

The Texas Education Agency (TEA) adopts new §153.1015, concerning mental health training. The new section is adopted with changes to the proposed text as published in the July 19, 2024 issue of the *Texas Register* (49 TexReg 5250) and will be republished. The adopted new rule implements the mental health training requirement established by House Bill (HB) 3, 88th Texas Legislature, Regular Session, 2023.

REASONED JUSTIFICATION: HB 3, 88th Texas Legislature, Regular Session, 2023, added Texas Education Code (TEC), §22.904, to require each school district employee who regularly interacts with students enrolled in the district to 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. The bill also introduced an allotment to assist school districts in complying with the requirement, including costs incurred by the district for employees' travel, training fees, and compensation for the time spent completing the training.

Adopted new §153.1015 implements HB 3 by establishing criteria for the evidence-based mental health training program for school district employees and district special program liaisons who regularly interact with students enrolled in a district.

Subsection (a) defines evidence-based mental health training program.

Subsection (b) specifies the requirements for an evidence-based mental health training program.

Based on public comment, new subsections (b)(2)(D) and (E) were added at adoption to clarify additional criteria for completing the mental health training program requirements, including clarification that the training must be completed one time and that school districts shall participate and complete the mental health training program in accordance with the school district's professional development policy described in subsection (d)(8) of the rule.

Subsection (c) identifies the personnel requirements for completing the mental health training program.

Based on public comment, subsection (c)(2) was modified at adoption to add "school resource officers" to the list of personnel required to complete the evidence-based mental health training program.

Subsection (d) establishes the criteria for selecting an evidence-based training program. Subsection (d)(1) allows districts to select an evidence-based mental health training course that is on the recommended lists provided by TEA, Texas Health and Human Services Commission (HHSC), or an education service center (ESC).

Based on public comment, text was added in subsection (d)(1) at adoption to clarify that school districts may choose a training course "that is designated specifically on the list as a mental health training course that is compliant under this section."

Based on public comment, language from proposed subsection (d)(1) was moved to new subsection (d)(2) at adoption and modified to clarify when school districts may not require a district employee to complete the training.

Based on public comment, subsection (d)(3) was amended at adoption to establish requirements for a school district that selects an evidence-based training course that is not designated as compliant for this purpose on the recommended lists and to add clarification to the training course criteria.

Subsection (d)(4) establishes criteria for school districts that may provide opportunities for personnel to complete more specialized training.

Based on public comment, proposed new subsection (d)(4)(D) was deleted at adoption, as the agency has determined that information on mental health safety planning, including suicide prevention and intervention, is covered in subsection (d)(3)(I).

Based on public comment, subsection (d)(4)(H) was modified at adoption to clarify that collaboration within a community system of care is not limited to what is listed in the subsection and added local behavioral health authorities.

Based on public comment, subsection (d)(4)(K) has been amended at adoption to clarify that the establishment of strategies and support plans promoting mental health and wellness is for all staff, not just educators.

Subsection (d)(5) and (6) allows the training to be combined or coordinated with other required mental health training.

Based on public comment, subsection (d)(7) was amended at adoption to clarify how the training may be delivered to participants.

Subsection (e) requires additional training content to provide information on local district practices and procedures for mental health promotion in accordance with TEC, §38.351(i) and (j).

Subsection (f) establishes documentation requirements for the training.

Based on public comment, subsection (f)(3) was amended at adoption to establish additional criteria for the documentation of training for the mental health training program.

Subsection (g) introduces a phase-in timeline for districts to complete the mental health training.

Subsection (h) establishes criteria for mental health training reimbursement.

SUMMARY OF COMMENTS AND AGENCY RESPONSES: The public comment period on the proposal began July 19, 2024, and ended August 19, 2024. Following is a summary of public comments received and agency responses.

Comment: The Texas Counseling Association (TCA) commented that proper mental health training is imperative for school personnel to recognize children and youth who experience a mental health or substance use issue and use best practices to support them. TCA also commented that mental health training must be rigorous.

Response: The agency agrees and has modified subsection (d)(3) at adoption to specify that the course with evidence-based training materials must be delivered with sufficient instructional time and rigorous methods to appropriately address and assess the competencies listed in subsection (d)(3)(A)-(J) in a quality manner.

Comment: Five individuals requested additional options available for evidence-based mental health training programs outside of Youth Mental Health First Aid (YMHFA), stating concerns about the length of the training, accessibility, and limitations put on campuses to ensure compliance within the proposed timeline.

Response: The agency provides the following clarification. The only course currently identified by TEA and HHSC as compliant with evidence-based training for this purpose is Mental Health First Aid (MHFA) or YMHFA, as cited in the authorizing statute. The rule provides local education agencies (LEAs) the option to provide training in a locally selected course if the LEA identifies and delivers a course that is compliant with new subsection (d)(3)(A)-(J). Such an alternative course may be designed and provided by a partnering organization such as a mental health agency or an ESC.

Comment: An individual commented in support of proposed subsections (d) and (e) that allow ESCs and school districts to maintain rigorous controls and requested the production of local training materials in accordance with the requirements.

Response: The agency agrees with the comment on rigorous controls for the training and has modified subsection (f)(3) at adoption to specify that school districts must maintain documentation confirming that the training course meets the requirements in subsection (d)(3)(A)-(J).

Comment: An individual commented in support of the proposed new rule.

Response: The agency agrees.

Comment: An individual commented in support of the proposed new rule and the possibility of future allotments given to agencies and organizations equipped to provide evidence-based mental health training and resources.

Response: The agency agrees.

Comment: An individual requested that an approved list of the required mental health training be accessible for school districts and that language be added clarifying the expectation of the training to include due diligence and integrity even if constructed or delivered by the HHSC, Local Mental Health Authorities (LMHAs), ESCs, or other partners who qualify to provide evidence and research-based instruction.

Response: The agency agrees and has amended subsection (d)(1) at adoption to clarify that districts may select an evidence-based training course that is specifically designated on the recommended lists as meeting the requirements for the mental health training program. Currently TEA posts resources on the Best Practices Repository on the schoolmentalhealthtx.org website.

In addition, subsection (d)(3) has been revised at adoption to clarify the expectation of quality and rigor in delivering the competency-based instruction for the mental health training course.

Comment: An individual requested clarification on whether licensed mental health professionals could produce a workshop for school districts to satisfy training requirements.

Response: The agency agrees and has modified subsection (d)(7) at adoption to clarify that LEAs can designate qualified trainers to include licensed mental health professionals to deliver the selected training course. This does not apply to a course selected that may include specific certification for a trainer, such as for YMHFA.

Comment: TCA commented in support of the proposed new rule and requested revisions to proposed subsection (d)(1) and (2) establishing reporting requirements to TEA confirming LEAs' utilization of proper evidence-based mental health training, even if the training is not on the pre-approved list.

Response: The agency agrees and has clarified subsection (f)(3) at adoption to state that the documentation of training that must be kept by a school district includes the name of the course along with supporting documentation and that TEA may include a reporting process.

Comment: The Texas Council of Community Centers requested a change to subsection (d)(1) to establish requirements for updating training on a regular basis, clarify criteria for training certificates, and add "to be retrained" for clarification on general training program requirements.

Response: The agency disagrees because the authorizing statute does not designate a frequency for retraining or provide for retraining pursuant to TEC, §21.4515(c)(1), nor does the statute authorize the agency to determine the frequency of the training through explicit rulemaking pursuant to TEC, §21.4515(c)(2). In addition, the authorizing statute explicitly states that a school district may not require a district employee to complete the training required by this section if the employee has previously completed the YMHFA course provided by an LMHA. The statute does not address the expiration of the YMHFA certificates for which the Texas Council of Community Centers seeks clarification. Unless training frequency is specified by the authorizing statute, the Annual Development of Professional Development Policy required under TEC, §21.4515, requires that a local school district annually review and be guided by the recommendations of the State Board for Educator Certification's clearinghouse established under TEC, §21.431, and then for the school district board of trustees or governing body to develop its local professional development policy.

Comment: The Texas Classroom Teachers Association (TCTA) requested changes to subsection (d)(1) to clarify when a school district may not require an employee to complete training requirements and requested the provision be a separate subdivision under proposed subsection (d) for additional clarity.

Response: The agency agrees and has moved language from subsection (d)(1) to new subsection (d)(2) at adoption and added clarification about when an employee is not required to complete the required training.

Comment: An individual commented that proposed subsection (d)(3)(D) and proposed subsection (d)(3)(G) are duplicative.

Response: The agency agrees and has deleted proposed subsection (d)(3)(D) at adoption.

Comment: An individual requested a change to proposed subsection (d)(3)(L) to clarify strategies and support plans promoting mental health and wellness for additional personnel, not just educators, who regularly interact with students.

Response: The agency agrees and has revised the language, re-lettered as new subsection (d)(4)(K), at adoption to add that the strategies and support plans promoting mental health and wellness include all school staff.

Comment: An individual requested an amendment to proposed subsection (d)(7) to clarify criteria for training frequency.

Response: The agency disagrees. The frequency of mental health training is not specified in statute, and TEC, §21.4515(c)(1), prohibits the commissioner from adopting training frequency in rule unless statute explicitly provides for it.

Comment: An individual requested greater flexibility in the proposed training requirements, including clarification on the minimum number of hours required for training, clarification on whether training will be required annually, clarification on whether the training can be combined with the other required trainings already in the school district's online platform, and consideration for incorporating the mental health training into other required trainings in an effort to maximize time spent fulfilling all staff training requirements.

Response: The agency agrees in part and disagrees in part. Based on public comments, the following changes have been made at adoption: new subsection (b)(2)(D) was added to clarify that the training is a one-time training requirement for employees who regularly interact with students; new subsection (b)(2)(E) was added to specify that the training is to be completed in compliance with the school district's professional development policy; subsection (d)(3) was modified to clarify that the training course materials must provide evidence-based information, practices and strategies, sufficient instructional time, and rigorous methods to address and assess competencies, rather than requiring a minimum number of training hours, which is outside the scope of rulemaking; and subsection (d)(7) was modified to clarify that school districts can designate qualified trainers, to include, but not be limited to, licensed mental health professionals.

The agency disagrees that further clarification is needed in delivering training as subsection (d)(7) provides school districts with flexibility on the methods for how the training course is delivered to meet the requirements for the course. Subsection (d)(6) and (7) state how training on multiple topics can be combined and coordinated in alignment with Texas statutes for bundling training on those required topics for local consideration.

Comment: Three individuals requested clarification on the number of hours required for the training and if the training will be an annual requirement.

Response: The agency provides the following clarification. The rule does not require a minimum or maximum number of training hours; however, there may be a specific number of hours required if the school district elects to provide a training course that requires a minimum number of hours, such as YMHFA. Based on public comment, text has been added at adoption in subsection (d)(3) to clarify that the training materials must be delivered with sufficient instructional time and with rigorous methods to address and assess the evidence-based competencies in subsection (d)(3)(A)-(J) in a quality manner, to meet the intent of the authorizing statute for instruction in the mental health training program. The agency clarifies further by adding at adoption new subsection (b)(2)(D) to state that employees are required to participate and complete a mental health course under this section only one time.

Comment: Three individuals commented requesting that the rule be modified to clarify who would need to complete the training.

Response: The agency disagrees that a change to the rule is needed, as subsection (c)(2) already identifies the employees who are required to complete the training.

Comment: The Texas Council of Community Centers requested a change to subsection (c)(2)(B) to clarify required training participation by all school resource officers, whether employed by the school district or as contracted personnel.

Response: The agency agrees in part and, based on public comments, has added school resource officers (SROs) to the list of employees required to be trained in subsection (c)(2), which applies only to SROs who are school district employees. The agency disagrees in part as statute does not provide the agency authority to require that a school district's contract personnel be trained under this section. The school district has local flexibility to require any of its contract personnel to participate in the training as stated in subsection (c)(2)(B).

Comment: The Texas Council of Community Centers requested a change to subsection (g) to establish a timeline and criteria for continuing education requirements related to mental health training.

Response: This comment is outside the scope of proposed rulemaking.

Comment: An individual requested a change to subsection (g)(4) to clarify training requirements for new staff hired during the year.

Response: The agency disagrees as the rule language refers to all employees who are employed by the school district as of September 1 of any given school year.

Comment: An individual requested changes to subsection (h)(1) and (5) to clarify allotment criteria regarding a mental health training reimbursement.

Response: The agency disagrees as the rule language is aligned with statute.

Comment: An individual commented that proposed subsection (d)(3)(I) should be revised to remove HHSC, add local behavioral health authorities (LBHAs), and change "out of school time programs" to "afterschool programs."

Response: The agency agrees in part and disagrees in part. The agency agrees with adding LBHAs and has modified subsection (d)(4)(H) at adoption to include LBHAs. The agency disagrees with removing HHSC, as HHSC provides statewide resources related to systems of care for families. The agency also disagrees with changing "out of school time programs" to "afterschool programs" since "out of school time programs" include afterschool programs.

Comment: An individual requested clarification in subsection (h)(1) and (5) regarding an allotment if funds are appropriated to assist school districts.

Response: The agency disagrees because the rule language is aligned with the statutory language in TEC, §22.904.

STATUTORY AUTHORITY. The new section is adopted under Texas Education Code (TEC), §22.904, as added by House Bill 3, 88th Texas Legislature, Regular Session, 2023, which requires each school district employee who regularly interacts with students enrolled in the district to 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. TEC, §22.904(e) requires the commissioner of education to adopt rules to implement the section, including rules specifying the training fees and travel expenses subject to reimbursement.

CROSS REFERENCE TO STATUTE. The new section implements Texas Education Code, §22.904, as added by House Bill 3, 88th Texas Legislature, Regular Session, 2023.

<rule>

§153.1015. Mental Health Training.

(a) Definition. Evidence-based mental health training program means a program designed to provide instruction on mental health practices and procedures using current, practical, and applicable research that includes information and strategies shown to have effective, positive outcomes.

(b) Evidence-based mental health training program requirements.

(1) This section implements Texas Education Code (TEC), §22.904 (Mental Health Training). School districts may be eligible for reimbursement as specified in subsection (h) of this section.

(2) To complete the evidence-based mental health training program under this section, personnel who regularly interact with students as determined under subsection (c) of this section shall:

(A) participate and complete the required content in subsection (d) of this section;

(B) participate and complete the required content in subsection (e) of this section;

(C) submit and maintain supporting documentation of completion as described in subsection (f) of this section;

(D) participate and complete the mental health training program one time as required by TEC, §22.904, and this section; and

(E) participate and complete the mental health training program in accordance with the school district's professional development policy described in subsection (d)(8) of this section.

(c) Personnel required to complete the evidence-based mental health training program.

(1) A school district shall require each district employee who regularly interacts with students enrolled at the district to complete an evidenced-based mental health training program that is designed to provide instruction regarding the recognition and support of children and youth who experience mental health or substance use issues that may pose a threat to school safety.

(2) School district employees who regularly interact with students are employees working on a school campus, including, but not limited to, teachers, coaches, librarians, instructional coaches, counselors, nurses, administration, administrative support personnel, student support personnel, school resource officers, paraprofessionals, substitutes, custodians, cafeteria staff, bus drivers, crossing guards, and district special programs liaisons. Special programs liaisons may include, but are not limited to, individuals who provide support for students who are homeless or in substitute care, military connected students, and emergent bilingual students; individuals involved in the prevention of child maltreatment and human trafficking; individuals who support special education services; and members of a Safe and Supportive Schools Program Team.

(A) A school district will determine the number of employees who regularly interact with students for purposes of compliance with this section using the requirements in this subsection and ensure that training is provided for the number and percentage of personnel in accordance with the timeline in subsection (g) of this section.

(B) A school district may, at its discretion, require contracted personnel who regularly interact with students to participate in the training.

(C) A school district may, at its discretion, require supervisors of personnel who regularly interact with students to participate in the training.

(d) General training program required content.

(1) A school district may select an evidence-based mental health training course that is on the recommended lists provided by the Texas Education Agency (TEA), the Texas Health and Human Services Commission (HHSC), or an education service center (ESC) that is designated specifically on the list as a mental health training course that is compliant under this section.

(2) A school district may not require a district employee to complete the training required by this section if the employee has previously completed the Youth Mental Health First Aid (YMHFA) or Mental Health First Aid (MHFA) course provided by a local mental health authority (LMHA), a local behavioral health authority (LBHA), an ESC, or a YMHFA or MHFA trainer certified to teach those courses by the National Council on Mental Wellbeing if the employee provides the certificate of completion to the school district in accordance with the timeline established in subsection (g) of this section.

(3) If a school district selects an evidence-based mental health training course that is not designated as compliant for this purpose on the recommended lists provided by TEA, HHSC, or an ESC, the school district may review and select the course to satisfy the training requirement only if the course delivers instruction in the competencies under subparagraphs (A)-(J) of this paragraph with training materials that provide evidence-based information, practices and strategies, sufficient instructional time, and rigorous methods to appropriately address and assess the competencies for the participants who are expected to complete the mental health training course under this section, and only if the course provides employees with the following evidence-based information, practices, and strategies:

(A) awareness and understanding of mental health and substance use prevalence data;

(B) knowledge, skills, and abilities for implementing mental health prevention and substance use prevention in a school to protect the health and safety of students and staff, including strategies to prevent harm or violence to self or others that may pose a threat to school safety;

(C) awareness and introductory understanding of typical child development, adverse childhood experiences, grief and trauma, risk factors, the benefits of early identification and early intervention for children who may have potential mental health challenges and substance use concerns, and evidence-supported treatment and self-help strategies;

(D) awareness and understanding of mental health promotive and protective factors and strategies to deploy them for students in the school environment;

(E) experiential activities designed to:

(i) increase the participant's understanding of the impact of mental illness on individuals and families, skills for listening respectfully, and strategies for supporting the individual and family in a mental health crisis;

(ii) encourage help-seeking to obtain appropriate professional care; and

(iii) identify professional care, other supports, and self-help strategies for mental health and substance use challenges;

(F) knowledge, skills, and abilities to recognize risk factors and warning signs for early identification of students who may potentially have mental health challenges or substance use concerns in alignment with TEC, §38.351, and evidence-based information;

(G) knowledge, skills and abilities to support a student when potential mental health concerns or early warning signs are identified, including effective strategies for teachers to support student mental health in the classroom, including students with intellectual or developmental disabilities who may have co-occurring mental health challenges;

(H) knowledge, skills, and abilities to respectfully notify and engage with a child's parent or guardian regarding potential early warning signs of mental health or substance use concerns and make recommendations so a parent or guardian can seek help for their child;

(I) knowledge of school-based and community-based resources and referrals to connect families to services and support for student mental health, including early intervention in a crisis situation that may involve risk of harm to self or others; and

(J) knowledge of strategies to promote mental health and wellness for school staff.

(4) In addition to the basic mental health training course under paragraph (2) or (3) of this subsection, school districts may provide more specialized mental health training opportunities for personnel with specific school mental health and safety related roles and responsibilities to strengthen their capacity to:

(A) plan for and monitor a continuum of evidence-based school mental and behavioral health related services and supports;

(B) deliver practical, evidence-based practices and research-based programs that may include resources recommended by TEA, HHSC, or ESCs to strengthen training, procedures, and protocols designed to promote student mental health and wellness, to prevent harm or violence to self or others, and to prevent threats to school safety;

(C) intervene effectively to engage parents or guardians and caregivers with practical evidence-based practices and programs, including in mental and behavioral health related crisis situations;

(D) facilitate referral pathways that connect parents, guardians, and caregivers to school-based or community-based mental health assessment, counseling, treatment, and related support services for students and families with effective coordination of efforts across systems;

(E) support students with intellectual or developmental disabilities who may have co-occurring mental health and behavioral health challenges and their families;

(F) facilitate mental health safety planning at schools, including suicide prevention and intervention;

(G) coordinate back-to-school transition plans from mental health or substance use treatment or from a discipline alternative education program when a mental health or substance use challenge has been identified;

(H) collaborate within a community system of care to support students and their families, including assistance offered through organizations such as LMHAs, LBHAs, HHSC, hospitals, school-based and community-based clinics, out of school time programs, non-profit mental health and faith-based groups, family partner services, the juvenile justice system, the child welfare system, the Texas Child Mental Health Care Consortium, and community resource coordination groups;

(I) establish partnerships and referral pathways with school-based and community-based mental health service providers and engage resources that may be available to the school, including resources that are identified by TEA, state agencies, or an ESC in the Texas School Mental Health Resources Database in accordance with TEC, Chapter 38, and which may include services that are delivered by telehealth or telemedicine;

(J) support classroom educators with job-embedded training, coaching, and consultation on supporting student mental health and wellness and preventing youth violence; and

(K) establish strategies and support plans to promote mental health and wellness for all school staff.

(5) The training in this section may be combined or coordinated with suicide prevention, intervention, and postvention training, but it does not replace that required training.

(6) The training in this section may be combined or coordinated with grief and trauma informed care practices training, but it does not replace the required trauma informed training under TEC, §38.036. The training may be combined to include up to three required mental health training topics under TEC, §38.351, and as cited in TEC, §21.451(d-1)(2), at the discretion of the local school district.

(7) The training may be delivered by an instructor who is qualified to instruct participants using the training materials with sufficient instructional time and rigorous methods to address and assess the competencies for completing the training course approved by a school district under paragraphs (3)(A)-(J) or (4)(A)-(K) of this subsection, including, but not limited to, a licensed mental health professional, and through various modalities, such as face-to-face delivery, synchronous online learning, or hybrid or blended formats, and it may include job-embedded learning and coaching strategies for evidence-based implementation support.

(8) For alignment, a school district must consider the recommendations from the State Board for Educator Certification Clearinghouse on providing mental health training per TEC, §21.451; develop a local policy on what training will be provided; and determine the training frequency for personnel required to be trained.

(e) Training program required content related to local school district practices and procedures.

(1) For applicability of the course content in subsection (d) of this section to local school district context, the personnel who regularly interact with students must be informed of the local district practices and procedures for mental health promotion required by TEC, §38.351(i), concerning each of the following areas listed in TEC, §38.351(c), including where multiple areas are listed together, in accordance with TEC, §38.351(j):

(A) early mental health prevention and intervention;

(B) building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;

(C) substance abuse prevention and intervention;

(D) suicide prevention, intervention, and postvention;

(E) grief-informed and trauma-informed practices;

(F) positive school climates;

(G) positive behavior interventions and supports;

(H) positive youth development; and

(I) safe, supportive, and positive school climate.

(2) If the school district 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), personnel who regularly interact with students must also be informed of those practices and procedures.

(f) Documentation.

(1) School districts shall require each district employee to provide the certificate of completion of the training content in subsection (d) of this section to the school district.

(2) Documentation of the training content described in subsection (e) of this section may be satisfied when the employee submits to the district an acknowledgement form signed by the employee who received the current training and a copy of local procedures and practices that are published in the district handbook and/or district improvement plan.

(3) Documentation of training for the mental health training program, including the name of the training course, along with supporting documentation confirming that the training course abides by the requirements outlined in subsection (d)(3)(A)-(J) and (4)(A)-(K) of this section and documentation under this subsection, must be kept by the school district and made available to TEA upon request, which may include a reporting process, for the duration of the employee's employment with the district.

(g) Timeline.

(1) At least 25% of the applicable district employees shall be trained before the start of the 2025-2026 school year.

(2) At least 50% of the applicable school district employees shall be trained before the start of the 2026-2027 school year.

(3) At least 75% of the applicable school district employees shall be trained before the start of the 2027-2028 school year.

(4) 100% of the applicable district employees shall be trained before the start of the 2028-2029 school year.

(A) When calculating the percentage of staff to be trained, the denominator is the number of school district employees who regularly interact with students who are required under subsection (c) of this section to receive mental health training.

(B) The percentages in this subsection shall be calculated using the number of school district employees who regularly interact with students and are employed by the district as of September 1 in any given school year.

(C) The number and percentage of employees and the procedure for making the determination under this subsection and subsection (c) of this section must be made available upon request by TEA.

(h) Mental health training reimbursement.

(1) If funds are appropriated, an allotment shall be provided to assist local school districts in complying with this section.

(2) The amount of the allotment provided to school districts under this subsection may not exceed the allowable costs incurred by the district for completing the required training.

(3) The funding shall be used to assist the school district in complying with the section and should include only the costs incurred by the district from employees' travel, training fees, and compensation for time spent completing the required training. Substitute pay, travel costs such as mileage and lodging, and cost of materials are eligible for this reimbursement.

(4) School districts may use the funding for training fees, travel expenses, and material costs for employees to attend trainer of trainer courses that allow staff to facilitate trainings for their district that meet the requirements set out in this section.

(5) TEA may proportionally reduce each school district's allotment if the amount appropriated is insufficient to pay for all costs incurred by districts under this subsection.

(6) School districts shall maintain an accounting of funding and documentation on expenses for the allocated funds and make the accounting of expenses available as requested by TEA.