



**TEXANS CARE**  
*for* **CHILDREN**

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*January 18, 2013*

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## **Things Texas Can Do to Support the Mental Health and Wellbeing of Children and Youth across Systems**

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### **Support Students' Mental Wellbeing in Schools**

1. Appropriate funding to DSHS to maintain and strengthen its existing School Health programming.
2. Include mental health as a required component of state and local coordinated school health efforts.
3. Appropriate funding to TEA's regional Educational Service Centers and for grants to other entities that provide training and technical assistance to increase the capacity of school personnel, including school police, to effectively address students' mental health, including:
  - a. Incorporating social-emotional learning components into existing curriculum
  - b. Implementing school wide positive behavioral interventions and supports
  - c. Recognizing, responding to, and making community based referrals for students with suspected mental health and substance use concerns
4. Require school police to have training to recognize and effectively respond to students with mental health concerns.
5. Appropriate funding to allow schools to maintain recommended guidance counselor to student ratios, to limit guidance counselor time spent on non-counseling activities, and to implement the counseling curriculum contained in the Education Code.
6. Increase funding to Communities in Schools.

### **Support Community Based Prevention & Early Intervention Efforts**

7. Increase funding to community based prevention and early intervention efforts across agencies shown to improve children's mental health outcomes, including:
  - a. HHSC Home Visiting Programs
  - b. DARS Early Childhood Intervention
  - c. DSHS School Health Program
  - d. DSHS Substance Abuse Prevention & Intervention
  - e. DSHS Crisis Intervention
  - f. DFPS Prevention Programs
  - g. TJJD Prevention & Intervention



Joint Hearing of Senate Committee on Education &  
Senate Committee on Agriculture, Rural Affairs and Homeland Security  
*Student Safety Policies*  
January 28, 2013

## A Balanced Approach to Preventing Violence and Protecting Students

Thank you for this opportunity to provide testimony. I am Josette Saxton, Mental Health Policy Associate of Texans Care for Children, a nonprofit organization that works solely to improve outcomes for Texas children through policy change. We come by our recommendations and policy positions through active dialogue with our network of members throughout the state who together represent thousands of Texas children. We also co-convene various stakeholder groups, which bring together a wide range of organizations, families, and advocates around our areas of focus: early opportunity; infant, child and maternal health; children's mental well-being; child protection; and juvenile justice.

Following the tragedy at Sandy Hook Elementary School, nine researchers and practitioners from multiple fields of study who have worked in the area of school safety since the 1980s issued *A Call for More Effective Prevention of Violence*,<sup>i</sup> a position statement to communicate scientifically informed principles and recommendations for practitioners, policymakers and the public on the effective prevention of violence. This statement has been endorsed by 183 organizations and more than 200 prevention scholars and practitioners across the nation.<sup>ii</sup>

To promote safe schools and communities where all our children can grow, learn, and thrive, Texans Care for Children calls on the Committees to consider key highlights offered in this statement:

**Effective prevention cannot wait until there is a gunman in a school parking lot. A balanced approach is needed.** A balanced approach to preventing violence and protecting students includes a variety of effective, integrated efforts which address physical safety, educational practices, and programs that support the social, emotional, and behavioral needs of students. Although it may be logical to control public entrances to a school, reliance on metal detectors, security cameras, guards, and entry check points is unlikely to provide protection against all school-related violence, including the shooting at Sandy Hook Elementary. Indeed, shootings have occurred in schools with strict security measures already in place.

**Communication is critical.** Comprehensive analyses by the U. S. Secret Service, the FBI, and researchers have concluded that the most effective way to prevent many acts of violence targeted at schools is by maintaining close communication and trust with students and others in the community, so

## **The 83<sup>rd</sup> Texas Legislature Can Prevent Violence and Protect Students by:**

### **1. Strengthening the school health activities within the Texas Education Agency and the Department of State Health Services.**

The state's current school health infrastructure, reflecting a partnership between the TEA and the Department of State Health Services, provides a valuable mechanism to assist schools and communities in addressing students' mental health through school health specialists, coordinated school health efforts, School Health Advisory Councils, and school health centers. As filed, SB 1 reduces TEA's funding for this strategy, which would compound the more than 50% reduction made to the strategy during the 2011 session. Further reduction must be avoided.

### **2. Directing and providing funds needed for the Department of State Health Services to strengthen and expand the Texas School Health Network into additional regions in the state and to increase the network's focus on student mental health.**

The Texas School Health Network is a collaborative effort of the Department of State Health Services (DSHS) School Health Program and the School Health Specialists working in 12 of the Regional Education Service Centers (ESCs). Twelve of the 20 ESCs in Texas are staffed with a School Health Specialist who provides in-service training, workshops, and technical assistance to school districts. School health specialists assist schools in locating and promoting resources and materials on a wide variety of health topics. They also serve as a central coordinating point for all school health issues and assist school districts in developing an integrated and coordinated approach to school health programming. Because of reduced appropriations in recent sessions, DSHS has significantly scaled back its Texas School Health Network activities.

### **3. Amend Sec. 38.013 of the Education Code to include prevention of mental health concerns and coordination of mental health supports a required component of Coordinated School Health.**

Coordinated school health (CSH) is recommended by the Centers for Disease Control for improving students' health and learning in schools by coordinating various health programs and policies, promoting partnerships between schools, parents, and the community, and helping to align school resources and improve student outcomes.<sup>viii</sup> While the CSH model addresses the wellbeing of the whole child, including mental health, TEA is only required to make available to districts coordinated health programs designed to prevent obesity, cardiovascular disease, and Type 2 diabetes.

### **4. Appropriate funds for training and technical assistance to increase the capacity of school personnel, including school police, to effectively address students' mental health, including:**

- a. Recognizing, responding to, and making community based referrals for students with suspected mental health and substance use concerns

## **Increase Access to Treatment & Services for Children & Young Adults with Mental Health Concerns**

8. Protect and expand health coverage options so children & young adults can access health and mental healthcare.
9. Increase Medicaid & CHIP provider rates to prevent further provider shortages.
10. Address administrative barriers created by public and private insurers of mental health services which prevent children from accessing treatment determined to be medically necessary by their treating mental health providers.
11. Fund Department of State Health Service's Exceptional Item #7 to eliminate waitlists for public community mental health services
12. Provide TCJD's Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) with funds to assist juvenile justice involved youth with mental health concerns successfully transition back into their communities following detention.

## **Help Communities Increase their Capacity to Address the Needs of Children with Serious Mental Health Concerns**

13. Fund HHSC Exceptional Item #22 for two FTEs to provide local CRCGs across the state with technical assistance.
14. Expand the Youth Empowerment Services (YES) Medicaid Waiver into more communities by:
  - a. Funding additional FTEs within DSHS for contract management
  - b. Increasing reimbursement rates for YES Waiver providers.
15. Appropriate funds for HHSC to contract with the Texas Institute for Excellence in Mental Health to provide communities with training and technical assistance in selecting, implementing, and monitoring evidence-based and promising mental health practices.

## **Strengthen State & Local Collaborative Efforts to Address the Complex Needs of Children with Serious Mental Health Concerns**

16. Support the state's system of care efforts by evolving the state's existing TIFI Consortium into the Texas System of Care Consortium. Provide it the authority & responsibility for the state's planning, promotion, and implementation activities in Texas, as guided by the Texas System of Care 2013-2015 Strategic Plan; and to make recommendations related to serving children with serious mental health concerns and their families.

that threats will be reported and can be investigated by responsible authorities. Attempts to detect imminently violent individuals based on profiles or checklists of characteristics are ineffective and are most likely to result in false identification of innocent students or other individuals as being dangerous when they actually pose little or no threat. Instead, school authorities should concentrate their efforts on improving communication and training a team of staff members to use principles of threat assessment to take reasonable steps to resolve the problems and conflicts revealed through a threat investigation. Channels of efficient, user-friendly communication need to be established and maintained, and can be facilitated when community members, students and staff members feel comfortable bringing concerns regarding safety to the attention of school administrators. Early identification is important not only to prevent violence, but to provide troubled individuals the support, treatment, and help they need.

**All students need to feel that they belong at their school and that others care for them.** Research indicates that those students most at risk for delinquency and violence are often those who are most alienated from the school community. Schools need to reach out to build positive connections to marginalized students, showing concern, and fostering avenues of meaningful involvement.

**Support is critical for effective prevention.** Many students and family members experience life stresses and difficulties. Depression, anxiety, bullying, incivility, and various forms of conflict need to be taken seriously. Every school should create environments where students and adults feel emotionally safe and have the capacity to support one another. Schools must also have the resources to maintain evidence-based programs designed to address bullying and other forms of student conflict. Research-based violence prevention and related comprehensive support programs should be offered, following a three-tier approach, operating at universal (school-wide), targeted (for students who are at risk), and intensive (for students who are at the highest levels of risk and need) levels.

**Mental health needs of Texas youth and adults must be addressed.**

- Despite increased funding in recent years, Texas still ranks last in the nation in spending per capita on mental health treatment.<sup>iii</sup>
- A child living in Texas has less of a chance of receiving necessary mental health treatment than children living in any other state.<sup>iv</sup>
- The rate of children with emotional, developmental, or behavioral problems who received mental health treatment in Texas trailed the national average by 20 percentage points.<sup>v</sup>
- Children and youth in Texas who are able to access public mental health services show improvement, and more kids are accessing those services than in recent years.<sup>vi</sup> Still, only about 1 in 3 kids who qualify for services receive them.<sup>vii</sup>

- b. Implementing school wide positive behavioral interventions and supports (PBIS). When implemented to fidelity, school wide PBIS has been shown to decrease disciplinary issues, increase students' and teachers' sense of safety on campus, and is a recommended strategy for responding effectively to students with mental health concerns.
5. **Require school police to have training to recognize and effectively respond to students with mental health concerns.**

The overwhelming majority of individuals with mental health disorders are not violent; however, they are more likely to be victims of crimes.<sup>ix</sup> Unfortunately, children and youth with mental health concerns often find themselves without access to effective supports or treatments, being disproportionately disciplined in school, and involved with the juvenile justice system. School police should be trained on recognizing potential mental health concerns in students and knowing how to appropriately respond in ways that prevent a situation from escalating, which helps keep all students safe and supported.

**I have included along with my testimony a document which provides a list of additional opportunities the Legislature has this session to ensure more kids have access to services and supports to help keep them well and safe**, including strategies to increase access to treatment, increase cross-system capacity to effectively serve children and youth with mental health concerns through training and technical assistance and increasing state and local collaboration. I would be happy to talk with you further on any of these recommendations.

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

Respectfully,

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<sup>i</sup> Interdisciplinary Group on Preventing School and Community Violence (2012) *A Call for More Effective Prevention of Violence*

<http://curry.virginia.edu/articles/sandyhookshooting>

<sup>ii</sup> <http://curry.virginia.edu/articles/sandyhookshooting>

<sup>iii</sup> National Alliance on Mental Illness. (2011). *State Mental Health Cuts: The Continuing Crisis*.

<http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=147763>

<sup>iv</sup> Kaiser Family Foundation. (2007). Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007.

<http://statehealthfacts.org/comparetable.jsp?typ=2&ind=53&cat=2&sub=14&sortc=1&o=a>

<sup>v</sup> Kaiser Family Foundation. (2007). *Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007*.

<http://statehealthfacts.org/comparetable.jsp?typ=2&ind=53&cat=2&sub=14&sortc=1&o=a>

<sup>vi</sup> Texas Department of State Health Services (2011). Mental Health and Substance Abuse 2012-2013 Block Grant Plan

<sup>vii</sup> Texas Department of State Health Services. (2007). E-mail correspondence with Amanda Broden.

<sup>viii</sup> Centers for Disease Control and Prevention. <http://www.cdc.gov/HealthyYouth/CSHP/>

<sup>ix</sup> [http://depts.washington.edu/mhreport/facts\\_violence.php](http://depts.washington.edu/mhreport/facts_violence.php)