

The National Association of Social Workers – Texas Chapter (NASW/TX) appreciates the opportunity to provide the House Public Education Committee feedback in preparation of the 2021 legislative session. NASW/TX represents over 5,000 social workers across the state and advocates for the wellbeing of all Texans. Please consider the following recommendations related to student mental health and school social work services.

For additional information or questions, please contact Alison Mohr Boleware, LMSW, Government Relations Director at aboleware.naswtx@socialworkers.org or the NASW/TX office at 512-474-1454. 810 W. 11th St., Austin, TX 78701

Related to Behavioral Health (Joint charge with Committee on Public Health)

- *HB 18, which enhances school safety and mental health resources for students and school personnel and works to reduce the stigma around mental health conditions. Monitor the process by which state agencies coordinate to implement the legislation and their compliance with various requirements, including providing required guidelines and resources to schools.*
- *HB 19, which places non-physician mental health professionals at education service centers to provide resources for educators and administrators in school districts and charter schools.*
- *HB 906, which creates the Collaborative Task Force on Public School Mental Health Services.*
- *SB 11, which creates the Texas Child Mental Health Care Consortium to facilitate access to mental health care services through telehealth and expands the mental health workforce through training and funding opportunities. Monitor the creation of the consortium and agencies' rulemaking processes. Review how school districts are spending their school safety allotment.*

Utilize and promote the use of school social workers to assist both students and their families.

Define school social work services within the Education Code.

School social workers fill a unique role within a school system and provide an integral link between school, home, and community in helping students achieve academic success. They are trained to assist students and their families by providing a variety of services. Uniquely positioned with backgrounds in child and youth development, mental health, crisis intervention, community engagement, and more, school social workers are ready to work with school leadership as part of an interdisciplinary team. School social workers are trained to meet the needs of their campuses or districts by identifying needs, providing services, accessing resources, and engaging the community. They match their skills to the requests and concerns of schools.

In 2019 the Texas Education Agency reported there were 1034 school social workers in Texas. However, there is no definition of school social work services within state law, leaving school administrations on their own with defining and administering these services. NASW/TX, along with feedback from school social workers across the state, believe that defining school social work services is an imperative start to incorporating more of these services within school systems.

The COVID-19 pandemic has highlighted the flexibility of school social workers, as they have worked to fill gaps in school systems burdened with unique challenges. We encourage the House Public Education committee to consider ways to better utilize school social workers within the Texas education system and encourage schools to use funding for school safety allotments toward hiring mental health professionals like school social workers.

NASW/TX aligns our requests with the Texas Coalition for Healthy Minds, including the language below respectfully calling on the House Public Education Committee and the 87th Texas Legislature to:

1. **Leverage existing and future federal COVID-19 relief funds to support the mental health of students and school staff and supportive school climates.** Explore ways to maximize both existing

and any future federal funding that becomes available to help advance implementation of HB 18 and mental health related provisions in SB 11. The Coronavirus Aid, Relief and Economic Security (CARES) Act includes funding to address the impact of COVID-19 on k-12 education, including providing mental health services and social emotional support.

2. **Provide sustained training and technical assistance to district leaders and support staff responsible for setting school-wide policies, practices, and procedures related to:**
 - a. Positive behavioral interventions and restorative practices
 - b. Trauma-informed and trauma-responsive practices
 - c. Inclusive school climates that value diversity and foster student belonging
 - d. Addressing systemic inequality and its impact on the wellness of students, teachers, and support staff
 - e. Comprehensive bullying and discrimination prevention plans
 - f. Mental Health First Aid for educators, staff, and students
 - g. Additional processes for mental/behavioral health identification and intervention
3. **Increase access to school-based support services for students with or at-risk for mental health or substance use concerns.**
 - a. Dedicate an appropriate amount of school counselors' time and resources to providing social-emotional counseling to students.
 - b. Expand the use of school social workers, school psychologists, Communities In School (CIS), and school-based youth prevention and intervention services administered by HHSC in building multi-tiered systems of support.
 - c. Assist schools in engaging, educating, and supporting families of students with or at-risk for mental health concerns, including providing case-management services to families who are experiencing hardships that interfere with student learning.
 - d. Address the mental health needs of students of color, recognizing cultural differences that may exist when providing support services.
 - e. Support the goals and strategies in the SB 11 Statewide Plan for Student Mental Health being developed by TEA and due November 1, 2020.
4. **Increase access to mental health services in school or community settings.** This includes clinical services provided by:
 - a. School counselors, social workers, or licensed specialists in school psychology (LSSPs) employed by districts;
 - b. Community-based providers working in partnership with schools, including telehealth providers; and
 - c. Referrals to community-based mental health services, including family peer support services to assist families providing care to students with serious emotional disturbance.
5. **Prioritize prevention and intervention strategies - not punishment.** The National Center for Child Traumatic Stress advises schools that connection and relationship take priority over discipline during COVID-19.
 - a. Build on the passage of HB 674 (85R) and make positive behavior programs available to all grade-levels.

- b. Direct the TEA to provide districts with guidance on aligning discipline policies and practices with mental health promotion/prevention/intervention goals included within HB 18 and SB 11. Guidance should address:
 - i. Using positive youth development strategies that recognize and enhance the strengths of youth receiving disciplinary referrals;
 - ii. Establishing consequences that are non-punitive and aim to support students in learning new behavioral skills, including the use of restorative practices;
 - iii. Considering students' life experiences and the potential for re-traumatization when applying consequences;
 - iv. Ensuring that COVID-19-specific challenges are considered, including a family's economic and healthcare situation;
 - v. Ensuring that students are not punished for behaviors that are a manifestation of a disability; and
 - vi. Consideration of referral for evaluation for possible disabilities and need for special education services.
- c. Require districts to use multi-tiered systems of support in addressing student substance use and provide connections to prevention, intervention, treatment and recovery support services.
- d. Authorize districts to provide graduated sanctions and alternatives to suspension/expulsion in determining consequences for a student being under the influence of or possessing drugs or alcohol at school.
- e. Require substance use screenings to be offered to students removed from their classrooms/campuses due to substance use violations.
- f. Require school districts identified in the top percentile of discipline and disparities to create and implement an improvement plan.

6. **Address structural racism, racial trauma, and its effects on student learning.** Witnessing or experiencing racism or discrimination can have a profound impact on the mental health of students. Students and educators who are Black, Indigenous, and People of Color (BIPOC) are susceptible to racial trauma, which refers to the stressful impact of racism and discrimination on a person's emotional wellbeing. Common reactions to racial trauma include increased vigilance and suspicion, increased sensitivity to threat, sense of a foreshortened future, and more maladaptive responses to stress such as aggression or substance use. Traditional disciplinary responses to behaviors rooted in trauma are not effective in changing student behavior. To support the learning and well-being of students who are BIPOC, it is imperative that schools in Texas:
- a. Recognize the effect of racism and discrimination on students;
 - b. Respond to behaviors that may stem from underlying racial trauma in ways that support healing and learning among students; and
 - c. Prevent school-based racial trauma or re-traumatization among BIPOC students.