

STUDENT BEHAVIOR, MENTAL HEALTH, AND DISCIPLINE TASK FORCE REPORT

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In Response to House Resolution 173 of the
2022 Louisiana Regular Legislative Session



Prepared by: Louisiana Center for Health Equity
Submitted to Louisiana House of Representatives

This report was prepared by the Louisiana Center for Health Equity in response to House Resolution 173 of the 2022 Louisiana Regular Legislative Session. The Louisiana Center for Health Equity was designated as the convener of the Task Force.

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Pictured left to right: Emily Clarke, Cade Canepa, First Lady Donna Edwards, Alma Stewart Allen, Omar Minhas, Tayllor Smith and Grace Chow.

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Establishing Legislation

This report is submitted pursuant to [HR173 of the 2022 Regular Legislative Session](#). This House Resolution created the Louisiana Student Behavior, Mental Health, and Discipline Task Force on July 14, 2022, and required the Task Force to study the issues of providing trauma-informed services, increasing mental health staff and support, prohibiting corporal punishment, prohibiting zero tolerance policies, and defining “willful disrespect” (“willful disobedience”) in the grades Kindergarten through 12 school system. Following this study, the Task Force is to submit a final report of its findings and recommendations, including proposed legislation by January 17, 2023.

Introduction

On December 7, 2021, U.S. Surgeon General Dr. Vivek Murthy issued a bulletin declaring that youth mental health had reached crisis levels throughout the United States. While rates of depression, anxiety, and suicidal ideation were increasing in teens over the past decade, the COVID-19 pandemic exacerbated those trends and led to the issuance of the Surgeon General’s Report. In response to the Report, several Republican and Democratic members of the Louisiana Legislature introduced legislation aimed at addressing the newly declared crisis. While some of those measures were successful, others were not, with opposing members labeling certain bills as “premature” and “totally unprofessional.” Recognizing the urgency and seriousness of the aforementioned crisis, Rep. C. Denise Marcelle sought to create a task force to alleviate the concerns brought forth by her colleagues. Through her work with the juvenile justice system, Rep. Marcelle recognized the intersection of mental health with the criminal justice system in the state of Louisiana and sought to comprehensively improve the lives of the youth throughout the state.

The intersection of mental health and the criminal justice system is not new but has been more visible in response to the mental health crisis. In 2019, the Southern Poverty Law Center (SPLC) filed a lawsuit against the State of Louisiana and the Department of Health for not providing adequate mental health services to youth in the state. One of the plaintiffs in the case was suspended from school for engaging in destructive behavior and disrespecting their teachers. However, upon further review, the student expressed that they simply wanted to have friends and have someone help them with their anger. The perceived failures of the state offer a rationale, not an excuse, for this student’s behavior and highlight the urgency of the issue at hand. The case also illuminates various areas where the state can improve and better serve its residents.

The goal of the Louisiana Student Behavior, Mental Health, and Discipline Task Force is to investigate five main areas related to the three themes found in its name: providing trauma-informed services, increasing mental health staff and support, prohibiting corporal punishment, prohibiting zero tolerance policies, and defining “willful disrespect” in the kindergarten through 12th grade (K-12) school system. The Task Force is to also make recommendations, both policy

and otherwise, regarding these areas. The investigation phase of the Task Force’s work included collecting and compiling information from the Task Force members, researching relevant topics and resources, presentations from subject matter experts, and also facilitating conversations with concerned parties. The findings from the investigation phase are included in this report and were applied in drafting policy recommendations for the Legislature. The Task Force focused on Titles 17 (Education) and 28 (Mental Health) of Louisiana Revised Statutes and many of the recommendations included later in this report target specific sections within these Titles of Louisiana law.



Members of the Task Force

The Task Force is composed of the following members.

- Alma Stewart Allen, RN, MS, CCHC, President and Founder of Louisiana Center for Health Equity
- Jemi Carlone, National Association of Secondary School Principals - State Coordinator for the Louisiana Association of Principals
- Keith Courville, Ed.S., Ph.D., Executive Director for the Associated Professional Educators of Louisiana
- Michael Faulk, Executive Director of the Louisiana Association of Superintendents
- Cynthia Posey, Legislative and Political Director for the Louisiana Federation of Teachers and School Employees, AFT, AFL-CIO
- Marcus Thomas, Director of Government Relations for the Louisiana Association of Educators

The Leadership Team of the Task Force is composed of the following members.

- Megan Bella, Staff Coordinator, Louisiana Youth Advisory Council
- Vaishnavi Kumbala, Student Representative, Louisiana Youth Advisory Council
- Cade Canepa, Health Equity Fellow, Louisiana Center for Health Equity
- Emily Clarke, Volunteer, Louisiana Center for Health Equity
- Dana Foster, Ph.D., Psychologist for Child Clinical Systems, Louisiana Office of Behavioral Health
- Bryon Hurst, Ed.D., Deputy Assistant Superintendent for Student Wellbeing, Louisiana Department of Education
- Delery Rice, Senior Director of Special Projects, Office of the First Lady

Methodology

The Student Behavior, Mental Health, and Discipline Task Force held six public meetings at the Louisiana State Capitol to discuss its work, including to hear presentations from subject matter experts, findings of research on relevant topics, public testimony, and highlight its findings. These meetings were held on Thursday, July 14, 2022; Thursday, August 11, 2022; Thursday, September 8, 2022; Thursday, October 6, 2022; Thursday, November 10, 2022; and Wednesday, January 11, 2023.

Before the first meeting held on Thursday, July 14, 2022, the Louisiana Center for Health Equity identified and convened a “Leadership Team” which included the following individuals: Megan Bella, Cade Canepa, Emily Clarke, Dr. Dana Foster, and Dr. Bryon Hurst. Alexis Kador from the Louisiana Center for Health Equity spoke at the convening meeting for the Louisiana Legislative Youth Advisory Council on July 26, 2022, and extended an invitation for a member of the Council to join the Leadership Team. The Council subsequently elected Vaishnavi Kumbala to the Leadership Team at a later date. Delery Rice joined the Leadership Team in August following conversations with the Governor’s Administration. The purpose of the Leadership Team was to assist in planning and administrative tasks related to the work of the Task Force. The Leadership Team also offered varying perspectives that were not captured by the original composition of the Task Force. Task Force and Leadership Team members were invited to participate in each Task Force meeting.

The Task Force conducted a national review of state policy and programs related to the Task Force’s study areas, then comparing them to Louisiana’s current policy in these areas and reviewed current relevant litigation. The Task Force also conducted an online questionnaire survey of the Task Force and Leadership Team member organizations. The Task Force Questionnaire asked the Task Force and Leadership Team members to answer ten general questions regarding student behaviors, mental health, and discipline. The responses have been incorporated in the Summary of Findings section.

Summary of Findings

Charge of the Task Force

The Student Behavior, Mental Health, and Discipline Task Force was created by House Resolution 173 to study policies related to student behavior and discipline. From this study, the Task Force was to submit its recommendations for reforms and legislative action. The Task Force was charged with researching the following:

- The ability of public-school governing authorities and the state Department of Education to provide trauma-informed services to public school students in grades kindergarten through twelve.
- The feasibility of having a school psychologist to student ratio of not less than one to five hundred and a social worker to student ratio of not less than one to two hundred fifty in school districts.
- The feasibility of prohibiting corporal punishment in public schools.
- The feasibility of prohibiting school discipline policies and practices, commonly known as "zero tolerance", that mandate predetermined consequences in response to specific types of student misbehavior, regardless of the context or rationale for the behavior.
- The notion of “willful disrespect” (or “willful disobedience”) relative to school discipline.

Current Legal Actions

Louisiana has ranked last or close to last for several years in educational rankings. The explanation for these rankings can be highlighted by the legal challenges that are brought against the state. One such case, *Brown v. Jefferson Parish School Board* exemplifies this. During a break from virtual instruction, Ka’Mauri Harrison moved a BB gun that was behind him which he believed to be in the view of his camera (Minhas, 2022). The teacher was not aware of the situation until several of Mr. Harrison’s classmates began to react. The teacher reported the incident, and the student was expelled according to the Jefferson Parish School System policy. During the expulsion hearing that only lasted 13 minutes, Mr. Harrison was not afforded his due process. As his case gained publicity, the Legislature decided that something must be done to protect other students from what Mr. Harrison was forced to endure. The legislature filed HB83 the following legislative session which sought to protect the privacy rights of students and their families with virtual instruction. The bill also sought to create a review process that a student’s family can initiate if a student is suspended or expelled from school. The bill was ultimately passed and became known as the Ka’Mauri Harrison Act showing the speed at which the legislative process can act and giving hope to future reform efforts (Minhas, 2022).

The legal definition of “mental health” is not clearly defined in Louisiana statutes (Minhas, 2022). Title 28 of Louisiana Law relates to behavioral health, but the law offers a very weak definition of what it actually entails, defining behavioral health as “a term for both mental health and substance use.” While the same section defines what qualifies as substance use, there is no such definition for mental health leaving much to the interpretation of the reader. Additionally, Louisiana statutes do not address how the school should help a student with poor mental health. In the case *A.A. v Phillips*, the state is being sued for its failure to provide an accessible statewide mental health system of intensive home and community-based services (IHCBS) (Minhas, 2022). The lack of such a system has resulted in students being forced to travel hundreds of miles to receive care. In the case of the plaintiff A.A., this also means that youth are being unnecessarily institutionalized. While the litigation is still pending, the case highlights many of the problems with the current system.

Mental Health and Student Behavior

The nation’s youth has been in a mental health crisis for many years. In December 2021, U.S. Surgeon General Dr. Vivek Murthy officially announced this crisis to the nation. The mental health crisis among youth is compounded by natural disasters, community gun exposure, early life adversity, poverty, and the COVID-19 pandemic (Smith, 2022). These stressors promote an environment that is difficult to cope with as they are considered traumatic events. Trauma is an event that is physically or emotionally harmful or that is life-threatening. These events can have a long-lasting impact on a child’s development which can impact their normal functioning and decision-making (Zeanah & Sanderson, 2022). Clinicians have grouped ten specific traumatic events into something called Adverse Childhood Experiences (ACEs) which have since been expanded following additional research. According to America’s Health Rankings (AHR), ACEs are stressful or traumatic events during childhood that include parental divorce or separation; living with someone who had an alcohol or drug problem; neighborhood violence victim or witness; living with someone who was mentally ill, suicidal or severely depressed; domestic violence witness; parent served jail time; being treated or judged unfairly due to race/ethnicity; or the death of a parent (AHR, 2022). The Centers for Disease Control and Prevention (CDC) found that children are more vulnerable to ACEs based on their social and economic level (CDC, 2016). There is a higher prevalence of ACEs in children living in poverty, and non-Hispanic African American children (AHR, 2022). Children who experience two or more ACEs are more likely to experience adverse health outcomes (CDC, 2016). In 2020-2021, Louisiana had 18.6% of children with an ACE score of two or higher (AHR, 2022). Traumas, such as poverty, can increase the likelihood of issues with school truancy, academic behavior, and performance (Smith, 2022). Students who have an ACE score of three or higher are three times more likely to exhibit behavioral problems in an academic environment. Toxic stress refers to the body’s response to chronic, traumatic experiences. This constant stress response can cause deficits in brain structure which impacts its function (Zeanah & Sanderson, 2022).

Task Force members acknowledged that ACE screening bills were included in the 2022 Legislative Session, with House Bill 222 and Senate Bill 256; however, they received pushback due to privacy concerns. Members also reported that there are existing trauma screening processes that require parents to fill out information about their children. However, the extent of this practice is unclear. There was a consensus that ACE training should be expanded within schools. Having ACE-informed educators in the school environment will likely allow struggling students a better chance of receiving appropriate assistance.

The Task Force did not explore what the expanded ACE training would entail in its entirety. However, the Task Force did hear from Dr. Zeanah and Mrs. Sanderson about the Whole Health Louisiana Initiative being spearheaded by First Lady Donna Edwards. The Initiative seeks to ensure a collective baseline for trauma-informed care by involving key stakeholders from across the state to establish a statewide plan to address childhood adversity.

Within the Louisiana school system and in the community, it is difficult for youth to seek out mental health services. According to the American School Counselor Association, counselors that work in school settings primarily focus on the academic needs of students. While some schools include mental health professionals, students of color, low-income students, and other vulnerable populations may be shortchanged and slip through the cracks because of the counselor shortage (Smith, 2022). The Louisiana Department of Education (LDOE) described existing programs within the Department to address the mental health and adverse childhood experiences of students, such as the Advancing Wellness and Resilience in Education (AWARE) Project, the Success Through Attendance Recover (STAR) Task Force, the School Social Work Expansion Grant, and the Trauma Demonstration Grant (Hurst, 2022). Project AWARE focuses on improving access to school and community mental health services and the development of school-based mental health programs through the implementation of trauma-informed services. This project is presently being implemented in six school districts throughout the state. LDOE will soon begin to assess the program to evaluate its impact. The STAR Task Force analyzed state truancy and attendance rates to provide solutions for structural changes. The STAR Task Force is a new initiative launched in July 2022, meaning LDOE is awaiting the results of its success within the school system. Additionally, the School Social Work Expansion Grant was a partnership with the LSU School of Social Work to place interns in kindergarten through twelfth grade (K-12) schools in several parishes throughout the state. This program's success has been impeded because not enough social work interns have signed up for the program. Additionally, the program cannot be expanded as it is currently; however, if the program can recruit more social work interns, it can move forward. The Trauma Demonstration Grant is a program to identify at-risk youth without insurance and connect them with licensed mental health professionals to provide services.

One of the charges to the Student Behavior, Mental Health, and Discipline Task Force was to explore the feasibility of having a school psychologist to student ratio of one to five hundred and a social worker to student ratio of one to two hundred fifty within school districts. The Task

Force found that, at this time, it is not feasible to require that these recommended ratios be enforced due to workforce shortages in these positions. To remedy this, workforce development is needed to increase the number of available psychologists and social workers for Louisiana school systems. Currently, schools frequently refer students to outside services for mental health treatment options.

It is believed that 17-20 percent of youth were diagnosed with at least one mental health issue prior to the pandemic, and that number likely increased as the pandemic progressed, according to Program Officer for Child Health Quality at the Center for Health Care Strategies, Olivia Randi (2022). However, the number of children actually impacted is likely much higher as many young people are unable to receive an official diagnosis for a variety of reasons. There are multiple ways to tackle this growing crisis, but many center around the school system where children spend the majority of their time. These systems can be strengthened by utilizing the dedicated funding streams that were created by the American Rescue Plan and the Bipartisan Safer Communities Act (Randi, 2022). The American Rescue Plan allocated \$130 billion in aid for students returning to school by supporting School-Based Mental Health Services (SMHS). Simply put, SMHS are mental or behavioral health services provided to students through school-employed and community-employed providers within school buildings. The Bipartisan Safer Communities Act also provided additional funding to states for SMHS. While these terms are often used interchangeably, in Louisiana, School-Based Health Services (SBHS) are used to refer to services provided in school settings for students with disabilities while School-Based Health Centers (SBHCs) are generally used to refer to services in school settings for students without a disability that may also include students with a disability. Nonetheless, the funding streams created by the American Rescue Plan and the Bipartisan Safer Communities Act provide

Louisiana an opportunity to expand mental health services (SMHS) in the school setting.

Ms. Randi presentation of a comprehensive, nation-wide review of relevant state policies and programs led to a review of Louisiana's current policies conducted by Grace Chow. This review was organized into four main categories: (1) Mental Health Curriculum, (2) Suicide Prevention Programs, (3) Mental Health Screenings, and (4) School-Based Mental Health Programs. Ms. Chow's review found that Louisiana has taken significant strides in recent years toward accomplishing the objectives of the first two categories, Mental Health Curriculum and Suicide Prevention Programs. Nonetheless, Ms. Chow argues that Louisiana could do more to address these areas. For mental health curriculum, Ms. Chow highlighted legislation from Mississippi that went slightly further than HB 981, now Act 650 filed by Representative Royce Duplessis in the 2022 Regular Session. Admittedly, the Mississippi piece of legislation included elements that could be inferred from the Louisiana bill, but Ms. Chow recommended that Louisiana take the extra step by codifying these elements so that it is not left to interpretation. Following a conversation with Representative Laurie Schlegel who filled legislation, HB495, now Act 643, related to suicide prevention in the 2022 Regular Legislative Session, the Task Force did not put forth additional recommendations on this subject at this time.

Ms. Chow also found that Louisiana has done very little, if anything, to accomplish the objectives of the second two categories, Mental Health Screenings and School-Based Mental Health Programs. For mental health screenings, Ms. Chow's review found nothing currently in state law that is related to this issue. As a result, Ms. Chow presented some initial first steps that the state can take towards this issue. These first steps include modifying the list of excused absences to include mental health in addition to the development of protocols to guide mental health screenings in the school setting. Likewise, with school-based mental health programs, Ms. Chow's review once again found nothing currently in state law related to the issue; however, the issue is more complex as a result of minor nuances in terminology. As with Ms. Randi's presentation, some terminology used in Louisiana might refer to services offered to certain populations. Regardless of the nuances in terminology, there are still steps that Louisiana can and should take to address this category. Many of the other programs identified by Ms. Chow relate to budgetary allocations and the development and implementation of support services. With this groundwork laid, the Task Force was then ready to explore what is currently being done in detail.

Several agencies and organizations gave presentations that provided an overview of the existing mental health services for students in grades K-12. The LDH Office of Behavioral Health (OBH) shared mental and behavioral health services available to Louisiana's Medicaid-insured youth in the community as opposed to the school environment. OBH explained how behavioral health services are multi-tiered starting with Outpatient Therapy and Psychiatry, Community-Based Mental Health Rehab Services, Intensive In-Home Evidence-Based Programs (EBPs), and Residential Treatment. These services are evidence-based meaning that they have been rigorously tested and are known to be effective.

The OBH Director of the Coordinated System of Care (CSoC) further explained how the system operates. CSoC is a statewide program for Medicaid-eligible children ages 5 to 20 with significant mental and behavioral health issues (McPhee, 2022). These issues make the child or children more likely to be placed in out-of-home placement such as a hospital, Department of Children and Family Services (DCFS), or the juvenile justice system. A family first gets enrolled in CSoC by being referred to the program or by calling Magellan of Louisiana. Magellan will then perform an initial screening to ensure that the child does not pose a risk to themselves or others. After this screening, a plan of care is developed with coordination from various agencies such as LDOE, DCFS, Office of Juvenile Justice, and OBH. Children that do not meet CSoC criteria will be referred to other treatment options.

According to the Louisiana Rural Mental Health Alliance, 26 percent of the population resides in rural areas. Many of these residents have little to no access to mental health providers due to a lack of transportation or lack of resources. The Alliance advocates for Mental Health Rehab (MHR) providers to serve in underserved areas. MHR providers offer two types of services: (1) Community Psychiatric Supportive Treatment which resembles traditional counseling and (2)

Psychosocial Rehabilitation which is more skills-based. Both of these services can be delivered in schools and allow for a more robust level of services.

The Louisiana Center for Health Equity has created the Louisiana Resources and Educational Assessments for Children’s Health (LA REACH) Initiative to address the mental health crisis among students and to improve academic performance. Phase I of LA REACH is currently being implemented in an alternative placement school in East Baton Rouge Parish. LA REACH is set to improve the school environment and student performance by implementing activities and curricula to impact ACEs and trauma-informed services. Phase II will include implementing an ACEs Screening Pilot and developing criteria and procedures for its implementation and interventions aimed at reducing disciplinary actions and improving graduation rates. The program is unique in that it engages with both the students and staff at the school to understand their perspectives which allows for uniquely tailored activities and training.

The Louisiana Department of Health (LDH) Office of Public Health (OPH) provided information regarding mental health and behavioral health services available within schools, known as SBHCs. SBHCs are healthcare centers on school grounds within areas of the greatest need that “allow students to manage their own health needs, receive health education, and participate in behavioral health sessions while still at school” (OPH Bureau of Family Health, 2020). The goal of SBHCs is to provide access to preventive, acute and behavioral health care to youth who might otherwise have limited or no access (OPH Bureau of Family Health, 2022). These centers address both the physical and mental health needs of students to promote a healthy lifestyle inside and outside of school.

Students are also taking action to help themselves and their peers. One such example of this is the creation of Saplings by Vaishnavi Kumbala, a high school student. Saplings allows users to manage their stress and anxiety through interactive tools and resources such as journaling and mindfulness experiences. The app also connects users to outside resources. Saplings has a mobile app version available on the App Store as well as a website-based platform accessible on all devices. Another such example is HOPE Squad. This school-based program aims to reduce the stigma surrounding mental health and suicide among youths through peer-to-peer interactions and trained advisors.

With the mental health resources currently available, accessing mental health care is difficult for members of some communities. One barrier that makes access to care difficult is the lack of knowledge about available services. This knowledge barrier can arise from different schools offering different programs to meet the needs of students which can be compounded by students not being aware of these programs to begin with (Smith, 2022). Another barrier to access is one’s socioeconomic status. For individuals who receive Medicaid, it is difficult to find mental health providers that both accept Medicaid and serve pediatric patients. There is also the issue of a mental health provider shortage in schools (Smith, 2022). In discussions surrounding access to mental health services, several agencies and organizations provided the Task Force with service

options and avenues youth and caregivers can utilize to obtain these services. While there are various programs to provide treatment options and coordination of services, gaps remain especially in rural areas. The Rural Mental Health Alliance, for example, explained the importance of access to mental health services in rural communities throughout Louisiana. They further explained that rural communities often lack local mental health providers and reliable transportation. Many children also have caregivers that work long hours posing as another barrier. These challenges make it difficult for individuals in rural communities to receive quality mental health services. Additional information is needed about these mental health services and programs and how best to meet the needs of Louisiana's youth to ensure that there is a coordinated system and resources to prevent children from falling through the cracks.

Relevant Legislative and Policy Actions Timeline

The following timeline shows relevant federal and local policies related to this study. This list may not be exhaustive.

Date	Legislation & Policy
2002	Juvenile Justice Act Implementation Commission (JJRAIC) recommends zero-tolerance policies
2003	ACT 1225 Juvenile Justice Reform Act ~ creates a Model Master Plan
2005	ACT 369 amended the portion of LA R.S. 17:416(B)(1)(b) ~ requires the school principal to take certain disciplinary actions under specified circumstances, such as knife possessions
2007	R.S. 40:31.3 Adolescent School Health Initiative Act ~ requires the Office of Public Health Department of Health and Hospitals to establish health centers in schools
2010	Release of “Pushed Out: Harsh Discipline in Louisiana Schools Denies the Right to Education” report by the Families and Friends of Incarcerated Children and the National Economic and Social Rights Initiative ~ highlighted the discrepancies in Louisiana’s suspension rates
2010	ACT 136 ~ directs that the model master plan includes guidelines on improving behavior and discipline within schools by requiring certain classroom management training

2010	SCR101 creates Board of Elementary and Secondary Education (BESE) Task Force ~ review statutory provisions relative to student discipline and make recommendations on modifying zero tolerance policies.
2011	BESE Task Force submits report recommending schools to use alternatives to suspension such as Positive Behavior Interventions and Supports, as SD 465 which was vetoed by Governor Bobby Jindal
2014	SCR134 states BESE board to examine school suspensions and expulsions
2015	ACT248 prohibits suspension or expulsion of K-5 students for bus or uniform violations
2015	SR130 explores the effectiveness of Positive Behavioral Interventions and Supports (PBIS) programs
2015	Every Student Succeeds Act (ESSA) ~ requires annual reporting of school-based arrests
2016	ACT522 creates the Advisory Council on Student Behavior & Discipline (ACSBD)
2017	ACT 266 prohibits corporal punishment for certain students with exceptionalities
2018	SB465 adds additional members to the ACSBD
2020	Congress allocates \$30.75 billion to Education Stabilization Fund through Coronavirus Aid Relief and Economic Security (CARES) Act for Elementary and Secondary School Emergency Relief (ESSER I) fund awarding State educational agencies (SEAs) and local educational agencies (LEAs)
2020	Coronavirus Response and Relief Supplemental Appropriations (CRRRA) Act provides an additional \$54.3 billion for ESSER II to SEAs
2021	Revising LA R.S. 17:416 removes zero tolerance mandates for certain offenses and improves the readability of the document

2021	American Rescue Plan Act awards \$122 billion for ARP ESSER funds to SEAS and LEAs
February 2022	US Congressional hearings on youth mental health
March 2022	President Biden releases Federal strategy to address mental health crisis and strengthen system capacity
June 2022	Bipartisan Safer Communities Act increases funding for mental health programs and the national suicide hotline. Also reduces the threat of violence in the US
June 2022	Louisiana Department of Education (LDOE) issues Guidance for Adverse Childhood Experiences Training
October 2022	BESE Policy Bulletin 741 §337 ~ requires at least one hour of annual in-service training on recognizing Adverse Childhood Experiences (ACEs) and the utilization of trauma-informed education

Student Discipline and Juvenile Justice

Louisiana State Law allows corporal punishment as a disciplinary action. The law defines corporal punishment as “using physical force to discipline a student, with or without an object, and includes hitting, paddling, striking, spanking, slapping, or any other physical force that causes pain or physical discomfort.” Local Education Authorities (LEAs) have the discretion as to its use except for students who are eligible for services under section 504 of the Rehabilitation Act of 1973 and have an individual accommodation plan. The use of corporal punishment has been under review and previous legislative attempts to ban it have failed. Currently, corporal punishment is banned within the majority of Louisiana parishes; however, the extent of the current use of corporal punishment in parishes that continue to allow it is unclear. According to the Louisiana Association of School Superintendents (LASS), these parishes are: St. Landry, Plaquemines, Grant, Vermillion, Union, Winn, Natchitoches, Livingston, Rapides, West Baton Rouge, Morehouse, Evangeline, and Claiborne.

Discipline policies and practices in Louisiana have been a source of review for at least two decades. Zero tolerance policies have contributed to Louisiana placing nationally among the states with higher rates of suspensions. Initiatives to reform zero tolerance policies began in the early 2000s at the recommendation of the Juvenile Justice Act Implementation Commission (JJRAIC) with the purpose of ensuring these policies provided due process for students (Sams, 2022). This proposal was rejected by the LDOE maintaining the status quo of no due process in these policies. The 2003 ACT 1225 Juvenile Justice Reform Act created the Model Master plan, which developed the guidelines for today’s zero tolerance policies (Sams, 2022). A review

nearly a decade later titled “Pushed Out: Harsh Discipline in Louisiana Schools Denies the Right to Education” highlighted the detrimental impact that these policies had specifically as they relate to in-school and out-of-school suspension rates. While zero tolerance policies receive the majority of the attention, the regular presence of school resource officers also plays a role in the trend seen over the 2000s. Many studies have shown that an increase in school resource officers also corresponds with an increase in the criminal incidents reported at the school (Fisher et al. 2022). This suggests that school resource officers result in a school environment that is more dangerous and detrimental to student learning than would otherwise be observed if school resource officers were not present. Examples of infractions included in zero tolerance policies are bullying, drugs, and possession of a weapon. Additional data regarding students and the infractions for which they are expelled due to zero tolerance policies is needed.

The Advisory Council on Student Behavior and Discipline (ACSBD) was formed in 2016 by the Louisiana State Legislature to provide advice and guidance on best practices to support school governing authorities regarding student discipline and behavior. The Council began meeting in 2016 and has made various recommendations to improve student discipline practices as well as the quality of data obtained regarding students and student infractions. From the research conducted by the Council, the Council found that changes need to be made in student disciplinary measures that are of negative consequence to the students. A few recommendations by the ACSBD include restorative approaches to disciplining students, reducing out-of-school disciplinary measures, and focusing on students’ mental health. The Council also presented recommendations regarding the revision of the disciplinary statute and that the Louisiana Department of Education should have a more active role in providing support to schools. While the Council was active in its earlier years, its activity has declined from the start of the pandemic, due to its inability to convene and/or meet a quorum. There is also a notable lack of transparency regarding their activities in recent years as evidenced by difficulty obtaining information. The Task Force believes that due to the stagnant state of the Council and the lack of progress being made, the Council’s composition and structure should be altered and updated.

Willful disobedience is a subjective disciplinary term that is widely used in discipline referrals. The prevalence and subjective nature of the term have led to a wide agreement that willful disobedience needs to be defined in state law to prevent its improper use. However, previous attempts to define the term have been unsuccessful. The opposition to defining the term has resulted from questions surrounding teacher protections should a student act in an aggressive manner towards them. The Task Force acknowledged that defining “willful disobedience” must not remove all allowances for discretionary use by teachers. Crisis Prevention Institute (CPI) training has been used to increase the proper usage of “willful disobedience.”

Louisiana leads the nation, and the world, with its prisoner population. Upon reviewing the relationship between school discipline policies and juvenile justice, the Task Force learned that pushing students out of the school environment through these disciplinary measures fails to

address the root causes of the problem by not incorporating trauma-informed and restorative practices. A study conducted by Jagers, Robison, Rhodes, Guan, and Church (2016) found that trauma increases the incidence of truancy, negative student behavior, and poor academic performance. This in turn increases the likelihood of delinquency and criminality (Smith, 2022). In other words, a student experiencing behavioral issues at school and being expelled or suspended increases their chance of contact with the Juvenile Justice System. This initial contact can occur following a number of instances such as when a student participates in a fight, leading to their suspension or expulsion as outlined in a district's zero tolerance policies. Jagers, Robison, Rhodes, Guan, and Church (2016) further found that the strongest predictor of adult contact with the Louisiana Department of Public Safety and Corrections and being incarcerated is if an individual is male, had a prior school expulsion, and had prior interaction with the Louisiana Office of Juvenile Justice.

Judge Blair Edwards, who oversees Juvenile Court in the 21st Judicial District and is the President of the Louisiana Family and Judges Association, emphasized the appalling nature of these punitive practices and advocated for trauma-informed education, especially on ACEs. Being trained on ACEs makes everyone safer by providing an open mind about how to address the needs of children. According to Judge Edwards, the state allocates \$11,000 a year to educate a child but \$100,000 a year to incarcerate them which represents a nearly ten-fold difference. This extra cost for the state is a direct result of the punitive nature of Louisiana's disciplinary policies that would rather punish students as opposed to addressing the underlying issues a child faces from prior exposure to trauma or adversity. Prior exposure to trauma can be reignited following triggers related to the circumstances of the traumatic event. This can make a seemingly innocuous action cascade into a full-blown sympathetic response. An educator that is not trauma-informed might interpret this response as misbehavior and refer a student for disciplinary action. Once in the pipeline and consequently in the criminal justice system, an individual is required to receive health care based on the *Estelle v. Gamble* (1976) ruling. However, Louisiana has failed to adequately provide mental health services to its juvenile inmates. This means that when they are released from juvenile detention, they are ill-equipped to function in society increasing their recidivism rate.

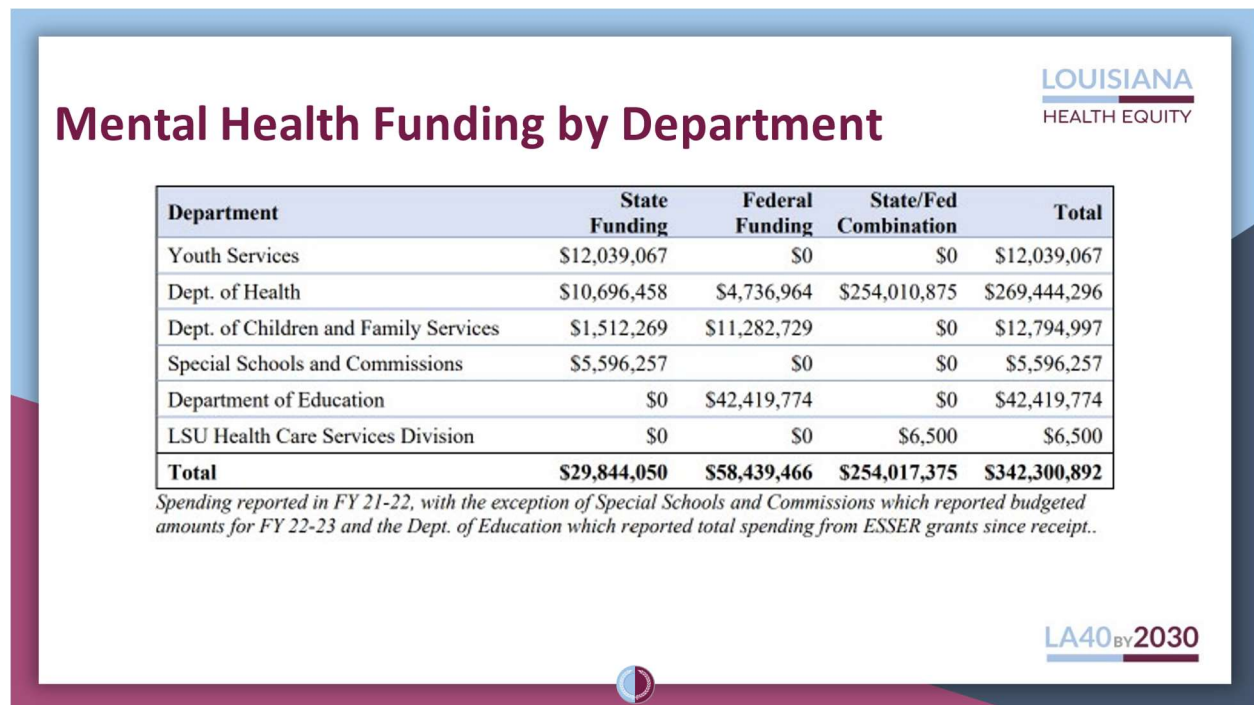
Judge Edwards also spoke about the difference between mental health and mental illness. Mental health she says is treatable because we are resilient people and mental health can easily be addressed. Mental illness on the other hand represents something more serious that requires a physician to treat. We must be intentional, Judge Edwards claims, and not have a band-aid approach to address the root of the problem.

While addressing the mental health needs of Louisiana's children before they enter the Juvenile Justice System might increase the cost per year of educating a child, it is highly improbable for the increase to be ten-fold continuing to make educating a child significantly more economically

feasible than incarcerating them. Thus, the cost for Louisiana's current position on this issue is high with possible savings upwards of several million likely unrealized.

Fiscal Matters

The American Rescue Plan and the Bipartisan Safer Communities Act are two federal spending bills that allocated significant money to address the youth mental health crisis. The American Rescue Plan included a \$122 billion allocation to support school and mental health services and the Bipartisan Safer Communities Act allocated more than \$1.5 billion to expand mental health services and professionals.



According to the Legislative Fiscal Office, during the current fiscal year, Louisiana had a total of \$342,300,892 in funding from state and federal funding streams for mental and behavioral health services for children (Boxberger, 2022). The Department of Health is the primary recipient of these monies, receiving more than \$269 million with the majority being used to cover Medicaid claims. The Louisiana Department of Education received the second-highest total monies with \$42 million. Of this total, more than \$2 million in federal funds went to support Project AWARE and more than \$32 million went to support Elementary and Secondary School Emergency Relief Fund (ESSER) programs for mental health services. Many of these funds are not recurring and will end sometime in 2024. This represents a potential financial cliff for many of the programs provided by these funds when the federal funding sources expire. Moreover, it is difficult to get a more granular view of the monies being spent as a result of patient privacy and individual LEA discretion. In addition, the state does not track the budget allocation or expenditures at a state level for mental health services (Boxberger, 2022).

Recommendations

The Task Force heard testimony from subject experts and the public and also reviewed current research and programs over the course of its work. Through this, the Task Force put forward twenty-six separate recommendations that seek to improve the lives of Louisiana’s youth. These recommendations are intended to address the current youth mental health crisis that has been and continues to be exacerbated by COVID-19, climate change, gun violence, natural disasters, poverty, and harassment against gender/sexual minorities.

To help with clarity, the recommendations below are listed under one of the four common groupings: (1) Student Behavior and Mental Health, (2) School Disciplinary Measures, (3) Workforce Development, and (4) Funding. The recommendations can also be organized into two subgroupings (as denoted in the Recommendation Table below) of recommendations that require legislative action to implement and those that do not require legislative action. Of the twenty-six recommendations, ten are believed to require legislative action to implement.

The Recommendation Table below the recommendations summarizes the recommendations more succinctly. The table also identifies whose purview the recommendations fall under, suggested timelines, and additional notes/resources as a preliminary guide for implementation.

Student Behavior, Mental Health, and Discipline Task Force

1. Several of the following recommendations require additional research before implementation. Therefore, the primary recommendation is to reauthorize the Task Force with funding to continue its work into 2024. Reauthorizing the Task Force will allow for further study of the findings reported herein for the policy areas of focus to support necessary implementation strategies for future recommendations to be put forth.



Student Behavior and Mental Health

1. Add mental health to the list of excused absences as outlined in LA R.S. 17§226. LA R.S. 17§226 currently outlines the required list of reasons for which an absence may be excused. The law currently allows local districts to add additional reasons but adding mental health would signify a statewide recognition of the issue.
2. Implement quiet spaces, such as cool-down rooms, in schools for students to utilize.

3. Develop protocols to incorporate mental health screenings concurrently with other health screenings that are performed in schools.
4. Require that existing and new School-Based Health Centers are registered with the Louisiana Department of Health - Office of Public Health.
5. Establish a centralized data system, accessible to school principals, containing information for all resources and tools for screening students. These instruments should be grouped relative to the student's grade, what is being treated/screened, etc. Data should be updated annually, and should also include:
 - a. A list of all mental health providers available to students.
 - b. A list of all organizations and programs related to student mental health.
6. Develop resources for parents who have a child undergoing mental distress that can be distributed physically and electronically to the parents depending on their preferred means.
 - a. Establish official social media channels to communicate information to parents and those in the community regarding the issues of student behavior, mental health, and discipline.
 - b. Encourage schools and Local Education Agencies (LEAs) to establish a parental liaison who serves to assist parents of students undergoing a mental health crisis.
7. Develop a plan that involves the Louisiana Department of Education (LDOE) working with the School-Based Medicaid Services Program to conduct a review of the feasibility of increasing LEA utilization of School-Based Health Services using Medicaid funds.
 - a. Identify which districts do and do not currently use the School-Based Medicaid Services funding
 - b. Identify current barriers that prevent LEAs from accessing the funds
 - c. Use Medicaid as a tool to expand provider training for pediatric patients' cases
8. Conduct a review of models for a comprehensive, school-based program that includes screening, assessment, treatment, and educator/staff training. Use this review to identify further opportunities for expanding school-based programs to include these elements and the funding allocation.
 - a. Develop a plan to expand school-based mental health programs, especially in rural and under-resourced areas.
9. Amend LA R.S. 17§271.1, which pertains to mental health instruction, to include the following instructional items: “(5) the difference between physical and mental health and (6) management of stress and anxiety.”
10. Review the current initiatives to address student mental and behavioral health such as the Multi-Tiered System of Supports (MTSS) model which includes but is not limited to Social and Emotional Learning (SEL), Positive Behavior Intervention and Support (PBIS), and other elements of Response to Interventions (RTIs) currently in place in K-12 schools to guide the future implementation of the programs in schools without these programs currently.

School Disciplinary Measures

1. Have LDOE review school districts' use of corporal punishment, willful disobedience, and zero tolerance policies.
 - a. Identify best practices for trauma-informed and restorative approaches and develop resources to assist with implementing these practices.
 - b. Use the results of this review to meaningfully address these issues with students and educators in mind.
2. Repeal LA R.S. 17§223 and other duplicate language throughout Title 17. The language of LA R.S. 17§223 is also included in LA R.S. 17§416 which is the portion of the law that encompasses student discipline. The inclusion of duplicate language hinders reform efforts and creates confusion surrounding the intent of the legislature.
3. Identify and establish best practices for Child Welfare and Attendance School District personnel to ensure that every district is providing the same guidance on support and services relative to disciplinary actions.
 - a. Ensure that LDOE provides support and leadership to schools and school districts regarding student discipline and behavior.
4. Establish a Data Quality Review Committee to ensure the accuracy and validity of student discipline data collected by the Louisiana Department of Education (LDOE) and to further ensure that all data is publicly available as required by state and federal law.
5. Modify the composition, membership, and reporting structure of the Advisory Council on Student Behavior and Discipline (ACSBD) so that it can more effectively function and uphold its legal obligation of advising school governing authorities on the implementation of best practices regarding student discipline and behavior.
6. Expand LA REACH's Adverse Childhood Experiences (ACEs) Screening pilot to assess capacity for mental health screening, develop procedures for ACEs screening, and provide trauma-informed services.
 - a. Pilot in at least three different school districts to ensure the efficacy of said protocols in three uniquely different school systems throughout the state.
 - b. Develop a protocol for performing screenings for ACEs Screening.
7. Define the phrase "willful disobedience" as it relates to student discipline in LA R.S. 17§416.

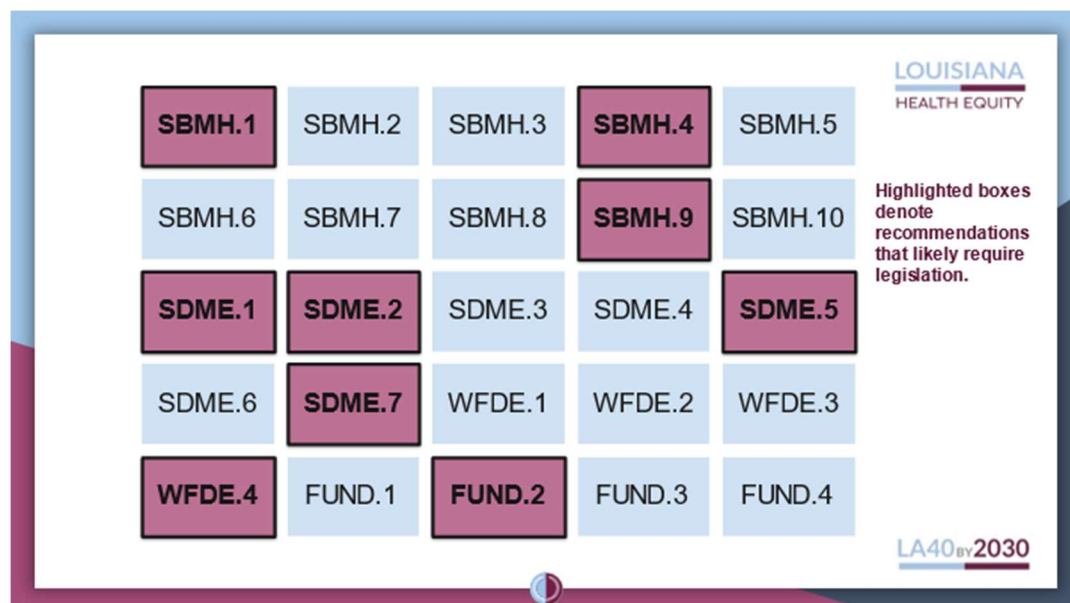
Workforce Development and Training

1. Incentivize new professionals to work in Louisiana school systems by increasing the salary of school staff; expanding internship opportunities within the school system for school psychiatrists, school psychologists, and school social workers; and creating loan forgiveness programs for teachers, school mental health professionals, and school social workers. Increasing the number of staff dedicated to this issue is the ultimate goal.

2. Examine teacher training and identify the effectiveness of the curricula to address issues such as classroom management and students with ACEs and the inclusion of Mental Health First Aid.
3. Increase accessibility to ACE training with in-person education events through increased funding for local in-person events or travel to in-person events, which will enable teachers to take more proactive measures to help and protect students. This includes the expansion of ACE trauma studies in Louisiana to improve ACE training seminars and events.
4. Differentiate between school counselors, school nurses, psychologists, social workers, and chemical dependency workers within school staff and create separate positions for each. This will ensure that there are separate roles for staff that focus on mental health or academics. The differences and qualifications between each of these staff should be explained in statute and these distinct positions should be emphasized and enforced by the LDOE and LEAs.

Funding

1. Identify, maximize, and utilize federal funds to implement other recommendations in this report that require funding.
2. Ensure there are adequate funding streams to support Louisiana Resources for Educational Assessments for Children’s Health to support the work of the Task Force.
3. Establish a mental health budget structure with all sources of funding and a plan to leverage state funding for more federal dollars.
4. Identify potential fiscal cliffs that the state faces when ESSER funding runs out.
 - a. Develop solutions to ensure the sustainability of projects created or otherwise supported by these funds.



Recommendations Table

ID	Brief Description	Timeline for Implementation	Notes
PRIM*	Continuation of Task Force	2023	N/A
SBMH.1*	Excused Absence	2023	There are various forms that such a recommendation can be enacted legislatively. Regardless of the form, LA R.S. 17§226 will need to be amended. The simplest form will be adding “mental and behavioral illness” to the section of law. From an equity standpoint, the term “mental and behavioral health” would be preferred and is supported by the LYAC members who brought forth the recommendation. There are additional considerations with this language but those are answered by Illinois SB1577 of the 102nd General Assembly which became law in 2021. Other states such as Utah and Oregon have also successfully tackled this issue.
SBMH.2	Safe Spaces	2023	This recommendation is for individual school districts and does not require legislative action. Nonetheless, districts should work on providing such facilities in 2023
SBMH.3	Mental Health Screenings	2023	These screenings will be performed in addition to required screenings for hearing, vision, scoliosis, etc. which already take place. The questions asked should be standardized and abide by AAP guidelines. This will be piloted by LA REACH
SBMH.4*	School-Based Health Centers	2023	This recommendation may require legislative action that requires SBHCs to be registered with OBH to operate. This requirement should be administrative and should not impact funding streams for already existing centers.
SBMH.5	Centralized Data Repository	2023	This recommendation does not require legislative action but should begin in 2023.
SBMH.6	Parental Resources	2023	This recommendation does not require legislative action but should begin in 2023.
SBMH.7	Medicaid-Based Discussions	2023	This recommendation does not require legislative action but should begin in 2023.
SBMH.8	Review of School-Based Programs	2023	This recommendation does not require legislative action but should begin in 2023 to prevent excess delays upon the conclusion of Project AWARE.
SBMH.9*	Mental Health Instruction	2023	This recommendation requires a simple change to LA R.S. 17§271.1 enacted by Rep. Duplessis in the 2022 Regular Legislative Session. These changes will bring mental health instruction offered by other states. This language was identified by a review of Mississippi HB 1283 of 2019.
SBMH.10	Social and Emotional Learning	2023	This recommendation does not require legislative action but should begin in 2023.
SDME.1*	Corporal Punishment Willful Disobedience Zero Tolerance	2023	This item is recommended for inclusion in the 2023 Legislative Package as a charge to LDOE.
SDME.2*	Duplicate Language	2023	N/A
SDME.3	Child Welfare and Attendance Best Practices	2023	This recommendation does not require legislative action. In addition, it is believed that LDOE is already working to accomplish this recommendation.
SDME.4	Data Integrity	2023	This recommendation does not require legislative action but should begin in 2023.
SDME.5*	ACSBD Reporting Structure	2023	N/A

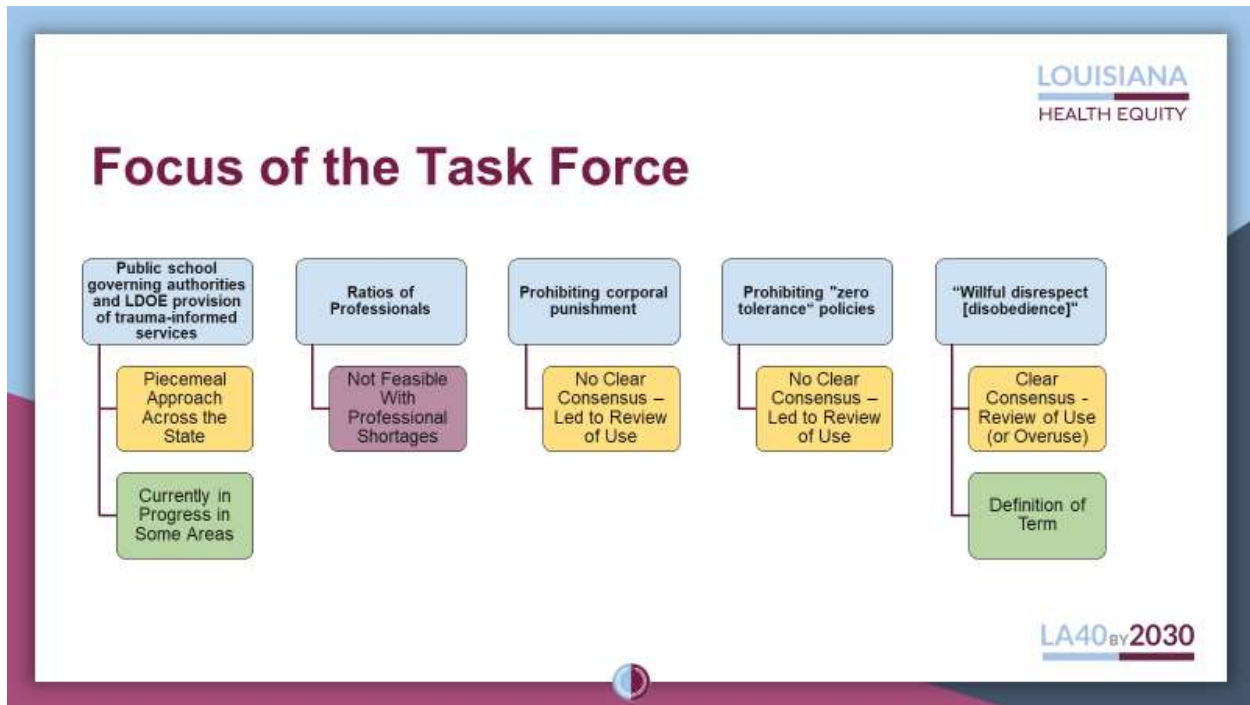
SDME.6	Expand ACE Screening Pilot	2023	An implementation timeline beginning in 2023 will allow for a more complete understanding of the issue at hand. LA REACH is conducting this pilot.
SDME.7*	Define Willful Disobedience	2023	N/A
WFDE.1	Incentives	2023	N/A
WFDE.2	Curriculum Review	2023	This recommendation does not require legislative action but should begin in 2023.
WFDE.3	In-Person ACE Trainings	2023	This recommendation does not require legislative action but should begin in 2023.
WFDE.4*	Varying Professions	2023	This recommendation is based on Minnesota HF 3634 of the 92nd Legislature. The recommendation also comes from various Task Force members sharing that guidance counselors are taking on the roles of mental health counselors despite the two having vastly different education and training requirements.
FUND.1	Federal Funding	Other	This recommendation is assigned to other because it should be a continual process.
FUND.2*	LA REACH	2023	This item is recommended for inclusion in the 2023 Legislative Package as Louisiana Resources and Educational Assessments for Children’s Health (LA REACH) is conducting a pilot for certain recommendations.
FUND.3	Mental Health Budget	2023	N/A
FUND.4	ESSER Funding	2023	The LFO identified nearly 32 million dollars of ESSER funding that is estimated to expire at the end of the 2024 fiscal year. Having a plan in place to replace this funding is vital to ensure that there are no disruptions to the services being provided with those funds.

* - denotes recommendation that requires legislative action to implement

Conclusion

The Louisiana Student Behavior, Mental Health, and Discipline Task Force was charged with investigating five areas: providing trauma-informed services, increasing mental health staff and support, prohibiting corporal punishment, prohibiting zero tolerance policies, and defining “willful disrespect” in the kindergarten through 12th grade school system. The Task Force identified existing programs and policies, including past legislation, regarding ACEs, school counselors and social workers, corporal punishment, zero tolerance, and willful disobedience and identified areas for improvement which can be found in the recommendations section above.

Presently, there is no strict consensus on prohibiting corporal punishment and zero tolerance or how willful disobedience should be defined between Task Force members; however, the Task Force recognized that statewide reforms to these discipline policies are necessary. This includes defining willful disobedience to ensure proper usage, despite the lack of agreement on an exact definition of this term. Corporal punishment is not banned in Louisiana, but it is reported to be rarely used, and zero tolerance policies generally include infractions related to drugs, bullying, and possession of weapons. Willful disobedience, sometimes referred to as willful disrespect, is not defined within policy or fully understood and defining it is needed to ensure proper usage.



This study revealed that there are some trauma-screening processes in schools but there is generally a lack of knowledge and training regarding ACEs. There is a consensus on increasing trauma-informed policies, training, and ACEs screening, as well as mental health services. Due to major shortages of mental health staff in schools, students that are identified as requiring counseling are often recommended to outside services. However, it is agreed that many students who need mental health support are not identified and are not provided with appropriate services. Students who exhibit behavioral issues rooted in trauma or mental health are more likely to receive punitive disciplinary actions rather than rehabilitative and restorative services. Currently, there are no statewide programs to remedy this within the Louisiana Department of Education (LDOE), only some programs within specific Local Education Agencies (LEAs) to provide students trauma-informed services, such as Project AWARE and the STAR Task Force that is focusing on improving attendance. These programs are models to be considered for statewide implementation.

Finally, the Task Force put forward twenty-six separate recommendations that seek to address the current youth mental health crisis that has been and continues to be exacerbated by COVID-19, climate change, gun violence, natural disasters, poverty, and harassment against gender/sexual minorities. These recommendations fall under four groupings: (1) Student Behavior and Mental Health, (2) School Disciplinary Measures, (3) Workforce Development, and (4) Funding. Of the twenty-six recommendations, ten are believed to require legislative action to implement. Continuation of the Task Force is recommended as some of these recommendations require further study to support necessary implementation strategies.

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Appendices

Appendix A - Task Force Meeting Notes

Task Force Meeting #1

Thursday, July 14, 2022

10:00 AM – 11:00 AM
House Committee Room 1, First Floor
Louisiana State Capitol
Baton Rouge, LA

Roll Call and Attendance

Task Force members in attendance were: C. Denise Marcelle (State Representative), Alma Stewart Allen (Louisiana Center for Health Equity), Marcus Thomas (Louisiana Association of Educators), Jemi Carlone (Louisiana Association of Principals), and Mike Faulk (Association of School Superintendents).

Leadership Team Members in Attendance were: Megan Bella (Louisiana Legislative Youth Advisory Council), Cade Canepa (Louisiana Center for Health Equity), Emily Clarke (Louisiana Center for Health Equity), Dr. Kristin Savicki (Office of Behavioral Health), and Dr. Bryon Hurst (Louisiana Department of Education).

Greetings and Introductions of Members

Representative C. Denise Marcelle assumed the role of Chairwoman for the Task Force. Representative Marcelle called the roll with members of the Task Force identifying themselves and the organizations with which they represent.

Overview of HR173 Presentation

Mrs. Stewart Allen began with a discussion of the House Resolution that created the Task Force and the charges given to the Task Force to investigate. The Task Force agreed to be narrow in scope, strictly adhering to the five charges given to the Task Force resulting from the lack of funding that was given to the Task Force to complete the work.

Mrs. Stewart Allen also led a discussion on the organizational structure of the Task Force meetings. Members of the Task Force unanimously opposed the meeting schedule put forward by Mr. Canepa which consisted of Saturday meeting dates. Members unanimously approved to have meetings held on Thursday mornings. Mrs. Stewart Allen also outlined the process of public testimony which will be limited to ten (10) minutes at all meetings as well as the process

by which someone can submit written testimony. Mrs. Stewart Allen concluded by outlining the process by which members of the public can submit questions.

Member Discussion of Existing Data

Several members of the Task Force chose to share some of the data that their organizations had collected. Mr. Faulk outlined a survey that his organization had done regarding corporal punishment which relates to Task Force Item #3. Mr. Faulk detailed that over seventy (70) percent of the state's superintendents had responded to the survey and that he will share those results with the Task Force. Mr. Faulk also recommended that the Task Force contact the Child Welfare and Attendance Association as well as individual school counselors to help ensure the completeness of the Task Force's work.

Representative Marcelle updated the Task Force on a project that she is working on. This project will create a mental health court within the 19th Judicial District Court with the aim of getting help and resources to those who need them as opposed to criminalizing them for their mental health struggles. Later in the discussion, Rep. Marcelle also shared a Back-to-School Extravaganza that her office will be hosting on July 30. The Extravaganza will include COVID vaccines, dental hygiene screenings, school supplies, and hot meals for those who attend.

Dr. Hurst also shared the same sentiment as Mr. Faulk that the Association of Child Welfare and Attendance needed to be at the table for the Task Force's discussions. Dr. Hurst also provided an update on some of the work that the Board of Elementary and Secondary Education (BESE) is doing related to student attendance. BESE has put together a program within the last year to address the issue of student absenteeism by providing guidance to districts. The head person of the program is Ms. Shelnika Adams.

Dr. Hurst further shared an update on the School Social Work Grant Expansion Program. The Grant was part of a partnership with Louisiana State University to increase the number of school social workers. The Grant had the goal of finding 85 new school social workers but only 13 have been found thus far. Dr. Hurst believes that this points to some of the challenges being faced by school districts in increasing the number of behavioral health services staff in the school system.

Ms. Carlone shared a story and her experience after a student in her school committed suicide. Ms. Carlone shared that every student henceforth has been screened for suicide, but that the process of doing so was not easy. She claims that she was only able to do so after finding "some funding under some rug" for trauma-informed health personnel. However, once she did find the funding and personnel, Ms. Carlone had to share them with three other schools in her district, which has often led to students being told that their mental health needs have to wait until another day.

Mr. Thomas shared with the Task Force that his organization shares the same passion for helping students that have experienced trauma. He also offered the survey and data bank of the Association of Educators to the Task Force as well as assistance with connecting to the national affiliate of his organization to further help in this process.

Public Testimony

Baylee Willis, a Governor's Fellow working with the First Lady's Office, offered public testimony. Ms. Willis explained that she was an Education Major in college and as a result, she has the opportunity to have her education paid for if she goes to work in a Title I school upon graduating. For the policy proposal that she has to create for the Governor's Fellow program, she has proposed a similar program for school social workers with the hopes of encouraging more young people to enter the field.

Task Force Meeting #2 Thursday, August 11, 2022

10:00 AM – 11:30 AM
House Committee Room 1, First Floor
Louisiana State Capitol
Baton Rouge, LA

Roll Call and Attendance

Task Force members in attendance were: C. Denise Marcelle (State Representative), Alma Stewart Allen (Louisiana Center for Health Equity), Marcus Thomas (Louisiana Association of Educators), Jemi Carlone (Louisiana Association of Principals), and Mike Faulk (Association of School Superintendents).

Leadership Team Members in Attendance were: Megan Bella (Louisiana Legislative Youth Advisory Council), Vaishnavi Kumbala (Louisiana Legislative Youth Advisory Council), Cade Canepa (Louisiana Center for Health Equity), Emily Clarke (Louisiana Center for Health Equity), Dr. Dana Foster (Office of Behavioral Health), and Dr. Bryon Hurst (Louisiana Department of Education).

Presentation by Olivia Randi

Olivia Randi, MPP, with the Center for Health Care Strategies, gave the first presentation to the Task Force. Ms. Randi's presentation was prerecorded and delivered virtually to the Task Force. In addition to Ms. Randi, the video also included Mrs. Stewart-Allen who provided an introduction. Also present were Ms. Clarke and Mr. Canepa who asked questions following the presentation

Ms. Randi's presentation focused on policy solutions that were implemented by other states in response to the youth mental health crisis. Prior to the pandemic, 17-20% of youth across the country had a diagnosed mental disorder, but the number affected was likely to be much higher as a result of social stigmas that prevented some from receiving a diagnosis and care. There was a reported increase in youth sadness, depression, and anxiety in the decade leading up to the start of the pandemic. The COVID-19 pandemic exacerbated these trends which were further compounded by a decrease in service utilization.

The shift to virtual learning in response to the pandemic is partly to blame for the decrease in service utilization. The Center for Health Care Strategies advocates for a Multi-Tiered System of Support that includes prevention, early identification, and treatment to address youth mental health issues. Despite the pandemic, several state strategies can be employed to strengthen School-Based Mental Health Services (SMHS). These state strategies include

partnerships between state departments of education and health, task forces to investigate these issues, partnerships between community-based services, expanding the behavioral health workforce, increasing staff training; students; and families, and guiding school policies. In addition, the state can also implement laws to support SMHS. Several governors have used their State of the State address to highlight the mental health needs of youth. States can also assess what policies are needed to help them leverage resources, create crisis response plans, and increase access to school-based tele-mental health services.

States are not alone in the effort to address the ongoing youth mental health crisis. The federal government has been involved in a robust policy response to help guide and finance many of the initiatives that are needed. The federal government response started in March 2021 with the American Rescue Plan which included 130 billion dollars to aid in the return to school and supporting SMHS. In December 2021, the US Surgeon General released a youth mental health advisory in which the situation was described as an “emerging crisis.” In February 2022, federal congressional hearings took place highlighting the current situation of youth mental health. President Biden also highlighted the issue and the urgency with which action must be taken in his State of the Union address in March 2022. Additional funding was also secured by the federal government with the Bipartisan Safer Communities Act passed in June 2022.

Numerous states have already taken advantage of the funding allocated for SMHS in the American Rescue Plan. North Carolina established a grant program to help hire school psychologists. Washington DC used the funds to help support existing School Behavioral Health Programs. Delaware used the funds to help implement mental health literacy and Youth Mental Health First Aid training for school staff. While West Virginia used the funding to support a technical assistance center to guide schools. All of these programs serve as inspiration for future actions to be taken by Louisiana.

Ms. Randi finished her presentation with funding considerations for the Task Force to consider. Historically, Medicaid has allowed money to be used to finance school-based services. Louisiana has had great success with this approach in the past but there are limitations with the approach as resource capacity and provider education levels can be seen as a barrier. In addition to Medicaid, CHIP Health Services Initiatives also have school funding and there has been federal legislation to further incentivize states to utilize this funding source. Ms. Randi also highlighted the advantage of leveraging multiple funding sources to ensure SMHS sustainability by highlighting the success of the Transforming Research into Action to Improve the Lives of Students (TRAILS) program in Michigan. Ms. Randi concluded by encouraging the Task Force to explore the Bipartisan Safer Communities Act as it is the most recent piece of federal legislation with significant funding attached to it.

Following Ms. Randi’s presentation, Task Force members offered some commentary to help guide future action. Mr. Faulk recommended that the status of the state strategies that Ms.

Randi highlighted be explored. He offered that the strategies first be explored to see if Louisiana has implemented them and also that the strategies be explored in the state's Ms. Randi highlighted to see the duration and outcomes of those strategies. Mr. Faulk further highlighted tele-mental health services. Mr. Faulk oversaw the implementation of the Tele-mental Health Grant which brought the services to rural parishes across the state. Lastly, Mr. Faulk also highlighted the need for additional behavioral health professionals. Recently, the state implemented a new law that requires certain local and national hotlines to be placed on student IDs. Mr. Faulk also helped to implement mental health services for educators through a partnership with Ochsner Health System. However, to expand the service to students, Ochsner would require over 1,000 more providers than they currently have thus stalling the implementation of the service.

Dr. Hurst also echoed what was said about the Department of Education distributing money to local school districts through Medicaid reimbursement programs. Dr. Hurst also highlighted that the Department recently hired someone to reach out to individual districts to ensure maximum reimbursement and funding.

Ms. Carlone concluded by offering her perspective as someone who is routinely in the school environment and interacting with these issues. Ms. Carlone offered that new principals often get caught up in the everyday at schools which results in them being more reactionary as opposed to proactionary. As a result, existing programs go underused. Ms. Carlone offered that she would like to see a resource that contains all available programs and funding opportunities in one place.

Presentation by Vaishnavi Kumbala

The second presentation given to the Task Force was by Vaishnavi Kumbala, a high school student from Haynes Academy in Jefferson Parish. Ms. Kumbala gave a presentation on her app Saplings. Saplings is a web-based application that seeks to address the mental health needs of students. Ms. Kumbala won the Legislative App Challenge in 2021 for her work on Saplings.

Ms. Kumbala felt inspired to create Saplings as the result of her own experiences as a high school student throughout the COVID-19 pandemic and Hurricane Ida which made landfall in August 2021. Ms. Kumbala referenced how she felt increasingly isolated from her friends as a result of these two events and how Saplings can help to improve her mental health.

Saplings is best implemented in the school environment in an electronic place that is frequently visited such as social media or a Learning Management Software (LMS) such as Google Classroom. Although the app was developed with youth in mind anyone can use and benefit from the app. Ms. Kumbala is continually working to improve the app and implement new features.

Presentation by Louisiana Center for Health Equity Staff

Mr. Canepa and Ms. Clarke both gave presentations to the Task Force. Mr. Canepa's presentation focused on the timeline and meeting schedule for future task force meetings. The September meeting had a focus on Student Discipline, Policy Issues, and Juvenile Justice. The October meeting had a focus on Student Behavior and Mental Health while also focusing on related litigation to ensure an equitable approach for future policy solutions. The November meeting focused on the analysis of the collected data and a discussion of policy recommendations. There was no meeting planned for December, but January offers the possibility of presenting the final report to the public.

In addition to the meeting schedule, Mr. Canepa also offered a working timeline to ensure that the Task Force work is completed within the timeframe outlined in HR173. The Task Force is currently in the Data Collection Phase which will run through September 16. The Data Analysis Phase will follow and run through October 14. Following this, the work will shift toward policy recommendations and report development culminating in the presentation of the final report and future advocacy.

Ms. Clarke's presentation focused on the Questionnaire that will be distributed to members of the Task Force. The purpose of the Questionnaire is to help collect and centralize data from the varying organizations that comprise the Task Force. The Questionnaire will be distributed through Google Forms and all documents will be uploaded to Zotero which is an electronic bibliography manager.

Following Ms. Clarke's presentation, Ms. Carlone made the recommendation that the Questionnaire also be distributed to relevant stakeholders. Ms. Clarke agreed to develop and distribute a second questionnaire for stakeholders.

Public Testimony

There was no public testimony from this month's meeting.

Member Discussions and Updates

Rep. Marcelle made a motion to update the Task Force's meeting schedule. Future meetings will now convene at 10:30 AM.

Task Force Meeting #3 Thursday, September 8, 2022

10:30 AM – 12:15 PM
House Committee Room 1, First Floor
Louisiana State Capitol
Baton Rouge, LA

Roll Call and Attendance

Task Force members in attendance were: C. Denise Marcelle (State Representative), Alma Stewart Allen (Louisiana Center for Health Equity), Marcus Thomas (Louisiana Association of Educators), Jemi Carlone (Louisiana Association of Principals), and Mike Faulk (Association of School Superintendents).

Leadership Team Members in Attendance were: Megan Bella (Louisiana Legislative Youth Advisory Council), Cade Canepa (Louisiana Center for Health Equity), Emily Clarke (Louisiana Center for Health Equity), Dr. Dana Foster (Office of Behavioral Health), and Dr. Bryon Hurst (Louisiana Department of Education), and Delery Rice (Office of the First Lady).

Presentation by Grace Chow

Grace Chow, a Vulnerable Communities and People’s Initiative Intern with the Southern University Law Center, gave a presentation to the Task Force providing a national review of state policy and programs related to the Task Force’s study areas. Ms. Chow’s presentation was seen as a continuation of the work presented to the Task Force by Ms. Randi in August.

Ms. Chow’s presentation began with a quote from the Centers for Disease Control and Prevention highlighting the importance of mental health at every stage of a person’s life. This quote helps to provide the context necessary and also frame the importance of the Task Force’s work.

When providing a national overview, Ms. Chow mentioned that her review only went as far back as 2019. While youth mental health was a problem before 2019, the pandemic exacerbated the issue and marked the start of policy responses across several states. Since 2019, there have been 600 different bills related to youth mental health. Moreso, 30 states have enacted at least 72 of these bills. Ms. Chow divided these bills into four main categories: Mental Health and Wellness Curriculum, Suicide Prevention Programs and Services, Mental Health Screening, and School-Based Mental Health Programs and Services.

The Mental Health and Wellness Curriculum Bills were united by an overall goal to teach students about mental health and wellness with the intent that they will be able to recognize these

issues within themselves or their peers should these issues arise. Some of these bills also provide tools for students when they need help. Ms. Chow provided five examples of these types of bills. One example was HB981/ACT650 (2022) by Royce Duplessis in Louisiana. This bill provides for age and grade-appropriate classroom instruction relative to mental health for grades K-12. This is similar to the other bills passed by various other states.

The Suicide Prevention Programs and Services Bills were united by the overall goal of helping to prevent student suicide through programs that include awareness, intervention, support services, training, and partnerships. Ms. Chow provided six examples of these types of bills. One example was HB495/ACT643 (2022) by Laurie Schlegel in Louisiana. This bill offers age-appropriate and evidence-based training on suicide prevention and violence/social isolation for students in grades 6-12. However, other states offer some insight into how Louisiana can further improve in this area. SB52 (2019) out of Oregon develops a comprehensive plan for healing following a suicide. AB528 (2020) out of Wisconsin appropriated a quarter of a million dollars in grant programs to implement and maintain peer-to-peer prevention programs. SB1446 (2020) out of Arizona and S2811 (2022) out of New Jersey require that suicide hotlines and other resources be available on student ID cards and report cards respectively.

The Mental Health Screening Bills were united by the overall goal of ensuring early identification of mental health problems in youth while also connecting those students with targeted services and support. Ms. Chow provided four examples of these types of bills. Louisiana has not had any successful bill since 2019 related to this category. Of the four example bills, HB323 (2020) out of Utah develops screening programs with specific outlines for participation. HB123 (2022) out of Alabama requires the Board of Education to hire mental health services coordinators by the 2023-2024 school year. HB1834 (2022) out of Washington State requires absences for mental health reasons to be categorized as excused absences. HB3634 (2022) out of Minnesota develops evidence-based mental health screenings for students in grades K-12.

The School-Based Mental Health Programs and Services Bills were united by the overall goal of ensuring programs that are provided by, or closely linked to, schools which gives students access to immediate and easily accessible resources and services. Ms. Chow provided six examples of these types of bills. Louisiana has not had any successful bill since 2019 related to this category. Of note is the continued dedication that is needed for these types of bills over the years. For example, SF 2261 (2019) out of Iowa allowed schools and districts to provide behavioral health services via a telehealth platform. Then, HF2375 (2022) out of Iowa appropriated over 3 million dollars for school-based mental health services for the 2022-2023 school year). Ms. Chow also highlighted SB1 (2019) out of Kentucky which created a toolkit to maintain guidance and strategies for behavioral interventions. SB11 (2019) out of Texas developed mental health rubrics for identifying training resources to support student mental health. AB182 (2022) out of California provided funding for online learning modules and mental

health. Lastly, A4075 (2022) out of New Jersey developed a threat assessment to identify, evaluate, and manage at-risk students to ensure safe and secure school environments.

Ms. Chow finished her presentation with an overview of the Every Student Succeeds Act (ESSA) which is a federal K-12 education law. The law, created in 2015, requires that every state develop a “State Report Card” that is accessible.

Following Ms. Chow’s presentation, Mr. Faulk highlighted that Louisiana does provide access to crisis hotlines on student ID cards. However, he suggested that the report should bring forth more feedback because it will provide more detail about specific topics and limit some of the confusion that currently surrounds the issue.

Presentation by Judge Blair Edwards

Judge Blair Edwards is the President of the Louisiana Family and Judges Association and has been doing her work for 14 years while serving Livingston, Tangipahoa, and St. Helena parishes. Judge Edwards highlighted meetings that she attends with the Secretary of State, and she recounted a story from one of her earlier years. During this meeting with the Louisiana Department of Education, Judge Edwards learned that we expelled 1,100 kindergarten students in the State of Louisiana. Judge Edwards highlighted that kindergarteners cannot be bad because they are not formulating a wanting to be in trouble. Instead, they want to be accepted and feel welcome. Since then, Judge Edwards has been on a journey for the youth across the state.

Judge Edwards emphasized the appalling nature of these punitive practices. Thus, she advocates for the introduction of trauma-informed education, but she urges that everyone must be informed. Financially, the state allocates \$11,000 a year to educate a child and \$100,000 a year to incarcerate a child. Judge Edwards also highlights that some children might deserve to be incarcerated, but we must ask ourselves why. Judge Edwards would say that the reason why is trauma, referred to as Adverse Childhood Experiences (ACEs).

The history of ACEs comes from a study of obese women and another from smoking. The researchers developed 10 questions to create the ACE questionnaire. Included in the questionnaire are questions regarding physical, verbal, sexual, and emotional abuse, neglect, and household dysfunction. Early life trauma is about adaptive feelings and behaviors and beliefs. It is also widely affected within schools and impacts a child’s life in every possible sense.

Judge Edwards then provided real-world examples of how ACEs can manifest themselves in both adults and students. Through these examples, Judge Edwards called for a change of vocabulary from “what is wrong with that person?” to “what happened to that person?” The constant trauma experienced by some children causes a constant cortisol soak that changes the brain’s architecture and prevents executive functioning from occurring. Thus, a simple interaction with a student who has a high number of ACEs can quickly escalate to a

battery on a schoolteacher and the student getting expelled. Thus, Judge Edwards says that everyone must understand trauma and trauma-informed education if we are to be successful. Judge Edwards references the language being thrown into bills that require the Department of Health to create programs because the state does not have services nor providers. This problem means that a child is in detention or jail because they cannot receive care.

Judge Edwards also spoke about the difference between mental health and mental illness. Mental health she says is treatable because we are resilient people and mental health can easily be addressed. Mental illness on the other hand represents something more serious that requires a physician to treat. Thus, Judge Edwards cautioned against throwing medications at mental and behavioral health issues because we do not have the time to try to understand the trauma. Thus, we must be intentional and quit trying to have a band-aid approach and get to the root of the problem. Therefore, truancy is not the issue, it is the result of the problem which is ACEs.

Judge Edwards also highlighted the cyclic nature that can exist in situations of trauma as parents can only parent what they know. An individual with 4 or more ACEs is 30 times more likely to be an IV drug user and 3200 times more likely to attempt suicide. Thus, we are in a public health crisis. ACEs cost the country 124 billion dollars four years ago.

Through her work, Judge Edwards visits state prisons. When she visits the prisons, she talks about Adverse Childhood Experiences. During her conversations with the inmates, she educates them about ACEs and the physiological differences that occur as a result of these experiences. These ACEs provide a reason, not an excuse, for their behavior.

Being trained on ACEs makes everyone safer and provides an open mind for addressing children. Judge Edwards also advocates for Trust Based Related Intervention (TRBI) which is a program that provides one with toolboxes for how to regulate themselves. The programs can include yoga, meditation, and reading. There are three main pillars of TBRI, empowerment, connection, and correction. In order to use TRBI one must be willing to learn, teach, and accept and it is one of the easiest ways to assist schools.

Judge Edwards ended with the School to Prison Pipeline by sharing an anecdote. A two-year child's mother was abused as a kid. She has a boyfriend who goes out drinking and comes home following a series of patterns and sexually molests the child for 8 months. The boyfriend is arrested for DWI, is arrested, and the mother is thankful that the child is only two and will not remember. When the child goes to kindergarten and one day during nap time, the student is unable to regulate because the events are similar to what happened when she was molested. The child is then expelled for being unable to regulate and consequently removed from school and returns to school the following year, but she is behind and unsuccessful. Thus, she is labeled a behavior issue, is suspended, and skips school. Over time, she becomes a drug user and overdoses all because we do not understand the significance of trauma.

Following Judge Edward’s presentation, Ms. Carlone mentioned that current training methods (an online video) are not effective at training educators and that some other methods should be used. Mrs. Stewart-Allen also raised the question of requiring a new certificate for educators or incorporating this type of education into what is required for a degree or certification.

Presentation by Timonlynn Sams

Ms. Timonlynn Sams with Family and Friends of Louisiana Incarcerated Children (FLICKS) took the place of Ms. Gina Womack. Nonetheless, Ms. Sams provided a presentation and resources explaining how Louisiana got to the point that it is currently as well as information on the Advisory Council on Student Behavior and Discipline (ACSBD) and the Juvenile Justice Act Implementation Commission (JJRAIC). Ms. Sams warns that what she is about to present is the consequence of scattered and not-collected systems that dictate the way the State operates.

Ms. Sams provides a detailed history outlining the current situation of suspension and school pushout in Louisiana schools that begins in 2002. In 2002, the JJRAIC recommends that zero tolerance policies adopted by local school boards must comply with the rules put forth by the Department of Education. The purpose of this change would be to ensure that all zero tolerance policies and other relevant discipline policies meet due process standards and are in the best interest of children by not creating an undue burden on the juvenile justice system. To date, this recommendation has not passed.

In 2003, ACT1225 was passed which became known as the Juvenile Justice Reform Act of 2003. This act created a Model Master Plan which developed guidelines for revising school zero tolerance policies. The deadline for the Model Master Plan was March 2004. However, the Act became an unfilled promise as the failure to coordinate services resulted in a piecemeal approach to the problem.

In 2005, ACT369 amended the portion of LA R.S. 17:416(B)(1)(b) which provides policy relative to knife possessions. The Act required the school principal to take certain disciplinary actions under specified circumstances.

In 2009, a report titled “Pushed Out: Harsh Discipline in Louisiana Schools Denies the Right to Education” became public and highlighted the discrepancies in Louisiana’s suspension rates. Throughout the state, 30% of in-school suspensions and 21% of out-of-school suspensions were for willful disobedience, comprising 25% of total suspensions.

In 2010, Senator Broome championed a flurry of legislation in response to the Pushed Out report. One piece of legislation was ACT136 which provided the model master plan that was supposed to be created by ACT1225 (2003). ACT136 also directed that the model master plan includes guidelines on improving behavior and discipline within schools by requiring certain

classroom management training. In addition, Senator Broome also championed SCR101 which created a task force to review statutory provisions relative to student discipline and make recommendations on modifying zero tolerance policies. The Task Force submitted its written report in 2011, which resulted in the creation of SB67. SB67 received bi-partisan support as it passed through both chambers but was ultimately vetoed by Governor Jindal.

In 2014, Senator Broome filed SCR134 which urged and requested the state BESE board to examine and consider the status of school suspensions and expulsions in addition to revisions to at the time current school disciplinary policies in response to the “Supportive School Discipline Initiative.”

In 2015, Senator Broome passed ACT248 which prohibits the suspension or expulsion of K-5 students for bus or uniform violations. 2015 also featured SR130 which explored the effectiveness of Positive Behavioral Interventions and Supports (PBIS) programs throughout the state in addition to SR167 which directed alternative discipline strategies for the K-5 students impacted by ACT248.

In 2016, ACT522 created the ACSBD. The purpose of the ACSBD is to provide advice and guidance to the BESE board and state Department of Education regarding best practices and implementation of a master plan for student behavior and discipline as provided in LA R.S. 17:252. Also in 2016, the ACSBD released a report that found nearly 8,000 students in grades pre-K through 3 were given an out-of-school suspension. The report noted a concern that children under the age of 10 would be given an out-of-discipline as opposed to an in-school discipline. For older students, the report found that nearly 15% of ninth-grade students were given an out-of-school suspension. That rate increased to nearly 32% of students in transitional grade nine (T9), the highest for any grade in the state. Moreover, tenth graders experienced the highest number of out-of-school suspensions with 8,756 students having received the disciplinary action at least once.

The 2016 report also found that the rate of these disciplinary actions was not proportional. African American students were given an out-of-school 2.5 times more than white students and at rates 1.5 times higher than the state average. In addition, individuals with exceptionalities as defined by the Individuals with Disabilities Education Act (IDEA) also faced out-of-school suspension rates 1.5 times higher than students without exceptionalities. That rate increased to times higher if an individual was eligible for Section 504 Individual Accommodation Plans (IAPs).

The report also found that willful disobedience was the primary reason a student in any grade would face disciplinary action.

In 2017, ACT 266 was passed to prohibit corporal punishment for certain students with exceptionalities.

In 2018, SB465 was passed which added additional members to the ACSBD. However, the Council was opposed to the piece of legislation because they did not have the time to review the legislation nor was their piece of legislation prepared for the session.

For the past few years, the ACSBD worked with Representative Jason Hughes to bring forward additional pieces of legislation.

The ACSBD also shared its most recent annual plan and evaluation document with the Task Force. Included in the plan is the goal to remove zero tolerance mandates for certain offenses (Goal 1). The plan documents the steps to accomplish this goal by revising LA R.S. 17:416 per recommendations submitted in 2018. These revisions were completed in the 2021 legislative session with ACT473. Also included are revisions to LA R.S. 17:416 designed to improve the readability of the document. The document also highlights that 48 schools throughout the states are identified as Urgent Intervention Required for Discipline (UIR-D). These schools are receiving support from Louisiana State University to improve their use of disciplinary action.

Also included is a goal to create a model master plan and advocate for a legislative mandate for school districts to annually submit the plan (Goal 3). The document also highlights Livingston Parish as being the only district in the state where the plan is used. The document also highlights issues that exist within LDOE. Current law allows for some discrepancy as to whether or not districts need to annually submit their master plan to LDOE. LDOE argues that districts do not and even if they were required to, they would not have the capacity to handle such submissions. This has created some strife between ACSBD and LDOE. This has also created some tension between local districts and the State as school districts would like to receive feedback on their master plans but are unable to receive it. The document highlights that the state used to do integrity checks but currently there is no system for accountability.

The report also highlights some questions and other comments related to Goal 3. Of note was a question regarding police and the budget for such resources. ESSA requires annual reporting of school-based arrests, but it does not require reporting of the number of law enforcement officers (including SROs). In addition, LDOE does not have information on district expenditures, and such money will differ by district. When the ACSBD asked about funding for guidance counselors in schools, LDOE responded that they also do not have access to such information.

Presentation by Dr. Bryon Hurst, Ed.D.

Dr. Hurst gave a presentation outlining the Louisiana Department of Education (LDOE) Initiatives to support the mental health of students throughout the state. The first initiative highlighted by Dr. Hurst was the Advancing Wellness and Resilience in Education (AWARE) project. The key objectives of Project AWARE are to increase and improve access to school and

community-based mental health services, develop school-based mental health programs, and promote resilience and prosocial behavior by averting the development of mental and behavioral health disorders. Project AWARE is only available in six school districts throughout the state and LDOE is watching to see if they should be implemented statewide.

The next initiative was the School Social Work Expansion Grant which is a partnership with the LSU School of Social Work to place 85 social work interns in high-need school districts throughout the state. The grant was created because there is a lack of social workers willing to work in the school system. To date, the initiative has not been successful as only 22 have been identified. Of the 22, seven were from the last school year while this year has seen 15 social work interns go into the program. Dr. Hurst explained that the program cannot be expanded to include other universities because of the language used in the grant between LDOE and LSU.

The next initiative was the Trauma Demonstration Grant which seeks to identify at-risk students who don't have insurance and pair them with licensed mental health professionals to provide support and services.

The department also has a Success Through Attendance Recover (STAR) Task Force which contains multiple state agency representatives and other critical stakeholders. The STAR Task Force works to analyze statewide and system-level attendance and truancy rates while providing solutions that establish coordination between multiple state agencies with the goal of improving structural changes. The STAR Task Force is a new initiative for the state and LDOE.

LDOE also hosts Community of Practice Monthly Calls which provide guidance and best practices to school systems. Mr. Canepa asked if LDOE could provide a list of the topics that are discussed in the monthly call. Dr. Hurst responded that LDOE does not maintain a list, but some of the trending issues currently are fights, vaping, and suicide attempts.

Dr. Hurst concluded his presentation by talking about ACE Training which every educator throughout the state is now required to complete. BESE Bulletin 741 § 337 requires at least one hour of annual in-service training on ACEs. LDOE has created a video that can be used by districts, or districts can create their own training if they have an ACE-certified person in the district. Ms. Carlone raised the point that the webinar is not as impactful as the live training and that there needs to be a more effective method of training developed by the state. Dr. Hurst also highlighted that there is no tracking to make sure that educators meet the training requirements, and it is a district requirement if they want to provide sanctions/punishments for teachers who do not comply.

Public Testimony

Public testimony from the month's meeting included an appearance from First Lady Donna Edwards. The First Lady voiced her support for the work of the Task Force and reiterated

the importance of the Task Force's work. The First Lady also offered her thanks by extending an invitation to allow Ms. Rice to serve on the Task Force.

Tom Costanza is the executive director of the Louisiana Conference of Catholic Bishops and offered public testimony. Mr. Costanza referenced that the work of the Task Force is related to the concept of Restorative Justice within the Catholic Church. The Conference of Catholic Bishops received a grant to do similar work of identifying at-risk youth, performing ACE screenings, and then delivering an intervention. Catholic Charities also developed a program called the Poverty Reduction Program. Mr. Costanza also highlighted the Empowering Families to Live Well Act by Sen. Barrow which looks at families under the Social Determinants of Health (SDOH) Framework and does interventions through a trauma-informed framework. The only problem is that the Act needs to be funded. Mr. Costanza concluded by saying that children are part of an environment and that the environment must also be considered. In addition, Mr. Costanza offered an invitation to help work with the Task Force.

Corhonda Corley is from Zachary, Louisiana, and is a disability advocate at the State Capital. Ms. Corley claims to be the only ACE-certified disability advocate in the state. Ms. Corley's plea to the task force was to think about children with disabilities when doing this type of work. Ms. Corley referenced that many children with disabilities are pushed into the school-to-prison pipeline and advocates for the community sustainable school approach.

Member Discussions and Updates

During member updates, Mr. Faulk shared the Superintendent Survey on Corporal Punishment that his organization had conducted. 46 of the 64 school districts throughout the state responded to the survey. Of the 46 districts that responded 26 have policies that prohibit the use of corporal punishment while 20 districts have policies that allow the practice. Of the 20 districts that allow the practice, some are looking to change their policy and the large majority discourage the use of the practice.

Mrs. Stewart Allen also concluded the meeting by highlighting some of the financial dedication that other states are putting towards addressing the youth mental health crisis. The state of Michigan has appropriated 574 million dollars towards the issue or 2% of its total budget while the state of California has put 4.7 billion dollars towards the issue or 3% of its total budget. These numbers should provide guidance, that 2-3 percent of the total budget should provide funding for youth mental health services.

Task Force Meeting #4 Thursday, October 6, 2022

10:30 AM – 12:30 PM
House Committee Room 1, First Floor
Louisiana State Capitol
Baton Rouge, LA

Roll Call and Attendance

Task Force members in attendance were: C. Denise Marcelle (State Representative), Alma Stewart Allen (Louisiana Center for Health Equity), and Jemi Carlone (Louisiana Association of Principals).

Leadership Team Members in Attendance were: Megan Bella (Louisiana Legislative Youth Advisory Council), Cade Canepa (Louisiana Center for Health Equity), Emily Clarke (Louisiana Center for Health Equity), and Dr. Dana Foster (Office of Behavioral Health).

Presentation by Omar Minhas

Omar Minhas from The Southern University Law Center gave a presentation about current and recent litigation surrounding student discipline and mental health.

Mr. Minhas began his presentation by providing an overview of legal definitions related to these topics. Mr. Minhas offered LA R.S. 28.1 and 28.2 as the two portions of Louisiana Law that attempt to define behavioral health. The current definition of behavioral health is rather broad, according to Mr. Minhas, and encompasses both mental health and substance use. Mr. Minhas also pointed to LA R.S. 17:416 as the state's student discipline law. This portion of the law includes no definition nor reference to willful disrespect nor willful disobedience which was given to the Task Force to investigate.

Mr. Minhas presented information on several cases related to the goals of the Task Force. The first case was A.A. vs Phillips which is related to the Louisiana Department of Health's failure to provide intensive home and community-based services (IHCBS) to children. There are approximately 47,500 Medicaid-eligible individuals suffering from mental illness who are also under the age of 21 years. In the case, several plaintiffs, including A.A. are required to travel somewhere between 80 and 240 miles to receive treatment. The inability to receive treatment has landed several of the plaintiffs in the juvenile justice system. The plaintiffs of the case claim that the failure to provide the needed services has resulted in tens of thousands of children being at serious risk of unnecessary institutionalization.

The next case Mr. Minhas presented was State ex-rel HJ. This case revolves around Adverse Childhood Experiences (ACEs). D.J. is the mother of three children and has a believed intellectual disability requiring a psychological evaluation. Following the death of her mother, D.J. has struggled to obtain stable housing. The foster care worker for D.J.'s children, Jade Montgomery, has been trying to help by securing a psychological evaluation for D.J. which will allow her to obtain additional Social Security benefits. The court records indicate a Court Appointed Special Advocate was appointed but do not reflect where one has been assigned.

The last two cases Mr. Minhas presented were Harrison v Jefferson Parish School Board and Brown v Jefferson Parish School Board. These two cases highlight the detrimental impacts of zero tolerance policies. During virtual learning necessitated by the COVID-19 pandemic, a student moved a BB gun in his room during a break in instruction. No other students nor the teacher saw the BB gun, but the parish still suspended the child and was recommended for expulsion. In response to the incident, the Louisiana Legislature passed HB 83 which amended LA R.S. 17:416. The law added a section for "virtual instruction" and was retroactive back to March 2020 when the pandemic began. The law allows for an appeal process for any incident that resulted in a child being recommended for expulsion.

Following his presentation, Rep. Marcelle asked about the status of the Harrison case. Mr. Minhas informed the Task Force that the case was ultimately thrown out, and the student was able to return to school.

Presentation by Tayllor Smith

Tayllor Smith from The Southern University Law Center gave the next presentation that highlighted the mental health and behavior crisis in Louisiana. Ms. Smith began her presentation by acknowledging the report by US Surgeon General Dr. Vivek Murthy that declared a youth mental health crisis for the country. Also included by Smith was a quote from Dr. Murthy which reads as follows: "The future wellbeing of our country depends on how we support and invest in the next generation."

The first section of Ms. Smith's presentation highlighted the various factors that negatively impact the mental health of youth. Included in these are the COVID-19 pandemic, natural disasters, gun exposure, and poverty. All of these factors can manifest themselves into behavioral issues across all age groups in the form of school phobia, irritability, disobedience, disruptive behavior, resistance to authority, sleep problems, and a decline in previous responsible behavior. The issue of natural disasters is especially prevalent in a state like Louisiana. Ms. Smith reports that exposure to natural disasters can result in PTSD and traumatic stress symptoms. Ms. Smith highlighted one particular family from south Louisiana who had to go through Hurricane Gustav, the BP Oil Spill, Hurricane Isaac, and the 2016 Baton Rouge floods. The mother of the children asked, "How many disasters can one person go through?" when interviewed about the impact these disasters had on her and her family. Exposure to guns and

gun homicides increases the rate of anxiety and depression, especially in adolescent girls. In males, gun exposure is associated with an increase in behavioral problems.

Ms. Smith concluded the first section of her presentation with a personal story of being bullied while in high school. The two individuals who bullied Ms. Smith were suspended which meant that Ms. Smith was no longer bullied, but the two individuals never got help themselves. As a result, one of the individuals died of a drug overdose. Moreover, the school's decision to suspend the students did nothing to address the trauma Ms. Smith had acquired from the bullying. While she attributes her current successes to a strong support system, she acknowledges that everyone does not have that.

The second section of Ms. Smith's presentation detailed what happens when there is a lack of intervention to help students. Ms. Smith described the school-to-prison pipeline which is strengthened by the presence of law enforcement in schools. Ms. Smith counters a current mainstream argument that police in schools result in safer schools by showing that schools with police report higher incidents of crime than schools without police and the fact that police frequently fail to intervene when there is a crisis. These findings, Ms. Smith argues, are attributed to a quasi-prison-like school environment which results in further deterioration of the school culture.

In addition, children with low levels of school engagement early in life are more likely to be suspended or expelled later. Ms. Smith argues that these types of disciplinary actions further limit the educational opportunities for these students which increases the likelihood of them engaging in criminal behavior later in life.

Ms. Smith concluded her presentation with a glimmer of hope as to what can happen if there is intervention. Ms. Smith highlighted the beneficial impact that school-based resources can have on youth and their mental well-being. Ms. Smith also highlighted that these resources have the greatest effect on mitigating the effects of significant adversities that occur during one's childhood.

Presentation by Office of Behavioral Health

The next presentation was given by Dr. Kristin Savicki and Dr. Dana Foster from the Office of Behavioral Health under the Louisiana Department of Health. Their presentation focused on the available behavioral services and how to access them with a focus on Medicaid-Funded Services.

Louisiana has a low rate of uninsured children at 4.3%, with the majority of coverage coming from Medicaid at 51.5%. The Medicaid system works by the Services Financing division entering into MCO contracts with private health insurance companies to provide services. Each MCO Contract then has its own contract with hospitals and services providers to determine the

level of services and the cost of those services as well. By law, each MCO Contract is required to provide sufficient coverage of services and must also cover services based on medical necessity.

Medicaid provides the following services: Outpatient Therapy and Psychiatry (which is the most utilized and contains the fewest restrictions), Community-Based Mental Health Rehab Services, Intensive In-Home EBPs, and Residential Treatment (which is the least utilized and contains the most restrictions). These are all managed with the Coordinated System of Care (CSoC) Wraparound Coordination.

The best way to refer a student for community-based resources is being demonstrated through the Project Aware grants. The goal is to build a trauma-informed culture among educators and staff and build the school's internal process for identifying youth mental health needs. If possible, the goal is to provide a first level of treatment intervention within the school itself and then build a process to identify when youth need services outside the school in addition to a referral process for school staff to help youth and families connect with community-based resources. The Office of Behavioral Health (OBH) is the state-level mental health authority for Louisiana. Among other roles, OBH monitors and oversees Specialized Behavioral Health services offered to Medicaid- insured LA residents.

The Outpatient Therapy and Psychiatry layer of services is a lower-intensity level of services typically involving only 1-4 sessions per month. Medication Management from these services is delivered by psychiatrists or medical psychologists. Therapy from these services is delivered by licensed professionals such as: Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT), and Psychologists. The services are delivered via a Clinic-based system, or they can be delivered via telehealth. Outpatient therapy may be delivered using an evidence-based program (EBP) model of therapy.

Community-Based Mental Health Rehab Services are a higher-intensity and higher-frequency service compared to the outpatient therapy and psychiatry layer. The services are provided in a patient's home and in community locations such as where the youth and family live and go to school. Services may be delivered by non-licensed professionals under the direction and supervision of a licensed practitioner. The services may be delivered using an evidence-based program (EBP) model such as Homebuilders, MST, or FFT and FFT-CW.

Evidence-Based Programs (EBPs) are treatment programs that have been rigorously tested in controlled settings and are proven to be effective. The scientific evidence for these programs has been subjected to critical peer review. EBPs have been translated into practical models that can be replicated, with quality assurance tools. These quality assurance tools ensure that when programs are replicated the program has fidelity, and there is a confidence that the same positive results will be seen in practice as was shown in research. EBPs can be offered in outpatient therapy by licensed practitioners or through community-based mental health rehab.

In order to make the information regarding EBPs accessible to the public, OBH has created the website <https://www.laevidencetopractice.com/>. Here one can find what service to look for, how to pick one, and a listing of providers. There are three general types of therapy, Recovery from Trauma, Improving Behavior, and Strengthening Family Relationships. There are also ways to access Medicaid-Funded Services. Someone can direct with a provider they already know, ask an MCO for a provider list, find an EBP provider on the interactive map, or ask for an MCO Behavioral Health Care Manager.

In addition, Louisiana has also created a nationally recognized Coordinated System of Care (CSoC). The CSoC program was created with the goal of creating extra coordination and collaboration for vulnerable youth and families. The program is not a service but is a planning process that ensures that youth and their families have a “voice and choice” in their care.

The “voice and choice” is achieved by the Child and Family Team. The Child and Family Team has the goal of creating an individualized plan for the child and their family that will build off of their strengths, will meet the underlying needs, and is supported by all members of the child and family team.

Presentation by Lindsey Mercante

The last presentation of the day was given by Lindsey Mercante who filled in for Katie Corkern from the Louisiana Rural Mental Health Alliance. Ms. Mercante made the argument that rural mental health matters just as much, if not more than, mental health in urban parts of the state. Nearly 80% of the state’s geographic area is considered rural, and nearly 26% of the state's population lives in those rural areas. In addition, nearly the entire state lives in a federally designated health professional shortage area.

In order to combat this, the Louisiana Rural Mental Health Alliance has advocated for Mental Health Rehab (MHR) providers who serve in areas with no local mental health providers. MHR services are also included in the Louisiana Medicaid system ensuring that services are being delivered to those who need them the most.

Mental Health Rehab providers provide two types of services: Community Psychiatric Supportive Treatment (CPST) and Psychosocial Rehabilitation (PSR). CPST has goal-directed support and solution-focused intervention. CPST services include counseling and are delivered by licensed mental health professionals. PSR provides services to assist an individual with functional deficits and interpersonal or environmental barriers. PSR services can be delivered by non-licensed staff who are under the supervision of licensed mental health professionals. An advantage of CPST and PSR services is that they can be delivered in the school ensuring that children have direct access to receive them.

Public Testimony

Public testimony from this month's meeting included remarks from Corhonda Corley. Ms. Corley is from Zachary, Louisiana, and is a disability advocate at the State Capital. Ms. Corley identified herself as the only ACE-certified disability advocate in the state. Ms. Corley took issue with many of the presentations that were given during the meeting. Ms. Corley feels as though many of the things that were highlighted as being accessible are not accessible for individuals with disabilities. Ms. Corley also said that many of the proposals included in the OBH presentation are not realistic, highlighting that children with disabilities are forced to leave the state and receive treatment elsewhere, specifically in Texas, Colorado, and Tennessee.

Ms. Corley also took issue with a comment made by Task Force member Jemi Carlone. Earlier in the meeting, Ms. Carlone alluded to an incident in her school in which a student who made a post on social media exhibiting suicidal ideation was transported to the hospital by police officers. Ms. Corley feels as though other individuals should have been the ones to intervene and ensure the student's safety. Ms. Corley also highlighted the Code of Silence documentary filmed in Louisiana which focuses on how the School to Prison Pipeline impacts students with disabilities.

Ms. Corley also took issue with the notion of telehealth being used to increase services citing a widespread lack of broadband and internet service throughout the state.

Member Discussions and Updates

Mrs. Stewart Allen concluded the meeting by offering insight into what the next meeting will focus on. Ms. Carlone also responded to the comments made by Ms. Corley.

Task Force Meeting #5 Thursday, November 10, 2022

10:30 AM – 12:00 PM
House Committee Room 4, Basement
Louisiana State Capitol
Baton Rouge, LA

Roll Call and Attendance

Task Force members in attendance were: C. Denise Marcelle (State Representative), Alma Stewart Allen (Louisiana Center for Health Equity), and Jemi Carlone (Louisiana Association of Principals).

Leadership Team Members in Attendance were: Megan Bella (Louisiana Legislative Youth Advisory Council), Cade Canepa (Louisiana Center for Health Equity), and Dr. Dana Foster (Office of Behavioral Health).

Presentation by Alma Stewart Allen

Mrs. Alma Stewart Allen, the President and Founder of the Louisiana Center for Health Equity, gave a presentation highlighting the work of her organization. The organization was founded in 2010 with the mission of advancing the health equity of all Louisianians by eliminating health disparities attributed to structural, institutional, or social disadvantages. Through the work of LCHE, the organization launched LA40by2030 which is a vision to improve Louisiana's health rankings to 40th by the year 2030.

Part of the LA40by2030 framework is centered on addressing and improving the mental health of youth. In Louisiana, and across the country, youth are experiencing a mental health crisis as declared by the US Surgeon General Dr. Vivek Murthy. Dr. Murthy acknowledged the challenges faced by many as real and widespread while also highlighting that the pandemic exacerbated many of those challenges.

In order to address the mental health crisis described by Dr. Murthy and achieve the LA40by2030 vision of the Louisiana Center for Health Equity, Mrs. Stewart Allen claims that we need to improve the health of those across the state. Mrs. Alma alludes to the Social Determinants of Health framework as the means by which this can be accomplished. The Social Determinants of Health framework contains the five domains of: Health Care Access and Quality, Education Access and Quality, Neighborhood and Built Environment, Economic Stability, and Social and Community Context. Each of these domains contributes to the health of an individual and should be prioritized in future action.

Using the American Health Rankings, Mrs. Stewart Allen also presented data related to each of the five domains and youth. For the Health Care Access and Quality Domain, Louisiana ranks 18th in access to care for children. However, the state has slightly fewer citizens per mental health provider when compared to the national average. For the Education Access and Quality domain, Louisiana has a lower high school graduation rate when compared to the national average. In addition, Louisiana also expels students at a rate 4 times greater than the national average but suspends students at roughly the same rate as the national average. For the economic stability domain, Louisiana has greater rates of poverty and children in poverty, food insecurity, unemployment, and concentrated disadvantage when compared to national averages. In the Social and Community Context Domain, Louisiana has more children who had experienced Adverse Childhood Experiences and fewer children who are considered “flourishing” when compared to the national average as well.

After presenting the data, Mrs. Stewart Allen then explained how to transform what we know into something actionable. Mrs. Stewart Allen used her organization, the Louisiana Center for Health Equity, as an example of how this can be done. The Louisiana Center for Health Equity created several adolescent health initiatives that offer a holistic perspective on positive youth development. These programs are grounded in public health and evidence-based approaches to trauma-informed interventions.

A specific program that Mrs. Stewart Allen highlighted was the Louisiana Resources and Educational Assessments for Children’s Health (LA REACH). The goal of this particular program is to improve school environments and student performance by providing technical support for the implantation of trauma-informed services.

Presentation by Paula Zeanah and Kristen Sanderson

Paula Zeanah, Ph.D., and Kristen Sanderson, MPH, offered a combined presentation on the Whole Health Louisiana Initiative and Adverse Childhood Experiences. Dr. Zeanah began the presentation by offering a summary of the program from Ms. Delery Rice who was not present at the meeting. Ms. Rice describes the Whole Health Louisiana Initiative as a multi-sectored statewide effort to prevent Adverse Childhood Experiences and to address the impacts of such experiences. The Whole Health Louisiana Initiative is spearheaded by First Lady Donna Edwards and is coordinated by the Louisiana First Foundation, the Louisiana Department of Health, and the Picard Center at the University of Louisiana at Lafayette. The goal of this initiative is to develop a shared framework and state trauma-informed plan that can be implemented across Louisiana’s child and family serving systems.

The timeline of the Whole Louisiana Initiative can be divided into three parts. The first phase was the Discovery Phase which ran from September 2021 through May 2022. The second phase was the Key Stakeholder Convening phase which was held in November 2022. The final phase is the Plan Development phase which will last for the entirety of 2023.

The Discovery Phase was centered around the issue of trauma, ACEs, and toxic stress. Dr. Zeanah argued that we use these three terms interchangeably and offered definitions to guide the discussion of these items. Trauma can be considered as an event that is physically or emotionally harmful or life-threatening. Trauma can cause significant, long-term effects on a child's functioning and well-being. ACEs are traumatic events that occur during an individual's childhood, including infancy, and refer to a specific set of events that are identified by the ACE study. Toxic stress refers to chronic, and unrelenting traumatic experiences that overload the body's physiological response. Toxic stress can also result in deficits in brain structure and function.

Dr. Zeanah also offers the image of a tree created by the Center for Community Resilience to show the interconnectedness of Adverse Childhood Experiences. The effects of ACEs and trauma on children result in a manifestation of behavioral and physiological symptoms from poor control of emotions to stomachaches. These effects are associated with the poor health outcomes presented by Mrs. Stewart Allen in her presentation and are also supported by other studies. Among these is a study demonstrating that a child with a higher ACE score is more likely to have academic and behavioral problems.

Ms. Sanderson then talked about the Louisiana ACE Educator Program. The ACE Educator Program trains individuals on the fundamentals of ACEs, trauma, and resilience science. The program is led by ACE Educators who facilitate presentations and activities at no cost to increase statewide awareness of childhood adversity.

The program was created in 2015 through a partnership between the Bureau of Family Health and the Institute of Infant and Early Childhood Mental Health at Tulane University. To date, the program has resulted in 182 ACE Educators who can be found throughout the state. The Educator network includes community advocates and statewide leaders to professionals across a variety of sectors. The ACE Educator Program has also grown since it was created to include sector-specific resources and training.

During the Discovery Phase of Whole Health Louisiana's work, the Initiative partnered with Trepwise to conduct statewide interviews, focus groups, and surveys. The Discovery Phase also sought to synthesize input from ACE experts and service providers while also gaining insights from community members. In total, more than 700 participants were reached by this work with over 100 engaged via focus groups and individual interviews. Special care was also taken to ensure the demographics of those reached were representative of the state's demographics.

The findings from the Discovery Phase were included in the Discovery Report that was released in August 2022. Some of the main findings were that ACE education is impactful as it provides an opportunity for shared learning. The Discovery Phase also highlighted some challenges faced by the state that include barriers to services, a lack of racial and culturally

competent services, workforce burnout, communication silos, and stigma. The Report also identified some future priorities for the Whole Health Louisiana Initiative which seeks to address many of the challenges that were highlighted by the Report.

Presentation by Alan Boxberger

Alan Boxberger from the Legislative Fiscal Office in response to a request from Mrs. Stewart Allen requesting a budgetary map detailing the services provided by the state to school-age children. Mr. Boxberger informed the Task Force that there is no such map detailing such expenditures. In addition, the fiscal office is hesitant to create such a map because of the influx of federal monies appropriated under the COVID-19 relief bills to inflation. However, the fiscal office will reach out to partners in the executive branch.

Mr. Boxberger also highlighted some concerns held by the office. The current state of financial matters should not be considered normal as the result of the influx of federal monies. The increase in funds might have had certain earmarks which complicate certain things. In addition, some agencies used the money to maintain the status quo while others might have used funds to increase the services that they offer. In addition, inflation levels have also increased the statewide revenue the government has which is expected to taper off when inflation numbers go down. In other words, these issues cloud the baseline level of service delivery for many programs across the state.

Public Testimony

There was no public testimony from this month's meeting.

Member Discussions and Updates

Mr. Canepa offered an update on the administrative side of the Task Force's work. Mr. Canepa informed the members that the Task Force was moving into the recommendation and report writing phases, so the members should be on the lookout for additional emails detailing how those phases will proceed. In addition, an update on the questionnaires was also given. Mr. Canepa thanked the Task Force and Leadership Team members for their cooperation in completing the questionnaire. All but one member completed the questionnaire, and the results will be included in the final report. In addition, the stakeholder questionnaire received 73 responses, but the majority of those responses were from individuals in southeast Louisiana, and future, targeted approaches will be taken to get a more informed and representative response to the survey.

The meeting concluded with a discussion on a sixth public meeting that will be held in January; however, no date was finalized during the meeting. The purpose of the January meeting,

if held, will be to showcase the final report, recommendations of the Task Force, and the corresponding bill that will be brought during the 2023 Legislative Session.

Task Force Meeting #6 Wednesday, January 11, 2023

9:30 AM – 12:00 PM
House Committee Room 1, Ground Floor
Louisiana State Capitol
Baton Rouge, LA

Roll Call and Attendance

Task Force members in attendance were: C. Denise Marcelle (State Representative), Alma Stewart Allen (Louisiana Center for Health Equity), and Jemi Carlone (Louisiana Association of Principals), Michael Faulk (Louisiana Association of Superintendents), Marcus Thomas (Louisiana Association of Educators), and Cynthia Posey (Louisiana Federation of Teachers).

Leadership Team Members in Attendance were: Megan Bella (Louisiana Legislative Youth Advisory Council), Cade Canepa (Louisiana Center for Health Equity), and Dr. Kristin Savicki (Office of Behavioral Health).

Presentation of Final Report

Mrs. Stewart Allen presented some key highlights of Dr. Boxberger's report which is included in Appendix D. Mr. Canepa then presented some key highlights that the Task Force uncovered throughout its work in addition to the 26 recommendations that the Task Force put forward.

Following the presentation, Representative Marcelle, Mr. Faulk, Ms. Carlone, and Mr. Thomas all publicly voiced their support for the report and its recommendations.

Public Testimony

The Task Force heard testimony from five members of the public at its final meeting. The first person to provide public testimony was Dr. Cordel Parris, a cardiologist in the Baton Rouge community. Dr. Parris claims that mental health needs to be addressed in an individual before they turn five years old because their personality finishes developing by the time they are nine years old. She did not provide any support for this claim. Dr. Parris also explained how the mental health crisis is impacting her work as a cardiologist. Anxiety, she states, leads to vasoconstriction, which can lead to a heart attack. Dr. Parris also claims that it can be difficult to manage a patient experiencing both mental health and heart-related issues because many of the drugs used to treat these disorders have interactions with one another. Dr. Parris also provided

Post Traumatic Slave Syndrome as another possible explanation that could possibly explain the increase in the number of individuals suffering from poor mental health.

Rev. Alexis Anderson was the next member of the public to provide public testimony. Rev. Anderson is the executive director of the PREACH ministry and is the Chair of the Louisiana Behavioral Health Advisory Council - Children and Youth Committee. Rev. Anderson informed the Task Force that Mrs. Stewart Allen presented at the Council's meeting in December. Rev. Anderson also spoke to the lack of inclusion and input for the developmental stages of projects. She, therefore, agrees with the recommendation to continue the Task Force so that a more diverse body can be assembled to assist with the implementation of future work. Rev. Anderson also spoke to the issue of domestic violence of which Louisiana has one of the highest rates in the country.

Ms. Robin Pannagl was the next member of the public to provide public testimony. Ms. Pannagl is a school social worker in Plaquemines Parish. Ms. Pannagl spoke about the issue of ACE screening. She raised the question of how schools plan to use the information that they will collect if universal screens are implemented. Ms. Pannagl also spoke about Medicaid funding at the school level as a way to help increase staffing. Ms. Pannagl highlighted that such a program has been successful with things such as speech therapy, so a potential model exists for implementing a program for mental health.

Ms. Corhonda Corley was the next member of the public to provide public testimony. Ms. Corley used this meeting to make public her frustrations with the Louisiana Department of Education. The Department, Ms. Corley claims, does nothing to help the ACSBD fulfill its legal obligation and works to impede its work. Ms. Corley is the new chair of the ACSBD and claims that these problems existed before she took over the work and potential solutions promulgated by the Department and BESE leave the ACSBD in a "catch-22" as the Council was created by state law and requires amending the current legislation to address the issue. Ms. Corley also took issue with the fact that there is no member of the legislature on the ACSBD which also hinders its work.

On the issue of mental health, Ms. Corley also highlighted the harm caused by the Jindal administration with the closing of the state-funded hospital system. Ms. Corley claims that Charity Hospital in New Orleans and Earl K. Long in Baton Rouge provided residents of the two cities with many opportunities to receive mental health services. Earl K. Long had an emergency room strictly for individuals with mental health struggles which also partnered with the Greenwell Spring Mental Hospital that has also since closed.

Attorney Alfreda Bester was the last member of the public to provide public testimony. Attorney Bester sought to wrap up the information that was provided during the meeting of the Task Force. She also spoke about the need for providing resources to help prepare and support our children.

Appendix B

Louisiana Legislative Youth Advisory Council Meeting

October 13, 2022

The Louisiana Center for Health Equity hosted an additional meeting with members from the Louisiana Legislative Youth Advisory Council (LYAC) during the evening of Thursday, October 13, 2022. The meeting was facilitated by Cade Canepa with Alma Stewart Allen and Megan Bella also present. The meeting took a Town Hall format and was hosted to ensure that those who were most likely to be impacted by the work of the Task Force had an opportunity to share their voice and their opinions. The meeting included 15 of the 31 LYAC members, and the members present hailed from all over the state.

The meeting began with a discussion on mental health. Early on in the meeting, the students geared the discussion to be data-driven and goal-oriented. One student shared their own data related to the work of another organization that they were a part of. This student identified that there are numerous resources available to students, but many are not aware of those resources. In addition, the student also called for a more targeted approach in providing care with additional resources to areas where greater ACEs are found in the population.

The students also articulated a desire to have people in their schools dedicated specifically to mental health. One student with a social worker specifically for students' needs in their school explained how this single individual has helped to improve the school climate. The students also expressed that when both of these roles are performed by the same person, there is added confusion to a process that is already challenging. In addition, some students also shared that there is an added hesitancy to seek help for their mental health issues from the same person who will later write a letter of recommendation for their college application or post-high school plans. The students also called for teacher training and qualifications to be reevaluated to ensure that everyone on the school campus has a basic understanding of mental health issues and can provide basic support to a student.

The students also acknowledged that there are profound difficulties that prohibit schools from hiring dedicated staff for these issues. Many students alluded to the physical shortcomings of where they go to school with dilapidated buildings and overcrowded classrooms. Some students even argued that their school building should be updated before trying to increase school staff. In order to try to grow the workforce, the students offered increasing pay for school personnel and loan forgiveness programs as options to remedy school staffing issues.

Lastly regarding mental health, the students also want greater recognition and acceptance of mental health issues with one student calling for the realization that "everyone has those days." Many acknowledged that even in a perfect world with adequate staff, there would still be barriers and other obstacles to receiving help for their mental health that result from various stigmas. One student shared that they do not always feel supported in their school as a result of their

gender/sexual identity. Other students shared that their parents are a hindrance to being healthy mentally. One student raised the question of confidentiality with the fear that something they tell a counselor or a teacher in confidence may make its way back to their parents. The students acknowledge that these changes are more likely to be slow to occur; however, they did offer some suggestions to both speed up and ease the transition. The students called for the creation of parental resources that can be shared during events such as parent-teacher conference days. Students also called for safe spaces within the school setting that they can go to and decompress throughout the school day (other students highlighted that their school currently does this with their library during lunch).

Following the discussion on mental health, the conversation then shifted to the topic of student discipline. The students in the meeting acknowledged that they might not be the best students to ask about these issues because they do not have frequent firsthand experience with these issues. Nonetheless, one overarching issue that the students identified from their own schools is that the discipline system is unclear. Some students expressed confusion as to how discipline works in their school or what policies govern the process. This type of situation can create further confusion and antagonization when a situation is not handled the way a student feels it should be.

The students were also able to provide insights as to why students misbehave in the first place. Several students said that deviant acts committed by themselves, or their classmates come from their feeling of being unheard. One student shared that when a student misbehaves in their school it usually starts with something small and then escalates. As a result, the students asked that a restorative systems approach to discipline be implemented. Such a system will allow for a consideration of various factors and lead to a better course of action for the student and the school they argue.

Towards the end of the meeting, the students offered some more nuanced details for the recommendations that they put forward earlier in the meeting. The students homed in and clarified their views on mental health days as excused absences. When asked how we can ensure that such a program will not be exploited, the students offered the same excused policy for sick days or other excused absences should be used for this process. While this process usually involves a doctor's note or some other kind of paperwork, the students offered a limited system allowing students to obtain an excuse without paperwork or a doctor's visit. Such a policy might allow schools to maintain a pulse on their students' well-being by being able to see if there is a concentrated period of these days being used by the student body regardless of access to care. If such a situation proved troublesome, they also offered the possibility of going through school counselors for approval. The students also wanted to ensure that taking a mental health day will not create a further burden for the student hoping to utilize them. One student offered that a similar policy in their school requires a student to receive approval from each teacher before they can take a mental health day. However, they feel as though this policy adds to their anxiety making them less likely to utilize this resource. In addition, the students also acknowledged that

the mental health struggle that some students face comes from their home environment so ensuring a place at school where a student can spend the day is vital as well.

The meeting ended with some additional polling based on information that was presented during the public task force meetings. Four of the twelve students reported that their ID cards had the mental health hotline number on them as LDOE had testified is required. The students also reported that their lunch period spans anywhere from 30 minutes to an hour providing a narrow window into which specialized resources and personnel can be available to students.

Appendix C

Meeting with Legislative Fiscal Office

December 14, 2022

The Louisiana Center for Health Equity hosted an additional meeting with Alan Boxberger, an Interim Legislative Fiscal Officer with the Louisiana Legislative Fiscal Office, on Wednesday, December 14, 2022. The meeting was held virtually, but inclement weather across the state prevented additional staff members from the Legislative Fiscal Office from being present. The meeting consisted of Alma Stewart Allen, Representative Marcelle, and Cade Canepa from the Task Force and Leadership Team.

The meeting was held at the request of Mrs. Stewart Allen in response to her inquiry to the Fiscal Office requesting information about funding related to mental and behavioral health services for children. Mr. Boxberger spoke briefly to the request at the public meeting held on November 10, 2022, and intended to provide follow-up information to his initial presentation.

Mr. Boxberger identified \$342,300,892 in spending related to Mrs. Stewart Allen's request. Of this funding, the majority is directed to the Louisiana Department of Health for Medicaid-related services. More specifically, funding is distributed to outpatient services the most, followed by inpatient and residential services, with the Coordinated System of Care program receiving the least. The Louisiana Department of Health also directs a sizable portion of the money to regional human service districts throughout the state. These districts spend the money how they best see fit; however, there is no consistency in how the individual districts report the use of these funds.

The second largest agency to receive some of the funding originally identified by Mr. Boxberger is the Louisiana Department of Education. The Department of Education has spent its funds on initiatives such as Project AWARE and the ESSER initiatives. Mr. Boxberger warned however that the ESSER program allows for the funds to be used to support staff and services aimed at student discipline, mental health, and behavioral health even though they are one-time dollars. However, the fiscal office is not able to capture the granular detail as to whether or not any one-time dollars are being used toward recurring expenses.

The Department of Children and Family Services, the Youth Services Division of the Office of Juvenile Justice, Special Schools and Commissions, and the LSU Health Care Services Division all receive additional funding from the state. The funding by these various groups is applied to children who fall into special populations (foster care, juvenile justice system, etc.) and are not widely accessible to the general youth population of the State of Louisiana.

Appendix D

Legislative Fiscal Office Report

December 21, 2022



STATE OF LOUISIANA
 Legislative Fiscal Office
BATON ROUGE

Post Office Box 44097
 Capitol Station
 Baton Rouge, Louisiana 70804
 Phone: 225.342.7233

Alan M Boxberger
 Interim Legislative Fiscal Officer

TO: The Honorable Members of the Student Behavior, Mental Health and Discipline Task Force

FROM: Alan Boxberger, Interim Legislative Fiscal Officer

DATE: December 14, 2022 (Updated December 20, 2022)

SUBJECT: Findings on funding for Mental and Behavioral Health Services

The Task Force requested the Legislative Fiscal Office to research and compile an inventory of programs and their associated funding related to mental and behavioral health services for children. Our staff communicated with our agency counterparts and compiled the various responses into the following report.

Currently, spending on these services comes predominantly from federal funding sources, especially with the lingering COVID-19 recovery funds still bolstering many programs in healthcare and education. The table below shows the departmental breakdown of the reported spending and whether the funding is sourced from the state, federal government, or a combination of the two.

Department	State Funding	Federal Funding	State/Fed Combination	Total
Youth Services	\$12,039,067	\$0	\$0	\$12,039,067
Dept. of Health	\$10,696,458	\$4,736,964	\$254,010,875	\$269,444,296
Dept. of Children and Family Services	\$1,512,269	\$11,282,729	\$0	\$12,794,997
Special Schools and Commissions	\$5,596,257	\$0	\$0	\$5,596,257
Department of Education	\$0	\$42,419,774	\$0	\$42,419,774
LSU Health Care Services Division	\$0	\$0	\$6,500	\$6,500
Total	\$29,844,050	\$58,439,466	\$254,017,375	\$342,300,892

Spending reported in FY 21-22, with the exception of Special Schools and Commissions which reported budgeted amounts for FY 22-23 and the Dept. of Education which reported total spending from ESSER grants since receipt.

The Louisiana Department of Health (LDH) comprises the largest portion of spending at nearly \$270 million primarily for Medicaid related services. The Office of Behavioral Health encompasses most of the spending for various services to those under the age of 21 including Outpatient Services (\$137.5 M), Inpatient/Residential Services (\$99.8 M), and Coordinated System of Care Waiver Services (\$7.2 M). Many other services are provided at the regional human service districts/authorities at a combined \$24.4 M.

The Department of Children and Family Services reports spending \$7.9 M on specialized therapeutic foster care, \$3.7 M on mental health treatment services, and \$1.2 M on residential therapeutic services for a total of \$12.8 M. These services are funded primarily through federal support, some with associated state matching funds.

The Office of Juvenile Justice provides various mental health services to youth funded with state general fund. Most are accomplished through a professional services contract with Wellpath, LLC that provides comprehensive health care services to incarcerated youth. Total spending on this contract was \$9.7 M in FY 22 and the agency reports 25% is typically needed for mental health services. In addition, \$2 M is spent on support staff including social workers and social services counselors along with \$298,000 on counseling contracts with community-based providers.

Education spending in K-12 schools primarily includes federal funding from the three Elementary and Secondary School Emergency Relief (ESSER) appropriations made by congress in response to the COVID-19 pandemic. The LDOE has distributed \$32 M from these specific one-time grants from their initial receipt. Additionally, positions such as counselors, health services, and other support staff at the state-run Special Schools are funded at the state level for \$5.6 M. The Minimum Foundation Program is not included in our reporting, but it should be noted that money from this block-grant appropriation can be used by school districts to fund staff and services aimed at student discipline, mental health, and behavioral health.

December 20 Update:

1. Corrected amount of funding for Special Schools and Commissions from \$9.7 M to \$5.6 M due to a typo related to Thrive Academy support staff. Thrive’s funding for support staff is \$460,195 and the corrected amount is reflected on page 4 in the accompanying table.

2. The original spending amounts included in this report for the Office of Behavioral Health are comprised primarily of Medicaid related claims. Additional spending over the amount of Medicaid claims in FY 22 on mental health services for all individuals is outlined in the table below. The precise amount of this funding spent on children is not known. Further clarification on this would need to be provided by LDH.

State Hospital Services	Inpatient	Community Based
State General Fund	\$111,775,281	\$93,629,626
Disproportionate Share Medicaid	\$63,565,464	\$3,797,291
Medicare	\$835,570	\$0
Substance Abuse and Mental Health Services Administration Grants	\$0	\$25,952,500
Federal Emergency Management Agency (FEMA)	\$5,899,262	\$0
Self-generated Revenue and Statutory Dedications	\$1,087,161	\$0
Total	\$185,862,738	\$123,379,417

3. The Office of Public Health within LDH has a professional services contract for \$6.7 M with Louisiana Clinical Services, Inc to administer contracts with providers who operate School-Based Health Centers (SBHC). There are 20 providers who sponsor a total of 57 affiliated centers. The department estimates 29% of visits to these SBHCs are for behavioral health services. Students utilizing services at SBHC in 2022 were mostly insured by Medicaid (71%), privately insured (20%), or uninsured (7%). Other non-affiliated health centers do exist in school environments and are typically operated by Federally Qualified Health Centers.

Activity	State Funding	Federal Funding	State/Fed Combination	Total
Youth Services - Office of Juvenile Justice				
Mental Health Services:				
Support Staff	\$2,000,918	\$0	\$0	\$2,000,918
Healthcare Services	\$9,739,349	\$0	\$0	\$9,739,349
Counseling	\$298,800	\$0	\$0	\$298,800
Department of Health				
Acadiana Area Human Services District				
Mental Health Services:				
Suicide Prevention	\$7,540	\$0	\$0	\$7,540
Direct Care Clinical Services	\$1,106,251	\$0	\$0	\$1,106,251
Flexible Family Funds	\$117,648	\$0	\$0	\$117,648
Administrative Operating Costs	\$111,205	\$0	\$0	\$111,205
MH Crisis/Case Management Services	\$0	\$183,545	\$0	\$183,545
Addiction Prevention	\$0	\$842,869	\$0	\$842,869
Capital Area Human Services District				
Integrated Health Services for Children:				
Integrated Health Services for Children	\$383,574	\$0	\$0	\$383,574
Direct Aid:				
Act 378 Flexible Family Funds	\$203,000	\$0	\$0	\$203,000
Behavioral Health Services:				
Children's Behavior Health Clinic	\$1,271,198	\$0	\$0	\$1,271,198
School Based Services	\$2,118,915	\$0	\$0	\$2,118,915
Child Crisis Mobile Unit	\$250,446	\$0	\$0	\$250,446
Central Louisiana Human Services District				
Direct Aid:				
Act 378 Cash Subsidies	\$0	\$0	\$83,076	\$83,076
Family Services:				
Community Family Liaison	\$0	\$0	\$23,945	\$23,945
Behavioral Health Services:				
Child Consumer Care	\$0	\$0	\$20,552	\$20,552
LifeSkills	\$0	\$0	\$362,235	\$362,235
Kids Don't Gamble - Wanna Bet?	\$0	\$0	\$86,955	\$86,955
Florida Parishes Human Services Authority				
Assessment and Behavioral Health Treatment of Children:				
Rosenblum Behavioral Health Clinic	\$296,403	\$0	\$0	\$296,403
Mandeville Behavioral Health Clinic	\$228,727	\$0	\$0	\$228,727
Slidell Behavioral Health Clinic	\$33,214	\$0	\$0	\$33,214
Bogalusa Behavioral Health Clinic	\$146,996	\$0	\$0	\$146,996
Denham Springs Behavioral Health Clinic	\$33,436	\$0	\$0	\$33,436
Supports to Child Services Programming:				
Mental Health Administration	\$1,560	\$117,104	\$0	\$118,664

Activity	State Funding	Federal Funding	State/Fed Combination	Total
Functional Family Therapy Services:				
Functional Family Therapy Services	\$209,318	\$0	\$0	\$209,318
Behavioral Health Services:				
Prevention Services - Child	\$9,089	\$638,922	\$0	\$648,011
Imperial Calcasieu Human Services Authority				
Mental Health Services:				
SWLA Health Education Center Suicide Prevention Contract	\$0	\$83,194	\$0	\$83,194
Mental Health Treatment Services	\$663,031	\$221,276	\$0	\$884,307
Vialink Contract	\$0	\$9,448	\$0	\$9,448
Substance Abuse Prevention & Treatment:				
Faithworks Contract	\$0	\$18,000	\$0	\$18,000
Beauregard Underage Drinking Program	\$0	\$125,000	\$0	\$125,000
Partnership For Success program	\$0	\$66,472	\$0	\$66,472
Administrative Costs:				
Operating Expenses	\$70,308	\$0	\$0	\$70,308
Supplies	\$8,954	\$0	\$0	\$8,954
Behavioral Health Services:				
Cash Subsidy Program	\$89,751	\$0	\$0	\$89,751
SWLA Youth Foundation Contract	\$0	\$7,500	\$0	\$7,500
Jefferson Parish Human Services Authority				
Children's Mental and Behavioral Health:				
Children's Mental and Behavioral Health	\$0	\$0	\$2,840,665	\$2,840,665
Metropolitan Human Services District				
Mental Health Services:				
Mental Health Services	\$0	\$338,907	\$0	\$338,907
General Mental Health Services:				
General Funded	\$2,231,449	\$0	\$0	\$2,231,449
Substance Abuse Prevention & Treatment:				
Substance Abuse Prevention & Treatment	\$0	\$1,510,937	\$0	\$1,510,937
Northeast Delta Human Services Authority				
Mental Health Services:				
Suicide Prevention	\$40,862	\$0	\$0	\$40,862
Children's Behavioral Health Services provided at clinics	\$816,722	\$0	\$0	\$816,722
Substance Abuse Prevention & Treatment:				
Lifeskills	\$0	\$204,392	\$0	\$204,392
Prevention - Evidence Based Practices Services	\$0	\$50,476	\$0	\$50,476
Hip Hop 2 Prevent	\$0	\$13,530	\$0	\$13,530
Evidence Based Practices Services	\$0	\$25,988	\$0	\$25,988

Activity	State Funding	Federal Funding	State/Fed Combination	Total
Oversight of regional contacted prevention programs	\$0	\$86,626	\$0	\$86,626
School outreach	\$0	\$91,776	\$0	\$91,776
Compulsive & Problem Gaming:				
Kids Don't Gamble, Wanna Bet	\$22,636	\$0	\$0	\$22,636
Partnership for Success:				
Lifeskills	\$0	\$90,216	\$0	\$90,216
School outreach	\$0	\$10,787	\$0	\$10,787
Northwest Louisiana Human Services District				
Mental Health Services:				
Mental Health Services	\$0	\$0	\$323,828	\$323,828
Substance Abuse Prevention & Treatment:				
Substance Abuse Prevention & Treatment	\$0	\$0	\$594,786	\$594,786
Behavioral Health Services:				
Behavioral Health outpatient clinic based services	\$224,226	\$0	\$0	\$224,226
Office of Behavioral Health				
Outpatient Services:				
Psychiatrists	\$0	\$0	\$4,674,168	\$4,674,168
Licensed Mental Health Practitioners	\$0	\$0	\$9,190,503	\$9,190,503
Mental Health Rehabilitation (including Evidence Based Programs)	\$0	\$0	\$117,936,719	\$117,936,719
Federally Qualified Health Centers/Rural Health Clinics	\$0	\$0	\$5,695,813	\$5,695,813
Waiver:				
Coordinated System of Care Waiver Services	\$0	\$0	\$7,272,193	\$7,272,193
Pediatric Inpatient Mental Health Services:				
Adolescent Cooperative Endeavor Agreement beds	\$0	\$0	\$478,075	\$478,075
Inpatient/Residential:				
Inpatient	\$0	\$0	\$67,389,346	\$67,389,346
Inpatient/Residential:				
MH Residential (Psychiatric Residential Treatment Facility/Therapeutic Group Homes)	\$0	\$0	\$32,446,943	\$32,446,943
South Central Louisiana Human Services Authority				
Children's Mental and Behavioral Health:				
Various services and school-based prevention programs	\$0	\$0	\$4,591,073	\$4,591,073

Activity	State Funding	Federal Funding	State/Fed Combination	Total
Department of Children and Family Services				
Mental Health Services:				
Evaluations & Testing	\$0	\$67,022	\$0	\$67,022
Foster Care - Psychiatric Hospitalization	\$1,326,030	\$1,701,377	\$0	\$3,027,407
Intensive Home Based Services	\$0	\$4,090	\$0	\$4,090
Multi-disciplinary Teams Consultations	\$0	\$43,107	\$0	\$43,107
Treatment Consultation	\$0	\$29,915	\$0	\$29,915
Treatment Services	\$0	\$1,224	\$0	\$1,224
Incidental Treatment Expenses	\$0	\$523,992	\$0	\$523,992
Residential Therapeutic:				
Psych Residential Treatment Facility	\$102,603	\$85,693	\$0	\$188,296
Therapeutic Group Home	\$0	\$1,003,898	\$0	\$1,003,898
Therapeutic Foster Care:				
24 Hr Non-Residential-Therapeutic Foster Care Level I	\$0	\$2,485,578	\$0	\$2,485,578
24 Hr Non-Residential-Therapeutic Foster Care Level II	\$83,636	\$5,336,833	\$0	\$5,420,469
Special Schools and Commissions				
Louisiana School for Math, Science and the Arts				
Behavioral Health Services:				
Support Staff	\$994,038	\$0	\$0	\$994,038
New Orleans Center for the Creative Arts				
Behavioral Health Services:				
Support Staff	\$677,361	\$0	\$0	\$677,361
Special School District				
Mental Health Services:				
Professional Services Contracts	\$397,044	\$0	\$0	\$397,044
Behavioral Health Services:				
Operating Expenses	\$159,555	\$0	\$0	\$159,555
Support Staff	\$2,908,064	\$0	\$0	\$2,908,064
Thrive Academy				
Behavioral Health Services:				
Support Staff	\$460,195	\$0	\$0	\$460,195
Department of Education				
Student Mental Health Services:				
Louisiana School Mental Health Support Program (LA Aware 1)	\$0	\$2,040,573	\$0	\$2,040,573
LA Aware 2 - Expand and enhance mental health services	\$0	\$93,773	\$0	\$93,773
Mental Health Service Professional Demonstration Grant Program	\$0	\$262,588	\$0	\$262,588
ESSER Formula - Social, Emotional & Mental Health	\$0	\$17,594,324	\$0	\$17,594,324

Activity	State Funding	Federal Funding	State/Fed Combination	Total
ESSER Formula - Evidence Based Activities	\$0	\$2,075,191	\$0	\$2,075,191
ESSER Learning Loss - Evidence Based Activities	\$0	\$12,044,950	\$0	\$12,044,950
ESSER Incentive - Evidence Based Activities	\$0	\$43,346	\$0	\$43,346
ESSER Incentive - Social, Emotional & Mental Health	\$0	\$286,906	\$0	\$286,906
Student Behavioral Health Services:				
Trauma Recovery Demonstration Grant Program	\$0	\$140,815	\$0	\$140,815
Student Services:				
Title IV Part A - Student Support and Academic Enrichment	\$0	\$7,837,307	\$0	\$7,837,307
LSU Health Care Services Division				
Pediatric Psychiatric Services:				
Telemedicine Psychiatric Services	\$0	\$0	\$6,500	\$6,500
Grand Total	\$29,844,050	\$58,439,466	\$254,017,375	\$342,300,892

Appendix E

Task Force Member Questionnaire

The questionnaire for Task Force members was divided into three sections. The first section contained basic contact information type questions, the second question focused on the task force focus areas, and the third section contained additional questions. Sections two and three both allowed members to upload any relevant documents related to each question in the section. The questions asked are provided below:

Section One: Contact Information

- Name of individual filling out the form
- Name of the organization/department being represented
- Email address
- Phone number
- Preferred method of contact (single choice: phone/email)
- What is your relationship to the task force and its focus?

Section Two: Task Force Focus Areas

- List and provide any information and data you can share with the task force regarding ACE screenings in K-12 schools.
- List and provide any information and data you can share with the task force development regarding mental health counselors and social workers in K-12 schools.
- List and provide any information you can share with the task force regarding corporal punishment in K-12 schools.
- List and provide any information you can share with the task force regarding zero tolerance policies in K-12 schools.
- List and provide any information you can share with the task force regarding the term “willful disobedience.”
- List and provide any information you can share with the task force regarding other policies related to student behavior, mental health, and discipline.

Section Three: Additional Questions

- If applicable, list policies, programs, or initiatives that already exist that concern student disciplinary policy and mental health.
- Please list any existing task forces, advisory councils, or working groups that focus on student discipline, behavior, or mental health. Interested stakeholders along with contact information may also be listed.
- Please provide any current or pending litigation related to student behavior, mental health, and discipline.
- What are your concerns about Louisiana policies on student discipline and mental health/behavioral services?

Appendix F

State Policy and Programs: A National Review

By: Grace Chow, Southern University Law Center, Vulnerable Communities and Peoples Initiative

I. INTRODUCTION

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.¹

The Centers for Disease Control and Prevention's ("CDC") emphasis of "every" in regard to an individual's stage of life is but an understatement of the importance and effects of mental health. The continued efforts to provide support to a student adolescent's mental health is determinative of their success² and by applying a national review of other state policies, Louisiana can become the frontrunner to support a child's mental needs.

This section will discuss and focus on four (4) distinct practice areas and will highlight the proposed changes to Louisiana's practices. This is accomplished by comparing and contrasting existing considerations and policies currently in effect throughout the United States. With a huge national shift of prioritizing a student's mental health within the school system, the following will discuss implications of recent state policies and recommendations which should be imposed and adopted on Louisiana students.

II. STATE POLICY TRENDS

Since the beginning of 2019, more than six hundred (600) state bills across the country related to student mental health and behavioral health were introduced.³ In 2022, a total of about 956 health bills were introduced, 225 of them were related to mental and behavioral health.⁴ A total of forty-eight (48) bills have been enacted within the last year, alone, leaving one hundred four (104) pending.⁵ Upon review of recent enacted bills, many of them introduced ways to support student mental health in educational settings across a multitude of fields and services. Many of these policies promoted positive mental health and wellness as well as illuminated specific treatment services for students K-12.

¹ Centers for Disease Control and Prevention, *Data and Statistics on Children's Mental Health*, <https://www.cdc.gov/childrensmentalhealth/data.html>.

² *Id.*

³ The Education Commission of the States (EOS) is a U.S. interstate agency that tracks education policy, translates research, and creates opportunities for state policymakers to learn from one another. The purpose of the EOS is to broaden the reach of mental health services and provide an access point for early and effective intervention in typical, everyday environments. By utilizing this research mental health services are most effective when integrated into a student's academic instruction. *See* Education Commission of the States. (2020). *State Education Policy Tracking*. <https://www.ecs.org/state-education-policy-tracking/>.

⁴ *Id.*

⁵ *Id.*

These trends were divided into four (4) distinct practice areas, which will be used as a focal point of discussion and policy proposal. By focusing on recent state actions, the importance of Louisiana's improvement will stem from the following practice areas within the school system: (1) Mental Health and Wellness Curriculum; (2) Suicide Prevention Programs and Services; (3) Mental Health Screenings; and (4) School-Based Mental Health Programs and Services. This section of the report will begin to identify the problem by highlighting the comparison between the surrounding state policies and those lacking within the state of Louisiana.

a. MENTAL HEALTH AND WELLNESS CURRICULUM

Teaching students about mental health and wellness *will* help students recognize issues with themselves and other students while providing tools for students when they need help. Suicide is the third leading cause of death in teens with 1 in every 10 teens experiencing episodes of depression and 1 in 5 youths suffering from some type of mental illness.⁶ Since the height of the pandemic, students have reported to have reached higher levels of stress and depression as well as an increased difficulty with concentration.⁷ With students inhibited by the stress of feeling isolated on top of the base-line stress of student responsibilities, it will be essential to create a space and investigate curriculars for students to combat mental health and wellness.

i. CURRENT POLICIES IN LOUISIANA

In 2022, Louisiana enacted H.B. 981⁸ which required each public school to provide K-12 age and grade appropriate classroom instruction relative to mental health.⁹ Within this bill, required that first, each public-school governing authority to provide mental health instruction be integrated into an existing required course, to all students. Second, this bill required that the State Board of Elementary and Secondary Education, upon its revision of the health education state content standards, increased emphasis on the mental health component.¹⁰

ii. COMPETING APPROACHES AND CONSIDERATIONS

South Carolina's H.B 3257, enacted in 2020, provided that there be age appropriate and grade appropriate classroom instruction relative to mental health.¹¹ Instead, this provision included

⁶ Stanford Medicine – Children's Health, *Teen Suicide*.

<https://www.stanfordchildrens.org/en/topic/default?id=teen-suicide-90-P02584>.

⁷ Emma, Distance Learning, Educational Technology, Mental Health, Online Learning, Suicide, Suicide Prevention, Technology. (2020, May). *Mental Health and Distance Learning*. <https://learnsafe.com/mental-health-and-distance-learning/>.

⁸ This bill was introduced in the 2022 Regular Session by Representatives Duplessis, Beaulieu, and Schlegel and Senators Barrow, Boudreaux, Bouie, Carter, Cathey, Connick, Jackson, Luneau, Price, Reese, Smith, Talbot, Tarver, and Womack. It was enrolled as ACT No. 650. *See Louisiana 2022 Regular Session. (2022). Require the Provision of Mental Health Instruction to Public School Students*. <https://www.legis.la.gov/Legis/ViewDocument.aspx?d=1290032>.

⁹ *Id.*

¹⁰ *Id.*

¹¹ South Carolina General Assembly 123rd Session. (2020, September). *Cyclical review of mental, emotional, and social health standards and concepts*. https://www.scstatehouse.gov/sess123_2019-2020/bills/3257.htm.

that “at the next cyclical review of health standards, the board shall continue to revise existing age-appropriate standards and concepts that address mental, emotional, and social health.”¹² By including this provision within its revised policy considerations, South Carolina ensured that there were continued efforts to ensure that students would receive up-to-date experiences and information.

Maine’s S.P. 303 required that K-12 education curriculum addressed the relationship between physical and mental health to reduce stigma and enhance a student’s understanding of attitudes and behaviors related to mental health.¹³ These courses were different on levels specific to elementary school, middle school, and junior high instruction.¹⁴ Within each level of age and grade appropriate instruction, each provided that “instruction in health, safety and physical education must recognize the multiple dimensions of health by including instruction in mental health and the relationship between physical and mental health in order to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.”¹⁵ While the school systems already had instruction related to physical health in place, Maine understood that a student’s stress as it related to education played a significant role in a child’s mental health. This policy specifically understood the difference between mental health and physical health and created opportunities where a student could seek separate resources related to the two.

Mississippi’s H.B. 1283 established a pilot program for K-5 students to manage stress and anxiety.¹⁶ This bill directed that the State Department of Education establish a pilot program in school districts to provide K-5 student with skills to manage stress and anxiety through an evidence-based curriculum.¹⁷ This was in response to and in preparation for an active shooter situation.¹⁸ Mississippi mandated active shooter drills at the beginning of each semester and required schools to be prepared to assist students struggling with mental health stemming from stresses similar to shooter situations.¹⁹ Not only were students provided resources to address their struggles, staff was also required to attend mental health trainings every two (2) years.²⁰

Colorado’s H.B. 22-1278 required the Behavioral Health Administration Organization to collaborate with schools and local education agencies to address gaps in services and to promote

¹² *Id.*

¹³ 129th Maine Legislature. (2019, February). *An Act to Include Mental Health Education in Maine Schools*. <https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0303&item=1&snum=129>.

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ Mississippi Legislature. (2019, July). *Mississippi School Safety Act of 2019*. <http://billstatus.ls.state.ms.us/documents/2019/pdf/HB/1200-1299/HB1283SG.pdf>

¹⁷ *Id.*

¹⁸ At this time, American schools were experiencing a rapid increase in mass shootings. Mississippi Legislature. (2019, July). *Mississippi School Safety Act of 2019*. <http://billstatus.ls.state.ms.us/documents/2019/pdf/HB/1200-1299/HB1283SG.pdf>

¹⁹ *Id.*

²⁰ *Id.*

student access to behavioral health services.²¹ By creating this requirement, Colorado legislatures visited the conversation surrounding school funding. The situation revolving around revenue was strong enough to eliminate Budget Stabilization Factor by adjusting K-12 funding.²² Further, Colorado introduced and enacted H.B. 22-1390 which appropriated \$184,125,900 to the Department of Education for 2022-2023 fiscal year to implement changes to the School Finance Act.²³ This reduced the Budget Stabilization Factor to \$321,000,000, averaging of about \$9,559 per student which increases an extra \$300,000,000 into the State Education Fund.²⁴

iii. PROPOSED CHANGES TO LOUISIANA POLICY

To begin comparing approaches and considerations in Louisiana, it is important to acknowledge that the language placed in Louisiana's H.B. 981 is somewhat broad and suggestive. While H.B. 981 does specify that each public school shall provide mental health instruction, it gives only but authority to the school boards to implement instruction into their existing required course. A remedy to this is to adopt South Carolina's H.B. 3257, where a cyclical review of [mental] health standards be addressed within a student's curriculum. Where revision is necessary, a provision can be in place to revise Louisiana's current policy consideration and allow the board to continue to revise its existing age and grade appropriate standards. A cyclical review of these standards will allow for a student's curriculum to be updated regularly and modified where necessary.

In addition to a cyclical review of Louisiana's current and existing curriculum, it will be imperative to include programs established in Maine's S.P. 303, Mississippi's H.B. 1283, and Colorado's H.B. 22-1278. A revision to Louisiana's existing curriculum may be that there be an obvious distinction between physical and mental health. While health is submerged in a plethora of topics, it will be beneficial for curriculums to separate the importance of mental health with physical health (S.P. 303). Further, with this distinction, a student's instruction of mental health should include direction of how students may manage stress and anxiety (H.B. 1283). With student's exposure to events beginning earlier in their matriculation, it will be beneficial for students to understand and manage stressful or anxiety inducing situations. This curriculum may be collaborative with schools and local educational agencies in order the address the gaps in school services (H.B. 22-1287). By doing so, this will allow a student's curriculum to be all encompassing of other agencies who may be able to provide an education experience to students K-12.

²¹ Colorado General Assembly. (2022). *Public School Finance Concerning the Financing of Public Schools, and in Connection therewith, Making an Appropriation*. <https://leg.colorado.gov/bills/hb22-1278>.

²² General Assembly of the State of Colorado. (2022, May). *Concerning the Financing of Public Schools, and, in Connection therewith, Making an Appropriation*. https://leg.colorado.gov/sites/default/files/2022a_1390_signed.pdf.

²³ *Id.*

²⁴ *Id.*

b. SUICIDE PREVENTION PROGRAMS AND SERVICES

As suicide continues to be a leading cause of death for youth, many states have turned to student suicide prevention policies.²⁵ Policies included promoting awareness, creating intervention plans, providing support services, and requiring professional development. These policies are intended to help prevent student suicide through training and partnerships.²⁶

i. CURRENT POLICIES IN LOUISIANA

Louisiana's H.B. 53²⁷ provided student identification cards with the National Suicide Prevention Lifeline hotline number and a local suicide prevention hotline number, *if available*.²⁸ Additionally, the State Board of Elementary and Secondary Education *shall* develop and adopt guidelines for in-service training in suicide prevention to include increasing awareness of risk factors of mental health and substance abuse conditions, childhood abuse, neglect, trauma, potential causes of stress (bullying, harassment, relationship problems), and secondary trauma from a suicide or sensationalized or graphic accounts of suicide in media.²⁹ Louisiana's ACT no. 93 also attempted to provide information of how teachers should respond to suspicious behavior or warning signs exhibited by students.³⁰ However, it was recommended that the board annually develop a written report of the survey findings and any recommendations and submit the report to the Senate Committee on Education, the House Committee on Education, the Senate Committee on Health and Welfare, and the House Committee on Health and Welfare.³¹ Additionally, Louisiana's policy surrounding suicide prevention did not stop there.

Louisiana's H.B. 5001³² required Local Education Agencies to offer grades 6-12 age appropriate and evidence-based training on suicide prevention to include student safety, violence,

²⁵ Stanford Medicine – Children's Health, *Teen Suicide*.
<https://www.stanfordchildrens.org/en/topic/default?id=teen-suicide-90-P02584>.

²⁶ *Id.*

²⁷ This bill was introduced in the 2019 Regular Session by Representatives Moss, Abramson, Adams, Bacala, Bagneris, Berthelot, Billiot, Bishop, Bouie, Bourriaque, Terry Brown, Carmody, Gary Carter, Steve Carter, Chaney, Davis, Devillier, Dubuisson, Dwight, Emerson, Gisclair, Guinn, Hill, Hoffmann, Horton, Huval, Jackson, Mike Johnson, Robert Johnson, Jordan, Nancy Landry, Larvadain, Lebas, Lyons, McFarland, Moore, Jay Morris, Norton, Pearson, Pugh, Pylant, Richard, Smith, Thomas, and Turner and Senator Peacock. It was enrolled as ACT No. 93. *See* Louisiana 2019 Regular Session. (2019).
<https://www.legis.la.gov/Legis/ViewDocument.aspx?d=1143268>.

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

³² This bill was introduced in the 2022 Regular Session by Representatives Schlegel, Adams, Amedee, Bacala, Beauillieu, Boyd, Brass, Butler, Carpenter, Carrier, Comier, Crews, Davis, Devillier, Dubuisson, Echols, Edmonds, Edmonston, Firmont, FFisher, Freeman, Freiberg, Gaines, Garofalo, Green, Harris, Hodges, Horton, Illg, Jefferson, Mike Johnson, Kerner Lafleur, Landry, Larvadain, Marcelle, McFarland, McKnight, McMahan, Newell, Charles Owen, Pierre, Schamerhorn, Scheznayder, Selders, Stagni, St. Blanc, Tarver, Thompson, Wheat, White, Willard, Wright, Villo, and Zeringue, and Senator Barrow. It was enrolled as ACT No. 643. *See* Louisiana 2022 Regular Session (2022).
<https://www.legis.la.gov/legis/ViewDocument.aspx?d=1290025>.

and social isolation.³³ It required that each student receive no less than one (1) hour or one (1) standard class period, *whichever is shorter*, of training in suicide prevention per year – administered through student assemblies or in-person, video, or a combination thereof on the following topics:

(1) How to identify observable warning signs and signals of an individual who may be at risk of harming themselves; (2) steps students can take to report harmful or potentially harmful activity (to include understanding the importance of taking threats seriously and seeking help); and (3) how to utilize strategies to be more socially inclusive in the classroom and community and how to establish connections with others.³⁴

ii. COMPETING APPROACHES AND CONSIDERATIONS

Oregon’s S.B. 52 required school districts to develop comprehensive plans on suicide prevention for K-12 students (to include procedures for suicide prevention, intervention and activities that promote healing after suicide, and identifying school officials responsible for responding to reports of suicide risk).³⁵ Oregon’s legislation focused on plans to address policy and protocols addressed in populations at higher risk for youth suicide, for example, LGBTQ+ students.³⁶ Not only did Oregon believe that expanding its efforts to K-12 students, their plan included trainings which were required to include “when and how to refer youth and their families to appropriate mental health services; programs that can be completed through self-review of suitable suicide prevention materials; and any other requirement that [was] made by the State Board of Education through rules that have been based on consultations with subject matter expert organizations.”³⁷

Along with Oregon’s strong belief for suicidal preventative measures, a sample Suicide Prevention Policy and Plan for grades K-12 from Forest Grove School District, adopted June 22, 2020, illustrated preventative specifics as to staff training and education; student training and education; and populated at elevated risk of suicidal behavior.³⁸ Intervention was discussed as to

³³ *Id.*

³⁴ *Id.*

³⁵ Oregon’s bill is known as *Adi’s Act* – legislation named after *Adi Staub*, a young girl who died by suicide after struggling in high school with coming out as transgender. “*Adi* inspired [students] in showing the courage to quickly ‘come out’ to classmates, standing in class and asking that others accept her as ‘*Aditi* or *Adi*,’ a transgender woman.” See King, Natalie. *My Oregon News – news from the State of Oregon*. (2019, June). “*Adi’s Act*” will Address Suicide Prevention in Schools.

<https://www.myoregon.gov/2019/06/18/adis-act-will-address-suicide-prevention-in-schools/>.

³⁶ Oregon Alliance to Prevent Suicide – Hope, Help, Healing. *SB 52, Adi’s Act*.

<https://oregonalliancetopreventsucide.org/sb-52/>.

³⁷ *Id.*

³⁸ This report was in collaboration with the American School Counselor Association, National Associate of School Psychologists, Trevor Project, and American Foundation for Suicide Prevention. See Forest Grove School District, *Suicide Prevention Policy and Plan* (September 20220).

<https://oregonalliancetopreventsucide.org/wp-content/uploads/2021/02/Forest-Grove-School-District-SB-52-Plan.pdf>.

suicidal behavior risk and protective factors; suicide response protocol; school suicide prevention contact and links to email; and re-entry procedure.³⁹ The plan was to include prevention, intervention, and postvention plans for every school district and the resources that differ per surrounding area.⁴⁰

Wisconsin's A.B. 528⁴¹ required the department of public instruction to establish a grant program to implement or maintain peer-to-peer suicide prevention programs in public, private, and tribal high schools.⁴² The department awarded up to \$1,000 for each school which uses the grant to support an existing or to implement a peer-to-peer suicide prevention programs for students in high school grades.⁴³ Wisconsin understood that students struggled with mental health and this act would allow them to turn to their friends and classmates and have tools needed to recognize warning signs and help their friends.⁴⁴

Arizona's S.B. 1446 required student identification cards to include information on suicide prevention resources, local crisis centers, or emotional support services for all high school students.⁴⁵ This requirement was specific to students in grades 9-12 and allowed for the inclusion of a statement describing how to access the text-based emotional support service.⁴⁶

New Jersey's Bill S2811 required school report cards to include information concerning the number of mental health professionals and school safety specialists employed by each school district.⁴⁷ This included the number of school counselors, social workers, student assistance coordinators, and other mental health professionals employed by, or under contract with, the school district that specifically provide mental health services to students.⁴⁸ Further, this policy included schools and districts to state the total number of mental health professionals providing these services in the school and district.⁴⁹

iii. PROPOSED CHANGES TO LOUISIANA POLICY

Notice that Louisiana's enacted policies focused on grades 6-12 as the age appropriate and evidence-based training on suicide prevention. However, it is important to understand that early

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ Now 2019 Wisconsin Act 83. <https://content.govdelivery.com/accounts/WIGOV/bulletins/2793a06>.

⁴² State of Wisconsin. (2020, February). *Grants to support peer-to-peer suicide prevention programs in high schools, granting rule-making authority, and making an appropriation.* <https://docs.legis.wisconsin.gov/2019/related/acts/83.pdf>.

⁴³ *Id.*

⁴⁴ Evers, Tony. State of Wisconsin. (2020, February). *Gov. Evers Signs Bipartisan Legislation at Milton High School.* <https://content.govdelivery.com/accounts/WIGOV/bulletins/2793a06>.

⁴⁵ Legislature of the State of Arizona. (2020). *Relating to Student Safety.* <https://www.azleg.gov/legtext/54leg/2R/laws/0083.pdf>.

⁴⁶ *Id.*

⁴⁷ State of New Jersey 219th Legislature. (2020, August). *Requires school report card to include information concerning number of mental health professional and school safety specialists employed by each school district.* https://pub.njleg.state.nj.us/Bills/2020/AL21/339_PDF.

⁴⁸ *Id.*

⁴⁹ *Id.*

intervention allots the most amount of time for preventative care to come into effect. By adopting Oregon's S.B. 52 expanded efforts to K-12 students, Louisiana students will also gain the advantage of earlier intervention and preventative measures when it comes to text-based emotional support services and peer-to-peer suicide prevention programs.

Louisiana students will also benefit from the increased access to information on suicide prevention resources, local crisis centers, and emotional support services. By requiring this information be provided to students, this will allow an increase and broadened access to this information as opposed to obtaining this information solely from their student identification cards. Once more, by allowing this information to be included on a student's report card, resources will also reach the grasp of a student's parental guardians.

In the future, it would be beneficial for schools to be awarded grants or illustrate expenditure for specific programs and services. For example, Wisconsin's A.B. 528 allotted up to \$1,000 for each school to be used to implement peer-to-peer suicide prevention programs. While Louisiana does not specify how it allots its funding towards specific mental health services or programs, a long-term goal would be for school districts or the board of education to be able to illustrate how their funds and grants are being distributed and for what purpose as regards to a student service.

c. MENTAL HEALTH SCREENING

Mental health screening is imperative for screening for early identification and needs assessments which provide opportunity to connect students with targeted services and support.

i. CURRENT POLICIES IN LOUISIANA

There are currently no policies in Louisiana surrounding mental health screening.

ii. COMPETING APPROACHES AND CONSIDERATIONS

Minnesota's H.B. 3634 required that screenings be developed in school districts and charter schools.⁵⁰ This required schools to develop a plan to conduct evidence-based mental health screenings on students in kindergarten through grade 12 coming from schools who received funding under specific provisions laid out in Minnesota's funding.⁵¹ This also includes the requirement to hire student mental health support staff, including but not limited to psychologists, school social workers, school nurses, school counselors, and chemical dependency counselors.⁵² Parental notification is a requirement of the plan to conduct the screening, including the purpose of the screen, and when the screen will be conducted.⁵³ Consequently, a district or charter school is by any means allowed to conduct a mental health screening on a student whose parents (or

⁵⁰ Minnesota Legislature. (2022). *Office of the Revisor of Statutes – 245.4874 Duties of County Board*. <https://www.revisor.mn.gov/statutes/cite/245.4874>.

⁵¹ *Id.*

⁵² *Id.*

⁵³ *Id.*

guardian) has not consented to the screening.⁵⁴ However, if the results of a student's mental health screen indicates a mental health condition, the institution must notify the student's parent (or guardian) of the results and provide a parent a copy of the result, while listing the resources available to the student in the school or community.⁵⁵ Guidance of district schools or charter schools is provided by the commissioner of the education, to provide sample mental health screenings and other resources to assist them in implementing these screenings.⁵⁶

Utah H.B. 323 allowed for the implementation of evidence-based mental health screening programs and required the screening tool be administered to students admitted to public schools annually.⁵⁷ The purpose was to create an effective tool for identifying whether a student had a mental health condition that requires intervention⁵⁸ and appropriated an ongoing amount of \$500,000.⁵⁹ Established by the Utah State Board of Education and stemming from the School-based Mental Health Screening Grant (SBMHSG), was a compilation of Mental Health Screening Tool List of fifteen (15) resources.⁶⁰ This list highlights each tool and identifies its services by (1) age or grade; (2) condition the screening detects; (3) screening administrator; and (4) limitations and false positives – all of which are evidence-based data.⁶¹

Alabama H.B. 123 required every local board of education to hire a mental health services coordinator and required hired individuals to receive a school-based mental health certificate.⁶² Further, the local board would submit to the Alabama Department of Mental Health, an assessment is required to document the status of mental health for the entire school system and allowed the local board of education to engage in a quality improvement process to improve the provision of mental health resources to students.⁶³

New Jersey's Bill A4075/3229 required the board of education of each school district and the board of trustees to develop and adopt a policy for the establishment of a threat assessment team.⁶⁴ This team would provide school teachers, administrators, and other staff with assistance in identifying students of concern by assessing a student's risk of engaging in violence or other

⁵⁴ *Id.*

⁵⁵ Note, that the list of resources within the school and community is a requirement, i.e., school must have that knowledge or have access to that information. *Id.*

⁵⁶ *Id.*

⁵⁷ Utah State Legislature. (2020). *School Mental Health Funding Amendments*. <https://le.utah.gov/~2020/bills/hbillint/HB0323.pdf>.

⁵⁸ *Id.*

⁵⁹ Utah State Board of Education. (2020). *School-Based Mental Health Screening Grant (SBMHSG)*. <https://www.schools.utah.gov/safehealthyschools/grantopportunities/sbmhsg>.

⁶⁰ Utah State Board of Education. (2020). *Mental Health Screening Tool List*. <https://www.schools.utah.gov/file/57657a24-2f47-4fdc-901d-05d0c2248b15>.

⁶¹ *Id.*

⁶² Alabama State Legislature. (2022). *Schools, K-12, mental health service coordinator for each school system, subject to legislative appropriation, duties to Dept. of Mental Health and Dept. of Education, qualifications provided*. <https://openstates.org/al/bills/2022rs/HB123/>.

⁶³ *Id.*

⁶⁴ State of New Jersey 219th Legislature. (2020, August). *Requires school report card to include information concerning number of mental health professional and school safety specialists employed by each school district*. https://pub.njleg.state.nj.us/Bills/2022/AL22/83_.PDF.

harmful activities.⁶⁵ The threat assessment team would also deliver intervention strategies to manage the risk of harm for students.⁶⁶

iii. PROPOSED CHANGES TO LOUISIANA POLICY

Based on the fact that Louisiana has not implemented any policies surrounding mental health screening, any of the aforementioned policies would be an addition to the success to students in grades K-12. The recently enacted bills from Minnesota, Utah, Alabama, and New Jersey illustrate the front runner of states who believe in the importance of mental health screening for students. By highlighting Minnesota's H.B. 3634, they believed in the importance of establishing a mental health support staff for the sole purpose of student screenings.

Resources are pulled, for example, Utah's H.B. 323, to illustrate the accumulated resources for students and screening programs. Utah's implementation of evidence-based mental health screening programs utilized the accumulation of tools to be administered to students. Evidence-based resources should be utilized for Louisiana students in order to also establish the limitations and false positive of these programs. These programs will show a positive outcome as it may be established by reliance of self-report or even for clinical use. By establishing the use of screening tools, students will be exposed to specified condition screening detections which will ultimately drive to the student's success. Not only will mental health screening programs address a student's needs preventatively, but it will also be able to detect a substantial number of fields and services a student encounters through their K-12 grade years, to include depression/mood, anxiety, suicide ideation, and isolation.

d. SCHOOL-BASED MENTAL HEALTH PROGRAMS AND SERVICES

School-based mental health programs and services are programs that are provided at or closely linked to schools. These are programs and services which are readily available and located on-campus to these schools and districts. The purpose is to increase the accessibility and immediacy of resources for a student's mental needs through intervention and other support services.

i. CURRENT POLICIES IN LOUISIANA

Louisiana established the Adolescent School Health Initiative Act which authorizes the Office of Public Health to encourage the development of comprehensive health centers.⁶⁷ Louisiana has implemented a variety of policies supporting a school-based mental health needs for students. However, it is important to note that Louisiana has not enacted any new school-based mental health bills within the last few years.

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ Louisiana Department of Health – Bureau of Family Health. *Adolescent School Health Program*. <https://ldh.la.gov/page/565>.

ii. COMPETING APPROACHES AND CONSIDERATIONS

Kentucky's S.B. 1 directed schools to adopt a trauma-informed approach to addressing students' learning needs.⁶⁸ The department of education created a toolkit for schools that may contain guidance, strategies, behavioral interventions, or practices for its development.⁶⁹ Kentucky understood that intervention services would be provided to students at risk of school failure, or at risk of participation in violent behavior or juvenile crime.⁷⁰ Each local school district shall appoint a district-level school administrator to serve as the district's school safety coordinator to designate a school safety and security threat assessment team.⁷¹ As part of this team, school-based mental health service providers, an individual who is licensed or certified school counselor, school psychologist, school social worker, or other qualified mental health professional, would be included.⁷²

Iowa's S.F. 2261 allowed schools and districts to provide behavioral health services via telehealth to students on school premises.⁷³ Similar to how a provider-patient relationship is serviced via telehealth, this institution does the same thing but in a school setting.⁷⁴ Behavioral health services provided via telehealth in a school setting was set to provide a secure, confidential, and private room for its services, and technology necessary to conduct telehealth services.⁷⁵ A mental health professional with prescribing authority who provides telehealth services would not prescribe any new medication to a student during a telehealth session, however, a mental health professional with prescribing authority may initiate new prescriptions, alter the dosage of an existing medication, or discontinue an existing medication for treatment of the student's behavioral health condition.⁷⁶

Further, in 2022, Iowa's H.F. 2375 allocated \$2,176,797 for state matching funds for school food services; allocated \$200,000 for implementing a children's grief and loss rural pilot program; allocated \$3,383,936 for school based mental health services; appropriated funds for 2022-2023 fiscal year to Department of Education (\$5,975,526 for general administration; \$23,406,799 for Early Childhood Iowa Fund; \$8,146,450 Jobs for America's Graduates; and \$2,176,797 for school food service).⁷⁷

Texas' S.B. 11 required the state education agency to develop a mental health rubric that identifies resources for training to support student mental health; school-based prevention and

⁶⁸ General Assembly of the commonwealth of Kentucky. (2019) *Act relating to school safety and declaring an emergency*. <https://apps.legislature.kyt.gov/recorddocuments/bill/19RS/sb1/bill.pdf>.

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.*

⁷² *Id.*

⁷³ General Assembly of State of Iowa. (2021, January). *An act relating to the provision of behavioral health services including via telehealth in a school setting*.

<https://www.legis.iowa.gov/docs/publications/LGE/88/SF2261.pdf>.

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ *Id.*

intervention services; and school-based mental health providers.⁷⁸ This bill also created a statewide plan to include goals for increasing access to school-based interventions.⁷⁹ This also enforced for each school district to have a district improvement plan that is developed, evaluated, and revised annually.⁸⁰ The purpose is to guide the district and campus staff in the improvement of student performance for all groups and attain state standards. This is with respect to the achievement and performance of categories specific to ethnicity, socioeconomic status, sex, and populations served by special programs.

III. EVERY STUDENT SUCCEEDS ACT (ESSA)

Every Student Succeeds Act (ESSA) includes provisions that will help ensure success for students and schools.⁸¹ ESSA requires every state to measure the performance of their students in reading, math, and science.⁸² The success of each school's students includes, but are not limited to the following:

- Advancing equity by upholding critical protections for America's disadvantaged and high-need students.
- Requires – for the first time – that all student in America be taught to high academic standards that will prepare them to succeed in college and careers.
- Ensures that vital information is provided to educators, families, students, and communities through annual statewide assessments that measure students' progress toward those high standards.
- Helps to support and grow local innovations – include evidence-based and place-based interventions developed by local leaders and educators – consistent with their Investing in Innovation and Promise Neighborhoods.
- Sustains and expands this administration's historic investments in increasing access to high-quality preschool.
- Maintains an expectation that there will be accountability and action to effect positive change in our lowest-performing schools, where groups of students are not making progress, and where graduation rates are low over extended periods of time.⁸³

ESSA increases transparency to empower parents with information to help make decisions that are in the best interest of the child.⁸⁴

⁷⁸ Legislature of the State of Texas. (2019). *An act relating to policies, procedures, and measures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium*. <https://capitol.texas.gov/tlodocs/86R/billtext/pdf/SB00011F.pdf#navpanes=0>.

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ ESSA is the federal K-12 education law signed in 2015 and replaced the previous education law, No Child Left Behind. ESSA, however, extended more flexibility to States in education and laid out expectations of transparency for parents and the communities. See U.S. Department of Education. (2022). *Every Student Succeeds Act (ESSA)*. <https://www.ed.gov/essa?src=rn>.

⁸² *Id.*

⁸³ *Id.*

⁸⁴ *Id.*

a. STATE REPORT CARDS

ESSA requires that every state develop a concise and easily understandable State Report Card that may be accessed online.⁸⁵ Each report card must provide information and data illustrating graduation rates, suspensions, absenteeism, teacher qualifications, and may other areas.⁸⁶

i. MENTAL, BEHAVIORAL HEALTH, AND DISCIPLINE

“ESSA identifies school psychologists are school-based mental health service providers who are qualified to provide the full range of comprehensive school psychological services. . . . School psychologists are uniquely positioned in schools to facilitate the development, delivery, and monitoring of prompt, effective and culturally responsive mental and behavioral health services that are effectively coordinated with needed community services.”⁸⁷

Due to ESSA’s unique acknowledgement of the direct link between a student’s mental and behavioral wellness and what is an overall positive student achievement, funding authorizations to support state and district efforts using a tier system to support the following:

- Administer universal mental and behavioral screening and provide early intervention for at-risk students.
- Improve quality access and effectiveness of family engagement and school community mental health partnerships.
- Provide mental health first aid and other professional development and training for relevant school staff to:
 - Facilitate early identification and referral of students who may be in need of mental health supports.
 - Implement suicide prevention policies and practices, including suicide risk and threat assessment.
 - Support the implementation of trauma informed practices.
 - Increase knowledge of culturally competent practices.
 - Support evidence-based efforts to prevent school violence, bullying, and harassment; improve school safety; and foster safe and supportive learning environments.⁸⁸

Tier 1 includes universal services which are part of a school-wide effort to promote mental and behavioral wellness.⁸⁹ Tier 2 are targeted services used to address and identify emerging

⁸⁵ U.S. Department of Education. (2018, November). *A Parent Guide to State and Local Report Cards*. <https://www2.ed.gov/policy/elsec/leg/essa/parent-guide-state-local-report-cards.pdf>.

⁸⁶ *Id.*

⁸⁷ National Association of School Psychologists – Helping Children Thrive, In School, At Home, In Life. (2021). *ESSA Mental and Behavioral Health Services for School Psychologists*. <https://www.nasponline.org/research-and-policy/policy-priorities/relevant-law/the-every-student-succeeds-act/essa-implementation-resources/essa-mental-and-behavioral-health-services-for-school-psychologists>.

⁸⁸ *Id.*

⁸⁹ *Id.*

mental and behavioral health problems, to include to prevent risky behaviors, and increase protective factors for students.⁹⁰ Tier 3 are the intensive services that focus on direct and indirect services by addressing mental and behavioral health problems.⁹¹

1. NATIONAL AVERAGE

While ESSA requires states to report on each student's school performance, ESSA does allow room for each school's interpretation and choice of how to illustrate accountability.⁹² States utilize their own rating systems. Though each state interpreted its own regarding the preparation of their ESSA report, the following information was extracted as a summative comparison of each state:

- At least twenty (20) states include student subgroups beyond what is required by ESSA.
- Most of the common indicators of school quality and student success (SQCC) included absenteeism, college and career readiness, and school climate or safety.
- At least eight (8) states and D.C. use assessments developed by one of two consortia, Smarter Balanced Assessment System or the Partnership for Assessment of readiness for College and Careers.
- About twenty-two (22) states use a college entrance exam (ACT, PSAT, SAT) as the high school assessment for accountability.⁹³

2. LOUISIANA

Louisiana Believes published its Elementary and Secondary Education Plan pursuant to the Federal Every Student Succeeds Act (ESSA) on August 8, 2017.⁹⁴ However considered Louisiana's ESSA Plan for 2018, this is the latest and most recent plan publicly published and was revised by the U.S. Department of Education on March 13, 2017.⁹⁵ Pursuant to Louisiana's last ESSA report, indicators and weights for elementary/ middle (students grades K-5) sit at an achievement of 50% and growth of 25%; middle school (students grades 6-8) sit at an achievement of 46.67% and growth of 25%; and high school (students grades 9-12) sit at an achievement of 20.83% and graduation rate of 41.67%.⁹⁶

⁹⁰ *Id.*

⁹¹ *Id.*

⁹² Education of Commission of the States. (2018). *50-State Comparison, State Summative Assessments 2018*. <https://reports.ecs.org/comparisons/state-summative-assessments-2018>.

⁹³ Education of Commission of the States. (2022). *50-State Comparison: States' School Accountability Systems*. <https://www.ecs.org/50-state-comparison-states-school-accountability-systems/>.

⁹⁴ Louisiana Believes. (2017, August). *Louisiana's Elementary & Secondary Education Plan Pursuant to the Federal Every Student Succeeds Act (ESSA)*. <https://www2.ed.gov/admins/lead/account/stateplan17/lastateplan882017.pdf>.

⁹⁵ *Id.*

⁹⁶ *Id.*

IV. CONCLUSION

Full adaptations of mental health and wellness curriculum will be beneficial as it will enable early intervention and access to resources for students in need. Additionally, the implementation of mental health curriculum at an earlier stage for students will lead toward the success of students. This also can be supported by the establishment of mental health screening and the usage of screening tools in order to provide opportunity for students to connect with targeted services and support.

ESSA, although suggestive, is a huge indicator as to the success of students K-12. With the recent pandemic and its large effect of grades K-12, it will be imperative to obtain a more recent or updated ESSA report illustrative of Louisiana students. Although the identification of these key areas of focus will lead to the momentum needed for advancing high-quality comprehensive school mental health systems, issues involved include funding and the sustainability of implementing these programs. However, with the use of these compelling visions and shared research, the goal is to carry out these considerations in order to provide a more equitable outcome to our Louisiana students.

Appendix G

The Legal Woes of Discipline and Mental Health in Louisiana School Districts By: Omar Minhas, Southern University Law Center, Vulnerable Communities and Peoples Initiative

I. Introduction

The state of Louisiana, like many other states in the union, has its issues. However, Louisiana on its face, appears to be lacking behind several states. Just merely conducting a Google search of “Louisiana state statistics” will show you just where the state ranks amongst other states. According to a recent USNews.com Article, “Louisiana ranks 50th”.¹

The article gives a detailed list of the criteria for which it determines these ranking. All of which are unfavorable to Louisiana. Which is precisely why there must be action taken. As such, within Louisiana’s Legislature lies a subcommittee which is dedicated to bringing about change to these statistics.

Under HR 173, a taskforce is created to “study student behavior, mental health, and discipline”.²

II. Legal Background/

The main focus of this task force is to alter the status quo of the current education system of Louisiana. Specifically by bringing about change in the following areas:

1. The ability of public-school governing authorities and the state Department of Education to provide trauma-informed services to public school students in grades kindergarten through twelve. ([HB222](#), [SB256](#)).
2. The feasibility of having a school psychologist to student ratio of not less than one to five hundred and a social worker to student ratio of not less than one to two hundred fifty in school districts.
3. The feasibility of prohibiting corporal punishment in public schools. ([HB649](#)).
4. The feasibility of prohibiting school discipline policies and practices, commonly known as “zero tolerance”, that mandate predetermined consequences in response to specific types of student misbehavior, regardless of the context or rationale for the behavior. ([HB920](#)).
5. The notion of “willful disrespect” relative to school discipline. ([HB920](#)).

To better define what constitutes “mental health” in the state of Louisiana. As it stands, the following is the only definition under the Louisiana code.

[La. RS 28.1](#)

[La. RS. 28.2: Louisiana’s definition for “Mental Health”](#)

“(2) “Behavioral health” is a term used to refer to both mental health and substance use

¹ <https://www.usnews.com/news/best-states/louisiana>

² <https://fastdemocracy.com/bill-search/la/2022/bills/LAB00019863/>

Lastly, under [La RS 17:416](#)³ discipline is defined. However, a major goal of the current disciplinary resolutions are as follows:

- [La RS 17:416](#)
 - “A.(1)(a) Schools shall endeavor to prioritize classroom - and school - based interventions in lieu of out-of-school disciplinary removals to address student misconduct in order to minimize the loss of academic instructional time...”
 - *NO MENTION of “Willful” nor “disrespect” (disobedience)
- [La RS 17:416.1](#)
 - “A. In addition to the specific disciplinary measures authorized in R.S. 17:416 teachers, principals, and administrators of the public schools may, subject to any rules as may be adopted by the parish or city school board, employ other reasonable disciplinary and corrective measures to maintain order in the schools; provided, however, that nothing in this Section shall be construed as superseding the provisions of R.S. 17:416 relative to the disciplining of students, suspensions, and expulsion”
 - *NO MENTION of “willful” nor “disrespect”(disobedience)
- **The goal of the task force is to remove this implied notion of “willful disrespect” “willful disobedience”.**

The following cases justify the need to bring about the change.

III. A.A. v Phillips

In the pending class action suit, the mothers of the plaintiffs have brought suit against the state of Louisiana. Specifically, its director of the Department of Health, Courtney Phillips. The juveniles in question are child Medicaid recipients with disabilities. The action brought against Defendants, Louisiana Department of Health (LDH), and its Secretary [at the time], Dr. Rebekah Gee – currently Courtney N. Phillips - for their failure to provide an accessible statewide mental health system, Specifically regarding the use of intensive home and community-based services (IHCBS), including: intensive coordination, crisis services, and intensive behavioral services and supports, necessary to correct or ameliorate their mental illnesses or conditions.”

Plaintiffs bring this statewide on behalf of all Medicaid-eligible youth under the age of 21 in the State of Louisiana. Mainly those who are diagnosed with a mental illness or condition, not attributable to an intellectual or developmental disability. Another criteria

³ <http://www.legis.la.gov/legis/Law.aspx?d=81024>

is for those who are eligible for, but not receiving, intensive home and community based (mental health) services with sufficient frequency, intensity, and duration they need to remain in their homes and home communities.

As of the initial filing in 2019, Plaintiffs and the proposed Class— approximately 47,500 Louisiana Medicaid-eligible children and youth under the age of 21 with a mental illness or condition, a significant number of whom are children and youth with severe emotional disturbances—IHCBS are necessary to lead functioning and productive lives.

One of the primary plaintiff's, A.A., has been admitted under physician orders to psychiatric institutions six times over the last three years— in institutions as near as 80 miles from his home, but as far as 240 miles from his home. On average, A.A. spends eight to ten days at these institutions before he is discharged.”

For others, such as B.B. and D.D., the risk of institutionalization is imminent. A.A., C.C., and E.E. have all become juvenile-justice involved as a result of their mental health needs not being adequately addressed, and B.B.'s and D.D.'s mothers fear that they too will soon unnecessarily encounter the juvenile-justice system.

What plaintiffs are hoping to derive is to seek answers for the following:

(a) whether Defendants are providing necessary and timely IHCBS to Plaintiffs and the Class consistent with the EPSDT and Reasonable Promptness requirements of the Medicaid Act;

(b) whether Defendants are failing to provide Plaintiffs and the Class with services in the most integrated setting appropriate to their needs, thereby resulting in unnecessary institutionalization or serious risk of institutionalization of Plaintiffs and the Class; and

(c) whether Defendants utilize criteria or methods of administration in their Medicaid program that otherwise have the effect of discriminating against Plaintiffs and members of the Class on the basis of their disabilities.

Currently, many of the Plaintiffs have cycled in and out of hospitals, emergency rooms, and psychiatric institutions located hundreds of miles away from their families—a form of trauma by itself for the children and their families, and costly for Louisiana's taxpayers. However, that argument is debunked as most of these services should be covered under Medicaid.

Medicaid is a cooperative federal and state-funded program authorized and regulated pursuant to the Medicaid Act, which provides medical assistance for certain groups of low-income persons. *See* 42 U.S.C. § 1396, *et seq.* Medicaid's central purpose is to furnish medical assistance, rehabilitation, and other services to help low-income families and individuals attain or retain capability for independence or self-care.

Federal law requires states participating in Medicaid to operate their Medicaid programs pursuant to state Medicaid plans that have been approved by the Secretary of the U.S. Department of Health and Human Services.” Rehabilitative services (§ 1396d(a)(13)) and case management services (§ 1396d(a)(19), 1396n(g)) are among the services listed in 42 U.S.C. § 1396d(a) that are encompassed within IHCBS and covered by Medicaid.”

As required of all states participating in Medicaid, Louisiana has prepared a state plan for medical assistance ([State Plan](#))⁴. See *Louisiana Medicaid Program, State Plan, Chapter 3, Section 3.1-A, (State Plan)*.⁷⁷

It should be noted here that during testimony, families of children and youth Medicaid beneficiaries who have been diagnosed with a mental illness or condition have difficulty accessing what mental health services there are, in part, because they are unaware that such services exist. Which is directly correlated because of Defendants' failure to provide Plaintiffs and the Class with the necessary IHCBS, on a consistent and statewide basis. Which, as plaintiff's claim, violates the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions and the Reasonable Promptness provisions of [Title XIX of the Social Security Act \(Medicaid Act\), 42 U.S.C. § 1396](#).

Plaintiff's therefore are seeking the same remedies that would benefit the Class. For Defendants to take affirmative actions to provide or arrange for necessary IHCBS for all individual Plaintiffs and the Class in order to correct or ameliorate their significant mental health conditions

IV. In Re H.J

This case is a major proponent as to why the State should consider a more individualized behavioral intervention plan. Specifically the ACE program which was discussed at a previous session of HR 173 in September 2022 (**maybe insert the presentation?**).

During this session Judge Blair Downing Edwards discussed a program which was meant to combat the effects of Adverse Childhood Experiences (ACEs) in schools. The website for the program may be found at [ACEs Program](#).

Moving now towards the case. Had the ACE program been implemented, this case, and many others like it, will more than likely decrease. Especially because the main crux of the case would more than likely not occur under the ACE system.

In the present case, we have a mother, D.J., who has three older children, ages 7, 8, and 11, who are in custody of Department of Child and Family Services ("DCFS") and currently in foster care. According to the DCFS child protection investigator who initiated these child in need of care ("CINC") proceedings, Ashlei Kimble, the state took custody of the three older children on grounds of neglect.

Jade Montgomery, the foster care worker for D.J.'s three older children, testified at the September 3 CINC adjudication hearing that she became familiar with D.J. after she was assigned to D.J.'s case on March 12, 2019. Ms. Montgomery believed that D.J. has an intellectual disability and that a psychological evaluation would be appropriate. Regarding D.J.'s difficulty with obtaining stable housing, Ms. Montgomery testified that D.J.'s mother helped D.J. prior to DCFS involvement, but she had passed away in 2016, and since then D.J. has been unable to take care of herself and her children.

⁴ <http://ldh.la.gov/assets/medicaid/StatePlan/Sec3/Attachment3.1Atem4b.pdf>

D.J. receives Social Security benefits, but DCFS has no documents indicating the basis for the benefits. One of the reasons Ms. Montgomery recommended a psychological evaluation was to determine if she could obtain additional Social Security benefits. Further, Ms. Montgomery said that when she had visited D.J.'s sister's home in mid-July 2019, about 2 weeks after H.J. was born. She said the apartment was a two-bedroom apartment with no crib or bed for the baby to sleep. She admitted that DCFS could provide a "Pack 'n Play" that may be used for sleeping, but D.J.'s sister would not qualify as a caregiver because of her criminal record.

D.J. testified that when H.J. was born, she lived with her sister, in Shreveport. She said that she had clothes, a baby bed, a car seat and a stroller. She said that she intended to purchase some additional things, such as Pampers, because she had just received her Social Security check for approximately \$750. She planned to permanently live with her sister, and they intended to move to a larger home. D.J. said she is attending parenting classes in accordance with her case plan. However, has yet to have a psychological examination.

Although the record indicates a Court Appointed Special Advocate ("CASA") was appointed, there is no CASA report in the record.

These pertinent facts of the case paint a picture of a parent that would have benefitted from the ACE program. Specifically the intervention plans of ACE that hope to diminish the effects of "homelessness" on children. Which is the second major crux of the present case.

A major issue being the very last point. The fact that D.J. had an incomplete record. Specifically that no CASA report had been included in her record. Which leads to the most relevant of questions, would D.J. have suffered the same fate under an ACE-centric program?

That is the nucleus of the issues this taskforce is trying to answer. How does the taskforce properly serve the citizens and communities? Would implementing the ACE program be beneficial or detrimental to the community?

V. Brown v Jefferson Parish School Board

On September 9, 2020, while T.B. was engaged in remote learning for Grand Isle School ("Grand Isle"), a school within the Jefferson Parish School System. Due to the COVID-19 pandemic, Plaintiff enrolled T.B. in virtual learning. On September 9, 2020, T.B., an eleven-year-old sixth grade student at Grand Isle, was receiving virtual instruction at home in his bedroom from his teacher, Mr. Bran Wagner ("Mr. Wagner").

Plaintiff claims that during a break in instruction, T.B. moved a BB gun "from one corner of his bedroom to the other." Plaintiff alleges that Mr. Wagner never saw the BB gun and that T.B. never pointed the BB gun at the camera or intended to disrupt the classroom. Plaintiff claims that Mr. Wagner was only made aware of the incident when he heard other students "giggling" and when T.B. "said he was sorry."

Mr. Wagner reported the incident to Grand Isle's principal, Dr. Christine Templet ("Templet"). Plaintiff alleges that he was given no information regarding the severity of the meeting or that expulsion was a possible punishment for T.B.

On the evening of September 9, 2020, he received a phone call from Temple. During which Plaintiff was told to appear in Temple's office for a meeting at 7:00 AM the following morning. Plaintiff claims that prior to any meeting with Temple, T.B. was instructed to fill out a "student intake sheet," in violation of Jefferson Parish School System policy. Plaintiff claims that that same day, he received a "Hearing Officer Determination on Recommendation of Expulsion," which indicated that T.B.'s punishment was a suspension of time served, an amount of time estimated to be three days. Plaintiff also alleges that he was given a "probation contract" to sign, which required a 180-day probation period, a social work referral, a waiver of due process rights, a contract stating that "T.B. would maintain passing grades, arrive at school timely, . . . allow teacher to search book bag before class," and a waiver of the right to appeal. Plaintiff claims that he requested an appeal of T.B.'s suspension. However, was told by Patricia Adams ("Adams"), Chief Legal Counsel for the Jefferson Parish School System, that he had no right to appeal.

Conversely, October 23, 2020, the Louisiana legislature passed House Bill 83, known as the Ka'Mauri Harrison Act. Governor John Bell Edwards signed the bill into law on November 5, 2020. The Ka'Mauri Harrison Act revised Section 17:416(c)(4)-(5) as follows (revisions are underlined):

(4) The parent or tutor of the pupil who has been recommended for expulsion pursuant to this Section may, within five days after the decision is rendered, request the city or parish school board to review the findings of the superintendent or his designee at a time set by the school board; otherwise the decision of the superintendent shall be final. If requested, as herein provided, and after reviewing the findings of the superintendent or his designee, the school board may affirm, modify, or reverse the action previously taken. The parent or tutor of the pupil shall have such right of review even if the recommendation for expulsion is reduced to a suspension.

(5)(a) The parent or tutor of the pupil who has been recommended for expulsion pursuant to this Section may, within ten days, appeal to the district court for the parish in which the student's school is located, an adverse ruling of the school board in upholding the action of the superintendent or his designee. The court may reverse or revise the ruling of the school board upon a finding that the ruling of the board was based on an absence of any relevant evidence in support thereof. The parent or tutor of the pupil shall have such right to appeal to the district court even if the recommendation for expulsion is reduced to a suspension

K. For the purposes of this Section, "virtual instruction" means instruction provided to a student through an electronic delivery medium including but not limited to electronic learning platforms that connect to a student in a remote location to classroom instruction. A city or parish school board discipline policy shall clearly define the rules of conduct and expectations of students engaged in virtual instruction, shall provide for notice of such rules and expectations to the parents and guardians of students, shall include clearly defined consequences of conduct,

shall be narrowly tailored to address compelling government interests, and shall take into consideration the students' and their families' rights to privacy and other constitutional rights while at home or in a location that is not school property

The law would act retroactively. With the start date being March 13, 2020.

A notable fact of this case is that The day before Governor Edwards signed Act 48 into law, the JPSB approved an Interim Virtual Discipline Policy, which provided that during virtual learning, "[w]hile students and parents normally have an expectation of privacy in their home, conduct that occurs in front of a camera, and in view of peers and teachers in the virtual classroom, shall be governed by applicable law and District policy." JPSB has since allegedly asked parents to sign a waiver document agreeing to the terms of the Interim Virtual Discipline Policy. After the passing of the Ka'Mauri Harrison Act, Ka'Mauri and T.B. were both given an appeal hearing in front of the JPSB. The School Board upheld suspensions for both students.

VI. Discussion

As previously stated, the relevant facts of these cases aligns with the goals of HR 173 committee. When each case is broken down individually, it is clear to see the parallels that are drawn between the two ideologies.

The most relevant being the goals of implementation, and feasibility of hiring a more skilled staff for K-12 schools. These two issues are both personified in both the *Phillips* and *H.J* cases, respectively.

In *Phillips* almost 50,000 juveniles across several parishes in Louisiana have joined the class. As of 2021, the class under U.S. District Court Judge, Brian A. Jackson, has certified a case filed in federal district court in the Middle District of Louisiana, [A.A. et al. v. Phillips \(case number: 19-00770-BAJ-SDJ\)](#), as a class action lawsuit on behalf of , "All Medicaid-eligible youth under the age of 21 in the State of Louisiana:

- (1) who have been diagnosed with a mental health or behavioral disorder, not attributable to an intellectual or developmental disability, and
- (2) for whom a licensed practitioner of the healing arts has recommended intensive home and community-based services to correct or ameliorate their disorders.⁵

As aforementioned, the prayer for relief in this case is not monetary compensation, nor in any way seeking any damages. Instead, the prayer for relief is merely seeking for the State of Louisiana to provide more adequate, and more accessible services for the 50,000 or so plaintiff's involved in the class.

⁵ <https://disabilityrightsla.org/louisianas-children-mental-health-lawsuit-a-a-et-al-v-phillips-et-al-class-notice-posted/>

In the event that the case be decided in favor for the plaintiffs, Louisiana will more than likely undergo severe change that will align with the goals of this committee.

The changes that have transpired from the *Brown* and *Harrison* cases have already set forth the catalyst for change. To be exact, with the passing of the *Ka'Mauri Harrison Act*, the State has already made changes to some of the disciplinary polices under RS 17:416. However, the state still has much more to traverse as much of the disciplinary polices under 17:416 have yet to catch up with contemporary times.

In the digital age, especially, many students learning practices has changed. With the addition of section "K" under the *Ka'Mauri Harrison Act*, new rules and regulations have also been put into place for virtual learning as well.

School boards are currently still attempting to employ a "zero tolerance" form of discipline. As such, this committee does not agree with these practices. Instead, the goal of this committee is to also update the revised statues of these outdated, cruel, and unusual forms of discipline.

Keeping in mind, the goal of the disciplinary measures of the revised statue is, "to minimize the loss of instructional time." Wouldn't it, therefore, make more sense to restructure forms of discipline to ensure that students do not miss any instructional time?

Suspension, expulsion, and removing students from classrooms contradicts the goals of both this committee, and the revised statues themselves. It benefit both the state, and this committee to focus on revising its own statues.

VII. Conclusion

At this point, it would be beating a dead horse to discuss what must be done with the state. The state of Louisiana is behind on contemporary issues. Especially when it comes to discipling its K-12 juveniles, and those juveniles with mental health issues.

If the state wishes to see any sort of reform or change, it must adhere to the policy changes, and updates recommended by this committee. If not, the State of Louisiana will more than likely continue to remain at the bottom of the statistics spectrum.

Appendix H

Story of the Mental and Behavioral Health Crisis in Louisiana Students By: Tayllor Smith, Southern University Law Center, Vulnerable Communities and Peoples Initiative

1

Story of the Mental and Behavioral Health Crisis in Louisiana Students

It's no secret that our nation had been facing a mental health crisis over the years and it is especially affecting our young children and adolescents in schools. In 2021, the U.S. Surgeon General Dr. Vivek Murthy put out a Surgeon General's advisory to highlight the youth mental health crisis our country is currently facing. There was already a rising concern in mental health issues of children and adolescents before the pandemic, but COVID-19 only exasperated the issues we were seeing and negatively impacted vulnerable communities even further (Office of the Surgeon General, 2021). Louisiana children and adolescents are especially facing multiple adverse situations that are making them even more vulnerable to mental health issues such as the constant threat of natural disasters, extreme poverty, gun violence, societal stressors, as well as the stressors of the COVID-19 pandemic. Each section will highlight the multifaceted issues these children and adolescents are facing, how it affects their mental health, displayed behavior as a result, and the policy recommendations to help solve this issue.

Multidimensional Issues the Impact on their Mental Health

Impacts of COVID-19

COVID-19 had presented many new challenges that come with a multidimensional strain on children and adolescent's mental health (Gruber et al., 2021). Younger children have been especially affected during this time due to the disruption of their daily routines. School closures and higher levels of economic hardship and adversity are the elements that most heavily affect these younger children (Gruber et al., 2021). Adolescents and older children are affected in a slightly different way. In this population COVID-19 has exacerbated developmental vulnerabilities as well as exposed them to their parents' or caregivers' mental health issues (Gruber et al., 2021). These adolescents have also experienced the loss of important milestones and other

important peer experiences (Gruber et al., 2021). The uncertainty about their futures is at an all-time high in this environment (Gruber et al., 2021).

As a direct result of the pandemic, these children and adolescents are displaying high amounts of stress which not only affects your physical health, but your mental health as well (Gruber et al., 2021). Anxiety and depression are also on the rise and the isolation that these children are facing increases the risk of them internalizing these issues (Gruber et al., 2021). Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD) are also likely to increase due to a multitude of reasons such as the loss of a loved one, significant life disruptions, the lack of interpersonal support systems, etc. (Gruber et al., 2021) All of this has increased the number of suicides, especially for kids that are facing more than one trauma (Gruber et al., 2021).

Natural Disasters

Complications and recovery from natural disasters is always difficult no matter where you are in the world. According to research conducted from Substance Abuse and Mental Health Administration, disasters pose a higher risk for children because of their inability to escape danger, make critical decisions, and their dependency on adults for shelter, transportation, and care (n.d). These children that were exposed to natural disasters show signs of clinical needs and behavioral health issues such as PTSD or traumatic stress symptoms (Substance Abuse and Mental Health Administration, n.d.). These stressors eventually manifest into multiple behavior issues across all youth age groups such as school phobia, irritability and disobedience, disruptive behavior, resistance to authority, sleep problems, decline in previous responsible behavior, and many others (Substance Abuse and Mental Health Administration, n.d.).

Specifically, Louisiana children are facing multiple life-threatening natural disasters in a short period of time (Mohammed & Peek, 2019). Not only are these children under the constant

threat of violent and destructive hurricanes during “hurricane season”, but they are also under threat at other times of the year due to flooding, tornadoes, and extreme heat. These children and families must repeatedly face displacement, material and social losses, and the exacerbation of pre-disaster stressors (Mohammed & Peek, 2019). The Michaels family that was interviewed during the study told a story of a single mother with young boys enduring Katrina, but never gaining stable footing due to all the disasters afterwards. When they finally had a stable home, Gustav hit in 2008. Once they recovered from Gustav, the BP Oil spill caused Mia, the mother, to lose her job in 2010. When Isaac hit in 2012, her and her children started showing signs of extreme stress, PTSD, and depression. And a week before the interview was conducted, their apartment was flooded in the 2016 Baton Rouge flood (Mohammed & Peek, 2019). There are many similar stories like this one throughout the state of Louisiana and the children are affected in a similar way every single year.

Community Gun Exposure

Louisiana is known to have a serious gun violence problem in this nation. In the first six months of 2022, Louisiana’s per capita rate of mass shootings has outpaced other states and is six times the national average (Madden, 2022). These shootings are mostly taking place in the cities of Baton Rouge and New Orleans where the population density is the greatest (Madden, 2022). The trauma of gun homicides has important associations with mental health outcomes due to it possibly being more traumatizing than other forms of indirect violence exposure (Leibbrand et al., 2020). The girls in the study who were exposed to guns and gun homicides showed increased rates of anxiety and depression (Leibbrand et al., 2020). However, the boys in the study were especially shown to have increased behavior problems (Leibbrand et al., 2020). Earlier this year (March 2022) a mother held her teenage son as he lay dying; bleeding out from a gunshot wound. His

friends had brought him to the house for help after he was shot, but it was much too late. The mother didn't even want the person who shot him, someone she believed to be her son's age, to go to jail for the crime. All she wanted was for him to receive psychiatric help. To understand what he put his mother and siblings through (Writer, 2022). Instead, she yearns for them to get counseling and better schooling — things she said kids have been missing in this struggling North Baton Rouge community reeling from decades of disinvestment (Writer, 2022).

Victimization and Poverty

Exposure to early life adversity poses a risk to youth development and impaired mental health (Nurius et al., 2019). Victimization can be in the form of physical and emotional abuse and/or neglect. Higher levels of youth victimization are significantly evident in females, racial and ethnic minority groups, those with socioeconomic disadvantages, those with greater sleep impairment, and those with lesser family and school supports (Nurius et al., 2019). Poverty also plays a significant role in how students perform and behave in school settings. These students may have fewer resources to do homework or study (Poverty and Its Impact on Students' Education, 2021). They may also be getting less sleep if they must catch the bus to get to school, especially if the school is further away. The teachers in poorer school districts may also be more inexperienced and may be less effective while also working in less-than-ideal schools due to lack of sufficient funding (Poverty and Its Impact on Students' Education, 2021). These types of students may also have less access to healthcare for multiple reasons such as time or transportation (Poverty and Its Impact on Students' Education, 2021). Lesser family and school supports signal greater isolation, lack of coping, and stressors such as lack of belonging or safety at school (Nurius et al., 2019). These risk factors are individually and cumulatively associated with undermined mental health (Nurius et al., 2019).

Why aren't these Children and Adolescents Being Reached?

Disadvantaged Socioeconomic Environment

It is difficult for children to seek out mental health providers or counseling in the state of Louisiana. Many people are considered poor in Louisiana and as a result are on Medicaid to cover their medical care. However, finding a mental health provider that accepts both Medicaid and minors are few and far between. In a study to research the availability of access to Medicaid mental health providers in Louisiana, 29.6% of the current listed Medicaid mental health providers are unable to be contacted and 28.5% were unable to see children or no longer accepted Medicaid (Scheeringa et al., 2018). Of these listed Medicaid mental health providers, only 25.5% were able to accept and schedule children with Medicaid (Scheeringa et al., 2018). The rate of access for the entire state of Louisiana is 9.7 providers per 10,000 population of Medicaid enrolled children (Scheeringa et al., 2018). When it comes to child psychiatrists specifically, there is only 1.1 provider per 10,000 Medicaid enrolled children in Louisiana (Scheeringa et al., 2018). This is 4.1 times below the national recommendation (Scheeringa et al., 2018). A class action lawsuit is currently taking place against Louisiana for inadequately providing mental health services to Medicaid-eligible children (Woodruff, 2019). One of the children involved in the suit, referred to only as C.C., is a 13-year-old girl in Houma. According to the lawsuit, C.C. received an ever-evolving set of eight diagnoses over the years with behavioral symptoms like violent outbursts, destroying property and running away from home. While on Medicaid, the 13-year-old has been institutionalized three times at hospitals up to 300 miles away from home, spending over 100 days at a time at a psychiatric institution (Woodruff, 2019).

Louisiana being a poorer state also means that the schools aren't as well maintained and struggle to keep adequate number of staff, including counselors. According to the American

School Counselor Association, Louisiana counselors that already exist in schools that would be the most likely to be able to reach these vulnerable populations have almost double the student-to-counselor ratio than the recommended national average. Students of color and students from low-income families are often shortchanged, receiving unequal access to school counselors, or are attending schools with too few school counselors (American School Counselor Association, 2022). This leads to overworked counselors and more students slipping through the cracks.

Barriers to Access

Louisiana is known to have a diverse population filled with many People of Color (PoC's). Usually in these PoC communities, mental health care is heavily stigmatized. This is especially true for African American communities. It is often regarded as negative and a sign of weakness ("Why Mental Health Care Is Stigmatized in Black Communities," n.d.). This can be due to distrust in the medical system, the use of prayer and faith as a salve for mental health woes, and the criminalization of their behavior ("Why Mental Health Care Is Stigmatized in Black Communities," n.d.). These PoC's are still afraid of being viewed as "crazy" or unable to face adversity. They also are afraid of the social and familial repercussions if anyone were to find out that they felt they needed help with their mental health ("Why Mental Health Care Is Stigmatized in Black Communities," n.d.).

Another barrier to access for these students is the lack of knowledge of what services are available to them. A school could have many different programs that would be able to give students the specific type of help they need. However, it is no good to the student if these resources aren't expressed to them. Some schools have no public posting (in person or on the school's website) and some students may not even know who the school's counselors are. There also seems to be some disconnect about which students need mental health services when every student should feel

comfortable seeking out help for their mental health. Many students can get swept aside just based on them being good students who aren't constantly disrupting class.

What Happens When there is a Lack of Intervention

School-to-Prison Pipeline

Some people believe that the best way to combat increased behavior problems in students is to increase the amount of law enforcement in schools to deter the behavior and to create “Zero Tolerance” policies. However, these may not be the most effective solutions. The regular presence of law enforcement in schools has tightened the intersection between schools and the criminal justice system (“Law Enforcement Officers, Students, and the School-To-Prison Pipeline: A Longitudinal Perspective,” 2021). It is believed that a police presence in schools deters school attacks and deviant criminal behavior from students or can be a first responder if a school is under attack. However, whether this is accomplished is mixed at best (Renbarger et al., 2022). Many of the schools where shootings took place had a law enforcement presence and they failed to intervene (“Law Enforcement Officers, Students, and the School-To-Prison Pipeline: A Longitudinal Perspective,” 2021). Studies also show that schools with more police presence recorded more incidents of crime than those with less of a police presence (“Law Enforcement Officers, Students, and the School-To-Prison Pipeline: A Longitudinal Perspective,” 2021). Increased law enforcement presence leads to more student arrests, even for non-violent offenses (Renbarger et al., 2022). Such an environment where there are multiple criminal justice-oriented security measures contributes to school feeling quasi-prison-like and deteriorates the school climate and potentially contribute to further disorder (“Law Enforcement Officers, Students, and the School-To-Prison Pipeline: A Longitudinal Perspective,” 2021). “Zero Tolerance” policies, which have been described to be ineffective and unjust, administer pre-determined consequences such as

suspension, expulsion, and referral to law enforcement without considering the surrounding circumstances or any mitigating factors (“Law Enforcement Officers, Students, and the School-To-Prison Pipeline: A Longitudinal Perspective,” 2021). These students then receive undo early arrest records rather than addressing issues with more traditional school methods (Renbarger et al., 2022).

Predicting Criminality in Louisiana

Factors that significantly increased the odds of juvenile justice contact were being male, being African American, receiving free lunch (as an indicator of poverty), increased average yearly absences from school, previous expulsion, and previous juvenile justice contact (Blackmon et al., 2016). The odds were also greater that rural students would encounter the juvenile justice system more often than their urban counterparts (Blackmon et al., 2016). Statistical analysis showed that the highest likelihood of encountering the Louisiana Office of Juvenile Justice were otherwise average youth who were previously expelled (Blackmon et al., 2016).

There is a strong correlation between exposure to socioeconomic traumas, mental health, and the expression of behavioral problems and academic achievement (Indiana University, Bloomington, IN, USA et al., 2012). Children who have low levels of school engagement and behavioral problems can manifest into behaviors that result in suspensions and expulsions (Jaggers et al., 2016). Suspensions and expulsions severely limit educational opportunities for students (Jaggers et al., 2016). It is also not uncommon for children who are suspended or expelled to be left unsupervised at home, which increases the likelihood of them engaging in criminal activity (Jaggers et al., 2016). Punishment oriented approaches such as suspension and expulsion usually encourage further deviant behavior among youth (Jaggers et al., 2016). Traumas such as poverty can cause issues with school truancy, academic behavior, and performance (Jaggers et al., 2016).

School truancy, school failure, and dropout are also highly correlated with delinquency and criminality (Jaggers et al., 2016). The most significant predictors of any adult contact with Louisiana Department of Public Safety and Corrections and being incarcerated in the state of Louisiana are being male, contact with the state Office of Juvenile Justice, and school expulsion (Jaggers et al., 2016).

Positives of Policy Change and Involving Schools in Mental Health Services for Children and Adolescents

The greatest opportunity for mitigating the effects of significant adversities occurs during childhood and adolescence (Nurius et al., 2019). With the significant amount of time that children 18 and under spend in schools, it makes sense that schools would become a significant partner to the mental health system (Hoover & Bostic, 2021). Systematic and streamlined partnerships can lead to better mental health for students, increased access to care, earlier identification and intervention, and better outcomes (Hoover & Bostic, 2021). School based mental health services have a significant effect on mental wellbeing (Nurius et al., 2019). Schools are an important point of contact for prevention, identification, and treatment of mental health concerns and disorders and ensuing academic problems (Nurius et al., 2019). School based resilience resources also have availability and access to reach vulnerable student populations (Nurius et al., 2019). These resources also caused children to be less likely to become a victim and lessened the stress of family poverty (Nurius et al., 2019). While there is a lack of studies overall since the move towards mental health intervention in schools is fairly new in the United States, the potential outcomes of early intervention in this area lean towards the positive (Hoover & Bostic, 2021). Many states are already putting different policies in place to help the current crisis we are facing, and it is time for Louisiana to do the same and invest in our future.

Policy Proposals and How They Address the Current Issues

The HR173 Task force has chosen multiple types of policy changes to help reform the way we handle mental health for Louisiana's youth. The proposals range in complexity, implementation style, timeliness, and funding range to address the myriad of issues from every angle one could possibly think of. The task force has proposed new or improved school programs, changes to the workforce requirements, better data monitoring and record keeping, changes to how discipline is handled in schools, and better ways of attracting and retaining school counselors and mental health professionals in this state. All these changes are to improve awareness to the struggles students, faculty, and staff are facing in Louisiana's school system and make a change for the betterment of the mental health of Louisiana's students.

Policy Recommendation #1: Mental Health or "Lifestyle" Class

The first policy recommendation I personally put forth was to create a Mental Health or "Lifestyle" class for students. Creating a designated classroom time to discuss mental health issues and how to address everyday stressors addresses a few of the known issues for students. By creating this class, students and mental health counselors that would be specifically trained in mental health would be able to become comfortable with each other and receive more attention and face-to-face time. It also destigmatizes thoughts about mental health. Students would also not have to go to school early, stay late after school, miss instructional or lunch times in order to speak with a mental health professional. It would teach kids that investing in their mental health is an option and they don't need to be having a crisis or experiencing extreme symptoms to talk to someone or ask for help. By having the class "taught" by counselors specifically trained in mental health, they will have the capability to best help these students and identify when a student is having a problem. In this type of classroom environment, the students would gain the knowledge

on how to deal with their own mental health issues, who they can seek out and where they can go to access resources if they need additional help, and possibly feel less afraid to talk about mental health.

Policy Recommendation #2: Mandatory Mental Health Screenings

The second recommendation I put forth was to add mandatory mental health screenings at the same time as students have other physical health screenings. These screenings would allow for early identification and treatment, especially for those students not showing obvious signs of a mental health issue. This would also help stress the importance that mental health is just as important as your physical health. As with the last recommendation, it would allow students with transportation issues to not miss instructional or lunch times as well as not have to come early or stay late in order to receive a screening. The providers that provide the screenings should also accept Medicaid so that they may reach a wide variety of students, especially ones that are considered to be in a vulnerable population. If there is a further evaluation recommendation made to a student, they should also make follow-up calls to the student's parents to inform them of their finding and urge the parent to make an appointment for their child.

Policy Recommendation #3: Mental Health Assessment/Counseling Before Discipline

My third recommendation is that before any student is considered for suspension or expulsion, there should be a mental health assessment or a counseling session before a decision is made. By performing these assessments or counseling sessions, it is addressing the root issue of the behavior rather than punishing the symptoms or what people see on the surface. By early identification, it would also serve to prevent future behavioral problems and disrupt the school-to-prison pipeline. It would also be beneficial to implement this policy on a smaller scale with in-school suspensions and detentions. This is even earlier identification before longer term discipline

like suspension or expulsion is even considered. However, if suspension is recommended for the student, there should be a rehabilitation and restoration plan throughout the suspension instead of just sending the student home. The student being sent home with no plan in place is counterproductive and they will return the same child that was previously sent away. By having a rehabilitation and restoration plan which would include counseling sessions for the student, they would have done work to improve themselves and the parents, student, and school would be involved and can bring the student back to normal instruction better than when they left it.

Policy Recommendation #4: Mental Health Clinic on School Grounds

My fourth recommendation is that there should be a designated mental health clinic on school campuses. One of the biggest complaints from school counselors is that they are too bogged down with student's academic responsibilities to truly help the students with their mental health struggles. By having a specified mental health provider or clinic on campus, it would lessen the burden for the school counselors. There should also be clearly defined roles when the schools hire these counselors, mental health providers, social workers, nurses, etc. and the individual qualifications for each position. Therefore, there is no question about who is responsible for what. This would keep schools from hiring one person or one provider to do or qualify doing multiple jobs at the school. Each role is individual and just as important as the next. The on-campus clinic would also be an important resource for kids who have transportation issues outside of school and cannot visit a mental health provider otherwise. It could possibly also serve as a place that students can go without fear of being reprimanded for missing instructional time. It could also be a mediating place before student is recommended for more severe punishment. The students will have much easier access to get their mental health concerns addressed and the clinic may play a larger role in the discipline of students.

Policy Recommendation #5: Student Loan Forgiveness and/or Internship Program

The fifth recommendation is one to develop incentives to attract more counselors and mental health providers to work in these schools. Louisiana is below the recommended average for counselor-to-student ratios. By developing programs to attract and retain people for these positions, they can hire more specialized employees and the students can get more individualized attention than they currently do. These programs can go as far as to develop student loan forgiveness programs for working in Louisiana public schools for a certain amount of time. It could even be considered to develop develop internship programs so that students who are interested in these career paths can see what its like and develop real expectations for what these careers require.

Policy Recommendation #6: Increase the Amount of School Counselors and Mental Health Professionals

My sixth recommendation is to increase the number of counselors and mental health professionals in schools. As mentioned in the previous recommendation, Louisiana has below the national recommended counselor-to-student ratio. Louisiana should specify the minimum number of academic counselors, mental health providers, social workers, etc. that schools must maintain and clearly define each role so that one person is not taking on more than one role. This would ensure that students have access to these providers who would have the time and energy to give and invest in these students. Any school that falls below the recommended number should be looked at more closely or investigated to see why the school fell below the recommended number. Any school that consistently fails to have the recommended number of providers without good reasoning should be reprimanded in some way to ensure compliance.

Policy Recommendation #7: Increase the Amount of Mental Health Training and Identification for Teachers and SRO's

My seventh recommendation is to increase the amount of mental health training and identification for teachers and student resource officers (SROs). Teachers already receive some training for identifying mental health issues in their students. However, the small amount of training seems to be ineffective. An increase in the number of required hours for this type of training would only be beneficial in the long run. It would help teachers and SROs more easily identify when a child may be showing signs of a mental health crisis instead of just labeling them as “bad” or criminalizing their behavior. . It may also help teachers become more sympathetic to their students’ mental health needs. It could help teachers resolve behavior issues before resulting to punishment such as detention or suspension. It would also decriminalize student behavior and create a better personal relationship between teachers, SROs, and their students.

Policy Recommendation #8: All Public-School Providers Must Take Medicaid

Having collaborations between schools and different providers such as social workers, health clinics, nurses, therapists, etc. is great. However, the amount of help they can provide to the students is severely limited if these providers only take private insurances. Louisiana has a large Medicaid recipient population and use it as their only source for health insurance. By having providers that accept a wide range of insurances, including Medicaid, they will be able to reach most, if not all, of the children they need to in any given school. Hiring or collaborating with providers that accept Medicaid would give this vulnerable population of students easier access to care in a more equitable setting. They would not be forced to rely on transportation or seek out other providers that may be outside of their desired area to access care as well.

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Appendix I

A Review of the Advisory Council on Student Behavior and Discipline
By: Tanisha Agrawal, Volunteer for Louisiana Center for Health Equity

The Advisory Council on Student Behavior and Discipline (ACSBD) was created in the 2016 Regular Legislative Session. Its purpose is to provide advice and guidance to the state Board of Elementary and Secondary Education as well as the Department of Education on best practices in providing support to public school authorities in the adoption and implementation of a school master plan for behavior and discipline as provided in R.S 17:252. ACSBD convenes every year and has had staff changes since its creation.

The ACSBD has submitted annual reports for the years 2016 through 2020. No annual reports were available for 2021, and while there have been notices posted regarding meetings scheduled, there are no minutes available to the public. The ACSBD did issue an annual report in December 2022 regarding the minimal activity of the council in the previous two years due to the pandemic. The council spoke on the difficulty of gathering quorum during the recent years and therefore was not able to achieve as much as they would have liked. The 2022 Annual Report does not comprehensively detail any recent activity. Due to this lack of transparency, there has been a lack of knowledge regarding the recent progress of the council. Aside from an understanding of their goals and agenda, there is no detailed summary to reference the progress made by the council. Despite this, the council has had much work done researching and analyzing data pertaining to student discipline and behavior.

The 2016 annual report consisted of data gathered from the 2015-2016 academic school year and the consecutive years following ACSBD has heard from experts and based upon those findings, ACSBD made recommendations regarding data integrity, teacher training, disciplinary actions, revisions of the discipline statute 17:416, and more. Recommendations from all reports include:

- Maintaining or upgrading ongoing professional development programs for new and veteran teachers and school professionals
- Addressing and remedying disproportionalities in disciplinary removals
- Behavior interventions prior to disciplinary action of young students (pre-K-3)
- Positive Behavioral Interventions and Support (PBIS) Implementation statewide
- Address the Mental Health needs of Students
- Focusing on restorative approaches rather than punitive punishment
- Remove corporal punishment
- Revisions to the disciplinary statute 17:416 consisting of:
 - Removal of zero tolerance mandates excepting weapons, bodily harm, drugs, and crimes of violence

- Ensure disciplinary status applies to public and charter schools
- Identification of areas of current law best left for BESE
- Establishment of an appropriate role for DOE to provide leadership/support to schools regarding student discipline and school climate
- Revise the format and structure of the statute to improve readability
- Eliminate out-of-school disciplinary removals for truancy, dress code violations, subjective disciplinary offenses
- Promote trauma-informed practices throughout all public schools
- Include a set of recommended principles and specific language changes to R.S. 416
- LDOE take an active role in implementing the requirement of R.S. 17:252 (School Master Plans)
- LDOE maintains a Model Master Discipline Plan to follow. One does not currently exist.
- Revisions to state laws and policies related to student behavior and discipline

The ACSBD has asked LDOE for further information on the integrity of data that has appeared incomplete or inaccurate. Due to a lack of data on various facets, the ACSBD believed that LDOE needed to provide transparency on how data was being collected and verified. Recommendations were provided by LDOE on how they would improve upon their data integrity including data collection and verification. LDOE recommended reviewing its practices of collecting, verifying, and reporting student discipline data with feedback from the ACSBD on how to improve. They stated they would review their student information system (SIS), and ACSBD extended this review to include the Special Education Reporting System. LDOE recommended creating a Data Quality Review committee which ACSBD suggested should staff external stakeholders with LDOE staff. LDOE recommended collecting and reviewing data regarding the implementation of positive behavioral interventions and supports (PBIS). ACSBD suggested a review of existing data systems should consider how data is utilized once collected and that LDOE publicly report all relevant data. The 2019 annual report noted that limited progress in the implementation of these recommendations was made. ACSBD also recommended that the LDOE legislative team should identify a legislative sponsor to take lead to ensure that the recommendations put forth by ACSBD for the revision of the revised statutory on student discipline are enacted during the 2020 legislation.

Revision to the R.S. 17:416 statute was recommended in the 2016 annual report. A working group was created in December 2016 to provide revisions to the disciplinary statute. By February 2018, the working group had submitted recommended revisions and developed language by stakeholder members of ACSBD to be incorporated in R.S. 17:416 to BESE to be endorsed. In the 2018 annual report, ACSBD mentioned its revisions and suggested it be implemented by the Louisiana Legislature.

Alignment With HR173 Task Force

The task force has found through various research that disciplinary actions are taken upon a vague understanding of willful disobedience. The ACSBD has also noted in its findings that many suspensions have harmed a student's education rather than helped. Punitive punishment seems to be a detriment to a child's education, and ACSBD found that implementing positive behavioral systems rather than corporal punishment, and zero tolerance policies had a more benefitting effect on students. The task force has found that focusing on a student's mental health and implementing behavioral interventions before the removal of a student may be a course of action more suitable for the student.

The task force agrees with the significance of addressing the discrepancies in data collection, verifying, and reporting from the Louisiana Department of Education. ACSBD's recommendations regarding a Data Quality Review Committee as well as creating and maintaining A model master discipline plan is supported by the task force's research and stakeholders' knowledge. The task force has built upon the findings and recommendations suggested by ACSBD and added policy recommendations that would be significant in improving areas regarding student behavior and discipline, as well as areas regarding mental health.

Appendix J

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