

# Opportunities to Prevent and Address Student Trauma, Mental Health, and Substance Use

## Testimony to Senate Finance Committee

The first signs of mental health and substance abuse concerns often emerge during adolescence. Addressing behavioral health in schools – including promotion, prevention, and intervention practices – is an essential strategy to combat the negative effects mental illness and substance abuse have on both student education and population health throughout the lifespan. Legislative leadership and support is needed to build and implement a statewide plan that supports the behavioral health and academic success of all students.

We appreciate the hard work that the Senate Finance Committee has put into to improving behavioral health services in Texas, including the coordination of those services. While Texas continues to experience significant gaps in mental health and substance use services for students and others, our testimony today will focus on coordination of services, particularly for students.

**Half of all cases of chronic mental illness begin to emerge by age 14, yet identification and treatment often does not occur until many years later – often a decade – when interventions tend to be less effective and costlier.**<sup>1</sup> National surveillance efforts show that the prevalence of behavioral disorders in children is increasing.<sup>2</sup> Prevention, intervention, and treatment of mental health and substance use disorders in children and youth is critical to stem the tide of individuals struggling with behavioral health concerns throughout the lifespan. Multiple state agencies serve children and youth who are at-risk or are already struggling with behavioral health concerns. However, the public education system by far serves the largest number of students and does so on an ongoing basis. As the Committee seeks to improve the coordination and effectiveness of behavioral health programs delivered among state agencies, it needs to look at ways to support and better leverage school-based services and practices that address student mental health, trauma, and substance use.

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Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

**Schools are a natural place to address student behavioral health, which significantly affects both student health, learning, and readiness to launch into adulthood.** A range of effective school-based practices and programs are known to protect students from developing mental health or substance use concerns, as well as strategies that help students access services and support they need to be healthy, safe, and successful in school. When implemented properly, they have been shown to improve student discipline, attendance, and academic performance. A large scale research study examining the effects of school mental health programs found benefits such as reducing anxiety, improving reading scores, reducing bullying at school, and lowering rates of substance abuse in young adulthood.<sup>3</sup> The importance and scope of the task of improving the way behavioral health is addressed in schools – including prevention, intervention and treatment services – is one that warrants a prioritized and focused effort that can only be accomplished through collaboration and coordination among multiple state agencies, school districts, and community organizations.

The Statewide Behavioral Health Coordinating Council (SBHCC) has found multiple challenges in providing students with school-based behavioral health services and supports that stand to significantly change their trajectories in life in a positive way, including the lack of a statewide infrastructure to support the use of effective services in schools (*See Gap 2: Behavioral Health Needs of Public Students; Gap 7: Implementation of Evidence-based Practices; and Gap 11: Prevention and Early Intervention Services*).<sup>4</sup> However, while the SBHCC’s official statewide behavioral health strategic plan includes strategies that can be leveraged to improve how student behavioral health is addressed, the SBHCC does not include any formal goals or strategies within its strategic plan that target the education system per se.

**The time is right for Texas to have a statewide strategy to prevent and address student trauma, mental health, and substance use.** More than a million public school students in Texas have been affected by Hurricane Harvey,<sup>5</sup> many of whom will experience the effects of trauma in the months and years ahead.<sup>6</sup> There is also a growing understanding of the importance of providing students with safe and supportive school climates. The state’s *Hurricane Harvey Task Force on School Mental Health* provides a great launching point for the state to systematically identify statewide challenges and opportunities that schools and communities face and ways TEA, HHSC, and other state agencies can assist schools and communities in addressing the behavioral health of students. The Task Force, a temporary working group with no statutory authority or dedicated funding, is a promising start to this work but not an adequate solution. Yet, if the Legislature provides leadership and support, TEA, HHSC, other SBHCC member agencies can start building a statewide infrastructure that supports the implementation of practices, programs, and services known to improve student behavioral health and create safe and supportive school learning environments.

## Recommendations:

- 1) **Direct TEA and HHSC to develop and disseminate a model framework that school districts can use to support the behavioral health of all students.** The framework should include guidance on implementing school-wide strategies; identifying students who are at -risk of developing or who are experiencing behavioral health concerns, such as students affected by trauma, and providing them with early interventions that support their well-being and success in school; forming effective partnerships with community-based youth service providers to increase student access to behavioral health services; and appropriately assessing, identifying, and serving students with Emotional Disturbance. Other states have taken important steps in this direction. The state Education Department in Connecticut produced *Guidelines for Identifying and Educating Students with Emotional Disturbance (ED)*,<sup>7</sup> a comprehensive document that provides guidance to schools, parents/guardians, and mental health professionals to make appropriate decisions regarding both eligibility and specialized services with ED, including recommended practices and procedures concerning assessment, determination of eligibility and non-biased, and non-discriminatory identification processes. The resource includes practical checklists and tools to assist schools in evaluating students, determining eligibility, and designing IEPs for students with ED. Maine, New Mexico, North Dakota, and Wisconsin are other states that have developed guidelines and tools for the identification of ED in students. Texas currently has no such resource to assist schools, families and mental health providers.
- 2) **Fund training and technical assistance for schools on properly implementing research-based practices that support student behavioral health.** This should include training and technical assistance on practices that promote safe and supportive school climates; providing targeted interventions to at-risk students to prevent mental health and substance use concerns from developing; and providing individualized services and supports to students experiencing behavioral health concerns in both general and special education. Guidance should include effective models for schools and community-based providers to partner to provide students with mental health and substance use services in school or in the community. The state should both leverage and build expertise within Education Service Centers (ESCs), institutes of higher education, and community-based organizations to support school districts and educators in selecting, implementing, and evaluating practices and programs.
- 3) **Direct TEA and HHSC to sustain and extend the work begun by the *Hurricane Harvey Taskforce on School Mental Health Support* to assist schools statewide.** The agencies should assess the needs of districts and communities within the state to support the behavioral health of students; the availability of resources to meet those needs; and concrete steps that will be taken to address gaps in resources. The agencies should develop and administer a phased-in multi-year state plan with goals and benchmarks to ensure

schools can access the tools and resources they need to support the behavioral health of students, including services delivered through other SBHCC agencies that can support student behavioral health.

- 4) **Invest in programs proven to increase students' skills in managing emotions and behaviors, making healthy and responsible decisions, and coping with adversity.** These skills produce benefits in multiple sectors, including education, health, and justice systems. For example, evidence-based substance abuse prevention programming, funded primarily with federal Substance Abuse Prevention and Treatment block grant dollars, are not only effective at reducing substance use youth; they also increase healthy coping and social skills in students and help students develop strong self-esteem and make healthy decisions - all competencies that promote student mental health, well-being, and academic success. Yet these prevention programs only reach about half of the school districts in Texas. Many other prevention programs that target bullying, delinquency, domestic violence, or suicide use similar skill building strategies and target a common set of risk and protective factors.
  
- 5) **Expand interagency coordination and reporting requirements related to dropout and delinquency prevention/intervention services to also include youth-focused substance abuse prevention services.** The 2018-2019 General Appropriations Act. Section 17.05 of Article IX directed the Texas Department of Family and Protective Services (DFPS), the Texas Juvenile Justice Department (TJJD), the Texas Education Agency (TEA), and the Texas Military Department state agencies to coordinate the delivery of juvenile delinquency prevention and dropout prevention and intervention services and to report to the Legislative Budget Board detailed monitoring, tracking, utilization, outcome, and effectiveness information on all juvenile delinquency prevention and dropout prevention and intervention services. Many of the programs included in the interagency report target risk and protective factors that are common to mental health and substance abuse concerns.<sup>8</sup> Amending this budget rider to include HHSC and youth-focused substance abuse prevention services will make it easier for policymakers to evaluate the outcomes of substance abuse prevention programming (including those funded by HHSC and other systems, such as TJJD community-based prevention grants) and for state agencies and community-based providers to identify opportunities to better collaborate and coordinate with each other.

Thank you for your time and commitment. If you have any questions, please feel free to contact me or the staff of Texans Care for Children at 512.473.2274.

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<sup>1</sup> Kessler, R.C. et al. (2005). "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry*. 62(6):593-602

<sup>2</sup> Centers for Disease Control and Prevention. (2013). *Mental Health Surveillance Among Children — United States, 2005–2011*

<sup>3</sup> Michael, MJ, et al. (2017) "Scope, Scale, and Dose of the World's Largest School-Based Mental Health Programs." *Harvard Review of Psychiatry*.

<sup>4</sup> Texas Health and Human Services Commission. (2016). *Texas Statewide Behavioral Health Strategic Plan (2017-2021)*. <https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>

<sup>5</sup> ABC News. Aug. 31, 2017. <http://abcnews.go.com/US/million-public-school-students-estimated-impacted-hurricane-harvey/story?id=49511399>

<sup>6</sup> Howard J. Osofsky, MD, PhD, et.al. (2009). "Posttraumatic Stress Symptoms in Children After Hurricane Katrina: Predicting the Need for Mental Health Services." *American Journal of Orthopsychiatry*. Vol. 79, No. 2, 212–220.

<sup>7</sup> <http://portal.ct.gov/SDE/Publications/Identifying-and-Educating-Students-with-Emotional-Disturbance>

<sup>8</sup> Texas Juvenile Justice Department, Texas Education Agency, Texas Department of Family and Protective Services, and Texas Military Department. (2017) *Agency Coordination for Youth Prevention and Intervention Services*. [https://www.tjjd.texas.gov/services/prevention/docs/2017\\_inter-agency.pdf](https://www.tjjd.texas.gov/services/prevention/docs/2017_inter-agency.pdf)