

BILL ANALYSIS

C.S.H.B. 18
By: Price
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Concerns have been raised regarding reports approximating that one out of every five children has a mental health condition, with some suffering from co-occurring substance use disorder. Mental health stakeholders suggest that many mental health conditions manifest by age 14, and with approximately 90 percent of school-age children attending Texas public schools, including charter schools, the nexus of mental health and public schools is difficult to ignore. In consideration of these concerns, previous recommendations from the House Select Committee on Mental Health, and recent school safety roundtable discussions held by Governor Greg Abbott, C.S.H.B. 18 seeks to raise awareness of issues relating to the mental health of students and provide students and educators with resources and training on mental health and substance abuse.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the State Board for Educator Certification in SECTION 1.04 of this bill.

ANALYSIS

C.S.H.B. 18 transfers to the Education Code certain Health and Safety Code provisions relating to a list of recommended best practice-based programs and research-based practices regarding mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention for implementation in public elementary, junior high, middle, and high schools and amends the Education Code to make the Texas Education Agency (TEA), in coordination with the Health and Human Services Commission (HHSC) and regional education service centers, responsible for providing and annually updating the list. The bill makes related revisions, removes the requirement that the list be made easily accessible on applicable websites, and revises the content areas for which the list must include programs and practices. The bill requires a public school district to develop practices and procedures concerning each content area covered by the list. Those district practices and procedures may address multiple areas together. The bill requires TEA to develop and make available to districts guiding principles on the coordination of programs and practices in the listed content areas. The bill requires TEA, in coordination with HHSC and regional education service centers, to provide the list not later than August 1, 2020.

C.S.H.B. 18 authorizes the instruction regarding mental health, substance abuse, and youth suicide for purposes of minimum academic qualifications for educator certification to be provided through a course offered by any accredited public or private postsecondary educational

institution as part of a degree program and revises the required contents of that instruction.

C.S.H.B. 18 revises the instructional components composing a portion of the continuing education requirements for a classroom teacher, a principal, and a school counselor, including instruction regarding educating diverse student populations. The bill requires the revised components to compose at least 25 percent of the applicable educator's continuing education training. As part of the revision of those instructional components, the continuing education training for a classroom teacher and for a principal must include certain instruction relating to students affected by mental health conditions, including grief and trauma. The bill sets out requirements related to that instruction. The bill requires rules adopted by the State Board for Educator Certification (SBEC) to allow an educator to complete an evidence-based mental health first aid training program or evidence-based grief-informed and trauma-informed care program and receive credit toward continuing education requirements for twice the number of hours of instruction provided under the program, not to exceed 16 hours. The bill requires the program to be offered through a classroom instruction format with in-person attendance. The bill requires the SBEC, not later than May 1, 2020, to propose rules to comply with the bill's provisions relating to continuing education requirements.

C.S.H.B. 18 makes the following changes to the authorized and required components for staff development training provided by a district to an educator other than a principal:

- makes the specified training relating to bullying a required component instead of an authorized component;
- removes training in conflict resolution as a separate authorized component;
- includes as a required component training strategies for establishing and maintaining positive relationships among students that include conflict resolution;
- includes as required components training on recognizing signs of mental health conditions and substance abuse and on specified topics relating to grief and trauma; and
- includes training in positive behavior intervention and support as an authorized component.

The bill requires all required components of staff development for an educator other than a principal to use a best practice-based program recommended by HHSC in coordination TEA.

C.S.H.B. 18 requires the website established and maintained by TEA, in coordination with HHSC, as a resource for district or charter school employees regarding working with students with mental health conditions to include resources relating to working with students who engage in substance abuse. The bill repeals provisions requiring TEA, in coordination with HHSC, to establish and maintain a resource website regarding teaching students with special health needs, including chronic illnesses and food allergies.

C.S.H.B. 18 includes an emphasis on mental health, including certain associated instruction, as an additional requirement for a district's health enrichment curriculum. The bill revises the requirement that the State Board of Education (SBOE) adopt the essential knowledge and skills for the health enrichment curriculum that address certain matters relating to binge drinking and alcohol poisoning by requiring the SBOE to adopt the essential knowledge and skills for that curriculum that address specified matters related to substance abuse generally, to include the use of illegal drugs and abuse of prescription drugs. The bill expands from alcohol awareness programs to substance abuse awareness programs the type of evidence-based programs TEA is required to compile for use by a district in the district's health enrichment curriculum and changes the method for determining the effectiveness of such a program from a determination based on evaluations that use valid and reliable measures and that are published in peer-reviewed journals to a determination by evaluations that are evidence-based. The bill repeals a provision relating to the adoption of essential knowledge and skills for that curriculum regarding the nonmedical use of prescription drugs and requiring TEA to compile a list of related misuse awareness programs that a district may use in that curriculum.

C.S.H.B. 18 revises provisions regarding a school's developmental guidance and counseling program to redesignate such a program as a comprehensive school counseling program. The bill requires the program to conform to the most recent edition of the Texas Model for Comprehensive School Counseling Programs developed by the Texas Counseling Association. The bill includes implementation of such a comprehensive school counseling program as a strategy for student performance improvement in a district improvement plan; revises existing strategies; and extends to elementary school students and their teachers, school counselors, and parents the plan's strategies for providing to middle school, junior high school, and high school students and their teachers, counselors, and parents certain information about higher education admissions, curriculum choices, and financial aid opportunities.

C.S.H.B. 18 authorizes a district to employ or contract with one or more nonphysician mental health professionals. The bill includes nonphysician mental health professionals among the school district employees or employees of an entity with which a district contracts that are expressly not prohibited from recommending that a child be evaluated by a physician or nonphysician mental health professional.

C.S.H.B. 18 expands the scope of coordinated health programs that TEA is required to make available to each district for use at the elementary school, middle school, and junior high school levels to include the required coordination of education and services related to mental health education and substance abuse education.

C.S.H.B. 18 revises the required recommendations composing part of the duties of a local school health advisory council. The bill includes certified school counselors employed by a district among the groups whose members are eligible for appointment as advisory council members and clarifies which teachers, school administrators, and health care professionals are eligible for appointment. The bill requires a district to publish in the student handbook and post on the district's website, if applicable, the following statements:

- a statement of the policies and procedures adopted to promote the physical health and mental health of students, the physical health and mental health resources available at each campus, contact information for the nearest providers of essential public health services under the Local Public Health Reorganization Act, and the contact information for the nearest local mental health authority; and
- a statement, for each campus in the district, of whether the campus has a full-time nurse or school counselor.

C.S.H.B. 18 requires TEA, in cooperation with HHSC and not later than May 1, 2020, to develop guidelines for districts regarding partnering with a local mental health authority and with community or other private mental health services providers and substance abuse services providers to increase student access to mental health services and regarding obtaining mental health services through Medicaid.

C.S.H.B. 18 authorizes a school-based health center to be established at one or more campuses on the initiative of the governing body of an open-enrollment charter school as an alternative to the center being established on the recommendation of such an advisory council. The bill includes treatment for mental health conditions and for substance abuse among the permissible categories of services for such a health center. The bill extends the parental consent requirements for a health center staff referral of a student for mental health services to a referral for physical health services. The bill authorizes the provision of specific written consent for a course of treatment that includes multiple treatment occasions of the same type of service as an alternative to the provision of that consent for each treatment occasion. The bill authorizes the governing body of an open-enrollment charter school to establish a local health education and health care advisory council, subjects such an advisory council to the same provisions applicable to such a council established by a public school district, and revises the required membership of an

advisory council.

C.S.H.B. 18 transfers from the applicable local health education and health care advisory council to the applicable district or charter school the responsibility to keep a record of the efforts made to coordinate services provided with existing providers through a school-based health center serving certain specified areas of the state.

C.S.H.B. 18 amends the Health and Safety Code to require HHSC and TEA, not later than March 1, 2020, to make available on their respective official websites information about the mental health first aid training program for the purpose of promoting public awareness of the program. An electronic link to an outside source of information is not sufficient for purposes of these respective requirements. The bill provides additional content requirements and specifications for a local mental health authority's annual report to HHSC regarding the authority's participation in training mental health first aid trainers and in mental health first aid training programs and for the annual HHSC report to the legislature regarding those activities. The bill requires HHSC, not later than May 1, 2020, to develop and provide to those authorities a form to be used for the reporting of the required information, including the reporting of each category of personnel, and requires the HHSC report to the legislature to include a detailed accounting of money appropriated for the purpose of implementing provisions regarding mental health first aid training. These provisions relating to reporting requirements apply only to a local mental health authority report due after December 31, 2019, and to the HHSC report due after March 1, 2020.

C.S.H.B. 18 amends the Civil Practice and Remedies Code and the Education Code to make conforming changes.

C.S.H.B. 18 establishes that any change in law made by the bill that imposes a new duty or requirement on a public school district or an open-enrollment charter school applies beginning with the 2020-2021 school year.

C.S.H.B. 18 repeals the following provisions of the Education Code:

- Section 21.463
- Section 28.002(w)

EFFECTIVE DATE

December 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 18 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute requires the statement included by the bill in a school district's handbook regarding the employment of a full-time school counselor or nurse to indicate whether such an individual is employed at each campus in the district.

The substitute includes a requirement for HHSC to develop and provide a form to local mental health authorities for purposes of reporting certain information to HHSC.