extent of student needs and support received. In some cases, this led to buy-in from district leadership, which translated into sustained financial investments through district general funds.

The sustainability of AWARE was also supported through synergy with other district and state programs, particularly coordinated school health and other mental health-focused grant initiatives. Given sustained investment in school-based staff, the referral pathway routines developed during AWARE seem particularly durable.

However, the power of these routines to support student needs also depends on knowledge about mental health among the general school community, and ongoing training to support this culture was limited. Below we describe the three primary strategies districts used to sustain services:

Sustainment Strategies

1. Build district buy-in to retain school-based staff.

AWARE directors routinely shared information about program successes with district leadership to build a shared understanding of the importance of school-based mental health staff. Once AWARE funds ended, some districts were able to transfer these positions to their general budgets. One staff member noted:

"We have retained three [social workers]...the Board of Education – and I'm so excited, because they saw the impacts that these people have, and we made the decision as a district to retain that."

However, not all districts were able to sustain these positions given highly constrained budgets.

2. Shift costs to insurance by partnering with external providers who bill TennCare.

Districts partnered with external mental health providers who bill Medicaid, allowing some students to continue receiving mental health support without sacrificing limited education funding. However, this approach did not ensure continuity of mental health support for many children with private insurance or whose TennCare coverage had lapsed.

3. Integrate AWARE programs with other state grants and initiatives.

The Tennessee Department of Mental Health and Substance Abuse Services launched a School-Based Behavioral Health Liaison (SBBHL) program which can complement and sustain some AWARE investments. This grant funds school-based mental health providers who provide individual and group counseling, support with mental health referrals, and training for school staff. SBBHLs are employed by external providers but are physically located at schools during the day. Districts were able to sustain some of their AWARE staffing capacity through a SBBHL position, although high rates of staff turnover and service coordination posed challenges for some.

"We have retained 3 [social workers] ... and I'm so excited because they saw the impacts that these people have, and we made the decision as a district to retain that."

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