

September 30, 2020

Task Force on Public School Mental Health Services: Recommendations on HB 906

Input to the Texas House Public Education Committee on Interim Charge 1(e)

I am the Director of Mental Health Policy at Texans Care for Children and a member of the Collaborative Task Force on Public School Mental Health Services that was established by HB 906 (86R). I appreciate the opportunity to provide comments on the implementation of HB 906 and the Legislature's efforts to ensure state-funded school mental health services produce positive outcomes for students.

The Issue

The Texas Legislature tasked the HB 906 Collaborative Task Force on Public School Mental Health Services to study and evaluate school mental health services and training funded by the state in an effort to ensure the services and training have a positive impact on the mental health of students. Texans Care applauds the Legislature's effort to ensure school mental health services and related practices that are supported by state funds are effective.

It's not just a matter of smart spending. It's about doing right by students in Texas. At best, ineffective practices will have little to no impact on students and result only in poor use of scarce state funding. At worst, ineffective school mental health practices can cause students harm - academically, socially, emotionally, or physically.

- If district leaders unknowingly implement a suicide prevention strategy that runs counter to what research has shown protects students, the suicide risk among their students may actually increase.
- If a district's substance abuse prevention and intervention policy consists solely of disciplinary actions and not evidence-based public health strategies, youth in need of support services or treatment risk being pushed into the school-to-prison pipeline instead of towards graduation and recovery.

That's why it's imperative that state policymakers and local school leaders intentionally support the use of research-informed programs, services and practices when addressing student mental health and school climate.

The purpose of the Task Force is needed, however the nature of its charge impedes its work. To help ensure the work of the Task Force itself is efficient and effective, its charge should be amended to better define or clarify:

1. What things it should evaluate
2. What outcomes it should examine
3. How its findings will be used to assist schools in implementing effective school mental health services and training would.

Challenges to Implementation

Broadness in Scope

“Mental health services” is not defined in statute. People commonly think of school mental health services as something that is provided to a student with a mental disorder by someone who is a mental health professional. However, comprehensive school mental health includes a continuum of interventions ranging from school-wide approaches that promote healthy social, emotional, and behavioral development among all students all the way to specialized services provided to a student with acute needs by a mental health professional. Legislation passed in HB 18 and SB 11 promotes this best-practice, multi-tiered approach to addressing mental health in schools.

- Tier 1 Services: School-wide approaches to promote healthy social and emotional development, school connectedness, and positive behaviors among all students. These types of interventions typically involve everyone on a school campus - from principals, to teachers, librarians, and cafeteria staff.
- Tier 2 Services: Targeted services provided to students experiencing normal developmental challenges that are interfering with their learning, or to a group of students who are at-risk for developing mental health related challenges. These types of interventions can be provided by a school counselor, a social worker, or even a teacher or coach who checks in daily with a student to see how they are doing. (Tier 2 Services)
- Tier 3 Services: Specialized services provided to a student with acute needs, usually provided by someone with expertise in mental health or someone who can assist in coordinating services.

Levels of Fidelity

It is not possible to evaluate the effectiveness of a program/service without accounting for the fidelity of its implementation. Evaluating the outcomes of programs/services without examining if they are being implemented correctly can have the unintended but very real consequence of some districts choosing not to build out their school-based mental health services if they feel ill equipped to do it on their own and they believe they might be “dinged” by an evaluation for trying.

Lack of Training and Technical Assistance in Selecting, Implementing, and Coordinating Effective Programs/Practices

Texas lacks a statewide infrastructure to provide district leaders with training and technical assistance on implementing comprehensive school mental health strategies. Districts are being told to address student mental health through policies, practices, and procedures - and HB 906 calls for mental health programs and services to

be evaluated for effectiveness - but the majority of districts may not have access to information on how to develop effective policies, programs, and practices. Once again, this may have an unintended but very real consequence of some districts choosing not to build out their school-based mental health services if they feel unequipped to do it on their own and they believe they might be “dinged” by an evaluation for trying.

Strengthening the Effectiveness of the HB 906 Task Force

Recommendations

Texans Care for Children offers the following recommendations to improve the efficiency and effectiveness of the Task Force on Public School Mental Health Services:

1. **Amend the statute to define “mental health services” and to differentiate it from “training.”** Consider using Tier I, II, and III instead in defining mental health services, as well as delineating "services/interventions provided TO students" and "services/interventions provided TO school personnel."
2. **Narrow and clarify the scope of the services and training to be evaluated and the outcomes they should be evaluated on. Focusing on research-informed indicators of student mental health which research has shown are reliable measures**
 - a. Consider grouping services according to:
 - i. Trainings provided school personnel
 - ii. Tier 1 schoolwide practices that target all students
 - iii. Tier 2 or Tier 3 services provided to some students
3. **Repeal items of the study that are not reliable, useful, appropriate, valid measures of effectiveness of any given mental health service or training.** Consider the appropriateness of evaluating outcomes related to violent incidents, suicide rates, DFPS referral rates, and the number of Individuals districts provide mental health services. Look to data collected as part of SB 11.
4. **Consider modeling the [reporting](#) of the effectiveness of youth prevention and intervention services that is currently required by Article IX, Sec. 17.05 of the 2020-2021 General Appropriations Act.** This rider calls for certain state agencies to coordinate and submit information on the effectiveness and impact of juvenile delinquency prevention and dropout prevention and intervention services that are delivered or monitored by the agencies named in the rider. While the scope of the Article IX, Sec. 17.05 report is more narrow than the reporting requirements of HB 906, it does provide an example of how data on program/service effectiveness can be reported in a standardized, accessible format.
5. **Put safeguards in place before districts select and implement the services and/or training.** The Task Force is seeking to evaluate the effectiveness of mental health services and training for which districts

have been given little guidance or assistance in selecting and implementing services/training . The Legislature can put proactive policies in place to help ensure districts are using effective mental health related strategies, such as:

- a. **Requiring districts to use mental health related services and/or training that are rooted in research-based practices.** The Texas Education Agency and the Health and Human Services Commission are already required to make a list of best practice resources available for schools related to student mental health and school climate for school leaders to consider. The list includes practices and programs shown to improve outcomes related to:

- Building Skills Related to Managing Emotions, Establishing and Maintaining Positive Relationships, and Responsible Decision-Making
- Early Mental Health Prevention and Intervention
- Grief-Informed and Trauma-Informed Practices
- Positive Behavior Interventions and Supports
- Positive Youth Development
- Safe, Supportive and Positive School Climates
- Substance Abuse Prevention and Intervention
- Suicide Prevention, Intervention and Postvention

Districts should be authorized to use programs or practices that are not included in the TEA/HHSC Best Practice list if they can provide evidence of the programs/practices being grounded in best or promising practices.

6. **Build capacity within the state to provide districts with guidance and technical assistance in selecting and implementing effective school mental health services and mental health related training.** Strategies to consider include:

- a. Dedicating additional staff at TEA to provide coordination, leadership, and guidance on leveraging the federal and state funded programs/services that can be used to assist LEAs in supporting the mental health of students
- b. Establish an office of mental health initiatives within TEA. Direct TEA to establish an office staffed with at least 5.0 permanent FTEs dedicated to: supporting provisions within SB 11 and HB 18 related to:
 - i. Mental health promotion and intervention, substance abuse prevention and intervention, suicide prevention, and multi-tiered safe and supportive school programs;
 - ii. Advancing the agency's Statewide Plan for Student Mental Health established by SB 11; and
 - iii. Supporting the Taskforce on School Mental Health Services established by HB 906.

- c. Provide district leaders with access to enhanced technical assistance for effective implementation of mental health and school safety legislation passed by the 86th Texas Legislature.
 - i. Increase the capacity of ESCs to support school districts in using coordinated school-wide practices to prevent and address social, emotional, and behavioral concerns from interfering with student learning.
 - ii. Establish a matching grant program in which districts can apply to TEA for funding to support the development and implementation of comprehensive plans that address the social, emotional, and behavioral needs of students grounded in research-based practices. Priority should be given to non-metro districts located in under-resourced communities and providing enhanced training, technical assistance, coaching, and evaluation services.
- 7. **Dedicated funding to assist districts in selecting and implementing effective school mental health services and mental health related trainings.**
- 8. **Require the Task Force to assist TEA in the ongoing development and implementation of the Statewide Plan for Student Mental Health.** TEA has leveraged the resources and expertise of the Task Force in developing the statewide plan for student mental health that is required by SB 11. The plan is required to include the agency's goals relating to promoting positive school climates; increasing the availability of effective school-based interventions and community referrals; and administrative and legislative recommendations to advance the goals of the state plan. While the focus of the Task Force is the effectiveness of mental health services and training, the focus of the state plan is on expanding access to mental health services and training that are effective. Formalizing an on-going role of the Task Force in advising TEA on the implementation of and required revisions to the plan would help ensure the alignment of the work of TEA and the Task Force.
- 9. **Require Task Force reports to be submitted to the Statewide Behavioral Health Coordinating Council and the Texas Child Mental Health Consortium.**