

Trauma-Informed Schools

How Texas Schools and Policymakers Can Improve Student Learning and Behavior by Understanding the Brain Science of Childhood Trauma

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Executive Summary

There is a growing recognition in Texas and nationwide that students do better in school — both academically and behaviorally — when the adults in a school understand how mental health and trauma is linked to student learning and behavior.

When a child feels frightened, overwhelmed, or unsafe, the brain triggers a complex set of chemical and neurological events that flood the body with stress hormones, including cortisol.¹ This stress response puts the body in a state of high alert: heart rate increases, muscles tense, and the brain becomes hyper-focused in preparation for perceived harm or danger. At the same time, the parts of the brain responsible for higher levels of functioning that enable a person to control actions and behavior are impaired. The more reflexive, survival-based parts of the brain prepare for “fight, flight, or freeze.” Once stress hormone levels subside, the body returns back to normal, the brain is no longer on high alert, and higher level brain functions comes back online.

However, sometimes a person’s body does not return “back to normal” once a threat is gone. When children are exposed to particularly intense events (such as needing to be rescued from their home after Hurricane Harvey), a series of frightening or stressful events (such as repeated exposure to violence), or prolonged adversity (such as not having a safe and stable place to call home), the presence of high and/or prolonged levels of cortisol in their bodies can alter the normal development and functioning of parts of the brain. Brains that are flooded with stress hormones are not very good at focusing on things

other than instinctively seeking physical or emotional safety. In this way, the events experienced in a child’s past continue to interfere with his thinking, learning, and behavior in the present, long after the traumatic event or adversity occurred.

The good news is most children exposed to traumatic stress will recover from its harmful effects. Recovery is more likely among children who have been exposed to fewer adverse events or conditions in their lives; who have relationships and places in their lives where they feel safe and supported; and who have developed positive, healthy ways to manage their emotions and cope with stress and adversity.

Unfortunately, many children and youth in Texas have been exposed to multiple adverse experiences and are at heightened risk of being impacted by traumatic stress. A survey conducted in 2016 estimated more than one in five (22 percent) elementary-aged students in Texas had multiple traumatic experiences. One in every three (35 percent) middle and high school-aged students had multiple traumatic experiences.

An increasing number of school districts and education leaders have recognized it is very difficult — if not impossible — for students to be engaged learners and stay out of trouble when “thinking” parts of their brains have been flooded by their bodies’ response to stress. In other words, if a student is falling behind in Algebra or Language Arts, or “acting out” in the classroom or the hallway, it may be the result of unaddressed trauma and elevated cortisol levels overwhelmed a child’s frontal cortex.



Schools nationwide and in Texas are taking steps to becoming “trauma-informed” so mental health concerns like anxiety and traumatic stress do not get in the way of students being successful in school. This includes strategies that focus on school-wide policies and practices, increasing knowledge and skills among educators and students, and providing services and supports to students who need them in both school and community settings.

KEY STRATEGIES TO CREATE TRAUMA-INFORMED SCHOOLS AND SUPPORT STUDENT LEARNING:

1. Increase the capacity of school personnel to recognize and respond to students who may have been affected by trauma.
2. Implement policies and practices shown to create school climates where all students and adults feel safe, valued, and supported.
3. Help students develop skills to overcome challenges, such as managing emotions and behavior, coping with stress and anxiety in healthy ways, forming positive relationships, and making responsible decisions.
4. Establish protocols to connect students with supports.

RECOMMENDATIONS TO THE TEXAS LEGISLATURE:

1. Build state, regional, and district capacity to use trauma-informed practices in schools by funding the Texas Education Agency’s (TEA) Exceptional Item for a Safe and Healthy Schools Initiative.
2. Require districts to develop trauma-informed practices and procedures.
3. Increase access to mental health services in schools and community settings.
4. Continue Texas’ leadership on smart student discipline.



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Introduction: Growing Interest in Addressing Student Mental Health and Trauma in Schools

There is a growing recognition in Texas and nationwide that students do better both academically and behaviorally when the adults in a school understand the link between mental health, trauma, and student learning and behavior. The devastation of Hurricane Harvey and the tragic shooting at Santa Fe High School further raised awareness among school administrators and state policymakers of the negative effects that traumatic experiences can have on student health, education, and behavior. In response, state leaders in Texas have identified student mental health among their top priorities for the 2019 Texas legislative session.

This attention to student mental health and trauma within the school setting is long overdue. Every classroom in every school across Texas has students whose learning and behavior is in some way affected by their bodies' physiological responses to stress, anxiety, adversity. The loss of a loved one, feeling

physically or emotionally unsafe at home or in school, or not having a stable place to call home are all experiences that can overwhelm a student's ability to manage stress and be engaged with their learning. There is a pressing need for trauma-informed schools which have policies, practices, and procedures in place to:

1. Recognize the effects of trauma and chronic stress on children's learning and behavior,
2. Respond to trauma-related behaviors in ways that enable students to learn, and
3. Prevent students from experiencing further or new trauma or adversity in the school setting.

As growing number of legislators and state officials look to mitigate the far-reaching effects trauma has on Texas children and youth, assisting schools in becoming trauma-informed must be front and center.



A Look at Student Mental Health and Trauma Proposals of the 2019 Legislative Session

Multiple bills have been filed by Texas Legislators related to student mental health, student trauma, and policies and practices affecting safe and supportive school climates. Below is a snapshot of a few that focus solely on addressing student mental health and positive school climates. Other bills focusing on school safety in response to the tragedy at Santa Fe High School include provisions related to student mental health, most notably HB 17 by Rep. Greg Bonnen and SB 11 by Senator Larry Taylor. These bills directly incorporate some of the legislation listed below. However, since the “school safety” bills are broad and contain provisions which may not align with recommended trauma-informed practices, they are not listed below.

The most comprehensive bill is **HB 18 by Rep. Four Price**, relating to district planning and procedures and educator training related to student mental health, including the impact of trauma and grief; student knowledge and skills related to mental health, including positive coping and decision-making skills; and increasing access to services in school and community settings. **HB 19 by Rep. Four Price** would increase the capacity of local mental health authorities and education service centers to provide training and technical assistance to districts on student mental health, including recognizing and supporting students affected by trauma or grief.

Several bills focus on training school personnel on student trauma and district planning and procedures related to trauma-informed practice, including **HB 1623 by Rep. Garnet Coleman**, **HB 3718 by Rep. Tan Parker** and **SB 1893 by Sen. Larry Taylor**.

HB 2511 by Rep. Alma Allen relates to campus-level planning to create nurturing classrooms, positive relationships with students, and building resilience among students.

Other bills seek to increase student access to mental health services in school or in the community, including **HB 1312 by Rep. Joe Moody**, addressing providing on-campus mental health services by a school district and reimbursement under Medicaid, and **HB 1335 by Rep. Four Price**, relating to a grant program for school-based behavioral health centers.

SB 1563 by Sen. Eddie Lucio III and **HB 4414 by Rep. Steven Allison** seek to identify and develop resources at the state and regional levels that can assist all schools in addressing student mental health and promoting trauma-informed practices.

The House budget bill, **HB 1**, includes funding requested by the Texas Education Agency (TEA) to develop and provide districts with guidance and resources in addressing student mental health using trauma-informed practice. This funding would include grants for schools to implement safe and healthy school practices based on their locally determined needs. The Senate budget bill, SB 1 does not include funding for TEA's Safe and Healthy Students Initiative request.

The Biology of Trauma Affects Children's Development, Learning, and Behavior — Even After the Traumatic Event Is Over

Brain science demonstrates how exposure to past trauma or ongoing adverse events or conditions can significantly interfere with children's ability to be engaged and successful students in both the short and long term.² The body's physiological response to perceived or actual harm, including both physical and emotional, sets off a chain of biochemical reactions that affect parts of the brain that control a number of processes that are key to learning.³ This includes areas of the brain responsible for things like focusing attention, taking in information, controlling impulses, and managing emotions.

When a child feels frightened, overwhelmed, or unsafe, the brain triggers a complex set of chemical and neurological events that flood the body with stress hormones adrenaline and cortisol.⁴ This stress response puts the body in a state of high alert: heart rate increases, muscles tense, and the brain becomes hyper-focused in preparation for perceived harm or danger. At the same time, the parts of the brain responsible for higher levels of functioning that enable a person to "think before acting" are impaired as the more reflexive, survival-based parts of the brain prepare for "fight, flight, or freeze." Once stress hormone levels subside, the body returns back to normal, the brain is no longer on high alert, and higher level brain functions comes back online.

However, sometimes the body has difficulty turning off this stress response or repeated threatening events or ongoing adverse conditions lead to cortisol being chronically present in the body. High or continuous levels of cortisol can physically and physiologically alter the way a child's brain functions and develops, influencing the child's thinking and behavior even when the threatening events or adverse conditions that originally triggered the body's stress response are no longer present. In the wake of Hurricane Harvey, teachers reported students crying and becoming upset during a light rain shower.⁵ The rain was not a threat to their safety, but it activated students' stress response nonetheless.

Childhood Experiences Can Have Lasting Effects That Reach All The Way Into Late Adulthood.⁶

It's been 20 years since the landmark Adverse Childhood Experiences (ACES) study first reported the strong relationship between the number of adversities a person experiences during childhood and the likelihood of developing a range of physical, mental, and social problems in adulthood.⁷ The Centers for Disease Control and Prevention (CDC) report that people with six or more adverse childhood experiences die 20 years earlier on average than people who experienced no adverse childhood experiences.⁸

When children are exposed to particularly intense events (such as needing to be rescued from their home after Hurricane Harvey), a series of frightening or stressful events (such as repeated exposure to violence), or prolonged adversity (such as not having a safe and stable place to call home), the high and/or prolonged levels of cortisol present in their bodies can continue to affect their thinking and behavior for days, months, or years, even when a threat is no longer present. Young children are especially vulnerable, given the rapid rate of brain growth they experience during first years of life and brief opportunity to develop ways to help them cope with anxiety and stress.

Fortunately, most children recover from the effects of trauma. Outcomes are much better for children who have relationships and places they can count on to be safe and supportive and for students who have positive, healthy ways to cope with stress.^{11,12}

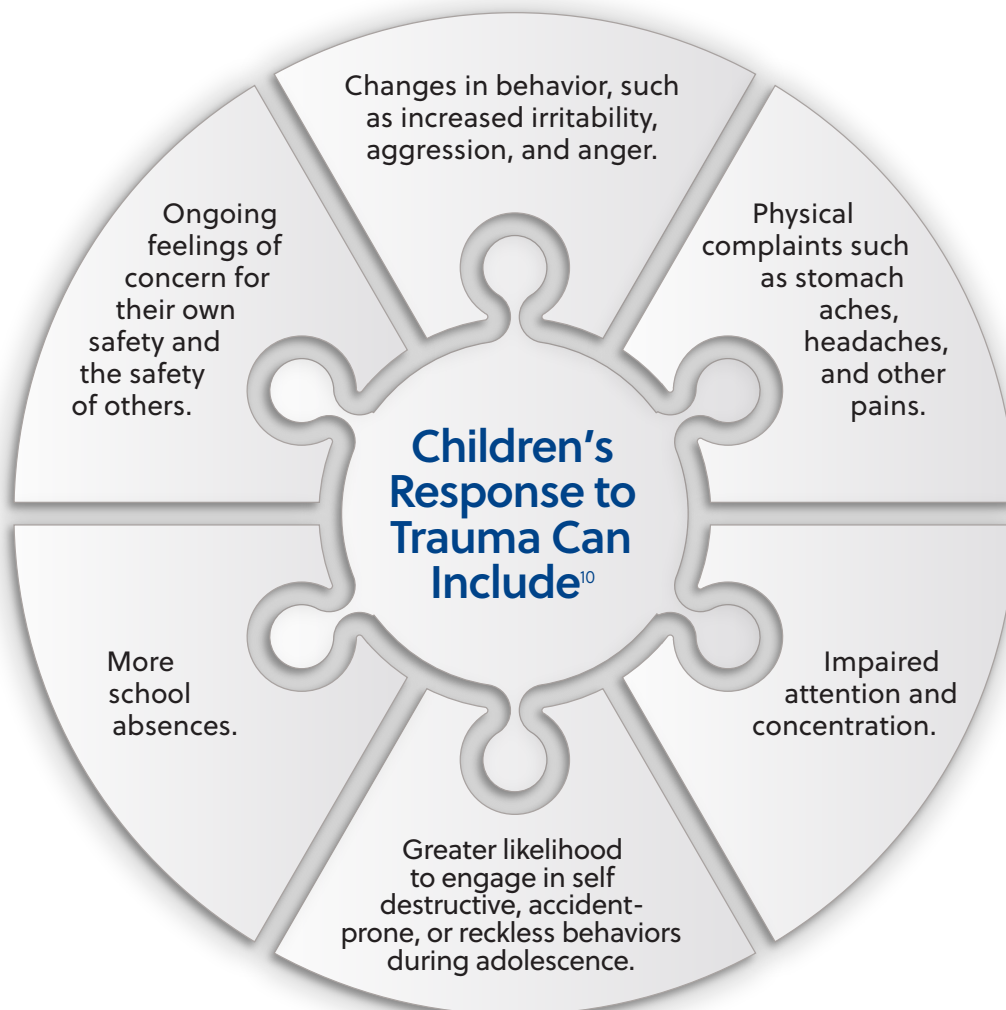
Strategies such as sharing their fears and anxieties with a trusted adult, channeling their anxiety into a physical activity like sports or exercise, or leaning into their faith can all serve as “protective factors” that increase children’s resilience.¹³ While traumatic events may affect them in the short term, the presence of protective factors reduce the likelihood that trauma will have long lasting effects on children’s learning or development.

However, other children may adopt negative coping mechanisms in response to stress, such as withdrawing from family or friends, becoming angry or defiant, forming unhealthy relationships, or engaging in substance use. These coping behaviors

contribute to the increased risk children with trauma histories have of dropping out of school, engaging in risky sexual behaviors, drug or alcohol abuse, or attempting suicide.¹⁴

Definition of Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as the results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.⁹



Trauma Among Texas Students Is Widespread

When students walk through their school doors and enter their classrooms, the physiological effects of any past or ongoing trauma comes along with them. Data indicate an alarming number of school-age children in Texas have experienced past or ongoing trauma or adversities.

- **Abuse and Neglect:** Involvement with Child Protective Services (CPS) does not capture the true extent of abuse and neglect experienced by children in Texas, but CPS-related data provide significant insight into the number of children in Texas at risk of experiencing the stress responses associated with trauma. During the 2017-2018 school year, TEA reports there were 16,233 students who were in the legal custody of the CPS.¹⁵ In 2018, CPS confirmed 29,568 school-aged children (between ages of six and 18) were victims of abuse or neglect.¹⁶ Not all of these children were placed in the legal custody of CPS; 30 percent were placed with a relative or another individual with a significant relationship to the child, known as kinship care, and did not enter foster care.¹⁷ Confirmation of abuse or neglect and changes in custody, even if to a close family member, are significant events that can also cause traumatic stress in a child.

Of course, any data from TEA or CPS will reflect only those children whose abuse or neglect has been reported and confirmed. There are undoubtedly other students in classrooms across Texas who have experienced — or are currently experiencing — abuse or neglect but who go unrecognized. All of these students are at risk of academic, behavior, and health challenges that stem from their underlying trauma.

- **Interpersonal Violence:** An alarming number of students experience adversity stemming from the people in their lives other than family. For example, a 2017 survey of high school students in Texas found:¹⁸
 - 19 percent of high school students in Texas reported being bullied at school during the previous year. A survey of parents of children in Texas indicate similar rates of bullying in children of elementary school age (15 percent).¹⁹
 - 7 percent of high school students who

reported having dated also reported having experienced dating violence in the past year.

- 10 percent of high school students in Texas reported having experienced sexual violence in the previous year.

- **Homelessness:** Many families found themselves displaced from their homes in the wake of Hurricane Harvey. However, homelessness is an ongoing challenge for many children in Texas, both before and after the hurricane. **In 2016, the Texas Legislative Budget Board reported that during any given school year, there are more than 100,000 public school students known to be homeless in Texas.**²⁰ Aside from the stress and anxiety of not having a stable place to call home, students experiencing homelessness are at increased risk for additional adversities, such as hunger, bullying, mental health concerns like depression, and violence.²¹

The scope of childhood trauma becomes more clear — and alarming — when we remember that the biological and behavioral effects of trauma can persist long after a traumatic experience occurred.

The isolated data points above reflect snapshots in time. Children whose families have stable housing today may carry the effects of the homelessness they experienced as toddlers. A young girl who was molested when she was in elementary school may still be mistrustful of adults who have authority over her in high school. Any figure we can cite for known childhood traumas represents the tip of the iceberg when it comes to acknowledging the adversities that influence children's learning, health, and behavior.

These data points also fail to capture the number of students who have experienced *multiple* traumas or adversities over the course of their lives.

This is a key consideration, because research shows the greater the number of childhood adversities, the greater risk of negative outcomes.²² A national survey on children's health estimated that in 2016 more than one in five (22 percent) elementary-aged students in Texas had multiple traumatic experiences, putting them at much higher risk of poor physical, social, emotional, and educational outcomes. For middle or high school-aged students in Texas, the estimate jumped to one in every three (35 percent) — five percentage points above the nationwide estimate.²³

Trauma-Informed Schools Help Youth Defy Risks and Experience Success

Certain experiences increase the chances children will be affected by traumatic stress, but increased risk does not mean the negative effects of trauma are inevitable. A combination of personal characteristics and environmental factors influence how any given person reacts when bad things happen in their lives. Fortunately, children are extremely resilient, and most will heal and recover from traumatic experiences. Just as certain risk factors increase the likelihood children will be affected by traumatic stress, there are protective factors that make it less likely children will be negatively affected by stressful things happening in their lives. Protective factors include things like having nurturing relationships with trusted adults, feeling safe and supported while at home and in school, having healthy ways to cope with inevitable stressors, and access to services and supports when they are needed.²⁴ Children do best when there are more protective factors in their lives than there are risk factors, so intentional efforts to increase protective factors among children are just as critical as efforts to prevent children from experiencing adverse experiences in the first place.

Schools have a vested interest in helping youth overcome trauma that interferes with learning. It's difficult, if not nearly impossible, for students to fully engage in their learning when their stress response is activated.²⁵ That's why more and more schools are adopting trauma-informed strategies shown to mitigate the effects of trauma among students and avoid exposing students to new traumas. This enables schools to provide students and teachers with learning environments that are physically and emotionally safe so they can focus on the jobs at hand — being engaged learners and effective educators. This leads to fewer classroom interruptions, more time for teachers to teach, and improved grades and behavior for students.

What Does a Trauma-Informed School Look Like?

Trauma-informed schools promote a safe and welcoming climate for all students, staff, and families. They focus on building positive relationships

between teachers and students. Trauma-informed schools provide a structured and predictable learning environment where students have a sense of routine, emotional security, and safety despite the chaos they may be experiencing outside of their classrooms.²⁶ They take proactive steps to prevent students from experiencing trauma while they are in school, including triggering conscious or unconscious reminders of past trauma that results in a re-experiencing of the initial trauma event.

Trauma-informed schools also provide tiered levels of support based on the needs of individual students. This includes working with families, community-based organizations, and medical and mental health providers to help connect students with additional services and supports when needed, either in school or in community settings. This includes helping all students develop skills that help them manage stress, form healthy relationships, and make responsible decisions. Students having difficulty in managing their emotions or behavior may need additional services or support, such as having regular check-ins with a school social worker or having a teacher consult with a school counselor on classroom-based strategies to reduce conflict among students.

When it comes to discipline, trauma-informed schools combine accountability with an understanding of how student behavior is influenced by their past experiences. By understanding the factors that can influence a student's behavior, educators are better able to respond to students in ways that help students learn to manage their behavior and emotions in appropriate ways so they can be better engaged in their learning - and better prepared for life as an adult. Trauma-informed teachers can accomplish these goals by teaching students the rules of the classroom and school and the behaviors expected from them, including modeling appropriate and respectful behavior and recognizing and reinforcing the same behaviors in students.²⁷ Teachers should also have consistent rules and consequences, avoiding struggles with students and modeling respectful behaviors when responding to student behavior.²⁸

Behavior incidents should be approached as learning opportunities that can help students develop skills to manage their emotions and behavior and to their improve relationships with their peers, teachers, and other adults in the school.²⁹

Disciplinary practices like detention, suspension, and expulsion are avoided in trauma-informed schools. Aside from their known potential to retraumatize students, there is a growing body of research indicating removing students from their classrooms as a disciplinary tool does little to change their behavior, and may in fact make it worse.^{30,31}

Instead, experts across the fields of education, child development, and mental health recommend alternative strategies which are effective in improving student behavior, reducing disciplinary referrals, and improving student learning.³² Two approaches that are widely recommended are:

- **Positive behavioral interventions and supports:** Commonly known as PBIS, this multi-tiered approach to prevention focuses on communicating expectations, recognizing and rewarding positive student behavior, and emphasizing **school-wide, targeted, and individualized** interventions. PBIS provides students affected by trauma with consistency and a framework for schools to identify interventions that can help students succeed in school, such as allowing a student to listen to calming music through their headphones when they are feeling anxious or running a support group for students who lost a family member to help them manage their grief and anger. Students attending schools that use a PBIS approach show lower rates of problem behavior, improved abilities in managing their emotions, and higher rates of academic achievement.^{33,34}
- **Restorative practices:** Restorative practices are a set of strategies to promote healthy relationships and school connectedness and to prevent and address conflict and inappropriate behavior in schools. Restorative practices teach students to understand the harm caused by their behavior and how to repair relationships harmed by their actions.³⁵ Schools implementing restorative practices have led to increased student connectedness, improved academic achievement, and decreases in fighting, bullying, suspensions, and discipline disparities.³⁶

Exclusionary Discipline Has Proven Counterproductive

Removing a student from the classroom may be perceived as the quickest, easiest response to challenging behavior, but it far from effective. Students who are suspended or expelled are more likely to engage in future misbehavior.³⁷ They are also at greater risk of falling behind in school, dropping out, feeling disconnected from their school community, or becoming involved with the justice system.³⁸ Relying on exclusionary practices gets in the way of teachers and school administrators recognizing any underlying issues that may be causing the misbehavior,³⁹ such as students lacking the skills needed to manage strong emotions like fear, anger, and anxiety. Isolating students affected by trauma for inappropriate behavior will not help them behaviorally or academically, and may in fact perpetuate a cycle of trauma that puts them at further risk. It is especially concerning that these harmful disciplinary actions are disproportionately given to Black students, especially boys. Students receiving special education services are also removed from their classrooms for disciplinary reasons at disproportionately high rates.

Removing students from the classroom has also been linked to negative school climates, something that affects all students and adults in the school.⁴⁰ Schools with high rates of out-of-school suspensions are associated with poorer academic outcomes among students who are not suspended - even after controlling for other variables.⁴¹ When schools recognize children who have been exposed to trauma and create an environment that allows them to feel safe, they significantly reduce behavioral problems and stop relying on such disciplinary measures as detentions, suspensions, and expulsions.⁴²

Trauma-Informed Schools Prevent Students From Being Traumatized at School

Students also experience trauma or adversity while they are in school. **Bullying is a widely recognized threat to student health and safety, and social isolation can be similarly harmful to student health and development.**⁴³ Strategies that appear to be most effective in preventing and responding to bullying behaviors directly align with trauma-informed school practices: promoting a positive school environment, building social and emotional skills among students, and providing targeted interventions for students who need additional support.⁴⁴

Words and actions by adults within a school can also be traumatizing to students. Physical force, including the use of restraints or corporal punishment, can cause new trauma and significantly re-traumatize students with a history of abuse. Both of these actions by educators are permitted in Texas schools within certain guidelines. Positive relationships with adults are a key component of providing students with safe and supportive school climates. When adults in a school negatively compare students to other students, discount their efforts, and predict their failure, it often creates a self-fulfilling prophecy, increasing the likelihood that students will engage in risky or delinquent behaviors and struggle academically.⁴⁵ Schools that implement trauma-informed practices prevent negative interactions between teachers and students, leading

to improved outcomes for students and increased satisfaction among teachers as behavior challenges are minimized and learning improves.

Traumatic Experiences Often Occur in Texas Schools

Bullying: In 2017, 19 percent of high school students in Texas reported being bullied at school during the previous year.⁴⁶ Surveys of parents of all school-age children report similar rates of bullying.⁴⁷

Social isolation: Social isolation can be just as damaging as bullying and is also prevalent in Texas schools. In 2016, 22 percent of children in Texas aged 6-17 years old reported having difficulty making or keeping friends.⁴⁸

Physical force: During the 2013-2014 school year, the most recent year for which estimates are available:⁴⁹

- More than 18,000 students in Texas received corporal punishment.
- More than 26,000 students were restrained, having their freedom of movement restricted through the use of physical force or a device.

Key Strategies to Create Trauma-Informed Schools and Support Student Learning

School districts can implement strategies to create safe and supportive learning environments that help students affected by trauma be successful in school. The strategies outlined below have also been shown to improve the learning and behavior of all students — and improve the job satisfaction and retention of teachers.

1. **Increase the capacity of school personnel to recognize and respond to students who may be**

affected by trauma. Train school administrators and educators on the prevalence of childhood trauma, how it affects student learning and behavior, and educational and behavior strategies shown to prevent or mitigate the negative effects of trauma on student learning and behavior.

2. **Implement policies and practices shown to create school climates where all students and adults feel safe, valued, and supported.** Schools

can encourage and maintain respectful, trusting, and caring relationships among students and adults by using positive behavioral interventions and supports and restorative practices to address student behavior; implementing comprehensive bullying prevention plans; and equipping school personnel with the knowledge and skills to recognize when students may be struggling and provide appropriate support to them within their roles.

- 3. Help students develop skills to overcome challenges.** Schools can provide opportunities for students to build and strengthen skills that are critical for their success in school and in life, such as managing emotions and behavior, coping with stress and anxiety in healthy ways, forming positive relationships, and making responsible decisions. Opportunities to learn and practice social and emotional skills can be incorporated into existing curricula, but educators often need guidance and support from their administrators

and the state to do so. Schools can also partner with community-based organizations to provide school-based prevention and early intervention programs that build student skills to make them more resilient to stress, trauma, and the negative effects of other risk factors that may be present in their lives.

- 4. Establish protocols to connect students with supports.** Schools can provide early intervention services to students who are at risk for trauma or have been exposed to trauma. Some students require services that are best provided by mental health professionals. Mental health providers, such as school social workers, licensed professional counselors, or psychologists can be employed directly by the district or through a school partnership with a community provider to help address the mental health needs of students through prevention, early intervention, treatment, and referral services.



Recommendations to the Texas Legislature

There are steps that individual school districts and campuses can take on their own to address the challenges identified in this policy brief. However, to help those districts and campuses succeed in their efforts, and to expand these efforts to more of the state's five million public school students, action by state leaders is necessary. The following recommendations to the Texas Legislature will help reach those goals.

1. Build state, regional, and district capacity to use trauma-informed practices in schools by funding the Texas Education Agency's (TEA) Exceptional Item for a Safe and Healthy Schools Initiative. The Initiative, which was funded in the first draft of the budget filed by the House but not in the Senate version, would provide a mechanism to disseminate and support trauma-informed practices in schools across the state, including:

- Training school personnel on the prevalence of trauma among students and its effect on student learning and behavior;
- Implementing positive behavior interventions and supports and restorative discipline; and
- Helping students develop skills related to managing their emotions and behavior, coping with stress in healthy ways, and making responsible decisions.

The \$54.5 million requested by TEA would support strategies addressing student mental health and positive school climate. It is a good start, but funding will need to continue and increase in upcoming state budgets if schools and students across Texas are to meaningfully benefit.

2. Require districts to develop trauma-informed practices and procedures. Directing districts to identify the actions they will take to be trauma-informed will help administrators, educators, and families understand their roles in supporting the education and development of students affected by trauma.

3. Increase access to mental health services in schools and community settings. School counselors must be given time to address students' social emotional development and not be overburdened with non-counseling administrative tasks. Additionally, mental health providers, such as school social workers, licensed professional counselors, or psychologists, can be employed directly by the district or through a partnership with a community provider to help address the needs of students with more significant mental health concerns. A good step would be directing the Health and Human Services Commission (HHSC) and TEA to provide districts and community-based mental health providers with guidance on forming effective partnerships to increase student access to mental health services.

4. Continue Texas' leadership on smart student discipline. Research tells us that zero tolerance policies and disciplinary practices that remove students from their classrooms are ineffective at making schools safer or changing student behavior. In fact, these policies and practices can actually make school climate and student behavior worse.⁵⁰ Any disciplinary response that is taken should work to help students develop the skills and behaviors expected of them and rebuild any relationships and repair any harm to others that may have resulted from students' actions, while also holding students accountable.

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