

## **Testimony to House Public Education Committee on Encouraging At-Risk Students to Finish School**

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A strategy to put more Texas students on a path to graduate must include school climate, social and emotional learning, and addressing mental health concerns. The state should take an inventory of current practices in Texas schools; develop a coordinated plan that includes schools billing Medicaid for mental health services and partnering with local providers; and improve school health staffing at TEA and DSHS.

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As the House Public Education Committee develops recommendations to ensure a comprehensive, research-based state strategy for preparing students at the middle grades for high school retention, success, and postsecondary readiness, it needs to include strategies that address non-academic factors linked to student performance, including school climate, social and emotional learning, and mental health concerns. The state needs a stronger infrastructure for identifying, disseminating, promoting, and supporting the implementation of school-based strategies and best practices that encourage at-risk youth to finish school.

### **RECOMMENDATION 1:**

**Identify what's already going on in Texas to promote safe and supportive school climates.**

Direct the Texas Education Agency (TEA) to survey schools on the current practices being used in Texas to improve school climate and improve the outcomes of students with mental health concerns, including but not limited to (1) school-wide implementation of positive behavior interventions and supports; (2) social and emotional learning and development strategies; and (3) providing school-based mental health services.

### **RECOMMENDATION 2:**

**Be strategic. Develop a plan to align resources at the state level, and help districts and schools figure out how to align resources at the local level to promote safe and supportive school climates.**

Charge TEA, the Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC) with creating a vision and a plan to promote safe and supportive school climates. The plan should identify and leverage resources within TEA, DSHS, HHSC, and institutes of higher education to identify and promote the voluntary adoption by schools of policies and practices shown to help students with mental health concerns be successful in school, including:

- **Partnering with community-based organizations to provide school-based mental health services.**  
Schools and school districts can partner with community mental health providers, FQHCs, hospitals,

and other kinds of community-based organizations to increase the range of health services available to students, including mental health services. Several schools in Texas are already doing this. A review of Medicaid 1115 Waiver projects reports that behavioral health projects have schools as their service setting. While neither TEA nor DSHS track the availability of school-based health services, other schools are known to have their own partnered community organizations to provide school-based health services to their students.

- **Leveraging Medicaid to provide services in the school setting.** Schools can be Medicaid providers and receive reimbursement for health and mental health services provided to students enrolled in Medicaid, including services such as mental health screenings and case management. The Texas Health and Human Services Commission and TEA should lead an effort to map out a plan for making sure that schools with large numbers of eligible students are able to secure reimbursement for health services delivered to students enrolled in Medicaid.
- **Evidence-based approaches like school-wide positive behavioral interventions and supports (PBIS) and social and emotional learning (SEL).** The Region 4 Education Service Center houses the Texas Behavioral Support Initiative (TBSI) and has recently begun to enhance its efforts to assist a limited number of schools in effectively implementing PBIS by supporting partnerships between schools, regional ESCs, and institutes of higher education. However, no such state effort is available to assist schools in addressing social and emotional learning and development.

### **RECOMMENDATION 3:**

**Build a stronger public health/linkage by improve staffing and resources at the Texas Education Agency and the Department of State Health Services.**

Extensive research shows students who are physically, socially, and emotionally well are better learners and experience more success in school.<sup>1</sup> There are rich academic and public health opportunities for the state and for communities in encouraging and assisting schools in educating the “whole child.” This requires TEA to have strong ties to DSHS, and for both agencies to have the ability to effectively and efficiently share information with schools in Texas. Current staffing at TEA and DSHS working on student health make this a daunting task: For the 5.1 million students enrolled in the more than 8,700 schools within 1,200 school districts in Texas, TEA has one FTE dedicated to Health and Safety within the agency and the Department of State Health Services has 3 FTEs within its School Health Program.

#### **RECOMMENDATION 4:**

Texas should tap into its institutes of higher education and Education Service Centers to help build and strengthen in-state capacity to provide schools with training and technical assistance on issues related to school climate and improving the outcomes of students with mental health concerns.

#### **BACKGROUND**

Research proves that a positive school climate directly impacts telling indicators of success such as lower dropout rates, decreased incidence of violence, increased teacher retention, and higher student achievement.<sup>10</sup> School climate refers to the quality and character of school life and reflects the norms, values, relationships, teaching and learning practices, and organizational structures of a campus.<sup>11</sup> A safe and supportive school climate is one where students and educators feel physical and emotionally safe, respected, and connected to their school. Students have positive relationships with their peers and teachers.

**Safe and supportive schools develop students' social and emotional skills and competencies, which are an integral part of school success.** This includes skills such as making responsible decisions, managing stress, controlling impulses, self-motivation, and developing and maintaining positive relationships with peers and teachers. Promoting social and emotional learning has been linked to increases in academic achievement and competence; decreases in incidence of problem behaviors; improvements in the relationships that surround each child; and substantive, positive changes in school and classroom climates.<sup>12</sup>

**Safe and supportive schools also use effective behavior management strategies, such as school-wide implementation of a positive behavioral intervention and supports approach.** Positive behavior management strategies have resulted in schools seeing improved academic performance, fewer disciplinary problems, and a greater sense of safety on campus. Some schools have seen up to a 60% reduction in disciplinary incidents following school-wide implementation of positive behavior interventions and supports.

**Safe and supportive schools provide targeted interventions to students who need a little more help and are at-risk of developing more serious concerns.** Students with mental health concerns are at higher risk of

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<sup>10</sup> Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro (in press). A review of school climate research. Review of Educational Research.

<sup>11</sup> National School Climate Center. <http://www.schoolclimate.org/>

<sup>12</sup> Elias, M. J., Gara, M. A., Schuyler, T. F., Branden-Muller, L. R., and Sayette, M. A. (1991). "The promotion of social competence: Longitudinal study of a preventive school-based program." *American Journal of Orthopsychiatry*, 61(3), 409-417.; Greenberg, M. T., Domitrovich, C. E., Graczyk, P. A., & Zins, J. E. (2005). "The study of implementation in school-based preventive interventions: Theory, research, and practice." *Promotion of Mental Health and Prevention of Mental and Behavioral Disorders*. <http://casel.org/publications/the-study-of-implementation-in-school-based-preventive-interventions-theory-research-and-practice/>; President's New Freedom Commission (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. <http://store.samhsa.gov/shin/content/SMA03-3831/SMA03-3831.pdf>

missing school, struggling academically, and being disciplined for behaviors that may stem from their disorder.<sup>2</sup> Students with serious mental illness are twice as likely as peers without serious mental health concerns to drop out of school.<sup>3</sup> The good news is when students' mental health needs are properly addressed, the likelihood of school success increases.<sup>4</sup> Access to school based services and supports, such as through school counselors, social workers, or embedded mental health professionals, as well as to services and supports provided in the community by primary care providers or mental health providers, help students take care of their mental health needs so that they can better focus on their school work. Research shows students who receive school-based or connected behavioral health interventions had increased academic motivation, commitment to school, and stability while transitioning between grades.<sup>5</sup>

**Texas needs to do much more to assist schools in bringing what we know works into practice.** Research has identified effective practices that schools can use to improve school climate for all students and to improve the academic outcomes of students with mental health concerns. The Texas Education Agency (and to some extent the Texas Department of State Health Services) has a few disconnected efforts to help schools adopt effective practices, but they are narrow and siloed efforts that leave many gaps.

**Best practice strategies are only effective if they are implemented as intended.** Schools need increased access to training and technical assistance on implementing best practices properly. National research shows even when schools do implement research-based strategies, they often fail to implement them with fidelity to the standards.<sup>6</sup> This means a loss of time, effort, and opportunity for both schools and students.

Thank you for your time and commitment. If you have any questions, please feel free to contact me at 512.473.2274.

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<sup>1</sup> Basch CE. (2010) Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. Columbia University; [http://www.equitycampaign.org/i/a/document/12557\\_EquityMattersVol6\\_Web03082010.pdf](http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf).

<sup>2</sup> Studies cited in Stagmann S, and J. Cooper. (2010) *Children's Mental Health: What Every Policymaker Should Know*. National Center for Children in Poverty. [http://www.nccp.org/publications/pub\\_929.html](http://www.nccp.org/publications/pub_929.html)

<sup>3</sup> Wagner, M. (1995). "Outcomes for youths with Serious Emotional Disturbance in Secondary School and Early Adulthood." *Critical Issues for Children and Youths*. 5(2).

<sup>4</sup> National Assembly on School-Based Health Care. (2010) *Using Coordinated School Health to Promote Mental Health for All Students*. <http://www.nasbhc.org/atf/cf/%7Bcd9949f2-2761-42fb-bc7a-cee165c701d9%7D/white%20paper%20csh%20and%20mh%20final.pdf>

<sup>5</sup> The Center for Health and Health Care in Schools. (2014). The Impact of School-Connected Behavioral and Emotional Health Interventions on Student Academic Performance: An Annotated Bibliography of Research Literature. [www.healthinschools.org](http://www.healthinschools.org)

<sup>6</sup> Institute of Medicine and National Research Council. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press, 2009. doi:10.17226/12480