

Student Mental Health and School Climate: Recommendations on HB 18, HB 19, and SB 11

Input to the Texas House Public Health Committee on Interim Charge 1 related to Behavioral Health

Texans Care for Children appreciates the opportunity to provide input on the Texas House Public Health Committee's Interim Charge 1 related to behavioral health addressing the implementation of legislation addressing student mental health and school climate as enacted in HB 18, HB 19, and SB 11.

The Issue

The 86th Texas Legislature prioritized the mental health of students before COVID-19 had begun to threaten the social, emotional, and mental well-being of students all across the state. The effects of the pandemic on students and their teachers make the leadership demonstrated by the Legislature in 2019 all the more critical to support the education and well-being of students in 2020 and the years to come.

The Legislature must build upon progress made last session so schools are prepared to address not just "academic slides" that have occurred during the pandemic, but also the "social, emotional, and behavioral slides" that will have occurred as well:

- Many students will need to relearn social emotional skills that have regressed during the pandemic, while younger students may be learning important behavior skills and expectations for the first time.
- The physiological effects of exposure to prolonged adversities (such as losing one's home because of a parent's unemployment) or acute traumas (such as the death of a parent or grandparent) can disrupt a student's thinking, feeling, and behavior — even once threats are no longer present.
- Rates of trauma, mental health and substance use concerns, and suicide risk are projected to sharply rise, and will continue to affect students, their families, schools, and communities in the coming years. The emotional and behavioral effects of trauma are known to spike more than a year after trauma exposure.
- Students with a history of mental health concerns are especially at risk, as are students who had multiple traumatic experiences before the pandemic - including traumas related to discrimination, racial bias, and racism. Students of color, students from low-income families, and girls also may be more vulnerable to mental health concerns during the pandemic that can interfere with their learning.

Schools will play an important and necessary role in helping students recover from social-emotional challenges brought on by COVID-19. In addition to ensuring educators are able to "recognize and respond" when students are in crisis,

district leaders also must take proactive steps to prevent small problems from growing into big ones and to help students be focused and engaged learners.

Opportunities Provided by Student Mental Health Legislation

Thanks to state legislation passed in 2019, school districts in Texas are in a better position to address forecasted increases in social, emotional, and mental health concerns among students:

- HB 18 and SB 11 directed districts to provide students with supportive learning environments, use trauma-informed practices, and take steps to prevent and address mental health, substance use, trauma, and suicide concerns among students while they are at school. This includes promoting positive school climates; building student skills related to managing emotions, relating to others, and making responsible decisions; and supporting students once they return to school after receiving treatment for mental health for substance abuse treatment.
- SB 11 required regional education service centers (ESCs) to develop inventories of mental health resources that are available to schools in their respective regions, including training and technical assistance services; school- or community-based prevention or intervention services; and sources of public and private funding that is available to help schools address the mental health of students. It also required TEA to develop a *Statewide Plan on Student Mental Health* to increase the availability of effective school-based interventions and community referrals.
- The School Safety Allotment established in SB 11 provides a funding stream for districts to support mental health programs and strategies. However, the impact of the School Safety Allotment on strengthening district efforts to support student mental health is unclear since districts can also use the funds for emergency preparedness and facility safety.
- HB 19 provided for local mental health authorities (LMHAs) to employ Non-Physician Mental Health Professionals (NPMHPs) to serve as mental health and substance use resources to school districts, working onsite at each of the regional ESCs in the state. NPMHPs are required to be trained in clinical mental health, and their duties are primarily focused on helping educators and other school personnel be able to “recognize and refer” students who have potential mental health, trauma, or substance abuse concerns to assist families in accessing services.
- SB 11 created the Texas Child Mental Health Consortium to leverage expertise and capacity among departments of psychiatry within Texas universities to enhance the state's ability to address mental health care needs of children and youth. Among its projects, the Consortium established the Texas Child Access Through Telemedicine (TCHAT) to deliver telemedicine services to public school students.

Implementation Challenges

While HB 18, HB 19, and SB 11 offer great promise in helping districts address student mental health, there are barriers that prevent both the state and school districts from maximizing the opportunities provided by the laws.

- **Lack of leadership needed to align efforts.** There are several state agencies and departments involved in the implementation of various pieces of HB 18, HB 19, HB 906, and SB 11 — including TEA, the Health and Human Services Commission, the Texas School Safety Center, and the Higher Education Coordinating Board. Staff at

each agency are working hard to implement their piece of the puzzle in the midst of policy, operational, and personal challenges brought on by the pandemic. However, there is no clear leadership or coordination role among them that is authorized to ensure all the policies and pieces are appropriately aligned with one another as they are being implemented.

- **Lack of staff and resources within TEA to support implementation efforts.** As part of its broader 2020-2021 Safe and Healthy Schools exceptional item request, TEA sought \$37 million to build capacity within TEA, ESCs, and districts focusing on student mental health and positive school climate efforts. The House showed strong support of TEA's request by including it in the introduced version of HB 1. Unfortunately, the funding provided by the House was stripped in the budget conference committee, with the [decision document](#) citing \$100 million provided for school hardening in the Senate's supplemental funding bill as an explanation - *even though supplemental bill funding could not be used for student mental or school climate efforts*. Ultimately, the 86th Legislature failed to provide TEA with additional funding to support its efforts to assist districts in addressing student mental health and school climate.

TEA has one 1.0 permanent FTE responsible for coordinating agency activities to support to mental health, trauma-informed practices, substance abuse prevention and intervention, and suicide prevention. A discretionary federal grant supports an additional 1.5 FTE to work on student mental health through 2023. This level of staffing is woefully inadequate to provide the level of on-going leadership and guidance needed from TEA to coordinate and support efforts among ESCs, school districts, and other state agencies that play roles in advancing effective school practices related to mental health.

- **Lack of funding to assist districts in implementing school-based strategies to support student mental health.** Districts can use the School Safety Allotment (SSA) for mental health activities, but the funding isn't stable and can also be spent on non-mental health activities. It would also be difficult for many districts — especially smaller districts with fewer students — to add mental health supports like hiring additional school counselors or social workers given that the amount of the per-student allotment is dependent upon a discretionary legislative appropriation each biennium. There are no reporting requirements on how districts are using the SSA, so the extent to which it has increased the capacity of districts to address mental health is unknown.
- **Lack of assistance available to help districts develop the plans, practices, and procedures called for in SB 11 and HB 18.** Teachers and support staff can be trained on how to support students, but if district leaders establish policies and procedures that run counter to research-informed practices, the time and resources spent on training teachers/support staff will be wasted. While some districts have robust practices and procedures in place to support the mental health of their students, many others will find themselves in unfamiliar territory. State leaders need to provide district leaders with access to enhanced guidance and technical assistance in developing schoolwide practices/procedures that are grounded in research, otherwise the educational, health, and safety outcomes being sought by won't be realized..
- **Conflicts between school discipline practices and substance use prevention and intervention goals.** Consequences to drugs or alcohol use that focus on punishment rather than keeping students safe and supporting those in need of help run counter to the prevention, intervention, and referral to services approach called for in HB 18 and SB 11.

Recommendations

To both continue and build upon the considerable progress made by the 86th Texas Legislature, Texans Care for Children offers the following recommendations:

1. **Leverage existing and future federal COVID-19 relief funds to support student mental health and supportive school climate strategies.** 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. Schoolwide approaches that support student mental health and positive school climates benefit all students and are particularly effective in improving educational outcomes among academically disadvantaged groups (students in low-income households, students with disabilities, English learners, students of color, students experiencing homelessness, and students in foster care). The Legislature should explore ways to maximize both existing and any future federal funding that becomes available to help advance efforts to address student mental health and promote supportive school climates.
2. **Protect the gains made in Texas to support the mental health of students and promote positive school climates.** Require districts to comply with laws related to student mental health and supportive school climates, regardless of whether instruction is provided in-building or remotely. Support the robust implementation of HB 18, HB 19, and SB 11. Continue to fund the School Safety Allotment established in 2019.
3. **Maximize the impact of the School Safety Allotment (SSA) on student mental health.** Require districts to report on the use of SSA funds to TEA to assess the impact of the allotment on district efforts to support student mental health of students and create supportive school climates. Require districts to document evidence of effectiveness of the services/activities that are funded with the SSA. Direct a portion of SSA funds to be used on mental health and school climate strategies.
4. **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 HB 18 and SB 11 related to:
 - a. Mental health promotion and intervention, substance abuse prevention and intervention, suicide prevention, and multi-tiered safe and supportive school programs;
 - b. Advancing the agency's *Statewide Plan for Student Mental Health* established by SB 11; and
 - c. Supporting the Taskforce on School Mental Health Services established by HB 906.
5. **Provide district leaders with access to enhanced technical assistance on effective implementation of mental health and school safety legislation passed by the 86th Texas Legislature.**
 - a. 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. The focus on in-school prevention and intervention practices would complement HB 19's NPMHP role of assisting schools and families in identifying and referring students to treatment.
 - b. 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.

- 6. Prioritize prevention and intervention — not punishment — in addressing substance use among students.** District practices and procedures related to substance use should be aimed at keeping all students safe and supporting those in need of help.
 - a. Require districts to use multi-tiered systems of support in addressing student substance use prevention, intervention, and recovery.
 - b. Consequences to student behavior involving drugs or alcohol should be:
 - i. based on evidence or best practice;
 - ii. consistent, reasonable, and non-discriminatory;
 - iii. appropriate to the level of offense, age, and development of the student; and
 - iv. out-of-school suspension or expulsion only when deemed absolutely necessary.
 - c. 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.
 - d. Require substance use screenings to be offered to students who are removed from their classrooms/campuses due to substance use violations.
- 7. Require school board members and superintendents to receive training on trauma, trauma-informed schools, and the relationship between teacher wellness and student learning.** Such training should be relevant to the scope of school board members and superintendents duties. This includes information on the effect of trauma on student learning and behavior, the prevalence of trauma among students and among groups at higher risk, the effects of implicit or explicit bias on students of color, and effective district- and school-wide policies and practices shown to prevent and mitigate the negative effect of trauma on student learning and behavior - including supporting the emotional wellness of educators.
- 8. Increase access to school-based mental health services.**
 - a. Support the implementation of goals related to increasing access to mental health related services and supports in districts across the state that are included in TEA's Statewide Plan for Student Mental Health, due on November 1, 2020.
 - b. Support efforts to improve access to school-based mental health supports provided by school counselors, social workers, Communities in Schools, and community-based providers that offer on-site, telehealth, and/or community-based mental health services to students.
 - c. Direct the Texas Child Mental Health Consortium to focus TCHAT telehealth projects on serving districts in rural/underserved communities and to coordinate with other community-based mental health and telehealth providers working with schools to ensure the broadest reach into underserved schools and communities.