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#### MEMORANDUM

To: Joint Committee on Education From: Jennifer Honig & Jessica Larochelle, Co-Directors of Public Policy and Government Relations, Massachusetts Association for Mental Health Date: November 20, 2023 Re: Opposition to H.537/S.276, An Act relative to safety and violence education for students

The Massachusetts Association for Mental Health (MAMH) opposes H.537/S.276, An Act relative to safety and violence education for students, heard by the Joint Committee on Education on November 13, 2023. MAMH submits this memo to detail our concerns. In addition, as an executive member of the Children's Mental Health Campaign, MAMH supports the November 20, 2023 testimony of the Campaign in *opposition* to the bill.

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH furthers its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies. MAMH works on behalf of people of all ages who are at risk for or live with behavioral health conditions and addresses as a priority the adverse conditions that most often disrupt mental health and well being.

In an effort to address potential school violence, H.537/S.276, An Act relative to safety and violence education for students (the SAVE Students Act) mandates an <u>anonymous tip line</u> for a wide range of student behavior occurring in *any* setting. The provision provides that "any person could report anonymously about unsafe, harmful, dangerous, life-threatening, violent or unlawful activity that occurs or is threatened on school property or that relates to an enrolled student or school personnel." The bill also requires that each public and publicly funded school in the Commonwealth<sup>1</sup> establish a <u>school-based safety assessment team, also known as a</u>

<sup>&</sup>lt;sup>1</sup> The bill defines "school" to "include but not be limited to, a school administered by a school department of a city or town or regional school district, a county agricultural school, a school offering

<u>threat assessment team</u>, composed of three or more staff members, "to receive notice of any report submitted to the reporting program concerning the school, school personnel or an enrolled student." These teams may, therefore, include police at schools which have police employed as School Resource Officers (SROs).<sup>2</sup>

However, anonymous tip lines and assessment teams neither promote student safety nor improve behavioral health outcomes. Instead, they risk harming students with disabilities, LGBTQ youth, youth of color and youth whose ethnic or cultural backgrounds may differ from the larger school population. And such measures divert resources that could be better spent on efforts that would actually better protect and benefit students.

## Proposal for an anonymous tip line would harm marginalized students, without offering them and their peers the very behavioral health services which tip lines suggest are needed

## Tip lines harm marginalized students, due to implicit biases and bullying, as well as the large numbers of students who have experienced trauma

Anonymous tip lines risk harming students with marginalized identities, including youth with disabilities, LGBTQ youth, youth of color, and youth whose ethnic or cultural backgrounds may differ from the larger school population. Without any possibility of accountability for the reporter, these youth may be the subject of tips, as reporters flag their "otherness" as threatening or a reason for bullying.

Anonymous tip lines are compromised by the implicit biases that we all have and that contribute to distorted impressions. Such distortions increase the likelihood that students with marginalized identities will be more likely than others to be the subject of tips. The risk to Black children is especially pronounced. For example, prospective teachers appear more likely to misperceive Black children as angry than white children.<sup>3</sup> In addition, research shows that Black boys are perceived as larger and more fearsome than white boys of comparable size and stature, she

approved vocational-technical education as defined under section 1 of chapter 74, a virtual school pursuant to section 94, a recovery high school pursuant to section 91, a commonwealth charter school or Horace Mann charter school established pursuant to section 89, an education collaborative established pursuant to section 4E of chapter 40 or an approved private day or residential school that accepts, through agreement with a school committee, a child requiring special education pursuant to section 10 of chapter 71B."

<sup>&</sup>lt;sup>2</sup> In fact, in many states, schools develop their teams using a model that includes police officers as a required team member. This is troublesome. Massachusetts law (G.L. c. 71, § 37P) explicitly states that SROs shall not "serve as school disciplinarians," yet this process provides an SRO with a role in determining how behavior within the scope of a school administrator's role is handled.

<sup>&</sup>lt;sup>3</sup> Am. Psychological Assoc'n, Prospective Teachers Misperceive Black Children as Angry (July 2, 2020), <u>https://www.apa.org/news/press/releases/2020/07/racialized-anger-bias</u>.

added.<sup>4</sup> Other research has found that Black boys are viewed as older and less innocent than their white peers.<sup>5</sup>

In addition, tip lines risk contributing to the bullying experienced by certain marginalized populations. Research shows that children with disabilities — such as physical, developmental, intellectual, emotional, and sensory disabilities — are at an increased risk of being bullied.<sup>6</sup> Similarly, LGBTQ youth are more likely to be bullied than their straight, cisgender peers.<sup>7</sup> And a 2016 study found that immigrant youth were more likely to experience bullying than their U.S.-born peers, particularly cyberbullying.<sup>8</sup>

Further, tip lines present risks for the many youth who have experienced trauma.<sup>9</sup> We are uncertain that persons following up on the likely thousands of tips that a tip line would generate would all have the expertise to appropriately interview students with trauma histories.

While the bill includes a provision stating, "that no disciplinary action is applied disproportionately to students in any protected class identified in any policy of the department, district or school or in federal or state law," it is unclear how this would be accomplished in practice and it does not address the potential for disproportionate referral of certain marginalized groups to the teams in the first place. In our state, we know that students in protected classes continue to be disproportionately subject to school disciplinary actions. And, as detailed below, disproportionality plagues other states that have implemented tip lines and threat assessment teams.

#### Anonymous tip lines fail to meet the needs of callers

Most people contacting anonymous tip lines for students are actually seeking mental health services. Since its inception, Pennsylvania's anonymous tip line, operated by that state's Attorney General's Office, has received over 80,000 tips. A study by that office found that, of

<sup>&</sup>lt;sup>4</sup> Claretta Bellamy, Ralph Yarl Shooting Shows Dangerous Perception of Black Children, NBC News (Apr. 20, 2023), <u>https://www.nbcnews.com/news/nbcblk/blackness-threat-even-embodied-child-rcna80455</u>.

<sup>&</sup>lt;sup>5</sup> Am. Psychological Assoc'n, Black Boys Viewed as Older, Less Innocent Than Whites, Research Finds (2014), <u>https://www.apa.org/news/press/releases/2014/03/black-boys-older</u>.

<sup>&</sup>lt;sup>6</sup> <u>https://www.stopbullying.gov/bullying/special-needs</u>.

<sup>&</sup>lt;sup>7</sup> Human Rights Campaign, New CDC Data Shows LGBTQ Youth are More Likely to be Bullied Than Straight Cisgender Youth (Aug. 26, 2020), <u>https://www.hrc.org/news/new-cdc-data-shows-lgbtq-youth-are-more-likely-to-be-bullied-than-straight-cisgender-youth</u>.

<sup>&</sup>lt;sup>8</sup> Brandy R. Maynard *et al.*, Bullying Victimization among School-Aged Immigrant Youth in the United States, J. Adolesc. Health (Mar. 2016), <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4764796/</u>.

<sup>&</sup>lt;sup>9</sup> Around 36% of Massachusetts youth ages 0 to 17 experienced at least one form of trauma, abuse, or significant stress in the prior year, with almost 14% experiencing multiple traumas. MAMH, Facts and Figures, <u>https://www.mamh.org/science-innovation/facts-figures</u>.

these tips, 72.9% "have focused on instances of bullying, suicide and self-harm, mental illness, or discrimination and harassment."<sup>10</sup>

After providing these findings, the authors of the Pennsylvania report concluded that

Expanding support for mental health in our schools will ultimately keep more students safe and help our youngest generation respond to many of the challenges they face today in a safe and healthy way.<sup>11</sup>

The Pennsylvania experience revealed something already well-known – that we need to provide students with better access to mental health services.

This goal is urgent because of the growing need for such services among students. From 2016 to 2020, there was a 50% increase in anxiety and depression among Massachusetts children ages 3 to 17.<sup>12</sup>

However, an anonymous tip line does not provide a direct point of contact for the caller to someone who can help them access mental health services. Instead, a tip line is simply a lost opportunity at making a connection with a student who has needs themselves, who is legitimately worried about another student, or who is targeting another student whether due to biases or bullying).

#### Anonymous tip lines are not supported by peer-reviewed research

We are not aware of peer-reviewed research that anonymous tip lines are effective. There has been little research about their efficacy in the school context or as a tool to reduce self-harm. The research that has been conducted suggests that more scientific inquiry is needed.<sup>13</sup> A

<sup>&</sup>lt;sup>10</sup> Pennsylvania Office of the Attorney General, Special Report on Student Mental Health, <u>https://www.attorneygeneral.gov/wp-</u>

content/uploads/2022/04/OAG\_Special\_Report\_on\_Student\_Mental\_Health.pdf at 1. Of comments related to mental health that were received by Pennsylvania's line in the 2020-2021 school year, the top categories of calls were about bullying and cyberbullying (32%), suicidal thoughts (30%), cutting and self-harm (20%), and depression and anxiety (12%). *Id.* at 2. Likewise, a 2021 statewide study of Virginia school tip lines found that Nearly three of every five threats assessed were threats to self, rather than to others. National Institute of Justice, Student Threat Assessment: Virginia Study Finds Progress, Areas To Improve (May 12, 2021), <u>https://nij.ojp.gov/topics/articles/student-threat-assessment-virginia-study-finds-progress-areas-improve</u>. Stakeholders reportedly expressed concerns to the research team, however, about including self-harm among the kinds of threats subject to threat assessments. *Id.* <sup>11</sup> *Id.* at 4.

<sup>&</sup>lt;sup>12</sup> See 2022 Kids Count Data Book - State Trends in Child Well-Being, The Annie E. Casey Foundation (2022), <u>https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf</u>.

<sup>&</sup>lt;sup>13</sup> See Dorothy L. Espelage *et al.*, Implementation of Tiplines and Reporting Apps for School Safety: A Qualitative Analysis of Parent and School Personnel Perspectives, J. of School Violence (Apr. 13, 2021), <u>https://sci-hub.se/https://doi.org/10.1080/15388220.2021.1910518</u> (surveying parent and school staff thoughts about how tip lines might be used and potential concerns, and suggested more research is needed to determine how tip lines can be used effectively); Tahmeed Hossain, The effect of school

proposal for anonymous tip lines should not move forward absent clear evidence of such efficacy for the intended purposes.

## An anonymous tip line is not aligned with ongoing phone/text/chat initiatives in Massachusetts, which would better serve youth in need

The creation of an anonymous tip line is not aligned with recent phone/text/chat initiatives in Massachusetts such as the 988 Suicide and Crisis Lifeline,<sup>14</sup> the EOHHS Roadmap's Behavioral Health Help Line,<sup>15</sup> and the Hey Sam peer-driven text line for youth up to age 25.<sup>16</sup> These helplines are resources for callers who are concerned about themselves or another person. But unlike an anonymous tip line, callers would have access to confidential counseling about steps they might take to help themselves or another person. Moreover, these call lines provide, when desired, connections to behavioral health services and supports.

Of course, when a serious and imminent threat exists, reporters should be encouraged to call 911. 988 and the Behavioral Health Help Line have the capacity to direct calls to 911, should someone call those lines first.

We do not need to implement another call-in number on top of our existing ones, particularly an anonymous tip line with all its risks. Instead, we should work to ensure that the recentlylaunched initiatives to deliver behavioral health services are properly resourced and effective at meeting the needs of callers. We should continue to work, as the Commonwealth has begun to do, to ensure interoperability between 988, the Behavioral Health Help Line, and 911. And we should work to ensure that schools and families are aware of these services and existing services (other than call-in numbers) that provide behavioral health care to students.

safety tip lines on youth suicide prevention

<sup>(2021),</sup> https://scholarworks.montana.edu/xmlui/handle/1/16269

<sup>(</sup>for this researcher, tip lines did not produce statistical change in suicide rates across any demographic group).

<sup>&</sup>lt;sup>14</sup> The 988 Suicide and Crisis Lifeline, rolled out in July 2022, is a 24/7 call, text, and chat crisis line offering compassionate listening and counseling for persons facing suicidality or emotional distress. All callers are assessed for suicide risk. If a caller needs support beyond what the call center can provide, it offers a warm hand-off to other services, like Youth Mobile Crisis Intervention, which provides outreach into the community.

<sup>&</sup>lt;sup>15</sup> The Behavioral Health Help Line, rolled out in January 2023, is a clinically-staffed resource offering a 24/7 single, insurance-blind, multi-channel entry point for state residents seeking mental health and substance use disorder treatment, including urgent care and crisis services. The Helpline can be accessed by phone, text, or chat and includes live translation in more than 200 languages. Helpline staff can assist with referrals, facilitate warm hand-offs to providers, and provide follow-up to ensure callers are connected with care.

<sup>&</sup>lt;sup>16</sup> The Hey Sam Peer Support Line, rolled out in March 2022, is a dedicated peer-to-peer text-based mental health support line for young people up to age 25. It is designed for and staffed by young people to help youth who are lonely, depressed, overwhelmed, or suicidal. Interactions routinely result in deescalation of situations and the avoidance of emergency service intervention.

# Proposal for threat assessment teams would harm children through school exclusion, deny students important legal protections, and disproportionately harm students of color and students with disabilities

#### Threat assessment teams result in increases in school exclusions

In states that have adopted laws such as that proposed by this bill, the result has been the regular exclusion of students from school by decision of the threat assessment team. By excluding students from school, we worsen student outcomes, including school performance, graduating rates, earning power, and criminal legal system involvement, and compromise school climate for all students.<sup>17</sup>

## Threat assessment teams deny students, including students with disabilities, protections to which they are legally entitled

Moreover, schools routinely have excluded students through the threat assessment process without affording students disciplinary and special educational rights mandated by state and federal law.<sup>18</sup> These protections include the rights to a hearing at which one could present evidence and respond to evidence presented, to review evidence prior to such a hearing, and the right to an appeal. Also ignored are protections specifically for students with disabilities, such as the IDEA's requirement for a manifestation determination to determine if a student's behavior is rooted in one's disability and, if so, to replace exclusions with services.

While the bill requires the establishment of "guidelines for ensuring that, where a credible threat has been identified, the response is in conformance with any applicable school, district, state or federal disciplinary policy," this language does not provide any assurances that outcomes would not be similar were Massachusetts to implement threat assessment teams. The bill has no provisions that describe how these teams would work in conjunction with existing processes and standards. Today in Massachusetts we struggle to ensure that rights are protected even in well-regulated contexts of school disciplinary and special education proceedings. It is unclear how rights would be protected in this new nebulous context.

<sup>&</sup>lt;sup>17</sup> See, e.g., ACLU Washington, How do Suspension & Expulsion Impact Students, Schools, and Community?, <u>https://www.aclu-wa.org/sites/default/files/media-</u> documents/aclu factsheet howsuspensionexpulsionimpact feb2019.pdf.

<sup>&</sup>lt;sup>18</sup> For example, in 2021, the U.S. Department of Education found a California school district violated federal disability law when it used threat assessment in lieu of a required discipline process. Letter from Sara Berman, Team Leader, U.S. Dep't of Education Office for Civil Rights to Norm Enfield, Superintendent, Chico Valley Unified School District (Apr. 16, 2021),

<sup>&</sup>lt;u>https://www2.ed.gov/about/offices/list/ocr/docs/investigations/more/09201416-a.pdf</u>. Threat assessments also increase school-based arrests. For example, Virginia's school-based arrests more than *quintupled* after the state mandated threat assessment in schools. (394 arrests in school year 2011-12 to 2,180 in 2017-18.) Analysis of data from the U.S. Department of Education's Civil Rights Data Collection (CRDC) at ocrdata.ed.gov.

### Threat assessment teams disproportionately target students of color and students with disabilities

Threat assessment, when implemented with fidelity to the currently used model, is prone to bias and disproportionately targets students of color and students with disabilities.<sup>19</sup> This is problematic, because research in Virginia shows that the outcome for most students subject to a threat assessment is discipline.<sup>20</sup> As threat assessment is subjective, it allows an assessment team's biases to impact its decision-making – a problem made worse by the anonymity of the proposed tip line – which results in students with disabilities and students of color being at greater risk of contact with the threat assessment process.

Research supports these concerns. A 2023 study of threat assessment in Florida found that while Black students made up about 21 percent of enrollment in the studied districts, they counted for about 37 percent of students referred for threat assessments. White students, by contrast, made up 35 percent of enrollment and 37 percent of referrals.<sup>21</sup> The study further found that these disparities extended to outcomes. About 55 percent of students who underwent threat assessments later faced disciplinary consequences, most commonly suspensions. Researchers also detected racial and ethnic disparities in the discipline decisions of school administrators. These administrators are informed of threat assessment team findings and might be influenced by them. Studies in other states have similar findings.<sup>22</sup> The analysis also found that Black and Hispanic students were more likely to face a school placement change or suspension than their white peers after a threat assessment.<sup>23</sup> Notably, such disparities were not found when students faced arrest or citation from law enforcement, suggesting a particularly pernicious effect of threat assessment.<sup>24</sup>

The disparate effects on students with disabilities are also concerning. A 2018 Albuquerque, New Mexico study found that students with disabilities were referred for threat assessment at

 <sup>&</sup>lt;sup>19</sup> See National Disability Rights Network, The Problem with Threat Assessments in Schools (Feb. 18, 2022), <a href="https://www.ndrn.org/resource/the-problems-with-threat-assessments-in-schools/">https://www.ndrn.org/resource/the-problems-with-threat-assessments-in-schools/</a>.

<sup>&</sup>lt;sup>20</sup> National Institute of Justice, *supra* note 10. Discipline was provided for most students in conjunction with some form of counseling or support services. *Id.* 

<sup>&</sup>lt;sup>21</sup> Evie Blad, A State Mandated School Threat Assessment. Here's What It Meant for Students, Education Week (July 24 2023), <u>https://www.edweek.org/leadership/a-state-mandated-school-threat-assessment-heres-what-it-meant-for-students/2023/07</u>.

<sup>&</sup>lt;sup>22</sup> A 2020 study in Virginia, found that Black youth were referred for threat assessments at a rate that is 30% higher than White youth. Dewey Cornell and Jennifer Maeng, Student Threat Assessment as a Safe and Supportive Prevention Strategy: Final Technical Report (Feb. 20, 2020),

https://education.virginia.edu/documents/yvpthreat-assessment-project-technical-report-nij2020-02-20-submittedpdf at 24. A 2021 study based on Colorado threat assessments noted that students in special education, African American students and Native American students were all overrepresented in the threat assessment sample. Franci Crepeau-Hobson & Nancy Leech, An Exploratory Investigation of Threat Assessment Practices in Colorado Schools, Contemporary School Psychology (Feb. 8, 2021), https://link.springer.com/article/10.1007/s40688-021-00356-7.

<sup>&</sup>lt;sup>23</sup> Blad, *supra* note 21.

<sup>&</sup>lt;sup>24</sup> Id.

a rate more than three times that of their peers.<sup>25</sup> And, a 2013 Virginia study found that students with disabilities were referred for threat assessments two-and-a-half times that of their peers.<sup>26</sup>

## Ongoing behavioral health initiatives are best positioned to promote student behavioral health and, in turn, school safety

#### We already have means to screen students, should we need to do so

Referral and screening resources currently exist and are already embedded in state and federal programs. These include:

- Multi-Tiered Systems of Support (MTSS);
- The "Child Find" requirement in the IDEA and Section 504;
- The screening requirement of the Early and Periodic Screen, Diagnostic and Treatment (EPSDT) program of Medicaid, which is free to all Medicaid eligible children.

### We have community-based services available to schools and families

Youth Mobile Crisis Intervention (YMCI) is a mobile crisis service provided through Community Behavioral Health Centers (CBHC). A mobile crisis team provides community-based crisis intervention and assessment for youth experiencing a behavioral health crisis in their homes, schools, and residential placements. This service is available 24/7 (including holidays) and accessible through local CBHCs.

The Children's Behavioral Health Initiative (CBHI) is available to Medicaid-eligible children and youth under the age of 21. CBHI can assist schools, families, and youth by providing home and community based mental health treatment interventions and supports, including intensive care coordination, in-home therapy, therapeutic mentoring, and is accessible statewide through local providers. Collaboration with CBHI providers can support student success in school and in the community.

#### Areas where the Legislature could act now

The CMHC urges the Legislature to support ongoing initiatives that will have a positive impact on student behavioral health *right now.* These initiatives include, but are not limited to:

• Expand statewide the reach of the School Based Behavioral Health Technical Assistance Center, codified in Chapter 177 of the Acts of 2022, *An Act addressing barriers to care for mental health*.

<sup>&</sup>lt;sup>25</sup> Ike Swetlitz, Who's the Threat? Hundreds of Special Ed Students ID'd as Potential Threats, SearchLight New Mexico (Oct. 15, 2019), <u>https://searchlightnm.org/whos-the-threat/</u>.

<sup>&</sup>lt;sup>26</sup> Jennifer L. Maeng *et al.*, Student Threats of Violence Against Teachers: Prevalence and Outcomes Using a Threat Assessment Approach, Teaching and Teacher Education (Jan. 2020), <u>https://www.sciencedirect.com/science/article/abs/pii/S0742051X18321966#bib7</u>.

- Support for H.1979, An Act establishing a child and adolescent behavioral health implementation coordinating council, to support the Commonwealth and K-12 schools in developing plans to achieve comprehensive behavioral health supports for all students.
- Support for H.497/S.240, An Act relative to mental health education, which would help integrate physical and mental health care in schools by updating the physical education mandate to make mental health education a learning requirement in all Massachusetts public and private schools for grades K-12. Without mandating a specific curriculum or curriculum content, the bill provides opportunities for students to "recognize multiple dimensions of health by including mental health, the relationship of physical and mental health, so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity."
- Support S.794, An Act relative to MassHealth reimbursement for schools, to ensure that school Medicaid reimbursements are directed back to schools to support school based services and school health programing, including enhanced capacity for comprehensive behavioral health support, case management, health education, social emotional learning and health support, outreach and enrollment, school health infrastructure development, and other related school health services The MassHealth School-Based Medicaid Reimbursement Program allows for Local Education Agencies (LEAs) to seek reimbursement for Medicaid-covered services and associated administrative expenses, but many districts do not participate in the program citing that the administrative burden is not worthwhile because the resources do not return to support the school, but rather are reimbursed to municipalities.
- Make investments to strengthen relationships between mobile crisis providers, Community Behavioral Health Centers, and school districts in order to support implementation of the school behavioral health crisis plans also required under Chapter 177 of the Acts of 2022.
- Provide the technical assistance and training required to add a mental health screening to the existing school substance use screening requirement (also known as Screening, Brief Intervention, and Referral to Treatment or SBIRT).
- Expand access to phone and text-based helplines for youth in crisis. For example, funding for Hey Sam could be increased for FY25. The Legislature also could provide funds to connect and interface the service with the Behavioral Health Help Line.

For all of the above reasons, we urge you to reject the concepts of anonymous tip lines and threat assessment teams for our schools, and to continue to address school behavioral health and safety in ways that promote student wellbeing rather than further stigmatize students with behavioral health needs or put marginalized students, including youth of color and LGBTQ youth, at increased risk of becoming involved in the juvenile justice system.