



Education Interim Committee

69th Montana Legislature

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Name	City/State	Representing	Time & Date	Subject	Comment
Rob Watson	Helena, MT	School Administrators of Montana	3/16/2026 1:54 PM	SAM Survey of Behavioral Health programs in MT Schools	Dear Education Interim Committee, As mentioned in my public comment, School Admin of MT completed an inventory of behavioral health programs currently being used in MT schools to address mental health issues with students. We separated the data by school size and also for those schools on or near tribal reservations. As a follow up to this, SAM is developing a resource guide for schools to be used by schools that are looking for resources to implement in their schools. Our resource guide should be done by May 2026, in preparation for schools to start the fall 2026 school year. Please let me know if you have any questions. Rob Watson, School Admin of MT. See Attachment 5, See Attachment 6
Travis Hoffman	Missoula, MT	Summit Independent Living	3/16/2026 1:48 PM	Important Section 504 Alert	On January 25, 2026, nine states – Alaska, Florida, Indiana, Kansas, Louisiana, Missouri, MONTANA, South Dakota, and Texas – renewed their attack on Section 504 and the right to live in the community by filing an amended complaint (lawsuit). The nine states say that a rule about the integration mandate – the right of disabled people to get services in the community instead of institutions – published by the Department of Health and Human Services (HHS) is unlawful and unconstitutional. The integration mandate is also called Olmstead, from a 1999 U.S. Supreme Court case that ruled that unjustified

					segregation of disabled people in institutions violates federal disability rights laws. The nine states ask that the federal court block the integration rule and the Section 504 regulations that were updated in 2024. Please review the attached information sheets for more details on how this will affect Montana. See Attachment 3, See Attachment 4
Janelle Beers	Dillon, MT	Self	3/13/2026 06:20 PM	Montana Safe Schools Center	The letter below is in support of the Montana Safe Schools Center. See Attachment 2
Cory Rountree	Helena, MT	Self	3/12/2026 03:44 PM	School Safety Discussion	Thank you for the opportunity to submit. Sincerely, Cory Rountree Sr. Dr. of Govt Relations cory@gaggle.net 512-809-9308 See Attachment 1



Missoula County Public Schools
909 South Ave. West
Missoula, MT 59801
(406) 728-2400

Forward Thinking, High Achieving.

March 16, 2026

Dear Chair Reksten and Members of the Education Interim Committee,

Thank you for the opportunity to share comments on behalf of Missoula County Public Schools. I want to begin by expressing genuine appreciation for the legislature's vision and leadership in recognizing that Montana's students deserve an education system built for the world they are entering, not the one we inherited a century and a half ago.

For several years, the legislature demonstrated meaningful commitment to that vision through the transformational learning grant program. Those semi-competitive grants gave districts like ours the runway to begin rethinking how we structure learning, how we measure student growth, and how we engage our communities in that work. That investment mattered, and we did not take it lightly. Then the legislature took that away from school districts across Montana and offered the Phase II grant.

We are honored to be among the five districts selected to receive a Phase II grant, and we are moving forward with purpose and urgency. We understand the expectations that come with this funding. Within two years, we must demonstrate real progress in building out a proficiency and competency-based education model.

But I want to be candid with this Committee, because I believe you deserve an honest assessment from the field.

Transformational learning is not a program you can install nor is it something that can be accomplished with a simple edict from the Superintendent. It is a fundamental rethinking of how we have done education for the last 150 years. The structures, the schedules, the assessments, the culture, and the beliefs that educators and communities hold about what school is supposed to look like all have to shift. That kind of change is a genuine, heavy lift, and it requires sustained support to take hold. Two years of funding, even well-intentioned funding, is a tight window in which to demonstrate durable systemic change.

My deeper concern is for the many districts across Montana that have been doing this work, building capacity, training teachers, and shifting practice. Without continued funding, that momentum is at serious risk of stalling. It becomes another unfunded model without serious consideration for the effort and time it will take. Transformational learning cannot be built in isolation. I often refer to this aspect of the change process as a six-lane interstate. We have on ramps, off ramps, fast lanes, slow lanes, carpool lanes and all along this road, we have

guardrails, potholes, accidents, wayfinding signs, warning signs (Beware of Falling Rock). The strength of this model, and Montana's opportunity to lead nationally, depends on a broader ecosystem of schools moving in the same direction. The Office of Public Instruction cannot do this work with one FTE dedicated to the purpose. It is going to take a lot of dedicated people and resources to really achieve this legislative aim.

Personally, I am all in! I started this work when I was superintendent in Kalispell and have continued to champion it in Missoula. I believe that there is more to education than time spent in a seat and time spent inside the four walls of a classroom and I'm excited for the opportunities for our students, now and into the future.

I am here as a partner who believes in the same goals you do. I would ask this committee to consider what sustained, adequate investment in this work would look like. Not because districts cannot work hard within constraints, but because the scale of change we are all hoping for deserves a realistic and resourced path forward.

Montana's students are worth that investment. And I believe this legislature knows it.

Respectfully submitted,



Micah Hill
Superintendent, Missoula County Public Schools

Attachment 1

March 16, 2026

Madam Chair and Members of the Committee,

Thank you for the opportunity to speak with you today. I am not the Representative from Red Lodge, but have been mistaken for him on occasion. I am Cory Rountree, father of an 8-year-old at Kessler Elementary here in Helena, and Senior Director of Government Relations at Gaggle.

Gaggle's mission is to ensure the safety and well-being of all students and schools. Our vision is for all schools to be safe and for all students to get the mental health support they need. We are an independent, owner-operated company that believes in serving the customer, even when it does not make sound financial sense. Our company does not take outside investors, and we are not private equity-owned.

In Montana, we currently serve 14 school districts and protect nearly 30k students with Gaggle Safety Monitoring. This system identifies harmful digital content and alerts district administrators so they can intervene to support students and save lives. In the past 3 school years, our work has helped save the lives of 30 Montana students.

Today, I would like to discuss how Gaggle supports the "Ten Essential Actions to Improve School Safety" listed on the Office of Public Instruction website and previously discussed in committee.

1. We have two offerings that can help with **School Climate**. These are:
 - a. ReachOut is Gaggle's 24/7 live, on-demand counseling support line. It immediately connects students to trained professionals for support during difficult situations.
 - b. ReachOut AI is a support bot for students, overseen by trained humans who help students process stressful emotions or situations.I have provided a [link](#) so you can request a demo, or I can help set one up for you.
2. **Anonymous Reporting Channels**: ReachOut can assist with this, as can SpeakUp, our anonymous tip line that filters out false positives and reports back to the districts.
3. **Mental Health Resources**: Gaggle Therapy is designed for districts looking to provide mental health support for students and staff. We quickly match those in need with licensed therapist providers for clinical support. Gaggle Therapy is flexible in overcoming logistical barriers often associated with therapy.
4. **Social Media Monitoring**: Our Web Activity Monitoring reviews student input online. This includes: social media, web activity, and AI chats. Concerning content is escalated via an alert so that district staff can quickly intervene.

I have submitted thorough one-pagers on each of these to the committee and am happy to discuss with each of you in a follow-up at your convenience.

Thank you for your time and consideration.

Cory Rountree, Senior Director of Government Relations, Gaggle
[Attachments Included]

What Is Gaggle Seeing in Montana?



References of
suicide or
self-harm



References of
violence



References of
nudity or sexual
content



References of
harassment



Lives saved

2022-2023	1,023	519	379	339	5
2023-2024	1,531	783	153	558	8
2024-2025	1,726	1,005	258	635	17
Total	4,280	2,307	790	1,532	30

Gaggle helped U.S. school districts **save 1,088 lives** during the 2024–2025 school year.

AI Protection From Gaggle

Artificial Intelligence is reshaping the classroom, helping students learn faster, think creatively, and prepare for the future.



Increasingly, it's not just what students are searching for, but the conversations they're having with AI tools that matter. Students are using platforms like Google Gemini, ChatGPT, and Microsoft Copilot to ask about personal issues. Without the right support, these tools can expose students to inappropriate material, reinforce harmful ideas, or be manipulated in unsafe ways.

Why Districts Rely on Gaggle

- ✓ Gaggle has been supporting students and schools with this emerging technology from the start
- ✓ Insights are provided on how students engage with AI, so schools can step in early when needed
- ✓ Our proprietary machine learning models detect signs of risk that others miss
- ✓ With over 25 years focused exclusively on student safety, Gaggle develops and manages all of our AI detection models in-house
- ✓ Our models are continuously trained, audited, and refined by safety experts

This approach allows students to learn with AI while being protected by the most reliable and accurate monitoring in the industry.

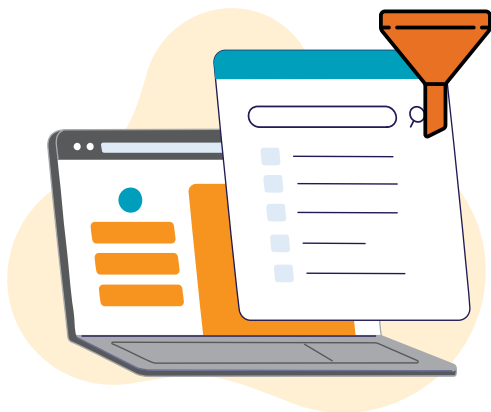
How Gaggle Supports AI Use in Schools While Keeping Students Safe



Web Activity Monitoring (WAM) for the Full Picture

- ✓ Monitors conversations with AI chatbots including Google Gemini, ChatGPT, and other platforms, providing context through screen captures
- ✓ Identifies unsafe or harmful AI interactions such as students seeking self-harm methods, engaging in bullying, or attempting to generate violent or inappropriate content
- ✓ Provides alerts with context and clear reports so schools know when and where to intervene

AI Protection From Gaggle



Web Filter for Real-time Filtering that Keeps Up with AI

- ✓ Blocks harmful and explicit content in real-time
- ✓ Reviews and categorizes websites dynamically as students navigate
- ✓ Adapts to emerging AI tools, supporting safe exploration and CIPA compliance



Trained Human Review that Adds Context and Confidence

- ✓ Every incident is reviewed by Gaggle's trained human safety team to ensure context is considered before escalation
- ✓ Our expert review reduces false positives, validates our models and makes our notifications accurate and actionable
- ✓ When incidents occur, districts are notified immediately

Why Gaggle's AI Approach Makes a Difference

When a student types a question about self-harm or risky behavior, it can be a critical signal of deeper struggles. Without proper context or timely alerts, schools may miss the chance to act. Gaggle bridges that gap by combining real-time monitoring, web filtering, and human review to protect students while encouraging positive, creative use of AI in learning.

Learn More about how we support student safety at [Gaggle.net](https://gaggle.net).



A Complete Safety and Well-Being Solution for Leaders Who Put Students First

Gaggle is the choice for district leaders who prioritize safety and well-being. For over 25 years, our solutions have given educators the tools they need to identify students in crisis, intervene before harm occurs, and create a culture of care.

By combining prevention, professional care, and in-the-moment support, Gaggle creates a holistic safety net.

OUR NEWEST SOLUTION



An AI-powered student support companion with human oversight. Designed to be approachable, friendly, and age-appropriate. Built to provide emotional support, de-escalation, and guidance, during one-time conversations, it operates within strict safety guardrails with always-on human supervision.

Available anytime, anywhere, 24/7, ReachOut AI is designed so students can always ask to speak with a person, too.



Gaggle empowers districts to provide proactive, timely, and comprehensive support that addresses students' immediate safety, mental health, and emotional needs. We partner with over 1,500 school districts to protect more than 6 million students.

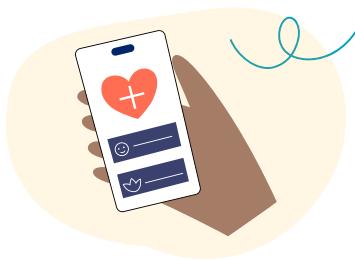
When Every Moment Matters: Instant Support for Students & Staff

Connection isn't just helpful it can be life-changing and life-saving.



Gaggle ReachOut is a support system that's always there, understanding, and ready to help. We provide immediate, compassionate support to students and staff when they need it.

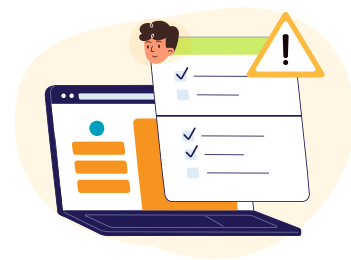
Developed in partnership with Amazon Web Services (AWS), ReachOut offers:



24/7 real-time
emotional support via
text, chat, and phone



Trained crisis
counselors who truly
listen and understand



Local resource
matching, ensuring
relevant intervention

Why ReachOut Makes a Difference

Being heard is an act of care. Our crisis counselors don't just listen; they provide a genuine, human connection that can transform a moment of darkness into a path toward healing.

Benefits include:

- ✓ Instant access to professional support
- ✓ Confidential and compassionate care
- ✓ Localized, context-aware counseling
- ✓ Available across multiple communication channels



To be listened to is to be loved.

Let us help you create a safer educational community.

Gaggle ReachOut can make a difference,
in the moment, when it matters most.

Contact us today.



Protect Your Students With SpeakUp for Safety

Students hesitate to approach adults directly when they have a safety concern. SpeakUp gives them an approachable way to share concerns.



SpeakUp integrates directly with Google Workspace for Education or Microsoft 365. There is no app to download and no separate number to remember.

How it Works

- Students SpeakUp via email or phone
- Emails receive an automatic reply and calls a prompt to leave a voicemail
- Gaggle's trained safety team reviews submissions 24 hours a day, 7 days a week, 365 days a year.
- Submissions are evaluated to filter out false positives and escalate concerns.
- Concerns are addressed by level of urgency with emails for non-urgent concerns and phone calls for imminent threats.
- A monthly reminder with your districts dedicated SpeakUp contact information is sent to student to keep SpeakUp top of mind

Students Can Report Concerns Such As:

- ✓ Bullying
- ✓ Planned fights
- ✓ Students in crisis
- ✓ Threats of violence
- ✓ Weapons brought to school
- ✓ Other urgent safety situations



SpeakUp for Safety helps schools intervene early, respond quickly, and protect student lives and lifetimes.

[Learn More.](#)

What is Gaggle Therapy?



Gaggle Therapy is designed for districts looking to provide mental health support to their students and staff. We match individuals with licensed mental health providers for weekly teletherapy appointments, offering options for individual, group, and family sessions.

These sessions are designed to promote:

Personal Growth: Students and staff need a structured support system to navigate life's everyday challenges.

Academic Excellence: The academic pressures facing students are immense. Gaggle's behavioral coaching services equip students with strategies for time management, organization, and the skills to excel academically.

Emotional Well-Being: With rising mental health concerns, our licensed therapists provide a safe haven for students and staff to tackle emotional difficulties, stress, and resilience building.

Confidential and Accessible: Gaggle ensures individuals have prompt access to the help they require.

Supporting over 70 districts nationwide, Gaggle Therapy provides:



Accessibility

Gaggle has changed therapy from an elective support to an accessible resource. No matter where an individual is located, s/he can access critical mental health services.



Flexible scheduling

Individuals benefit immensely from the flexibility our therapists have in offering care on nights and weekends (as well as in-school sessions).



No out-of-pocket costs

Students and staff can participate in teletherapy sessions from home or at school with no out-of-pocket costs.


We deliver equitable, personalized, evidence-based therapy and coaching for students and staff. With a teletherapy approach that removes common barriers to mental health services.

Web Activity Monitoring

An additional feature included with Gaggle Safety management to identify students in crisis.

Web Activity Monitoring monitors student web searches and browser inputs, such as form entries, chat messages, and email drafts, for potential crises. Concerning content is reviewed by the Gaggle Safety Team and, if necessary, alerts are sent to Emergency Contacts with screen captures of the student's browser activity for context.

GAGGLE SAFETY ALERT



G | Gaggle Safety Alert
Questionable Content

What:

- This incident references harassment.
- Google Chrome Extension
- Message, Image, [Textscreenshot.jpg](#)

Who:

- Eliza Sample
- Any Middle School

Incident Details

Incident: Questionable Content
• Q7623844-2234-1008dolit3

Threat Type: Harassment

Keywords: bullied

Search Terms: the kids at school are mean to me.
i don't know what to do they are going to get worse if i tell someone.
i'm tired of being bullied

Url: <https://chatgpt.com/c/2621f48>

Browser: CHROME

Content: Google Chrome Extension

Username: Eliza Sample


Email: esample@anymiddle.us

Gaggle ID: 22450857

Gaggle Safety Rep: Alex

SCREEN CAPTURE

ChatGPT 3.5



How can I help you today?

the kids at school are mean to me. i don't know what to do they are going to get worse if i tell someone. i'm tired of being bullied

Web Activity Monitoring has uncovered concerning content and emergency situations for other districts. It is included as part of Gaggle Safety Management. Take proactive steps to safeguard your district by enabling Web Activity Monitoring now.

Attachment 2



Montana Small Schools Alliance

220 No. Montana Street - Dillon, MT 59725

Phone 406-988-0164

Email - mssa710@gmail.com Website - www.mt-ssa.org

March 13, 2026

To: Education Interim Committee

From: Montana Small Schools Alliance
Janelle Beers, Executive Director

Re: Montana Safe Schools Center

It is my pleasure to support the Montana Safe Schools Center and the work they do in our Montana schools. As the Executive Director of Montana Small Schools Alliance (MSSA), a Consortium of over 140 schools in the State, I have seen firsthand the important services they provide to our small/rural and frontier schools.

Most of the schools in our Consortium are under 100 students (122) with 88 of our schools under 50, and 58 under 20. These schools and communities do not have the resources or the manpower to provide and ensure safety for our students. Our smallest schools do not have local law enforcement and rely on county resources to meet their needs. The Montana Safe Schools Center provides policies, training, technical assistance in threat assessment, safety protocols, and support of these much needed tools. The Montana Safe School Center has provided training for MSSA, and is part of our schedule for next school year.

The training our teachers and administrators receive and practice is vital to the safety of our students. We hope these tools are never needed but with training, protocols, and practice our staff, students and parents can know that they are prepared in an emergency situation.

Consistent, timely, and on-going communication, training, and protocols are vital and I fully support The Montana Safe Schools Center and their ongoing work with our smallest and most vulnerable schools.

If you have any further questions please feel free to contact me. I can be reached at jbeers@mt-ssa.org or 406-988-0164 or 971-241-9247.

Sincerely,

A handwritten signature in cursive script that reads "Janelle Beers".

Janelle Beers

Executive Director

Montana Small Schools Alliance

Attachment 3

STOP THE ATTACK ON COMMUNITY CHOICE IN MONTANA

WHAT'S HAPPENING WITH SECTION 504 AND THE INTEGRATION MANDATE?

Montanans value independence, family, and the freedom to make decisions about where and how we live; including people with disabilities.

Montana is currently part of a multi-state lawsuit challenging federal rules under Section 504 of the Rehabilitation Act of 1973 that protect the rights of people with disabilities to receive services and live in their communities.

What is at Risk?

The U.S. Supreme Court affirmed the integration mandate in *Olmstead v. L.C.*. This decision guarantees that when individuals with disabilities can safely and successfully live in their community, they should do so and should not be unnecessarily be placed in an institution.

Why Does this Matter to Montana?

Institutionalization often limits personal freedom and daily life activities. It can separate individuals from family, disrupt friendships, restrict employment and educational opportunities, and reduce access to social and civic life.

Montana has long invested in home and community-based services, that preserve and support individual choice. Montana is actively updating our *Olmstead* Plan to strengthen community integration of people with disabilities into the wider community. The lawsuit undermines Montana's own **state led** efforts. Protecting community living aligns with Montana values: freedom, fiscal responsibility and strong families and communities.

THIS LAWSUIT ELIMINATES INDIVIDUAL CHOICE.

What the lawsuit is about:

The states are contesting a Section 504 rule issued by the U.S. Department of Health and Human Services (HHS).

The rule requires governments and federally funded organizations to:

- Deliver services in community settings whenever possible
- Avoid policies or practices that place people with disabilities at serious risk of unnecessary institutionalization

The states are asking the court:

- To declare the rule unlawful
- Stop HHS from enforcing the rule, and
- Eliminate safeguards that prevent unnecessary institutionalization



Why this matters:

If you're a student, senior, or someone who might need help living at home—like assistance with accessing accommodations in school, bathing, transportation, or cooking—504 protections make sure programs can't push you into a nursing home or institution just because you need support.

This includes programs most Montanans rely on, like:

- Montana Medicaid Home and Community-Based Services (HCBS)
- Public transportation services
- 504 Plans that provide accommodations to students in school

What you can do:

Join Montana's disability and senior community and urge the Governor and Attorney General to withdraw from the case and protect the right of people to live in and contribute to their communities.

Protect the ability of seniors and people with disabilities to live in their communities by reaffirming Montana values of Freedom, Family and Community.

Visit <https://www.mtcil.org/action-alerts/> for ways you can take action.



Attachment 4

SECTION 504 IS AT RISK:

WHAT STUDENTS AND FAMILIES NEED TO KNOW



What Is Section 504?

Section 504 of the Rehabilitation Act is a federal civil rights law that prohibits discrimination against students with disabilities in schools that receive federal funding. It applies to public K–12 schools, colleges, universities, and many private schools that receive federal funds. **Section 504 is crucial** for:

- Students with diabetes, ensuring they receive insulin at school.
- Students with severe allergies, allowing them to safely eat lunch.
- Students with ADHD, providing necessary classroom accommodations.
- Students who use wheelchairs, guaranteeing building access.
- Students with anxiety or depression, offering essential supports.

For many, Section 504 is the only protection available, especially since not all students with disabilities qualify for special education under IDEA, which does not apply to colleges.

What Is This Case Challenging?

Montana and eight other states are part of a lawsuit called ***Texas v. Kennedy***. This case is about a rule that helps protect students with disabilities from being placed in institutions when they don't need to be and provides them with accommodations to access their education. The case also questions whether the government can enforce these protections. If the lawsuit is lost, it could make it harder for schools to be held responsible when they don't follow the rules for students with disabilities.

What Could Change for Students?

1. Harder Fights for Accommodations

Schools might deny or delay 504 plans and reduce or eliminate supports. Families could face tougher battles or need legal assistance.

2. Less Accountability for Discrimination

Weak enforcement could result in limited investigations and slower complaint resolutions, potentially increasing costly litigation.

3. More Segregation

Without strong oversight, schools might opt for separate classrooms, increasing restrictive placements for students.

Why This Matters

Students with disabilities face higher rates of suspension, expulsion, isolation, and bullying. Section 504 has supported students' educational needs for over 50 years. It allows students to learn alongside peers, access school safely, participate fully, and pursue higher education. Weakening enforcement shifts the burden from schools to families, affecting thousands of students with disabilities in Montana.

What you can do:

Join Montana's disability and senior community and urge the Governor and Attorney General to withdraw from the case and protect the right of people to live in and contribute to their communities.

Visit <https://www.mtcil.org/action-alerts/> for ways you can take action.



Attachment 5

School Admin of MT: School-based behavioral health inventory, January 2025

The survey was designed to gather information about behavioral health programs in Montana schools, including crisis response and prevention programs. The survey addressed the types of programs in place and the behavioral needs addressed. It also inquired about the biggest barriers and challenges to providing behavioral health services in schools.

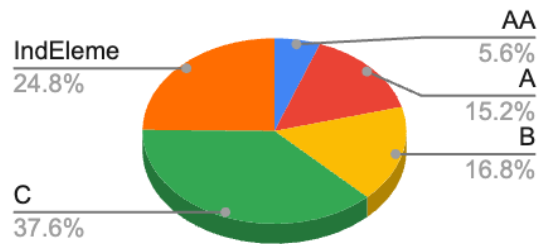
Survey Participation

The survey was distributed during the fall of 2024. *The 125 survey participants represent 58.96% of Montana schools.*

District Type of Survey Participants:

District Type	Response	Percent of survey participants
AA	7	5.60%
A	19	15.20%
B	21	16.80%
C	47	37.60%
Independent Elementary	31	24.80%
Total	125	100.00%

District Type



Survey Responses and Findings

Survey participants responded to the following questions:

1. *What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs. (Choose your top 2 or 3)*

What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs.	Number of participants with program in place	Percent of participants with program in place	AA	A	B	C	Ind Elem
Classroom based programs (Ex: PAX, Second Step, Whole Class SEL Lessons, other)	89	71.20%	85.71%	78.95%	57.14%	68.09%	77.42%
MTSS or Intervention Team	81	64.80%	85.71%	73.68%	76.19%	59.57%	54.84%
School Safety Team or Crisis Response Team	72	57.60%	100.00%	78.95%	66.67%	48.94%	41.94%
Suicide Prevention (Ex: SOS, QRP, YAM, other)	52	41.60%	85.71%	63.16%	61.90%	31.91%	19.35%
External partner working with students and/or families (Ex: YDI, Aware, other)	45	36.00%	71.43%	68.42%	42.86%	29.79%	12.90%
CSCT	37	29.60%	100.00%	42.11%	33.33%	14.89%	25.81%
Community Intervention Team (Ex: Safety team that includes community partners and school staff.)	34	27.20%	57.14%	36.84%	38.10%	21.28%	16.13%
Student surveys (Ex: Panorama, PASS, other)	31	24.80%	85.71%	42.11%	19.05%	19.15%	12.90%
Rural Behavioral Health Institute (RBHI)	23	18.40%	42.86%	31.58%	33.33%	12.77%	3.23%
School Based Outpatient Therapy (SBOT)	22	17.60%	42.86%	31.58%	23.81%	8.51%	12.90%

Tele-Health	22	17.60%	14.29%	26.32%	23.81%	19.15%	6.45%
School Based Health Center, Clinic or Services	21	16.80%	85.71%	31.58%	38.10%	2.13%	0.00%
Peer-to-peer or mentoring program to address student issues (Ex: Hope Squad)	17	13.60%	0.00%	42.11%	23.81%	6.38%	3.23%
other	16	12.80%	28.57%	15.79%	14.29%	4.26%	19.35%
Tribal Health Clinics	12	9.60%	14.29%	21.05%	14.29%	6.38%	3.23%

Most school district types use classroom-based programs, MTSS or Intervention Teams, and School Safety or Crisis Response Teams. AA districts are more likely to have a variety of programs in place including CSCT, External partners, School based health centers, clinic or services, and Student surveys while rural school districts are less likely to have these programs in place.

2. What behavioral needs are addressed by your programs? (Choose your top 2 or 3)

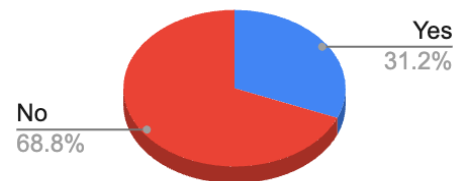
What behavioral needs are addressed by your programs?	Number of participants with program addressing need	Percent of participants with program addressing need	AA	A	B	C	Ind Elem
Social Skills Development (ex: self-management, responsible decision-making)	96	76.80%	71.43%	89.47%	71.43%	78.72%	70.97%
Mental Health (ex: anxiety, depression, suicidal ideation)	93	74.40%	100.00%	73.68%	90.48%	76.60%	54.84%
Emotional Well-Being (ex: preventative programs)	90	72.00%	100.00%	73.68%	61.90%	72.34%	70.97%
Conflict Resolution	64	51.20%	57.14%	42.11%	57.14%	51.06%	51.61%
Deescalation	62	49.60%	71.43%	68.42%	61.90%	34.04%	48.39%
Crisis Response	56	44.80%	42.86%	52.63%	61.90%	42.55%	32.26%
Substance abuse or chemical dependency support	27	21.60%	57.14%	36.84%	19.05%	21.28%	6.45%
other	4	3.20%	14.29%	0.00%	0.00%	2.13%	6.45%

District types cite similar responses to the behavioral needs addressed by their programs with the exception of AA districts placing a higher emphasis on Mental Health and Emotional Well-Being rather than Social Skills Development.

3. Do you currently have a Comprehensive School and Community Treatment (CSCT) Program in your school?

Do you currently have a CSCT Program in your school?	All Districts	Percent	AA	A	B	C	Ind Elem
No	86	68.80%	0.00%	57.89%	61.90%	85.11%	70.97%
Yes	39	31.20%	100.00%	42.11%	38.10%	14.89%	29.03%

CSCT Program



A significant number of schools (68.80%) do not have a CSCT program in place. However, all AA respondents have a CSCT Program currently in place.

4. *What resource or funding is used to pay for your behavioral health programs? (Choose your top 2 or 3)*

What resource or funding is used to pay for your behavioral health programs?	Number of participants citing resource or funding	Percent of participants citing resource or funding	AA	A	B	C	Ind Elem
School funding (general fund or safety levy)	100	80.00%	85.71%	89.47%	76.19%	78.72%	77.42%
Grant funding	50	40.00%	57.14%	57.89%	42.86%	38.30%	25.81%
Federal funding (ex: title I, special education, impact aid, SAMHSA)	46	36.80%	57.14%	63.16%	47.62%	25.53%	25.81%
Medicaid Reimbursement	39	31.20%	57.14%	36.84%	38.10%	17.02%	38.71%
State funding (ex: DPHHS or OPI)	24	19.20%	57.14%	15.79%	19.05%	17.02%	16.13%
Partner Funding, outside organization is billing for services (SBOT, SBHC, or other)	21	16.80%	71.43%	36.84%	14.29%	8.51%	6.45%
Private Insurance	17	13.60%	28.57%	21.05%	14.29%	10.64%	9.68%
other	6	4.80%	14.29%	5.26%	4.76%	2.13%	6.45%

School funding (general fund or safety levy) is the primary source for behavioral health programs, with 80% of schools relying on it. School Funding is cited by all district types as the primary funding source. AA districts are more likely to leverage partner funding, Medicaid reimbursement, and state funding.

5. *Who delivers or provides the behavioral health program? (Choose your top 2 or 3)*

Who delivers or provides the behavioral health program?	Number of participants citing provider	Percent of participants citing provider	AA	A	B	C	Ind Elem
School counselor or school psychologist	97	77.60%	71.43%	94.74%	85.71%	78.72%	61.29%
Teaching or Classified Staff	64	51.20%	85.71%	52.63%	33.33%	51.06%	54.84%
External organizations/partners	57	45.60%	100.00%	52.63%	42.86%	44.68%	32.26%
Other School Staff (ex: admin, school social worker, nurse, therapist, case manager)	57	45.60%	57.14%	63.16%	52.38%	42.55%	32.26%
Peer Mentors	9	7.20%	0.00%	21.05%	9.52%	2.13%	6.45%
other	4	3.20%	14.29%	0.00%	9.52%	0.00%	3.23%

School districts of all sizes rely heavily on school counselors or school psychologists, teaching or classified staff, and other school staff to provide behavioral health programs. All AA districts have external organizations/partners in place to deliver services, which differs from other district types

6. *What are the biggest barriers or challenges to providing behavioral health to your school? (Choose top 2 or 3)*

What are the biggest barriers or challenges to providing behavioral health to your school?	Number of participants citing barrier or challenge	Percent of participants citing barrier or challenge	AA	A	B	C	Ind Elem
Lack of funding	97	77.60%	100.00%	73.68%	76.19%	76.60%	77.42%
Lack of qualified staff	89	71.20%	85.71%	68.42%	76.19%	68.09%	70.97%

Limited counseling options in our community	58	46.40%	71.43%	73.68%	47.62%	42.55%	29.03%
Sustainability	48	38.40%	71.43%	42.11%	28.57%	34.04%	41.94%
Time to find resources and/or time to develop a partnership	37	29.60%	14.29%	31.58%	23.81%	36.17%	25.81%
Lack of partnership opportunities	33	26.40%	14.29%	21.05%	38.10%	29.79%	19.35%
Community perceptions	26	20.80%	42.86%	10.53%	19.05%	23.40%	19.35%
Staff perceptions	20	16.00%	14.29%	26.32%	4.76%	19.15%	12.90%
School Board perceptions	14	11.20%	0.00%	5.26%	0.00%	17.02%	16.13%
other	2	1.60%	0.00%	5.26%	0.00%	2.13%	0.00%

Lack of funding (77.60%) and lack of qualified staff (71.20%) are overwhelmingly identified as the most significant barriers to providing behavioral health services. These challenges are consistently echoed across all district types. Many districts also cite limited options in the community and sustainability as barriers or challenges. AA districts are more likely than smaller districts to cite community perceptions as a barrier to providing programs.

7. Other comments or suggestions?

The survey asked participants to provide other comments or suggestions. Below is a summary of the responses:

- **Collaboration and Partnership:** Some participants highlighted successful collaborations with community organizations and mental health providers, emphasizing the importance of these partnerships in expanding resources and providing comprehensive support to students.
- **Limited Access:** Rural schools face significant barriers to accessing external professionals due to cost, distance, and availability.
- **Rising Needs:** Increasing behavioral challenges, especially in young children that put a strain on resources and impact learning environments.
- **Sustainability:** Concerns about the long-term sustainability of programs due to reliance on grant funding were frequently mentioned. Participants emphasized the need for consistent and reliable funding sources to ensure the ongoing availability of behavioral health services.
- **Prevention Focus:** Proactive approaches are needed to address issues.
- **School Board and Community Perceptions:** Several participants mentioned the need to address negative perceptions or lack of understanding about mental health within their communities and school boards. They stressed the importance of educating stakeholders about the prevalence and impact of mental health challenges in youth and the benefits of investing in prevention and intervention programs.
- **Specific Program Feedback:** Some participants offered specific feedback on particular programs, noting successes and areas for improvement.

These comments offer valuable insights into the challenges and opportunities associated with providing behavioral health services in Montana schools. They underscore the need for increased funding, qualified personnel, community partnerships, and ongoing efforts to address stigma and promote understanding of student mental health.

Conclusion

Montana schools are using a variety of programs to address student behavioral health needs. Access to qualified mental health providers and funding resources in Montana schools varies significantly across districts. Many school districts rely heavily on school counselors and staff who may not have specialized mental health training. Despite the efforts being made, significant barriers remain, including a lack of funding and qualified staff. Addressing these barriers will be crucial to ensuring that all students have access to the behavioral health services they need.

Attachment 6

School Admin of MT: School-based behavioral health inventory with a focus on schools on or near reservations, April 2025

The survey was distributed during the fall of 2024 and was designed to gather information about behavioral health programs in Montana schools, including crisis response and prevention programs. The survey addressed the types of programs in place and the behavioral needs addressed. It also inquired about the biggest barriers and challenges to providing behavioral health services in schools.

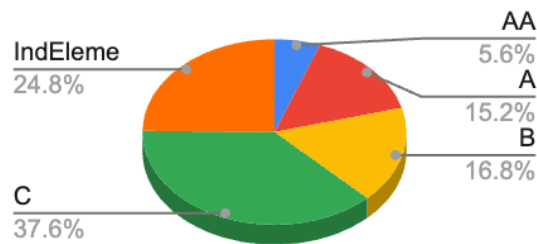
Survey Participation

The 125 survey participants represent 58.96% of Montana schools. *14 participants (AA-0, A-5, B-5, C-3, Ind Elem-1) represent schools on or near reservations (Tribal Schools).*

District Type of Survey Participants:

District Type	Response	Percent of survey participants
AA	7	5.60%
A	19	15.20%
B	21	16.80%
C	47	37.60%
Independent Elementary	31	24.80%
Total	125	100.00%

District Type



Survey Responses and Findings

Survey participants responded to the following questions:

1. *What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs. (Choose your top 2 or 3)*

What programs do you have in place to address student behavioral health? Consider both crisis response and prevention programs.	# of participants with program in place	% of participants with program in place	AA	A	B	C	Tribal Schools
Classroom based programs (Ex: PAX, Second Step, Whole Class SEL Lessons, other)	89	71.20%	85.71%	78.95%	57.14%	68.09%	64.29%
MTSS or Intervention Team	81	64.80%	85.71%	73.68%	76.19%	59.57%	35.71%
School Safety Team or Crisis Response Team	72	57.60%	100.00%	78.95%	66.67%	48.94%	14.29%
Suicide Prevention (Ex: SOS, QRP, YAM, other)	52	41.60%	85.71%	63.16%	61.90%	31.91%	42.86%
External partner working with students and/or families (Ex: YDI, Aware, other)	45	36.00%	71.43%	68.42%	42.86%	29.79%	50.00%
CSCT	37	29.60%	100.00%	42.11%	33.33%	14.89%	14.29%
Community Intervention Team (Ex: Safety team that includes community partners and school staff.)	34	27.20%	57.14%	36.84%	38.10%	21.28%	35.71%
Student surveys (Ex: Panorama, PASS, other)	31	24.80%	85.71%	42.11%	19.05%	19.15%	14.29%

Rural Behavioral Health Institute (RBHI)	23	18.40%	42.86%	31.58%	33.33%	12.77%	21.43%
School Based Outpatient Therapy (SBOT)	22	17.60%	42.86%	31.58%	23.81%	8.51%	21.43%
Tele-Health	22	17.60%	14.29%	26.32%	23.81%	19.15%	42.86%
School Based Health Center, Clinic or Services	21	16.80%	85.71%	31.58%	38.10%	2.13%	0.00%
Peer-to-peer or mentoring program to address student issues (Ex: Hope Squad)	17	13.60%	0.00%	42.11%	23.81%	6.38%	42.86%
other	16	12.80%	28.57%	15.79%	14.29%	4.26%	21.43%
Tribal Health Clinics	12	9.60%	14.29%	21.05%	14.29%	6.38%	71.43%

Most school district types use classroom-based programs, MTSS or Intervention Teams, and School Safety or Crisis Response Teams. AA districts are more likely to have a variety of programs in place including CSCT, External partners, School based health centers, clinics or services, and Student surveys while rural school districts are less likely to have these programs in place. Tribal schools have significantly fewer behavioral health programs in place, with only 14.3% reporting a School Safety or Crisis Response Team and just 35.7% with MTSS programs. Tribal schools are more likely to implement Tele-Health programs and make use of Tribal Health Clinics.

2. What behavioral needs are addressed by your programs? (Choose your top 2 or 3)

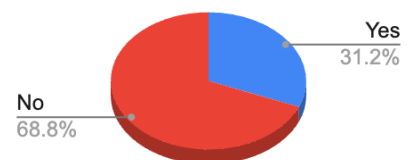
What behavioral needs are addressed by your programs?	# of participants with program addressing need	% of participants with program addressing need	AA	A	B	C	Tribal Schools
Social Skills Development (ex: self-management, responsible decision-making)	96	76.80%	71.43%	89.47%	71.43%	78.72%	78.57%
Mental Health (ex: anxiety, depression, suicidal ideation)	93	74.40%	100.00%	73.68%	90.48%	76.60%	57.14%
Emotional Well-Being (ex: preventative programs)	90	72.00%	100.00%	73.68%	61.90%	72.34%	35.71%
Conflict Resolution	64	51.20%	57.14%	42.11%	57.14%	51.06%	42.86%
Deescalation	62	49.60%	71.43%	68.42%	61.90%	34.04%	50.00%
Crisis Response	56	44.80%	42.86%	52.63%	61.90%	42.55%	35.71%
Substance abuse or chemical dependency support	27	21.60%	57.14%	36.84%	19.05%	21.28%	21.43%
other	4	3.20%	14.29%	0.00%	0.00%	2.13%	0.00%

District types cite similar responses to the behavioral needs addressed by their programs with the exception of AA districts placing a higher emphasis on Mental Health and Emotional Well-Being rather than Social Skills Development. Tribal schools are less likely to have programs that address mental health and emotional well-being—substantially lower than AA districts, where 100% address both, and other districts, which range from 72% to 100%.

3. Do you currently have a Comprehensive School and Community Treatment (CSCT) Program in your school?

Do you currently have a CSCT Program in your school?	All Districts	Percent	AA	A	B	C	Tribal Schools
No	86	68.80%	0.00%	57.89%	61.90%	85.11%	78.57%
Yes	39	31.20%	100.00%	42.11%	38.10%	14.89%	21.43%

CSCT Program



A significant number of schools (68.80%) do not have a CSCT program in place. However, all AA respondents have a CSCT Program currently in place.

4. *What resource or funding is used to pay for your behavioral health programs? (Choose your top 2 or 3)*

What resource or funding is used to pay for your behavioral health programs?	# of participants citing resource or funding	% of participants citing resource or funding	AA	A	B	C	Tribal Schools
School funding (general fund or safety levy)	100	80.00%	85.71%	89.47%	76.19%	78.72%	71.43%
Grant funding	50	40.00%	57.14%	57.89%	42.86%	38.30%	35.71%
Federal funding (ex: title I, special education, impact aid, SAMHSA)	46	36.80%	57.14%	63.16%	47.62%	25.53%	42.86%
Medicaid Reimbursement	39	31.20%	57.14%	36.84%	38.10%	17.02%	28.57%
State funding (ex: DPHHS or OPI)	24	19.20%	57.14%	15.79%	19.05%	17.02%	14.29%
Partner Funding, outside organization is billing for services (SBOT, SBHC, or other)	21	16.80%	71.43%	36.84%	14.29%	8.51%	0.00%
Private Insurance	17	13.60%	28.57%	21.05%	14.29%	10.64%	7.14%
other	6	4.80%	14.29%	5.26%	4.76%	2.13%	0.00%

School funding (general fund or safety levy) is the primary source for behavioral health programs, with 80% of schools relying on it. School Funding is cited by all district types as the primary funding source. AA districts are more likely to leverage partner funding, Medicaid reimbursement, and state funding. Tribal schools rely most heavily on school funding, similar to other districts, but have very limited use of partner funding and private insurance.

5. *Who delivers or provides the behavioral health program? (Choose your top 2 or 3)*

Who delivers or provides the behavioral health program?	# of participants citing provider	% of participants citing provider	AA	A	B	C	Tribal Schools
School counselor or school psychologist	97	77.60%	71.43%	94.74%	85.71%	78.72%	78.57%
Teaching or Classified Staff	64	51.20%	85.71%	52.63%	33.33%	51.06%	42.86%
External organizations/partners	57	45.60%	100.00%	52.63%	42.86%	44.68%	21.43%
Other School Staff (ex: admin, school social worker, nurse, therapist, case manager)	57	45.60%	57.14%	63.16%	52.38%	42.55%	50.00%
Peer Mentors	9	7.20%	0.00%	21.05%	9.52%	2.13%	7.14%
other	4	3.20%	14.29%	0.00%	9.52%	0.00%	0.00%

School districts of all sizes rely heavily on school counselors or school psychologists, teaching or classified staff, and other school staff to provide behavioral health programs. All AA districts have external organizations/partners in place to deliver services, which differs from other district types. Tribal schools have significantly fewer partnerships with external organizations for delivering behavioral health programs.

6. *What are the biggest barriers or challenges to providing behavioral health to your school? (Choose top 2 or 3)*

What are the biggest barriers or challenges to providing behavioral health to your school?	# of participants citing barrier or challenge	% of participants citing barrier or challenge	AA	A	B	C	Tribal Schools
Lack of funding	97	77.60%	100.00%	73.68%	76.19%	76.60%	64.29%
Lack of qualified staff	89	71.20%	85.71%	68.42%	76.19%	68.09%	78.57%
Limited counseling options in our community	58	46.40%	71.43%	73.68%	47.62%	42.55%	78.57%
Sustainability	48	38.40%	71.43%	42.11%	28.57%	34.04%	21.43%

Time to find resources and/or time to develop a partnership	37	29.60%	14.29%	31.58%	23.81%	36.17%	28.57%
Lack of partnership opportunities	33	26.40%	14.29%	21.05%	38.10%	29.79%	21.43%
Community perceptions	26	20.80%	42.86%	10.53%	19.05%	23.40%	0.00%
Staff perceptions	20	16.00%	14.29%	26.32%	4.76%	19.15%	7.14%
School Board perceptions	14	11.20%	0.00%	5.26%	0.00%	17.02%	0.00%
other	2	1.60%	0.00%	5.26%	0.00%	2.13%	0.00%

Lack of funding and lack of qualified staff are overwhelmingly identified as the most significant barriers to providing behavioral health services. These challenges are consistently echoed across all district types. Many districts also cite limited options in the community and sustainability as barriers or challenges. AA districts are more likely than smaller districts to cite community perceptions as a barrier to providing programs. Tribal schools most commonly cite lack of qualified staff, limited outpatient options, and lack of funding as key barriers to behavioral health services, while low concern around community or school board perceptions possibly suggests buy-in may be stronger for addressing student mental health needs.

7. Other comments or suggestions?

The survey asked participants to provide other comments or suggestions. Below is a summary of the responses:

- **Collaboration and Partnership:** Some participants highlighted successful collaborations with community organizations and mental health providers, emphasizing the importance of these partnerships in expanding resources and providing comprehensive support to students.
- **Limited Access:** Rural schools face significant barriers to accessing external professionals due to cost, distance, and availability.
- **Rising Needs:** Increasing behavioral challenges, especially in young children, put a strain on resources and impact learning environments.
- **Sustainability:** Concerns about the long-term sustainability of programs due to reliance on grant funding were frequently mentioned. Participants emphasized the need for consistent and reliable funding sources to ensure the ongoing availability of behavioral health services.
- **Prevention Focus:** Proactive approaches are needed to address issues.
- **School Board and Community Perceptions:** Several participants mentioned the need to address negative perceptions or lack of understanding about mental health within their communities and school boards. They stressed the importance of educating stakeholders about the prevalence and impact of mental health challenges in youth and the benefits of investing in prevention and intervention programs.
- **Specific Program Feedback:** Some participants offered specific feedback on particular programs, noting successes and areas for improvement.
- The feedback from Tribal school administrators aligns with the themes identified in the overall survey, particularly around limited resources and staffing, but emphasizes a shortfall in Tier 3 support and a lack of trained specialists.

These comments offer valuable insights into the challenges and opportunities associated with providing behavioral health services in Montana schools. They underscore the need for increased funding, qualified personnel, community partnerships, and ongoing efforts to address stigma and promote understanding of student mental health.

Conclusion

Montana schools are using a variety of programs to address student behavioral health needs. Access to qualified mental health providers and funding resources in Montana schools varies significantly across districts. Many school districts rely heavily on school counselors and staff who may not have specialized mental health training. Despite the efforts being made, significant barriers remain, including a lack of funding and qualified staff. Addressing these barriers will be crucial to ensuring that all students have access to the behavioral health services they need.