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Response to House Public Education Committee Request for Information Regarding Interim Charges 1 (C), (D), and (F) on Mental Health Supports

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The Texas Classroom Teachers Association appreciates this opportunity to provide input on the committee's interim charges relating to school safety and mental health.

Resources for addressing mental health in schools

Governor Greg Abbott and the Texas Legislature made increasing safety and mental health supports in schools a priority and took action in the 86th session through the passage of Senate Bill 11 (Taylor) and House Bills 18 and 19 (Price). The bills primarily focused on behavioral health school personnel training requirements, identification, and community referrals. To truly improve academic, social, and emotional outcomes of students through positive school climates, there must be coordinated systems for referring and addressing mental health challenges on campuses.

It is estimated that one in six school-aged youth experiences impairments in life functioning, including impacts on academic achievement, due to mental illness, and the number of children experiencing mental health challenges increases with age.[1] Mental health concerns adversely affect the ability of students to meet the many demands of school, including cognitive requisites for learning; social and emotional basics for making friends and behaving according to school rules, norms, and expectations; and physical requirements for being active throughout the school day. These students are more likely to encounter school absences, suspensions, expulsions, and credit deficiencies.[2] Attempts to address disruptive behaviors cost considerable teacher time at the expense

[1] Perou R, Bitsko RH, Blumberg SJ, et al. (2013). Mental health surveillance among children—United States, 2005–2011. Morbidity and Mortality Weekly Report (MMWR), 62(Suppl 2),1-35.
[2] Kang-Yi CD, Mandell DS, Hadley T. (2013). School-based mental health program evaluation: children's school outcomes and acute mental health service use. Journal of School Health, 83, 463- 472. 11) Krezmien, M. P., Leone, P. E., & Achilles, G. M. (2006). Suspension, race, and disability: Analysis of statewide practices and reporting. Journal of Emotional and Behavioral Disorders, 14, 217–226. 12) Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The achievement gap and the discipline gap: Two sides of the same coin? Educational Researcher, 39, 59–68.

of academic instruction. Other students are negatively impacted as classrooms with frequent disruptive behaviors have less academic engaged time, and students in disruptive classrooms tend to have lower grades and lower performance on standardized tests.[3]

Outside of a youth's home, schools are the most likely environment where mental health concerns will be detected as children spend most of their day at school interacting with teachers, school professionals and peers. Though mental illness afflicts young people disproportionately, fewer than half of youth with mental illness receive sufficient treatment.[4] While Senate Bill 11 and House Bills 18 and 19 work to enable school personnel and communities to prevent, identify, and connect students who suffer from trauma, grief and mental health challenges to supports through training and continuing education requirements for teachers and counselors, curriculum requirements, school improvement plans, state and regional programs and services, and reporting requirements, these bills overlook a key component by not providing financial resources for and promoting school-based mental health professionals.

Teachers educate students, set the tone of their classrooms, build a warm environment for learning, mentor and nurture students, become role models, and listen and look for signs of trouble; however they cannot address behavioral health challenges alone. To initiate a best practices problem-solving approach to mental health concerns among their students, teachers need to be able to consult and refer students to school-based mental health professionals who are experts in their field. These individuals are employed by the school and may come from a variety of training backgrounds, including school psychologists, child clinical psychologists, counseling psychologists, school social workers, marriage and family therapists, and behavior analysts or behavior specialists. The role of school mental health professionals on the problem-solving team is to share their specialized knowledge related to assessing and intervening with youths' internalizing and externalizing behaviors and to apply that knowledge by providing indirect (e.g., consultation) and direct (e.g., counseling or skill-training) mental health services to youth at school.[5]

When the legislature and school leaders commit resources to address the mental health of students in schools that includes mental health professionals on site, the entire school community and state benefit. In addition to enjoying a healthier student body that is more engaged in school life, young people who receive appropriate mental health supports have improved academic achievement, are more likely to graduate, and are more likely to attend and successfully complete college.[6] [7] [8] These are outcomes in which all Texans are invested because when young people thrive, school communities and the state economy thrive.

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[3] Shinn, Ramsey, Walker, Stieber, & O"Neill, 1987

[4] Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. (2007). Age of onset of mental disorders: A review of recent literature. Current opinion in psychiatry, 20, 359-364

[5] Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (September 2015). School Mental Health Referral Pathways Toolkit, 65-68

[6] Kang-Yi CD, Mandell DS, Hadley T. (2013). School-based mental health program evaluation: children's school outcomes and acute mental health service use. Journal of School Health, 83, 463-472.

[7] United States Government Accountability Office. (June 2008). Young Adults with Serious Mental Illness; Report to Congressional Requesters GAO Report Number GAO08-678. Washington, D.C.

[8] Baskin, T. W., Slaten, C. D., Sorenson, C., Glover-Russell, J., & Merson, D. N. (2010). Does youth psychotherapy improve academically related outcomes? A meta-analysis. Journal of Counseling Psychology, 57, 290–296.

Proposed rules for SB 11

Also related to this interim charge are TCTA's concerns about the Commissioner exceeding his rulemaking authority in his proposed rules implementing the safe and supportive school program and trauma-informed policy portions of SB 11, for which comments are due by October 12, 2020.. Throughout the 13 pages of rule text are numerous instances of the incorporation of provisions from HB 18, over which the Commissioner has no rulemaking authority. Specifically, the proposed rules incorporate TEC Section 38.351 from HB 18 under the guise of establishing the Safe and Supportive Schools Programs required under SB 11

TEC Section 38.351 requires school districts to develop practices and procedures concerning mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention. This section also requires school districts to train school counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students, to recognize students at risk of attempting suicide, including students who are or may be victims of bullying, recognize students displaying early warning signs and possible need for early mental health or substance abuse intervention, intervene effectively with these students, and assist students in returning to school following treatment.

But the Commissioner has no rulemaking authority over any of the above. This is further supported by the fact that there is no mention of Commissioner rulemaking authority in the bill analysis for the House engrossed version of HB 18.

In the proposed rules, the attempted incorporation of TEC Section 38.351 is primarily in the multi-tiered system of supports (MTSS) component of the Safe and Supportive Schools Program required under the proposed rules. By including it in the requirements for the MTSS under the Safe and Supportive Schools Program, the Commissioner is attempting to dictate **how** school districts are to implement TEC Section 38.351.

In addition, the Commissioner's proposed rules require districts to provide mental and behavior health training (under TEC Section 38.351) to all staff in accordance with TEA-approved training lists for specific roles. However, TEC Section 38.351(g) explicitly provides that school districts are "required to provide the training at an elementary school campus only to the extent that sufficient funding and programs are available."

Finally, the Commissioner's proposed rules require districts to select training from the list posted on TEA's website (or, when appropriate, locally customized training that meets content requirements of the proposed rules). However, TEC Section 38.351(b) explicitly provides that school districts "***may*** select from the list provided under Subsection (a) a program or programs appropriate for implementation in the district" (emphasis added). Under this subsection, TEA, in coordination with HHSC and RESCs, is required to provide and annually update a list of recommended best practice-based programs and research-based practices in the areas specified under TEC Section 38.351(c) for implementation in public schools.

In sum, in the proposed rules, the Commissioner is overstepping his authority by attempting to exercise rulemaking authority over TEC Section 38.351 (HB 18), over which he has no rulemaking authority.