

SUBJECT: Establishing mental health and substance use resources for school districts

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Lucio, Ortega,
Price, Sheffield

1 nay — Zedler

1 absent — Guerra

WITNESSES: For — Lisa Poynor, Association of Substance Abuse Programs of Texas; Alissa Sughrue, National Alliance on Mental Illness Texas; Lee Johnson, Texas Council of Community Centers; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Colby Nichols, Austin ISD, Texas Association of Community Schools, and Texas Association of School Administrators; Bill Kelly, City of Houston Mayor's Office; Chris Masey, Coalition of Texans with Disabilities; Jeff Miller, Disability Rights Texas; Erica Ding and Alyssa Thomason, Doctors for Change; Eric Woomer, Federation of Texas Psychiatry; Lindsay Lanagan, Legacy Community Health; Annalee Gulley, Mental Health America of Greater Houston; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Will Francis, National Association of Social Workers-Texas Chapter; Josette Saxton, Texans Care for Children; Tom Banning, Texas Academy of Family Physicians; Brett Merfish, Texas Appleseed; Kathryn Freeman, Texas Baptist Christian Life Commission; Jan Friese, Texas Counseling Association; Nora Belcher, Texas E-Health Alliance; Andrew Cates, Texas Nurses Association; Kaitlyn Doerge, Texas Pediatric Society; Carol Grothues, Texas Psychological Association; Darren Grissom, Texas PTA; Dee Carney, Texas School Alliance; Rebecca Harkleroad, Texas School Nurses Organization; Merily Keller, Texas Suicide Prevention Council; Jennifer Lucy, TexProtects; Kyle Piccola, The Arc of Texas; Jennifer Allmon, The Texas Catholic Conference of Bishops; Nataly Saucedo, United Ways of Texas; and seven individuals)

Against — (*Registered, but did not testify*: Alice Linahan, Women On the Wall; William Busby; Mercedes Garcia; Lynette Lucas; Stacy McMahan)

On — Sheila Hemphill, Texas Right To Know; (*Registered, but did not testify*: Lillian Nguyen, Health and Human Services Commission)

DIGEST:

CSHB 19 would require a local mental health authority to employ a non-physician mental health professional to serve as a mental health and substance use resource for school districts located in regions served by a regional education service center and in which the local mental health authority provided services. The bill would define "non-physician mental health professional" as a licensed psychologist, professional counselor, clinical social worker, or marriage and family therapist, or a registered nurse with an advanced degree in psychiatric nursing.

Professionals' duties. Under the bill, these mental health professionals would act as a resource for school district personnel by:

- helping increase awareness and a better understanding of mental health and co-occurring mental health and substance use disorders;
- assisting with the implementation of mental health or substance use initiatives under state law or agency rules; and
- ensuring awareness of certain recommended programs and practices, as well as treatment programs available in the district.

The bill also would require the professionals to help personnel facilitate on a monthly basis training regarding mental health first aid, the effects of grief and trauma, and prevention and intervention programs that would help students cope with pressure to use illicit substances. School districts would not be required to participate in the training.

The bill would prevent a non-physician mental health professional from treating or providing counseling to a student or providing specific advice to school district personnel regarding a student.

Local mental health authority duties. CSHB 19 would require a local

mental health authority that employed a non-physician mental health professional to supervise the professional's duties and pay the regional education service centers a reasonable administrative cost for providing space for the professionals to work.

Reports. The bill would require each local mental health authority that employed and supervised a non-physician mental health professional to submit a report to the Health and Human Services Commission (HHSC) containing outcomes for school districts and students resulting from services provided by the professional. HHSC would have to compile that information and submit a report certain state officials. The local mental health authority's report would be due before the last business day of each year, and the HHSC report would be due by January 31 of the following year.

Implementation. To implement the bill's provisions, a state agency would have to ensure appropriated money was distributed equally among the local mental health authorities that employed and supervised the non-physician mental health professionals.

The bill would take effect September 1, 2019.

**SUPPORTERS
SAY:**

CSHB 19 would provide important mental health and substance use disorder resources for school districts by requiring local mental health authorities to hire certain mental health professionals in areas where education service centers are located. A shortage of mental health professionals in Texas prevents many school districts from meeting the diverse behavioral health needs of students. Children with untreated mental illness are more likely to fail in school, interface with juvenile justice, engage in high-risk health behaviors, and have poor health as adults. The bill would increase school personnel's understanding of mental health and substance use disorder issues, which would benefit students who struggle with various behavioral health conditions.

The bill also would enhance professional relationships among school district personnel and mental health professionals. The mental health

professional could not treat a student but could share with personnel the available mental health treatment services in the community.

**OPPONENTS
SAY:**

CSHB 18 would expand mental health training for school district personnel, even though parents and the community might be better equipped than schools to address children's mental health and substance use issues. Schools increasingly are focusing on students' behavioral health rather than their academic performance, which could have undesirable consequences. The bill also could contribute to increased use of psychotropic medications for children with mental health issues, which could cause more harm to children than the mental illness they are attempting to treat.

NOTES:

According to the Legislative Budget Board, the bill would have an estimated negative fiscal impact of \$4.6 million in general revenue related funds through the biennium ending August 31, 2021.