



INTERIM REPORT

TO THE 88TH TEXAS LEGISLATURE

SELECT HOUSE COMMITTEE ON
YOUTH HEALTH & SAFETY
JANUARY 2023

**HOUSE COMMITTEE ON YOUTH HEALTH & SAFETY
TEXAS HOUSE OF REPRESENTATIVES
INTERIM REPORT 2022**

**A REPORT TO THE
HOUSE OF REPRESENTATIVES
88TH TEXAS LEGISLATURE**

**J.M. LOZANO
CHAIRMAN**

**COMMITTEE CLERK
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Committee On
Youth Health & Safety

January 9, 2023

J.M. Lozano
Chairman

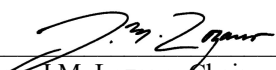
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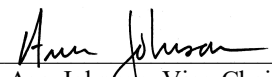
The Honorable Dade Phelan
Speaker, Texas House of Representatives
Members of the Texas House of Representatives
Texas State Capitol, Rm. 2W.13
Austin, Texas 78701

Dear Mr. Speaker and Fellow Members:

The Select Committee on Youth Health & Safety of the Eighty-seventh Legislature hereby submits its interim report including recommendations and drafted legislation for consideration by the Eighty-eighth Legislature.

Respectfully submitted,

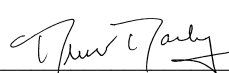

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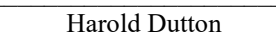

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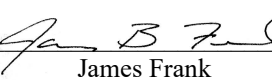

Steve Allison


Greg Bonnen

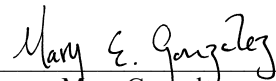

David Cook (Part 1 only)


Drew Darby (Part 2 only)


Harold Dutton

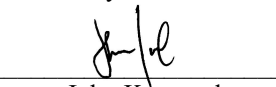

James Frank


Charlie Geren

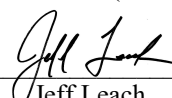

Mary Gonzalez

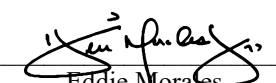

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Stephanie Klick (Part 1 only)


John Kuempel


Brooks Landgraf


Jeff Leach


Eddie Morales


Victoria Neave Criado


Toni Rose

Chair J.M. Lozano; Vice-Chair Ann Johnson

Members: Steve Allison, Greg Bonnen, David Cook, Drew Darby, Harold Dutton, James Frank, Charlie Geren, Mary Gonzalez, Tracy King, Stephanie Klick, John Kuempel, Brooks Landgraf, Jeff Leach, Eddie Morales, Victoria Neave Criado, Toni Rose

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PART I: INTRODUCTION

On September 16, 2021, Speaker Phelan created the House Select Committee on Youth Health and Safety. The bipartisan committee represented a cross-section of legislators from diverse regions of the state with collective expertise in education, healthcare, juvenile justice, law, child welfare, public health, and related matters. The confluence of these policy areas into one committee served as a basis to look broadly at the condition of youth in Texas, with an emphasis on five specific areas aimed at improving outcomes for Texas' most vulnerable youth.

The committee was charged to look at the following:

- 1) Improving the ability of federal, state and local governmental entities to address the needs of Texas youth through, among other things, expanded coordination between all programs and systems that serve youth and their families, including child protective services, mental health services, educational institutions, and the juvenile justice system;
- 2) The allocation and use of state resources to preventative and rehabilitative services that address the primary challenges facing Texas youth placed in the juvenile justice system, including the redirection of those resources as necessary to ensure effectiveness and efficiency;
- 3) The impact of COVID-19 on the mental health needs of Texas youth and identification of effective treatment strategies;
- 4) The expansion of prevention efforts and the strengthening of serve systems to permit the behavioral health challenges faced by Texas youth to be addressed closer to their homes, including efforts and system that permit youth to remain in their classrooms and stay out of institutionalized healthcare and juvenile justice systems; and
- 5) Programs, services and governmental action focused on the rehabilitation of youthful offenders, including considerations related to developmental factors that impact a youth's entry into the justice system.

Part I: INTERIM STUDY CHARGES

- CHARGE I:** Improving the ability of federal, state and local governmental entities to address the needs of Texas youth through, among other things, expanded coordination between all programs and systems that serve youth and their families, including child protective services, mental health services, educational institutions, and the juvenile justice system.
- CHARGE II:** The allocation and use of state resources to preventative and rehabilitative services that address the primary challenges facing Texas youth placed in the juvenile justice system, including the redirection of those resources as necessary to ensure effectiveness and efficiency.
- CHARGE III:** The impact of COVID-19 on the mental health needs of Texas youth and identification of effective treatment strategies.
- CHARGE IV:** The expansion of prevention efforts and the strengthening of service systems to permit the behavioral health challenges faced by Texas youth to be addressed closer to their homes, including efforts and systems that permit youth to remain in their classrooms and stay out of institutionalized healthcare and juvenile justice systems.
- CHARGE V:** Programs, services and governmental action focused on the rehabilitation of youthful offenders, including considerations related to developmental factors that impact a youth's entry into the justice system

CHARGE: Covid-19 Impact

The impact of COVID-19 on the mental health needs of Texas youth and identification of effective treatment strategies.

Summary of Testimony

On October 4th, 2021, the committee met to consider the following:

"The impact of COVID-19 on the mental health needs of Texas youth and identification of effective treatment strategies."

The committee considered invited testimony from leaders in education, healthcare and nonprofit sectors, places that were most likely to interact with youth on a regular basis and have an understanding of their mental health needs. COVID-19 interrupted important social and familial routines, leading to isolation and less access to social services, economic opportunity, and education. The committee heard from experts who all agree there is a mental health crisis among the state's youth. Below is a summary of the testimony provided to the committee:

A number of troubling trends are emerging in the pandemic. Perhaps the most serious, suicide is the second leading cause of death among youth, with rates not seen since the 1980's teen suicide epidemic. And while nearly 50% of mental health conditions manifest by age 14 and 75% of mental health conditions manifest by the time a person reaches their mid-twenties, children wait 8-10 years post-symptoms for care. However, if educators and parents know the symptoms to look for and signs are detected earlier, tools can be put in place to help parents and educators treat the child. Suicidal ideation must be recognized and treated quickly.

Mental health professionals are also witnessing a dramatic increase in anxiety disorders and depression, both up 3.4 times pre-pandemic levels. This is manifesting in visits to emergency rooms (ER), with a sharp increase from pre-pandemic numbers. The proportion of mental health ER visits are up 31 percent among ages 12-17 and emergency room visits for suicide is double pre-pandemic levels.

According to the Child Mind Institute, an estimated 17.1 million children in the U.S. have or have had a psychiatric disorder, which is more than the number of children with cancer, diabetes and AIDS combined (2019). Pediatric emotional and behavioral health challenges were of growing concern pre-pandemic, but the impact of COVID-19 on the mental health of children has been catastrophic.

Children and adolescents are presenting to emergency rooms with acute behavioral health needs, including aggressive episodes, suicidal ideation, and suicide attempts. Families go to the hospital because they don't have anywhere else to go. The number of patients coming to emergency rooms for behavioral health crises has increased sharply. As a result, hospitals are operating under challenging conditions where, due to the higher volume of patients, youth may be put on floors that are not constructed with the unique resources needed for mental health patients.

These challenges are difficult for any family, but matters are exacerbated for special needs populations. In 2021, the Center for Disease Control updated its biennial report of autism prevalence among the nation's children, estimating that 1 in 44 children in the U.S. is on the autism spectrum - a nearly 24% percent increase over 2016 when the estimate was 1 in 54. In addition, the prevalence of disorders of development, learning, and behavior (not including psychiatric diagnoses) is at least 1 in 4 children nationally, and children with developmental disabilities account for a disproportionate number of those with future psychiatric diagnoses. For example, it has been shown that nearly 40% of the population of incarcerated adults has at least one developmental disability. There is a serious need for increases in workforce members to address autism and other developmental disabilities.

One way to significantly improve identification and treatment of youth mental health needs is through an integrated, collaborative primary care model, where specialized care for mental health is part of the routine healthcare process and primary doctors are informed on best practices. This method aims to reduce overreliance on medications, which may be appropriate, but can often be overprescribed. A collaborative care process integrates a mental health wellness check into a routine doctor's appointment. If signs of mental health needs are identified, a doctor can notify a behavioral health care manager and the patient receive a psychiatric consultation to determine what services are needed.

Another tool employed to better identify and treat mental health issues is the development of mental health crisis response teams, which visit families in their homes and prevent low level problems from escalating. These teams are staffed by people who know how to work with families and child-serving systems and are staffed intensively to go beyond initial crisis stabilization and include followup visits.

For at-risk youth with intensive needs, including serious mental health needs, substance abuse concerns, violent offenses or have experienced abuse and neglect, Multisystemic Therapy (MST) has been proven to be an effective tool.

An evidence-based model with 20 years of research, MST works 60 percent of the time. Recognizing that the biggest factor is that at-risk youth doesn't have a steady adult in their life, MST first seeks to get the child in the home with an adult and provides that adult resources that are lacking. MST looks at the child and adult's whole needs and fills the gaps to provide a support system. For example, making sure that kids are supervised and productive when their adult caregiver is working during the day.

Results from this type of therapy are seen within 3-7 months and violent crime rates drop by 72%. When compared to residential care, it works better. MST is currently in Harris County, Nueces County and El Paso. The legislature provided \$2 million in 2021 to establish new teams in Houston and El Paso. Most MST has been championed at the local level, but state-led implementation may better expand this model to more kids who can benefit.

Most kids have treatable conditions, and improving their home life can reduce likelihood of mental health conditions causing youth to enter the juvenile justice system. MST is an intense program providing around 100 hours of support per month for up to 7 months. Research into

MST's efficacy shows that children well-suited for this type of therapy show progress within 7 months.

In addition to economic and educational disruption from COVID-19, medical practitioners find that pervasive bullying can occur through social media outlets. It is becoming harder for youth to avoid antisocial behavior or bullying when they are connected to their peers regardless of physical location. They are influenced at all times via phones, tablets and computers.

The State of Texas is responding to youth mental health through the Texas Child Mental Health Care Consortium, created in 2019 with a \$99 million appropriation to fund five initiatives: Child Psychiatry Access Network; Texas Child Health Access Through Telemedicine; Community Psychiatry Workforce Expansion; Child and Adolescent Psychiatry Fellowships; and Mental Health Research. The consortium leverages the expertise of Texas' higher education health-related institutions for the purpose of addressing youth mental health needs. The consortium is a collaborative model, administratively supported by The University of Texas System and utilizing expertise across nonprofit, state agencies, medical schools and hospital systems and similar entities.

Child Psychiatry Access Network (CPAN)

CPAN is a network of psychiatrists, based at each of the Health-Related Institutions (HRIs), that provides consultation services and training opportunities for Primary Care Providers (PCPs) to improve the care of children and adolescents with behavioral health needs. As of the 10/4/2021 hearing, 1100 clinics were enrolled in CPAN and 4,000 consultations completed.

Texas Child Health Access Through Telemedicine (TCHAT)

Creates or expands telemedicine programs to identify, assess and provide short-term, school-based treatment for the mental health needs of at-risk children and youth. Over 2.2 million students have access to services through this program, with nearly 3,300 schools have agreements for TCHAT Services. In the month of August 2021, 365 student referrals were received.

Community Psychiatry Workforce Expansion (CPWE)

Partners HRIs with community mental health providers and provides training opportunities for residents under an academic medical director provided by the HRI. In August and September 2021, residents participating in the CPWE program had 4,099 encounters with 1,907 patients.

Child & Adolescent Psychiatry (CAP) Fellowships

The CAP Fellowship initiative has allowed HRIs to add fellowship capacity within their departments of psychiatry. Training and retaining CAP fellows is essential to address the current provider shortage within the state.

Services are also provided through the Texas Department of Health and Human Services (DSHS) and 39 local mental health authorities (LMHAs) that provide children's mental health services. They serve children ages 3-17, with level of care based on need.

The rise in need for services coincides with workforce challenges. 97% of Texas counties are

designated as health professional shortage areas, with local mental health authorities reporting significant workforce shortages. Capacity of providers was already strained but is made worse by COVID-19. With the lack of sufficient space, the waiting time on children's inpatient care has increased from 7 days in FY19 to 14 days in FY21.

DSHS is working to build a Texas Certified Community Behavioral Health Clinic. There are 136 of Texas' 254 counties covered by these at the moment, and about 72% of Texans live in a county with a presence. About 70,000 youth are under the care of a local mental health authority.

The department provides coordinated specialty care for treatment for ages 15-30 with the first episode of psychosis available at 25 LMHAs. The program has demonstrated 67% reduction in hospitalization, 28% decrease in jail admissions and 69% decrease in crisis services. These outcomes equal a decrease in future services.

DSHS also uses the Youth Empowerment Services (YES) waiver. This program provides robust mental health services for families at risk of losing their children. Annual enrollment is between 2400-2600 youth served. By increasing family and community support, the program aims to reduce the amount of time children are out of their home.

The department has moved mental health first aid training online in response to COVID-19. This training identifies kids early on who may have a mental health issue. The department estimates that 120,000 educators who serve K-12, community colleges and universities have taken the training.

The state received COVID-19 funds via a block grant to expand care. The money has been spent on outpatient capacity expansion for children as well as providing a housing support line available 24/7 to provide mental health and substance abuse support to people at risk of being homeless. The money also expands coordinated specialty care services by adding additional teams at 7 LMHAs and an additional 17 sites will receive funding to increase staff.

While medical professionals and state agencies are working to address the youth mental health crisis in their capacities, educators, counselors and administrators within school systems are often the first to recognize student mental health needs and make attempts to match youth with appropriate services.

In response to pandemic stress, students are voicing an interest in receiving mental health care. Some are worried about their lives and health and that of those in their family. Other students who find school a refuge from unstable home lives or the only place to find a reliable meal have been negatively impacted by staying at home for long periods of time. Some older students have needed to work to help family in economic distress.

Many students expressed frustration with learning online, experiencing a "COVID-19 slide" or decline in educational achievement. COVID-19 compounded disadvantages and made it even harder for turnaround plans and other academic improvement measures to take hold in certain districts.

A workforce challenge exists, with a lack of qualified candidates for teaching and counseling positions. Those teachers who remain in the district find that the educational struggles are reflected in test scores. These teachers and counselors are taking on more work during a staffing shortage, but fear that they may be penalized for students' COVID-19 slide. The combination has had a negative effect on morale and is making more educators rethink their profession or find work elsewhere, especially those in science, math and special education fields.

The Texas Education Agency (TEA) found that "the two biggest issues facing students and schools across Texas as a result of the COVID-19 pandemic are learning loss and mental health challenges." Survey data and reports consistently show that COVID-19 negatively impacted student mental health.

The agency's foundation for supporting mental health started as a means to address needs that surfaced after the trauma of Hurricane Harvey and was furthered by legislation to adopt a statewide plan for student mental health. Teachers undergo training called Project Restore, a multifaceted approach to becoming trauma-informed and understanding best practices.

For the 2021-2022 school year, TEA provided a Texas school mental health website, school mental health practice guide and toolkit and learning modules for safe and supportive schools. These were offered with expertise from the field. When schools partner with mental health experts and across state agencies, there is increased success with getting resources to students and ensuring that support is appropriately designed.

Research shows that more job-embedded professional development in addressing mental health challenges will better develop educators to meet the mental health needs of students. While student mental health has long been an issue, the pandemic provides a compelling reason for schools to recognize the need to better equip educators to recognize issues and implement best practices.

Mental health advocacy groups underscored the testimony that youth experiencing mental health concerns are often reacting to negative life experiences, which manifest in behavioral issues, deterioration of mental health and involvement with the juvenile justice system. Due to natural brain development, a chaotic home life or trauma can cause a child to not develop higher level emotional coping skills. Trauma-informed educators, counselors and administrators may be better suited to address those mental health needs. Yet, many schools in Texas do not meet the recommended ratio of one counselor for every 250 students. In Houston ISD, the counselor-student ratio is one counselor for every 900 students. Even if a campus is fortunate enough to have counselors, they may not be meeting the mental health needs of students. Moreover, school counselors need time set aside to implement the school counseling model.

In Texas, many families are unable to access the services they need for ongoing treatment. Coordinated services and co-located mental health providers on campuses increase access to services and help students avoid disciplinary actions.

The symptoms of mental disorders and substance abuse include aggression, intense fear, changes in sleeping and/or eating habits, complaints of physical ailments, and in conjunction with

isolation, can cause students to miss lessons, miss a full day of class, or fall behind, resulting in an overall decline in academic performance. School mental health professionals need to prepare to meet the mental health needs of students without defaulting to harsh disciplinary actions that could set them on a path to the school-to-prison pipeline. It is important to understand that mental illness can manifest in ways that could fall under insubordination or willful defiance, leading to undue punishment and extended time outside of the classroom, exacerbating the accumulating amount of learning loss.

Schools often serve as the first point of intervention when a child needs services or supports. This can be as simple as having someone to talk to or as complex as therapeutic intervention. Kids of color and students with disabilities can be disproportionately affected by classroom discipline measures that are not trauma-informed. Because classroom disruptive behaviors can be the result of trauma occurring outside of the classroom, these practices could improve both the students mental health and improve classroom behaviors.

Among people with intellectual and developmental disabilities (IDD), mental health conditions and the impact of trauma are two to three times the rates of people without those disabilities.

Testimony from healthcare providers, educators, state agencies and advocates all concur that the lack of qualified professionals is a major issue and that there is a strain on existing resources and programs. Yet, a continuum of care is needed to mitigate the effects of COVID-19 on children's mental health.

A continuum of care includes interventions before the onset of a disorder. Research shows that early intervention is more beneficial and cost effective than treating emotional difficulties after they become more serious. The care continuum also includes community-based services. Youth who receive services in home, school and community settings are more likely to live with family, make better progress in school and not end up in the juvenile justice system.

In considering the impact of COVID-19 on youth mental health, the committee was presented with testimony from leading figures across many fields. Many of the same themes emerged: a rising need for mental health services, healthcare and educational systems struggling to meet demand, and a need to find cost-effective ways to expand services. Yet, testimony also revealed a number of efforts attempting to meet these needs that suggest more time is needed to evaluate the efficacy of recently-launched programs and to see how youth fare as regular routines are re-established as we shift from a quarantine phase of the pandemic to a recognition of COVID-19 as an endemic that we must live aside.

Recommendations

- Consider opportunities to actively promote the "988" mental health phone line, including effective strategies to inform youth;
- Consider the role of school counselors, including ways to support the 80/20 counselor ratio (SB 179, 87th Legislature) and the roles and responsibilities assigned;
- Consider permitting mental health visits as excused absences;
- Consider opportunities to expand the TCHAT program;
- Consider ways that schools can develop partnerships with faith-based organizations that provide additional resources for student needs;
- Consider increasing access to specialized intervention, crisis intervention and continuum-of-care services

CHARGES: Juvenile Justice

"The allocation and use of state resources to preventative and rehabilitative services that address the primary challenges facing Texas youth placed in the juvenile justice system, including the redirection of those resources as necessary to ensure effectiveness and efficiency"

"Programs, services and governmental action focused on the rehabilitation of youthful offenders, including considerations related to developmental factors that impact a youth's entry into the justice system."

Summary Of Testimony

Factors Contributing to Youth Incarceration

One of the leading indicators of whether a child will enter the juvenile justice system is their exposure to trauma. Adverse childhood experience (ACEs), which can be experienced through abuse, neglect or household dysfunctions, can disrupt normal development and cause youth to respond to stress in uncontrolled and socially unacceptable ways. ACEs can take the form of physical, emotional or sexual abuse, physical or emotional neglect, or household dysfunction manifested in mental illness, incarcerated relatives, violence, substance abuse or parents apart. Youth who have experienced at least 1 report of abuse or neglect are 47% more likely to participate in delinquent acts.

Thirteen percent of the general population has experienced 4 or more ACEs. Yet, youth who have entered the juvenile system and been placed in state care are much more likely to have experienced that level of trauma.

Complex trauma may cause youth to focus more on survival, making higher level thinking harder to achieve. As children are neglected, their brain development focuses on the "downstairs" brain, which is survival mode. The "upstairs" brain, meanwhile, allows for development of social, emotional and cognitive skills, like problem solving, judgment, impulse control and appropriate social and sexual behavior. Neglecting upstairs brain development leads to youth who are less able to regulate emotions and who act before thinking.

Other factors that lead to increased likelihood of interaction with the juvenile justice system are: child sex trafficking, mental health issues, and intellectual impairments and learning issues. Youth committed to the Texas Juvenile Justice Department (TJJD) are much more likely than the general population to fall into one or more of these categories. As youth move deeper into the system, their risk level and needs become more specialized. For example, while youth who have risk factors may be address in a prevention program, committed youth are served in small groups with highly specialized and individualized services. Adequate resources and a cross-disciplinary approach are needed to avoid pushing a youth deeper into the system. Realigning resources to address complex childhood trauma, family supports and interventions, filling system gaps, and mental health services are all preventative measures.

Statewide Approaches to Juvenile Justice

The State of Texas has four categories of programs and services focused on youth rehabilitation: early prevention and intervention, community-based programs, residential programs, and interventions for committed youth.

Early prevention and early intervention includes school-based programs, family support, trauma intervention and therapy, community resource coordination groups, crisis interventions and collaboration with other local entities. These programs all share the common goal of identifying risky or at-risk behavior and providing services to address problems to prevent a youth from entering the system. The committee discussed that while programs exist for children ages 5 and under and pre-teens or teenagers, there is a gap of services for kids ages 5-9, which is a key development age range.

Community-based programs are administered through probation departments that provide or contract for an array of services, including sex offender and substance abuse counseling, vocational services, therapy, mentoring and other wrap-around programs. They may be offered regionally or through a county. The majority of youth from 2018-2021 were served by treatment-based programs, followed by skill building and activity-based programs.

Residential programs meet more intensive needs. These programs address more acute mental health, substance abuse and sex offender treatment and behavioral health needs that can't be met in the community. They play an important role in diverting youth from TJJD commitment. In fiscal year 2021, 874 youth entered a non-secure facility, 1,224 entered a secure facility, with an average length of stay of 186-days.

Programs for committed youth focus on those with highest needs and risks. Programs include violence intervention, sex-offender treatment, substance use treatment, behavior support plans, behavior stabilization and mental health treatment. An array of specialized therapies is utilized in this care to address high need offenders.

In the juvenile justice system, the state funds 25 percent of probation costs and the counties bear the remaining costs because, unlike adult offenders, fees are not charged to juvenile offenders. Residential placement costs for juveniles are significantly higher than adult residential placements due to staff to resident ratios, determined by the severity of the needs. Some youth residents require a 1 to 1 ratio.

The juvenile justice system continues to experience a growing staffing crisis despite measures to mitigate it, resulting in substantial implications for youth and staff safety. At the time of the hearing, TJJD was operating at 50 to 55 percent of the staff needed. Staffing challenges are exacerbated by a national labor shortage and the continuing COVID-19 pandemic. As a result, counties must prioritize the number of youth served in the probation system. TJJD has shifted from initiatives like expanding reform efforts to ensuring basic supervision, therapeutic services and constitutionally protected rights. Moreover, Texas pays lower private provider rates than other states, so those providers are less likely to be in Texas.

TJJD has taken a number of measures to improve staffing ratios, and minimize risk. These include providing a pay differential to direct-care staff, ensure risk-based programming for safe facilities, executed contracts to provide staff coverage, provided attendance bonuses, increased available beds, emphasized hiring and using payments for disaster compensation for teachers and mental health professionals doing extra shifts.

Local Approaches to Juvenile Justice

Referral to the juvenile justice system begins at the community level, served by 165 local juvenile justice departments across Texas, each led by a juvenile board. These departments are organized among seven regions. TJJD staff provides support for probation services.

Community juvenile justice aims to balance community safety with rehabilitation of juvenile offenders, prevent children from entering the juvenile justice system, keep a juvenile from progressing further into the system, diverting offenders from TJJD state institutions and to advocate for youth in the system. In FY 2021, over 29,000 youth were referred to juvenile probation departments, but only 535 were committed to TJJD.

Local juvenile justice departments are at the center of intersecting state, community, family and developmental system that impact a youth's life. That's why a system of care approach, which emphasizes a broad array of community-based services, support and prevention programs for youth at-risk is important. Because youth who commit a felony will carry their felony conviction through their entire lives, local juvenile justice departments see benefits in treating the whole child to prevent escalation of a child's involvement in justice system.

Funding for community-based juvenile justice probation departments by local governments accounts for over 75% of total juvenile probation system funding, while state funding accounts for over 23% and federal aid accounts for less than 1%.

Counties may apply for grant funds to create programs or contract with community programs to provide prevention/intervention services for at-risk children not under the supervision of the local juvenile justice department. Funding was provided in the FY 2019 and 2020 grant cycle, with over 30 counties receiving grants from a pool of over \$3 million per year. Grant funding has resumed for the 2022-2023 biennium.

Another grant opportunity exists for county departments to apply for and to employ specialized juvenile probation officers to carry caseloads of youth with mental health needs, allowing them to collaborate with local mental health authorities or mental health treatment providers. 19 counties were granted funds for this program from 2019-2021 from a pool of almost \$2 million per year.

Since 2016, TJJD has sought to enhance the department's regional planning, divert youth from entering and keep them closer to home. All youth who are referred to the juvenile justice system are assessed for criminogenic risk, social needs and behavioral health issues and programs have been created to provide services to youth under supervision.

Those involved in regional community juvenile justice departments advocate for flexibility in state aid funding and allocating state dollars to match local resources. They also advocate for consistent prevention money and expansion of prevention programs to additional counties. Intervention programs are also needed, like a "First Referral" program to target youth after their first referral to keep them from going into the system. They advocate for pre- and post-adjudication programs to create more beds for regional use, and programs, placements and facilities to keep youth closer to home and allow for family involvement.

A workgroup has been formed under the TJJD Advisory Council to consider how to improve juvenile justice outcomes for children with mental illness or intellectual disability captured in Chapter 55 of the Texas Family Code. The multidisciplinary workgroup is focusing on ways to increase access and admissions to mental health facilities rather than incarceration facilities. These children are incarcerated due to a lack of adequate mental healthcare facilities and end up staying in TJJD detention, rather than a more suitable venue to treat their unique needs.

Advocates' Perspectives

Advocates for youth incarcerated in TJJD cite a number of areas for department improvement and highlight some concerning episodes. They note the inadequate staff to youth ratio, high turnover rates, staff use of force policies, overuse of restraints, inappropriate sexual relationships and unmet mental health needs.

They support the department's plan of a more regional approach to incarceration and treatment, closing larger facilities and planning smaller regional facilities closer to home. In doing so, a continuum of residential and non-residential options for youth can be employed to support youth and families in their own communities. By shifting resources from the state to counties, more emphasis can be placed on diversion and placing youth in more effective and appropriate care, as needed.

Additional concerns were raised that the existing juvenile justice infrastructure fails kids on two fronts: adequacy of facilities and training. Some youth in care are in facilities similar to the incarcerated adults convicted of the worst crimes. Secondly, training and requirements of TJJD staff should be modified so those staff have adequate training and experience.

Recommendations

- Consider ways to support regional-based approach to juvenile justice, including diversion programs;
- Consider a stable funding source for early intervention programs provided at the county level;
- Consider funding formulas that include the number of referrals to county juvenile justice departments;
- Consider how to better support collaboration and coordination between all child and family-serving systems at the state, regional and local levels;
- Continue reforms to Chapter 55 of the Texas Family Code for children with mental illness or mental disability;
- Consider programs to smooth a juvenile's re-entry to society, including opportunities for funding to allow older youth to complete a high school degree and transition to higher learning;
- Consider the workforce challenges experienced in the juvenile justice field and opportunities for improve working conditions and compensation to broaden the field of job candidates;

CHARGES: Service Coordination

Summary of Testimony

On May 26th, 2022, the committee met to concurrently consider the following charges:

"Improving the ability of federal, state and local governmental entities to address the needs of Texas youth through, among other things, expanded coordination between all programs and system that serve youth and their families, including child protective services, mental health services, educational institutions, and the juvenile justice system"

"The expansion of prevention efforts and the strengthening of service systems to permit the behavioral health challenges faced by Texas youth to be addressed closer to their homes, including efforts and systems that permit youth to remain in their classrooms and stay out of institutionalized healthcare and juvenile justice systems"

As a result of the committee testimony indicating that segmented healthcare can be detrimental for youth, the committee invited witnesses to testify on the best ways to integrate healthcare services and wraparound services, coordinating care across the spectrum of a youth's life.

In Taylor, Texas, there is a new model of care that coordinates mental, physical, and behavioral healthcare in the community. Operated by Lone Star Circle of Care with funding from St. David's Foundation. This new kind of model recognizes that a person's health status isn't just determined by what happens within a doctor's office but is rather a combination of social and health factors reflective of a person's community.

The Taylor, Texas local government and nonprofit leaders took a federally qualified health clinic, which sees almost 100,000 patients annually and expanded services to provide wraparound services by co-locating providers.

Using an abandoned school, a clinic was made to house the community health center and employ evidence-based practices. The site features exam rooms for basic healthcare, meals on wheels, a behavioral health center and senior center with intergenerational programming, and Head Start site nearby. Best practices gleaned from the experiment include: models built on evidence-based, even non healthcare, benefits from prenatal care to Head Start to mental health care, and in an area where community needs are high. Wrapping around services in the same facility also increase efficacy because the person has already taken time off of work and made other accommodations to be there.

The committee also heard from another existing program operating in Texas, Communities in Schools (CIS), a school-based organization that provides support and intervention to help improve student outcomes. Their testimony points out that recent studies show that school climate, student behaviors, safety, and students' sense of connectedness and well-being are improved, all of which support the chief and primary purpose of school: learning.

CIS testified that there is triple the need for risk assessments, which are students that have

expressed harm toward self or others. Organizations that serve in schools provide a unique opportunity to develop relationships with staff, students and all who serve in the school. They quickly address needs as they arise, rather than having to wait for an outside provider to deliver those services without the benefit of understanding the school environment. Understanding what happens outside of the classroom impacts what happens in the classroom.

Prospective college students that are in foster care or previously in-care face barriers to succeeding in higher education. Much progress has been made in previous sessions to eliminate these barriers. Legislation allowing foster youth who completed the standardized curriculum for the Preparation for Adult Living Program (PAL) were eligible to receive college credit and locked in college tuition for completion of the program.

Recommendations

- Consider ways to expand mental health resources to schools and education service centers, including trauma-informed crisis teams;
- Consider ways to allow schools to receive federal reimbursement for services provided to all medicaid-eligible students, not just those with an individual learning plan;
- Consider additional mental and behavioral health services for youth and families who are at-risk;
- Consider ways to strengthen parental consent in a child's school-based mental health support and to ensure that parents are notified if their child is the subject of a threat assessment;
- Consider workforce challenges related to providing mental health and wraparound services and opportunities to expand the pool of candidates, especially in rural areas;
- Consider ways to expand outpatient treatment capacity for children at lower levels of need;

Special Topics

While considering the charges listed by Speaker Phelan, the committee recognized that today's youth face unprecedented mental health challenges and those challenges are exacerbated by social media and illegal drug use.

Social Media

On October 14, 2021, the committee convened to consider the impacts of social media on youth mental health. At the time, national media outlets reported that technology firms deliberately manipulated user algorithms to target teens, despite knowing the negative consequences. During this hearing, the committee heard invited testimony from academic experts and advocates for responsible social media use.

The relationship between social media use and mental health is complex and creates challenges for teens. The increase in social media use coincides with the rising rates of depression and suicide among teenagers, especially pre-teen girls.

From a developmental perspective, adolescence is characterized by heightened sensitivity to social information, concern about social status, identity exploration, and the development of close relationships with peers. Social media is perfectly aligned with these developmental goals, with opportunities for frequent engagement with and feedback from peers, as well as for self expression.

It is important to note that social media is a fundamentally different environment than the offline world. The experiences young people have online reflected many of the same joys and challenges teens have always faced. But on social media, these experiences, both positive and negative, are amplified. They happen more publicly, more quickly, more frequently, at a larger scale.

Social media has both positive and negative aspects associated with teens. While it allows opportunities for social connection and maintaining friends, it has negatives. Social media can lead to youth negatively comparing themselves to others, fueling a desire to measure up to what their peers portray. Or they may feel pressured to portray their lives in increasingly idealistic ways, even as they feel they cannot measure up to the images they present.

Body image concerns are one such risk, with a recent experiment showing that young women who were exposed to edited social media photos reported worse body image than those exposed to unedited photos. Many other studies have found that exposure to risky behaviors on social media, like alcohol or other substance use, may increase risk for engaging in these behaviors. And although mental health information is readily available on social media, it is not always clear to youth whether that information is accurate or verified.

Even more disturbing, social media can pressure youth to engage in disruptive behaviors that they might not have otherwise attempted. Viral Instagram and Tik Tok “fight videos” showing kids sparring with each other and beating each other up have domino effects on the youth who

watch them, leading to young people starting fights with each other in order to gain social media attention.

Cyberbullying is also rampant, ranging from simple text rumors that quickly spread throughout a school campus to elaborate Instagram pages purporting to belong to a student but actually posted by someone else with captions and comments designed to hurt and embarrass the person. Children who identify as LGBTQ are at particular risk for bullying, and have significantly higher rates of depression, anxiety, and suicidality compared to the population at large. Youth with a history of eating disorders are also targeted, with social media accounts that encourage disordered eating and can be triggering even for those who are in recovery.

For those teens who had their daily lives disrupted during COVID-19, with lack of routine, friends, classmates, and other norms, social media became a tether to their social circle. And it was a valuable asset during the pandemic. Yet, this can further youths' feelings of disengagement – even as they continue to build connections and relationships online, they may not experience these as genuine, since they feel pressure to present a disingenuous version of their lives to their social media groups.

There is an emerging dichotomy among today's adolescents. While they are doing better on many metrics, including reduction in drug use, teenage pregnancy and criminal cases, they are not doing better with respect to their mental health. Girls are doing better in school than boys, but face anxiety and depression. And boys from low socioeconomic families, regardless of race, are showing signs of disengagement and lower academic achievement.

Stress, depression, and anxiety are the root of these problems. Depression is the affliction with the greatest burden of disease. It effects the labor market, produces lower wage workers, and can take students out of advanced pathways, like much-needed STEM careers, because the classes feel like too much.

The Pew survey research center finds that there is a 300% increase in the levels of clinically elevated anxiety symptoms since the onset of the pandemic. This accelerated a trend that has been growing since the great recession.

The feeling of not being good enough or feeling less than others may be a contributory reason for depression and anxiety. And as a result, Texas' workforce may suffer from having students who are not prepared for high skills jobs. Teenagers who are depressed or just so distracted then they're not going to be ready to capitalize on the good opportunities in the Texas economy. Cyberbullying, and bullying can lead to life-ending consequences for children and trauma for families. Families face grief guilt, shame, lack of support and stigma after a suicide. Parent suicide survivors feel a profound sense of failure for not protecting their child and experience the trauma of finding their children deceased.

Young people under 25 who are victims of cyberbullying are more than twice likely to self-harm. It is also reported that 80% of violent school attackers were bullied by classmates.

Parents and schools are seeking resources because many feel that schools are not adequately

equipped to address this issue. When parents are in crisis, they feel helpless and frustrated. Many schools are handling the problems well, but some need additional resources. While school can provide outside resources, not all families can or will take their child to address antisocial behavior.

The legislature passed David's Law, providing tools to schools, parents and law enforcement to work on cyberbullying, and SB 11 (86th legislature) requiring, among other things, digital citizenship.

Teenage Drug Use

On May 26th, 2002, the committee heard from an expert witness on substance use in adolescence. Prevention of substance abuse is possible, and addiction is treatable. Substance abuse disorders are progressive and are bio-psychosocial; there is a cumulative effect of many factors that lead to the abuse.

Among youth, the progression from experimentation of substance use to the disease of addiction is, on average, 3 years. That makes it even more important to intervene early and to provide services when an addiction is identified.

Data shows that the best way to prevent a person from addiction is for them to wait to use substances. Students who wait until 21 to use substances are likely to never develop an addiction. Even those youth who have a genetic predisposition to addiction are forty times less likely to develop one if they wait until 21.

Teenage drug use also negatively impacts a teen's mental health. Those who use marijuana just one time a month are more likely to have suicidal thoughts than those who don't. And weekly marijuana users are two times more likely to experience depression later in life.

Biologically, our brains have a natural predisposition to experience a certain level of dopamine, serotonin, GABA, and endorphins. Drugs push those chemicals further than are naturally occurring, requiring more and more for the brain to experience reward and other stimuli. Continued and repeated use can divert neurotransmitters, impacting one's ability to make healthy decisions for emotional regulation and societal function.

Because the teenage brain is still developing, any substance or activity that spikes dopamine levels beyond the normal range, arrests the brain development. As an adolescent, more neuropathways exist than at any other time in life, other than as an infant. Drug use cuts off those pathways and leads to long term damage.

Moreover, drugs available today are far more accessible and potent than substances available two or three decades ago. Synthetic marijuana, fentanyl and other additives makes it hard to know what is in those substances.

Treatment must reflect and be integrated into a youth's life, meeting them where they show up. The systems for serving youth in our community are strong but are often disconnected and

uncoordinated. Strengthening and expanding the systems is important, but the coordination is critical to the success of those interventions and treatment. If treatment is not consistent, youth will regress to what they believe are their peer social group values.

Despite marijuana use becoming a social norm, evidence-based prevention efforts can work. They are especially effective when those efforts do not focus on the moral aspect but explain the biological and physical impacts of drug use to give teenagers and parents the knowledge to make healthy decisions their bodies.

Involving parents in teenage drug prevention and treatment programs is important. Several strategies, like making sure that parents and students receive the same information, teaching healthy bonding techniques between parent and child, and requiring parents to take classes as a condition for a child to return to school have all shown positive results. Protective factors, like physical health, involvement in a school system, positive role models, and family involvement can also reduce the likelihood of substance experimentation and addiction.

PART II: INTRODUCTION

On June 3, 2020, in response to the Robb Elementary tragedy in Uvalde, Speaker Phelan amended the committee's jurisdiction and expanded the membership to include members whose communities have been affected by mass violence events or served on the 86th Legislature's Select Committee on Mass Violence Prevention and Community Safety.

The committee was issued joint charges with the House Committee on Homeland Security and Public Safety to "provide a cross-jurisdictional approach to addressing the issues of school safety, mental health, social media, police training, and firearm safety." The joint charges listed:

- 1) Study the implementation and impact of Senate Bill 11 (86th Legislature, Regular Session) and other pertinent laws. Identify additional policies, protocols, and strategies to help create a safer environment in schools and local communities.
- 2) Examine strategies to prevent acts of mass violence, including measures to enhance firearm safety in Texas.
- 3) Evaluate the preparedness of and coordination between state and local agencies, nongovernmental entities, and law enforcement for the prevention of and response to mass violence, including the content and efficacy of active shooter response training.
- 4) Examine the role of online communications in mass violence scenarios and identify technological resources and solutions for detecting, mitigating, and reporting threats.
- 5) Study the needs of the state related to mental health professionals, educators, school administrators, and related professionals overseeing youth mental health programs and the delivery of those mental health services.

The following members were added:

The Honorable Greg Bonnen

The Honorable Drew Darby

The Honorable Charlie Geren

The Honorable Mary Gonzalez

The Honorable Tracy King

The Honorable John Kuempel

The Honorable Landgraf

Part II: CHARGES

- CHARGE I:** Study the implementation and impact of Senate Bill 11 (86th Legislature, Regular Session) and any other pertinent laws. Identify additional policies, protocols, and strategies that will help create a safer environment in schools and local communities.
- CHARGE II:** Examine strategies to prevent acts of mass violence, including measures to enhance firearm safety in Texas.
- CHARGE III:** Evaluate the role of online communications in mass violence scenarios and identify technologies resources and solutions for detecting, mitigating, and reporting threats.
- CHARGE IV:** Examine the role of online communications in mass violence scenarios and identify technological resources and solutions for detecting, mitigating, and reporting threats.
- CHARGE V:** Study the needs of the state related to mental health professionals, educators, school administrators, and related professionals overseeing youth mental health programs and the delivery of those mental health services.

Robb Elementary Mass Shooting

On May 24, 2022, an 18-year-old male shot his grandmother in the face with an AR-15 style rifle he purchased days after his birthday, stole her truck, and crashed it into a ditch before entering Robb Elementary School in Uvalde and murdering 19 children, two teachers, and injuring over a dozen others. The attacker entered through an unlocked exterior door and quickly accessed the two classrooms where he killed his victims, facing little resistance from law enforcement. While coaches and teachers exhibited heroic bravery to keep children safe, communication between school personnel and first responders, including multiple law enforcement agencies, was haphazard and exacerbated the response, which has been characterized as an abject failure.

Nothing can bring back the lives lost that day, and the entire state has felt the weight of this travesty. The people of Uvalde have demonstrated tremendous strength, and victims' families have been tireless in their pursuit of truth and justice. No child or parent should worry about a student not returning home at the end of the school day. The Texas House is committed to ensuring that schools in Texas be places where children can learn safely.

Investigative Committee and Report

On June 3, 2022, in response to the tragedy in Uvalde, Texas House Speaker Dade Phelan created the Investigative Committee on the Robb Elementary Shooting and charged the committee with “conduct[ing] all inquiries into the actions of any State or local officer, employee, department, agency, institution, or instrumentality and any political subdivision needed to make a complete and thorough examination of the facts and circumstances of the events relating to the violent acts, shootings, and murders at Robb Elementary School in Uvalde.” The proclamation also charged the committee to “examine the evidence developed by all law enforcement authorities” and to “acquire and analyze additional evidence as needed to make comprehensive findings.”

The Speaker created the investigative committee as a fact-finding committee designed to inform the substantive policy development of this and other committees in response to the Robb tragedy.

The investigative committee heard testimony from 34 witnesses over the course of two months, while the committee's investigators met with additional individuals to form a complete and accurate account of the events precipitating the attack, the response, and the impact to the community. Witnesses included teachers, school administrators, local and state law enforcement, and family members.

In addition to the witnesses who appeared before the committee in executive session, the committee’s investigators conducted at least 39 independent informal interviews. The committee and its investigators reviewed hundreds of crime-scene photos and dozens of audio and video recordings from the incident, including surveillance camera footage, mobile-phone video, 911 calls, radio transmissions, and body-worn camera footage. They reviewed recordings and summaries of witness interviews conducted and recorded by law enforcement agencies. Documentation received from the Department of Public Safety and reviewed by the committee included an enormous trove of digital evidence, including data from mobile phones, cloud

storage, and social media messages. The committee received and reviewed thousands of pages of documents received from numerous agencies including ALERRT, ATF, Texas DPS, FBI, Texas School Safety Center, and Uvalde CISD. These documents included school audits and safety plans, school disciplinary records, employment records, criminal-history reports, dispatch logs, ballistics reports, firearms traces, gun store records, information about the victims, and various diagrams, sketches, and timelines. The committee also invited and received suggestions from witnesses about improving policies relating to school safety, firearm safety, law enforcement training and resources, and active shooter response.

On July 17, 2022, the members of the investigative committee met again in Uvalde to formally adopt an Interim Report of the committee's findings. The full report is publicly available on the House Website [https://house.texas.gov/_media/pdf/committees/reports/87interim/Robb-Elementary-Investigative-Committee-Report-update.pdf]

The Committee on Youth Health and Safety is grateful to all the witnesses, members, and staff of the Investigative Committee who contributed to creating such a comprehensive and substantiated account of the tragic events at Robb Elementary. In addition to the committee testimony outlined below and received during joint hearings with the House Committee on Homeland Security and Public Safety, the Investigative Committee's Report has also helped to frame and inform the recommendations to address mass violence prevention and community safety contained in this report.

CHARGES: Senate Bill 11, Violence Prevention Measures, & Law Enforcement Coordination

Summary of Testimony

On June 23, 2022, the House Committee on Homeland Security and Public Safety and the Select Committee on Youth Health & Safety met in a joint hearing to consider the first three charges. That testimony is summarized below.

"Study the implementation and impact of Senate Bill 11 (86th Legislature, Regular Session) and other pertinent laws. Identify additional policies, protocols, and strategies to help create a safer environment in schools and local communities."

In 2019, in the wake of multiple Texas mass shootings, including the May 18, 2018 attack at Santa Fe High School that killed 10, the 86th Legislature provided new funding for several school safety programs, including those authorized under Senate Bill 11. Funding was provided via the Texas Education Agency (TEA), including the School Safety and Security Grant Program and the School Safety Allotment. Through Texas State University, funding was provided via the School Safety Center and the Advanced Law Enforcement Rapid Response Training (ALERT).

The School Safety and Security Grant Program was funded with a \$100 million appropriation from the Economic Stabilization Fund. The program, which was authorized under Senate Bill 500 (86R) and administered by TEA, provides funding to local education agencies for infrastructure enhancements to improve safety at public schools. Allowable uses include exterior doors with push bars, metal detectors, vehicle barriers, systems that monitor school entrances, exits, and hallways, active shooter alarm systems, two-way radio systems, security fencing, bullet-resistant glass or film, and door-locking systems. Award amounts were granted on a formula basis and were determined by district size. Award amounts ranged from a minimum award amount of \$25,000 for the smallest districts to \$3.4 million for the largest district. As of May 2022, \$84.9 million of the \$100.0 million that was appropriated had been paid out.

The School Safety Allotment, established by SB 11 (86-R), entitles districts to an amount of funding per student in average daily attendance (ADA) under the Foundation School Program. The appropriated rate through FY 2023 is \$9.72 per ADA, with an estimated allotment of \$50 million through FY 2023.

School Safety Allotment funds must be expended for the purposes specified in Education Code Sec. 48.115, including:

- Securing school facilities, such as improvements to school infrastructure, physical barriers, security and communications equipment;
- Providing school security, including employing security and police officers or collaborating with local law enforcement agencies;

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- School safety and security planning and training, such as emergency response trainings, mental health prevention and treatment programs, programs to identify and manage threats and emergencies, and providing mental health personnel;
 - Suicide prevention, intervention, and postvention programs.

The School Safety Center was funded in the 86th legislature with an \$11 million appropriation, maintained through 2022-2023 biennium. Established in 1999, the Texas State School Safety Center provides training and oversees compliance in the field of school safety for K-12 districts, charter schools, and community colleges. Under Senate Bill 11, each school district or public junior college district shall adopt and implement a multi-hazard emergency operations plan for the use in the district's facilities. The plan must address prevention, mitigation, preparedness, response, and recovery as defined by the Texas School Safety Center in conjunction with the Governor's Office of Homeland Security and Commissioner of Education or Commissioner of Higher Education, as applicable. The Texas State School Safety Center reviews and verifies the multi-hazard emergency operations plans adopted by the school districts and public junior college districts based on a random or need-based cycle.

The Advanced Law Enforcement Rapid Response Training (ALERRT) program was not established in Senate Bill 11, but was another school safety program that received new funding during the 86th Legislative Session. The appropriations bill provided \$4.0 million in funding through the 2022-2023 biennium for the ALERRT Program at Texas State University and provides active shooter response training to law enforcement, EMS, and other governmental first responders.

"Examine strategies to prevent acts of mass violence, including measures to enhance firearm safety in Texas."

Recognizing the disparate and strongly-held views on firearms, the Committee comprehensively examined ways to keep firearms out of the hands of individuals who would harm themselves or others while protecting the Second Amendment and Texans' right to bear arms. Accordingly, the Committee heard witness testimony expressing varying perspectives on firearm safety.

Some witnesses asserted that firearms are an effective means of self-protection. In addition, those same witnesses note that many of the proposals put forth by opponents would not have prevented past incidents of gun violence. They also contend that most incidents of mass violence involve a shooter that conveyed those intentions preceding the violent act.

The committee also heard testimony on "red flag laws." Generally, such laws allow certain statutorily defined persons to petition the court to retrieve firearms from someone they believe is an imminent danger. Opponents of "red flag law" suggested that measures like this abridge Constitutional rights without a proper opportunity to defend oneself before a magistrate. At a minimum, they propose that any consideration of "red flag law" must allow the accused to appear before a magistrate.

These witnesses argue that many people who commit gun violence are not mentally ill, as defined by Chapter 573 of the Health and Safety Code. They state, for example, even if an individual threatens friends or posts online threats, a peace officer cannot detain the person if

they are not demonstrating erratic behavior. In response, advocates reasserted that a person should not be excluded from their constitutional right to be part of any proceeding on their firearm ownership.

They further note that in the wake of recent shootings in Odessa, El Paso, Sutherland Springs, and Plano, many Texan gun control proponents have demanded that state leaders take action to prevent future tragedies. However, gun rights advocates say that these demands fail to balance solutions in a manner that safeguards Constitutional rights while assuring safety.

In lieu of "red flag" laws, these witnesses argued for other legislative proposals and executive actions they assert will improve public safety and responsible firearm ownership:

- Citing the failure in the response to the Robb Elementary shooting and the inaction of the school police, Texas should create a limited doctrine of liability for police response during mass casualty events where failure to abide by an established standard operating procedure automatically waives any immunity that may apply.
- Reform the School Guardian Program, allowing credentialed non-law enforcement individuals to protect schools. Rather than requiring express permission from school leadership, individuals who seek additional clearance and training should not be penalized for carrying a firearm on a school campus. Schools should plan and strategize with volunteers who want to offer these services.
- In Texas, most juveniles who were committed to the Texas Juvenile Justice Department are eligible to have their records sealed upon discharge. Sadly, this information rarely makes it into the national background check system, allowing behavior that could qualify an individual as a prohibited possessor as an adult being kept from the database. Texas should continue allowing juvenile records to be sealed in such a manner but include all such conduct in reporting to the NICS system.

Conversely, gun law reform advocates noted that action is needed immediately to save the lives of children who could be victims of gun violence. According to their testimony, the firearm death rate among youth has more than doubled since 2015. Children who survive gun violence face complex and painful physical and psychological recovery. Over half of all children admitted to a hospital with a firearm injury leave with a physical disability. Trauma leads to an increased likelihood of anxiety, depression, and substance abuse, and these patients are ultimately more likely to die by suicide.

These same advocates reject proposals like school hardening and enhanced mental health resources as the only viable solutions to school safety, flatly refuting the notion that sound evidence supports strengthening school security and prevents school violence. Accordingly, gun reform advocates proffered the following proposals:

- Texas should enact a "Red Flag Law" or "Extreme Risk Protection Order" as an evidenced-based approach to prevent suicides and homicides. Several states have employed this strategy, resulting in reduced gun violence in those states.
- Noting that eighty percent of firearms for unlawful activities happen through private transfers, gun safety advocates propose more extensive background checks to keep guns out of unsafe hands.

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- Advocates support requiring individuals to report incidents of lost and stolen guns immediately.
 - Advocates believe Texas should enact a straw purchase law, prohibiting a person who cannot buy a gun from getting another to buy the gun and give it to them.
 - Witnesses also expressed support for raising the age at which one could purchase a semi-automatic weapon from 18 to 21. Advocates insist that societally established norms recognize 21 as adulthood; scientifically, we know that human brain development is more advanced at 21 than at 18.

In addition to strategies for reforming gun laws, the committee heard that students have advocated wanting to learn how to protect themselves and others, not just relying on adults for that. They advocated for improved education and youth empowerment on ways to educate kids on learning warning signs and reporting to a trusted adult, finding ways to combat social isolation, and developing student-centric tools that provide for anonymous reporting of mental health needs.

"Evaluate the preparedness of and coordination between state and local agencies, nongovernmental entities, and law enforcement for the prevention of and response to mass violence, including the content and efficacy of active shooter response training."

The committee heard from multiple police chiefs, sheriffs, educational organizations, government officials, and advocacy groups. Across the board, witnesses endorsed three critical areas in which to improve coordination:

- enhanced training for peace officers
- cross-jurisdictional training for peace officers
- increased mental health resources focused on mass violence prevention

Law enforcement witnesses offered a strong case for the legislature to require additional training requirements for peace officers. The committee heard that training is often done in a "check the box" fashion. Instead, skills should be learned in a "topical and recurring" manner. The nature of training should be updated to remain timely and reinforce relevant topics.

Specifically, the witnesses support a minimum 16-hour ALERRT Level 1 training as mandatory for all law enforcement officers. ALERRT stands for Advanced Law Enforcement Rapid Response Training. The ALERRT Center at Texas State University was created in 2002 to address the new active shooter response training for first responders. In 2013, the FBI designated ALERRT at Texas State as the National Standard in Active Shooter Response Training. The ALERRT Level 1 course is 16 hours over two days and is designed to prepare the first responder to isolate, distract, and neutralize an active shooter. It covers shooting and moving, concepts and principles of team movement, room entry techniques, approaching and breaching crisis sites, secondary responder tactics, improvised explosive devices, and post-engagement priorities of work.

Further, witnesses testified that current active shooter training is void of minimum requirements and has no practical application. Therefore, active shooter training should be reformed and mandated to ensure that command-level active attack management training is required at a minimum of 8-16 hours biannually. These witnesses argued training should be tied to the release

of grant funding for equipment, meaning completion of the ALERRT training should be required before equipment is released to each officer. Witnesses said school marshals should also receive 16 hours of ALERRT Level 1, taught by a certified instructor.

In addition to ensuring that peace officers are adequately trained, law enforcement stressed the importance of having access to additional information to address threats effectively. For example, peace officers need access to the Texas Health and Human Services Commission and Department of Public Safety Client Assignment Registration and Entry System (CARES), which indicates if a person has received services at a local mental health authority or required in-patient care at a state hospital.

Currently, if a student changes schools, any history of harmful or potentially harmful behavior toward themselves is not captured in a repository to be shared with the new school. Advocates believe that critical information like this could help keep the student and others safe and alert educators and law enforcement in the new district.

Rural peace officers face unique challenges, especially in areas with few mental health facilities. In those communities, a patchwork of responders across multiple jurisdictions must collaborate to respond to active threats. Response times in those communities can be longer when peace officers travel greater distances to take command of an active threat situation.

Witnesses emphasized collaboration across jurisdictions is essential in both rural and urban areas. Following the creation of the National Incident Management System in 2003, legislative and executive actions mandated coordination across agencies to respond to emergencies. Critical components of those standards include communication and coordination, organizational structure, and support roles and stress the principles of flexibility, standardization, and unity.

According to witnesses, single-jurisdiction or single-discipline responses no longer exist. Policymakers and law enforcement must ensure that plans incorporate adequate training and greater coordination across agencies to ensure swift response outcomes. Implementing a shared-training environment, each responding agency and officer will know how to respond.

Moreover, collaborative partnerships between school marshals, law enforcement, prosecutors, and mental health professionals are essential and can be strengthened by coordinating training across agencies. Witnesses suggested that one way to do that is by ensuring that law enforcement agencies have access to campus layouts. Law enforcement can better respond on the scene when they have access to "school mapping" data.

While all schools must have a multi-hazard operations plan and audits occur every three years, collaboration with law enforcement would make them more effective, witnesses said.

Lastly, witnesses provided strong arguments for giving districts the resources and tools to ensure students have access to the community mental health and physical well-being resources they need. Rural districts are geographically spread out by distance and receive fewer dollars, and they could benefit from improved funding to support telehealth and communication interoperability. If passed, witnesses believe these wraparound services bolster a student's learning ability and create a safer environment for all students.

Charges: Mental Health Needs & Online Communication

On August 8, 2022, the House Youth Health & Safety Committee met jointly with the House Homeland Security & Public Safety Committee to consider invited testimony on the following charges:

"Study the needs of the state related to mental health professionals, educators, school administrators, and related professionals overseeing youth mental health programs and the delivery of those mental health services."

Summary of Testimony

As the committee considered the above charge, it heard from providers in the educational, clinical and community settings, as well as state agencies overseeing various programs. Below is a summary of the testimony provided to the committee:

Education-based Services

Prior to the COVID-19 pandemic, nearly 1 in 3 students presented with mental health needs at school, and many agree that this number has increased in the past year. Educators and mental health professionals note that students are experiencing spiking rates of depression, anxiety, and feelings of hopelessness. According to the American Psychiatric Association, 60% of youth who receive Mental Health Care initiate these services through school. In Texas, a network of counselors, training for educator, nurses, nonprofit school-based resources, licensed professionals and community referrals exist as a platform for detecting and treating mental health needs. These professionals widely agree that students must be emotionally well to learn and that when these needs are not met, students will struggle academically.

In 2021, the 86th legislature passed Senate Bill 179 which requires that school counselors spend 80 percent of their time solely on comprehensive school counseling services. By limiting counselors' responsibility for administrative or other non-counseling tasks, these professionals can better prioritize and utilize their skills to help address mental health needs in our schools. Licensed Professional Counselors (LPCs) are crucial mental health resources that help students navigate social and emotional challenges. Access to counselors is linked to increases in student achievement like increased attendance, improved academic success rates, and reduced rates of campus violence. School counselors in Texas are considered Level 1 support, meaning they can have the greatest impact early on by detecting student mental health needs and addressing them before the issues escalate.

When school counselors require additional support for their students, they may refer students to in-school services, like Communities in Schools (CIS), or outside providers.

CIS provided more than 536,000 hours of mental health services in last school year at over 200 school districts. Overseen by the Texas Education Agency, services are offered free of charge

and within school buildings, right where students are. In bringing these mental health resources to where needs exist, challenges related to transportation, cost and other logistical barriers are reduced.

Because CIS resources are embedded in schools, students have a level of comfort and familiarity with the providers, making it easier for them to access resources when tragedy or hardship occurs. CIS also has a network of providers that it can partner with, based on student needs. After receiving parental consent, CIS will assess students strengths and needs, addressing where resources are needed.

Under the CIS model, each campus tailors a plan to fit the needs of the communities they serve. Services include group and one-on-one counseling, parent and family engagement, and enrichment activities. The COVID-19 slide and other post-pandemic ramifications implies that more mental health services will be needed in a cost-efficient way. Among CIS case-managed students in 2021, 99% of students stayed in school, 95% of seniors graduated, and 98% of students were promoted to the next grade.

School nurses also serve in a pivotal capacity with respect to mental health needs. School nurse clinics are a safe zone where students talk about their mental health needs, and where mental health concerns, like anxiety or stress over life changes, may manifest in physical ailments. Especially in younger age groups, the school nurse can be a sentinel for emerging issues. However, nearly 10 percent of Texas counties do not have a school nurse at any public school in the entire county. The lack of a school nurse is the loss of a provider that can detect mental health needs early on and arrange resources.

School nurses are a link for community based care. They work in partnerships with specialists, counselors and other school-based, credentialed mental health providers. Nurses are well-placed to notice that students who are not well physically or emotionally well have a hard time learning.

Funding for school nurses, school counselors and CIS resources are expected to tighten as the federal Elementary and Secondary School Emergency Relief (ESSER) funding expires . Yet, a 2014 federal decision by Center for Medicaid and Medicare Services (CMS) allows states to submit a Medicaid waiver to get reimbursed for mental health and other services provided to Medicaid-enrolled students.

Currently, those services in Texas are only reimbursed for students who meet the criteria of having both an individual learning plan and being enrolled in Medicaid. By removing the requirement for a child to have an individual learning plan, more federal funding will be available for mental health services. In Florida, the decision to pursue federal reimbursement for all Medicaid-eligible students provided an additional \$51 million to school districts for mental health services alone.

There is no requirement that the districts provide these services, but it does give them the option to expand services. However, most of these services are already being provided in many districts. Since the funding comes from the district, not the state, increasing this pool of services can be at the discretion of the local school district.

Across Texas, school-based professionals are helping to identify and address mental health services early, so that families can prevent minor issues from escalating. Innovative solutions, including employing mental health liaisons or telehealth counseling to established providers like school counselors, school nurses and CIS, are all part of the network of resources available to our students. Services provided at school ease the burden at emergency rooms and allow students to be emotionally well to learn.

Community & Clinical Mental Health Perspectives

Community and clinical mental health providers serve Texans in need of behavioral care through a network of public and private clinics. These practitioners agree and testified that as mental health needs increase, more resources and innovative partnerships are needed in both the clinical workforce and facilities to limit the strain on behavioral healthcare resources. Texas Children's Hospital testified before the committee that prior to the pandemic, it typically saw between 50 and 100 behavioral health patients per month across their three emergency centers, now it now sees between 400 and 450 per month.

The committee heard testimony that mental illnesses are pediatric illnesses. Meaning, half of all mental health conditions manifest by age 14 and 75 percent of lifetime cases present by the time a person has reached young adulthood. That is why the legislature's investment in Texas Child Health Access Through Telemedicine, Child Psychiatry Access Network and other services that promote collaborative care across a child's needs are critical to addressing emerging mental health needs. And because these needs manifest so early in a person's life, opportunities to expand these resources, like through School Health and Related Services (SHARS), are similarly valuable.

Another innovative program, which is being expanded in Texas is Multisystemic Therapy (MST). For at-risk youth with intensive needs, including serious mental health needs, substance abuse concerns, have committed violent offenses or experienced abuse and neglect, Multisystemic Therapy (MST) has been proven to be an effective tool.

An evidence-based model with 20 years of research, MST works 60 percent of the time. Recognizing that the biggest factor for at-risk youth is the lack of a steady adult in their lives, MST first seeks to get the child in the home with an adult and provides that adult resources that are lacking. MST looks at the child and adult's whole needs and fills the gaps to provide a support system. For example, making sure that kids are supervised and productive when their adult caregiver is working during the day.

Results from this type of therapy are seen within 3-7 months and violent crime rates drop by 72 percent. When compared to residential care, it achieves at higher rates. MST is currently being deployed in Harris County, Nueces County and El Paso. The legislature provided \$2 million in 2021 to establish new teams in Houston and El Paso. Most MST has been championed at the local level; however, state-led implementation may better expand this model to benefit more kids.

Additional delivery methods of innovative behavioral care come from community mental health

centers, which partner with local jurisdictions to provide services for mental illness and intellectual disabilities. Segmented into 39 regions, the community clinics provide services tailored to their region's needs. These centers provide community based health and addiction treatment and integrate behavioral health with physical care. Trauma-informed and person-centered care are a foundation for delivering services. Community Health Centers report that the 1115 Waiver extension provided two new financing mechanisms for behavioral health. The Directed Payment Program and Public Health Provider-Charity Pool Care directed over \$600 million to those programs.

Federally Qualified Health Centers (FQHCs) are another venue serving at-need Texans with physical and mental healthcare needs. Specifically, FQHCs are a safety net provider for medically underserved areas, offering behavioral and medical care. FQHCs operate about 650 clinics, serving over 137 counties and 1.6 million patients yearly.

In an effort to reach youth, FQCHs offer 96 school-based integrated healthcare across the state, for services like sports physicals as well as treatment of acute conditions and behavioral health. Health centers use several different models of care in school-based settings. Frequently, the health center behavioral health provider has dedicated space on the school campus to provide counseling services and other care to children through referrals from the school nurse (after obtaining appropriate consent from parents). Students receive these counseling services within the school with the health center provider; then, if students need medication or other more intensive services, they are accessed via telemedicine with an FQHC psychiatrist or another provider.

One theme that emerged during the testimony was the need to “meet children where they are” by providing mental health care in communities. Mobile Behavioral Health Unit (MBHU) can advance this goal. Texas Children's Hospital has an MBHU partnership with three Houston ISD schools that serve large numbers of students who demonstrate significant symptoms of PTSD related to trauma. It uses the MBHU to deploy trauma specialists to provide evidence-based trauma treatment to youth who would most likely not access services at other locations, and who would not benefit from more traditional psychotherapies that address difficulties such as anxiety or depression.

Despite the innovative efforts across the state, a severe workforce shortage exists at every level in the system. Texas is in the midst of a mental health workforce emergency, as higher wages have lured workers away from the field. As an example, since 2020, over 2,000 patients have been turned away from inpatient treatment due to staff shortages. Experienced nurses are needed but the surge of lucrative travel nursing positions have siphoned qualified workforce. Moreover, 15 million Texans live in an area that is classified as a Health Professional Shortage Area, defined as population to provider ratio of 30,000 to 1.

Behavioral hospitals are experiencing an increase in the need for services, but must provide services at below-market rates. These providers support efforts to boost rates for staff and beds so they can have the resources to treat those in need.

"Examine the role of online communication in mass violence scenarios and identify technological resources and solutions for detecting, mitigation, and reporting threats."

Law Enforcement Testimony

Recognizing the influence of online platforms, the committee sought testimony on issues related to the state's capabilities with respect to monitoring and reporting online mass violence threats and the private industry providers of these online platforms. That testimony is summarized below:

Law enforcement relies on fusion centers, among other tools, to monitor suspicious online activity and to collect and analyze threats of mass violence and other terrorist threats. Fusion centers are multidisciplinary, collaborative efforts of two or more agencies that detect, deter, and respond to threats. These centers serve as a central point for collecting and distributing threat information. The first fusion centers came together after the 9/11 attacks, bringing federal, state, and local law enforcement resources to collaborate on threat assessment sharing.

The Texas Fusion Center partners with the Department of Homeland Security, Federal Bureau of Investigation, Drug Enforcement Agency, U.S. Department of Treasury Financial Crimes Enforcement Network, U.S. Customs Office of Intelligence, U.S. Border Patrol, U.S. Customs and Immigration Services, Texas Military Department and Texas Parks and Wildlife Department. There are seven regionally recognized fusion centers: Austin, Dallas, Ft. Worth, McKinney, Houston, El Paso, San Antonio. In addition to one primary fusion center which is located in Austin.

The Texas Fusion Center's proactive threat monitoring activities include the iWatch platform, which transmits tips from the public to the Texas Department of Public Safety for monitoring. There were 300 school safety reports made to iWatch in 2021. Integration of all threats into one platform is important to ensure continuous and consistent monitoring. By maintaining one platform, rather than disparate services, law enforcement can more readily detect escalating or repeated threats.

The committee heard testimony that the partnership between DPS and private online platforms can be improved. Since 2019, DPS has been tracking "threat to life" reports, capturing criminal acts and self-harm incidents. Of the 1,928 threats, only 34 came from social media companies. DPS testified that only in exigent circumstances, do private social media platforms contact DPS.

Moreover, law enforcement testified that social media platforms do not readily cooperate with requests for information relating to potential threats. Emergency requests to social media providers are only responsive in the event of an immediate threat. Platforms have different methods for reporting, creating an administrative burden.

Social Media Platforms

Representatives of individual social media platforms were invited to testify. No platform agreed to testify. Instead, technology trade associations testified to the committee on industry-wide efforts:

According to industry representatives, each platform has its own policies on what is considered hate speech and promoting violence, and each platform has its own process for identifying harmful content via a combination of Artificial Intelligence (A.I.) and human review. From January to March 2022, one platform took action on 21.7 million pieces of content. During the same time another platform took action on 2.7 million pieces of content. Another platform took action on over 10,000 accounts for promoting violence and violent extremism.

Platforms encourage users to immediately reach out to local law enforcement if they believe a person is in immediate danger or a threat to others, as law enforcement is in the best position to respond without delay, obviating the need for information from a third-party intermediary. Platforms have specific teams that are tasked with working with law enforcement. These teams include not just content reviewers, but also teams of engineers, technicians, attorneys, and former law enforcement and counterterrorism experts whose entire focus is safety and security.

When they identify a credible threat of imminent real-world harm, industry witnesses testified that platforms will often reach out proactively to law enforcement as authorized under federal law. Platforms are able to provide information to law enforcement in cases of emergencies involving danger of death or serious physical injury to any person.

Federal law requires governmental entities including law enforcement agencies to secure legal authorization — such as a subpoena, court order, or search warrant — to require platforms to disclose user information. Respect for the privacy and security of data that users store on platforms underpins their approach to producing data in response to legal requests. When platforms receive such a request, their teams review it to make sure it satisfies privacy and legal requirements. For a platform to produce any data, the request is required to be made in writing, signed by an authorized official of the requesting agency, and issued under an appropriate law. Once it is determined that those requests satisfy applicable legal requirements, then platforms each have internal processes to work with law enforcement and timely produce that information.

Representatives from technology groups also stressed their obligation to comply with federal law requirements before turning over information to law enforcement and underscored the balancing act between public safety and personal privacy. These representatives also stressed the importance of parental involvement in teaching their children appropriate online behaviors.

In addition, the committee heard testimony from video game manufacturers, who stated that video games are used primarily for entertainment and that communication during the game is incidental. Of the billions of minutes of game playing in the US in any given year, the need to involve law enforcement is infrequent, but taken seriously. Since 1994 the industry has provided age and content rating for video games on which products are appropriate. Parental controls are also available to determine permissions for communication and other interactions. The industry

publishes and enforces codes of conduct and employs tools to filter and block harmful text before it can be uploaded.

This industry also notes their robust reporting systems that allow players to report other players. Suspensions or permanent bans on playing the game and cooperation with law enforcement. Behavioral concerns tend to be around inappropriate language or cheating on the game. The industry reports working collaboratively with law enforcement, gathering online evidence and preserving the offending material for further legal action.

Findings

Comparing the testimony received by the committee over the course of the joint hearings with the findings contained in the investigative committee's report, a number of themes and notable observations arise. These findings are worth highlighting as they inform the basis of the committee's recommendations below.

As noted in the witness testimony, SB 11 (86-R) revised the requirements for school multi-hazard emergency operations plans and also established a school safety allotment for districts to use in improving security and providing mental health personnel, among other measures.

In 2018 Uvalde Consolidated Independent School District (CISD) established its own police department, headquartered at Uvalde High School. Prior to 2018, the Uvalde Police Department was responsible for security on the district's nine campuses. Uvalde CISD adopted a policy drafted by CISD Police Chief Pete Arredondo and Director of Student Services Kenneth Mueller for responding to an active shooter emergency. The Texas School Safety Center approved the plan as sufficiently viable. The stated objective of the plan was to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated Administration, Teachers, District police officers, local law enforcement and first responders to Prevent, Prepare, Respond, and Recover from the possibility of an active shooter entering any of the District campuses.”

Uvalde CISD's active shooter plan directed responders to utilize the National Incident Management System (NIMS) during an emergency to coordinate response efforts.

"ICS" refers to the Incident Command System, (ICS) which is a standardized on-scene emergency management organization designed to facilitate the management of resources during incidents. Law enforcement responders are encouraged to complete Incident Command System (ICS) and National Incident Management System (NIMS) courses as early as possible in their careers. Most of the responding officers the investigative committee heard from had completed active shooter training, including some who had completed the "gold standard" ALERRT training. Of those who had not taken ALERRT courses, the primary reason given was lack of resources, both in terms of funding to cover transportation and lodging to attend the training, as well as departmental manpower to cover the missed shifts of an officer who is out participating in the training. Nonetheless, every officer who testified was familiar with the main tenets of "stop the killing and stop the dying. Rather than rushing to stop the shooter at any cost, law enforcement's training appeared to fail and the response stalled out. The ensuing lack of communications, exacerbated by the absence of an incident command center, resulted in a chaotic scene where decisions were made based on bad intelligence and faulty assumptions.

The policy expressly provided that in the event of an active shooter emergency, “the District police department Chief will become the person in control of the efforts of all law enforcement and first responders that arrive at the scene. The response was to include, if possible, “secure[ing] the administration office as a command post and retrieve[ing] the critical information and data about the school’s emergency systems, including communications, staff and student’s locations, detailed floor plans and other important information, documents, items, and supplies that are prepared and readily available for use during the incident." Under the plan,

the school district's police department was assigned the responsibility for "the Incident Command Center" and for being "first on scene to prevent or stop an active shooter,"¹ while the policy assigned to other "[l]ocal law enforcement and first responders" the function and responsibility to "follow the direction of the ICS leader to ensure proper procedures are followed" and to "[a]ccept assigned roles of ICS leader.

In its examination of witnesses from law enforcement, the Robb Investigative Committee discovered that most had completed active shooter training, including some as recently as March of 2022. Uvalde CISD Police Chief had undergone training through the ALERRT program, which is again, heralded as the top program in the nation. Other officers had expressed a desire to complete the ALERRT training but agency budgets and the difficulty of finding another officer to take the shifts of the traveling officer in training prevented them from doing so. It was also clear from the testimony that law enforcement in the area did not train together to prepare for an active shooter incident. Further, while the question of incident command is enshrined in a doctrine whereby the first to the scene assumes the responsibility as incident commander and that authority can only be transfer voluntarily, several officers with the CISD Police and Uvalde Police Departments told the Investigative Committee that, in practice, when DPS or Border Control would arrive at an incident, they would typically wrest control from local law enforcement to take over the scene.

A review of the school's preparedness reveals similar findings. Despite forethought and planning, systems broke down, resulting in tragic consequences. Robb Elementary students and personnel did regular drills to prepare for active shooter events. The district had recently invested in a number of campus upgrades to enhance security; these included fencing and magnetic door locks at some campuses and new surveillance videos. The campus contracted with companies like Social Sentinel, which claims to deter violence by detecting potential threats online, and Raptor Technologies, which provides the emergency management system, Raptor Alert, utilized to notify law enforcement, parents, teachers, and personnel of attacks and other threats. CISD police made regular rounds checking exterior and classroom doors to ensure they were lock in accordance with school protocol.

Despite these initiatives, the shooter on May 24, 2022 was able to walk the length of a field, as cars passed by, jump a four and a half foot fence, open fire outside of the building before entering an unsecured door at the west entrance, walk down two hallways before entering an occupied classroom through an apparently unlocked door - all without interference from law enforcement.

As Texans today, we live in a world in which school shootings are a reality; however in Uvalde, as is likely the case in virtually every community in the state, people didn't think it could happen there. Law enforcement and local education agencies have perfunctorily prepared for a potential attack, but when the hypothetical becomes real, the systems and training are not immune to failure. They certainly failed to keep safe the precious lives lost in Uvalde.

¹ *Id.* ¶ V.B.

Recommendations

Addressing societal issues as complex as mass violence and school safety requires a multifaceted response. In addition to reiterating the witness recommendations highlighted above, the committee has identified several tranches of policies designed to mitigate the threat of mass violence events and to promote safer, healthier school campus environments. Recommendations are grouped under the following themes: Safety and Security; Mental Health; Initiatives to Promote Positive School Climates; Social Media; and Responsible Gun Ownership. Consistent throughout these proposals and investments is the aim to prevent, deter and improve our responses to acts of mass violence.

Safety and Security

Increasing the School Safety Allotment and Investing in School Infrastructure. The Committee recommends increasing the school safety allotment and ensuring a minimum dollar amount to each district or campus to ensure that schools serving smaller populations are nonetheless able to make meaningful investments in school safety enhancements or upgrades.

In June 2022, Governor Abbott directed TEA to create the position of Chief of School Safety and Security within the agency to serve as a recognized expert on school security and public safety issues and a resource to school districts and the legislature. This new position, which was filled in October, is tasked with ensuring Texas schools are complying with school safety policies as directed by the legislature and facilitating adoptions of best practices to safeguard against school shootings and other dangers. The new Chief has been touring school campuses around the state to observe best practice and develop recommendations. The legislature should be prepared to offer the financial support districts will need to build, upgrade, or retrofit safer campuses. Bullet resistant film, interactive layouts and better mapping of campuses, fencing, windowless doors, modernized locking systems, and reliable wifi are not inexpensive but have the potential to slow down or deter would be attackers and save priceless lives.

Regular Audits and Drills of Plans. The Committee recommends the Legislature consider additional options for improving the audit process of school safety plans. As noted previously, SB 11 (86-R) amended the requirements for the multi-hazard emergency operations plans schools are required to adopt. The Texas State School Safety Center reviews and verifies the plans based on a random or need-based cycle. Under current law, plans are required to be audited every three years.

Uvalde CISD's plan passed review and was deemed a viable plan, for which the district deserves credit. Despite this, law enforcement and administrators neglected to follow the plan in a number of key regards, perhaps most notably by failing to secure the administration office or otherwise establish a command post "and retrieve[ing] the critical information and data about the school's emergency systems, including communications, staff and students' locations, detailed floor plans and other important information, documents, items, and supplies that are prepared and readily available for use during the incident." The district's policy also specifically directed the district to coordinate law enforcement, health and medical services with other local first responders. In reality, on the day of the shooting, a bad wifi connection frustrated early efforts of school personnel to communicate with first responders. Further, while it appears school administrators

endeavored to locate teachers, they failed to effectively relay to law enforcement - and law enforcement failed to ask for - relevant information regarding which classrooms may be occupied and which students and teachers were unaccounted for.

Additionally the schematic maps of the campus design used by law enforcement to identify potential points of entry were inaccurate. They wrongly depicted classrooms 111 and 112 as sharing a wall with the library, when in reality, the back walls were flanked with windows. Law enforcement officers testified to the Investigative Committee that they asked whether they could gain access to the classrooms through windows but were deterred by the inaccurate plans.

Increasing the frequency of plan audits, directing campuses to develop plans specifically for active shooter events, allowing or requiring audits to occur in person on campus, and requiring districts and community law enforcement to jointly conduct drills of their plans may have improved the response in Uvalde and stand to enhance the state's overall state of preparedness by uncovering plan weaknesses early and providing additional opportunities to practice and improve plans.

Improve Crisis Response Communications and Interoperability. Communications interoperability is the ability of public safety agencies (police, fire, EMS) and service agencies (public works, transportation, hospitals) to talk with and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data and video with one another on demand, in real-time, when needed and when authorized.

The Uvalde emergency communications lacked adequate capability during the Robb Elementary massacre. An emergency management official for Uvalde County reported that the radio system was implemented over two decades ago and was not designed to work well inside structures with metal roofs and thick walls. Simultaneous use of the radios also worsened matters. Further, the lack of communication across law enforcement, school personnel, and medical responders revealed a critical lack or failure of training.

While Texas's statewide interoperability is an average maturity level, there is more the state can do to mandate involvement of local government. Increased participation by all levels of government can help address gaps in training, collaboration, standardization, and adoption of best practices. Further, limited resources and outdated infrastructure in rural areas serve as impediments to interoperability. The legislature should look for opportunities to ensure that all emergency responders are properly trained and equipped to jointly manage and maintain effective, lifesaving communication throughout a crisis or emergency.

Make Available Affordable Options for On-Site Security or Trained and Armed Personnel. While the response to the Robb Elementary shooting has shaken the confidence of many regarding school security personnel, given proper leadership, equipment, and training, a manned security presence can provide schools with a front line of defense to neutralize an attacker or defend a classroom that many districts still desire. Due to the significant cost of staffing a district police force, approaches to on campus security personnel vary district by district and may include contracted personnel, a school resource officer (SRO), a campus or districtwide police department, or utilization of the guardian or school marshal program.

Districts have reached out to express a goal of maintaining at least one armed officer per campus, but even in wealthy districts, this can be cost prohibitive and officers may not be available. The legislature should look at proposals to give districts more flexibility to post armed security throughout their campuses. This could include stipends to employees who participate in the marshal or guardian program or amendments to current law that would allow retired or off duty law enforcement or military with requisite screening and training to patrol campuses on a volunteer basis. Any proposals considered should require adequate training and school security providers should drill with and be identifiable by law enforcement well before an incident ever occurs.

Law Enforcement Training and Recruitment. Public confidence in policing is imperative to the safety of law enforcement and the communities they take an oath to protect and serve. The Texas Commission on Law Enforcement (TCOLE) has a mission to establish and enforce standards to ensure that the people of Texas are served by highly trained and ethical law enforcement, corrections, and telecommunications personnel. An F-5 Report of Separation of Licensee (F-5 report) contains the circumstances under which a law enforcement officer separated from his or her agency and includes whether the discharge was honorable, general, or dishonorable. The head of a law enforcement agency must file an F-5 report with TCOLE upon the end of an officer's employment. The F-5, however, lacks the ability to give explicit details about the actual reasons for a departure. For instance, 8 years ago, the former Uvalde CISD Police Chief was demoted from a high-ranking position at the Webb County Sheriff's Office. The reason for the departure indicated only that he "couldn't get along with people." The legislature should continue to look for opportunities to reinforce the public's trust in its law enforcement.

Related efforts to restore confidence in the wake of the Uvalde response should center around training and resources. Texas and its law enforcement officers are fortunate to have access to the many active shooter and other training courses available through the Texas School Safety Center and its ALERRT program. Many of the officers who responded at Robb and later provided testimony to the Investigative Committee acknowledged their training was inadequate. Specific recommendations mentioned by witnesses included: Better training and drilling on chain of command and the doctrine of incident command in a multi-agency response scenario, including cross-jurisdictional communications; mandatory active shooting training, including training with other local agencies with overlapping jurisdictions; mandatory NIMS training; mandatory annual ALERRT training; and better collaboration between law enforcement departments and school administrators. While each of these suggestions may be worthy of consideration, the legislature should carefully consider whether agencies have the resources to comply with additional mandates and authorize appropriations or grants where necessary.

Mental Health

As highlighted by the committee testimony summarized above, the mental health of today's student population is in a sharp decline from pre-pandemic levels. Counselors report increased rates of depression and suicidal ideation. Student disciplinary action is also on the rise. Meanwhile, despite recent investments, Texas continues to experience an acute shortage in mental health professionals, especially those trained in pediatrics. In the aftermath of COVID-19 and the effects of online learning and social media, Texas stands at an inflection point, one where we can critically invest in the mental health and wellbeing of our children.

Undiagnosed and untreated, mental health issues can impact individuals, families, and communities. In the instance of the Uvalde attacker, his mother struggled substance abuse, which contributed to instability and insecurity throughout his childhood. In its account of the attacker's background, the investigative committee noted that, as a child, he developed a speech impediment that may have subjected him to bullying by his classmates. By the third grade, he was already identified as academically "at-risk," and while school records suggest someone may have requested speech therapy, he ultimately received no special education services. In 2018, he began missing school, in excess of one hundred absences every school year. Truancy laws are not routinely enforced in Uvalde, and it is unclear whether school resource officers ever attempted to visit the attacker at home. In part a likely result of his chronic absenteeism, the attacker has almost no disciplinary history at school, and by October 2021, Uvalde High School involuntarily withdrew him, citing poor academic performance and lack of attendance. At the time, the 17 year old had only completed the ninth grade.

Notes on the attacker's phone suggest he unsuccessfully tried to fit in with his peers. These efforts included a fixation with his appearance that resulted in an eating disorder. When his relationship with a girlfriend ended in 2021, he responded by harassing her and her friends. She later described the attacker as lonely and depressed and said he told her repeatedly he would not live past eighteen. Relatedly, days before the shooting, he confided in a cousin that he did not want to live anymore, but after a lengthy conversation, the cousin believed she had gotten through to him. Investigators described the attacker's profile as initially suicidal but progressing to homicidal.

By the time he left school, he had largely withdrawn and isolated himself. He did not have a driver's license or vehicle, and most of his social interactions took place virtually, by text, social media, or through online video games. Most of his usernames reflected themes of confrontation and revenge. He demonstrated an interest in gore and violent sex, watching and sometimes sharing videos and images of suicides and beheadings. He made over the top threats to players he lost to in video games, especially the female players. While this behavior was allegedly reported by other users, it does not appear the platforms reported the threats to law enforcement or took measures to restrict his access to the sites.

In late 2021, he got a job, and a co-worker described him as "troubled" and "not a good person." He tried to engage a co-worker in a conversation about guns, and threatened a fight when the other employer was not interested in entertaining such a discussion.

While family members believe he was saving his money for an apartment, he began telling acquaintances he was "saving for something big" that would put him in the news. He reportedly made no secret of his fascination with school shootings and was nicknamed "Yubo's school shooter" on the French social media platform. None of this behavior was ever reported to law enforcement.

Experts report that in most mass shootings, there are advance signs of the perpetrator's plan or intent. That was certainly the case in Uvalde, and while no one person or entity had the complete picture, it's devastating and difficult to believe that there was virtually no intervention ahead of time. With better processes for identifying and addressing troubling behavior, future tragedies could be avoided. Further, for the people of Uvalde and those suffering, resources need to be

available and effectively deployed to facilitate grieving and recovery and minimize the risk of long term suffering. More generally, in a nation of increasingly anxious minors, Texans need smart policies and investments that will reduce the harmful effects of social media, foster positive school climates, and address the disturbing rise in youth suicides.

Address Workforce Challenges. Multiple witnesses before the committee spoke to significant workforce challenges in the state's mental health system. While this problem has been researched and reported for at least two decades, it has been greatly exacerbated by the pandemic. Nearly all Local Mental Health and IDD (MH/IDD) Authorities report challenges recruiting and retaining staff. Vacancy rates in some areas are as high as 40%. Many Local MH/IDD Authorities are being forced to make difficult choices to continue providing care, including ceasing to provide certain services, closing facilities, reducing hours, or increasing provider caseloads. Approximately half of the Local MH/IDD Authorities indicated they have plans to discontinue, have already discontinued, or will be forced to reduce capacity for service provision due to significant staffing shortages. In short, the behavioral health workforce is in crisis, and there must be investment to attract and retain the people providing care across the spectrum, including entry-level, direct care, nursing, and physician providers. The summarized testimony contains many promising suggestions. In particular, the committee would like to highlight a few specific recommendations below.

To increase the pool of qualified mental health providers, the legislature should consider investing in loan repayment programs, increasing Graduate Medical Education (GME) funding for medical residents in psychiatry, and establishing billing parity between providers offering similar services by expanding the pool of provider types that are allowed to bill Medicaid for mental health services. Given the acute challenges related to workforce adequacy in rural Texas in particular, the committee recommends engaging the Texas Behavioral Health Executive Council and other stakeholders to create more opportunities for providers and trainees in remote areas to meet education and licensing requirements, such as through online training and services as well educational alternatives. There is also a role for universities to play through their recruitment, preparation, and retention practices of rural students, particularly those planning on returning to their communities.

Expanded Access to Youth Mental Care. While developing the workforce is paramount in a state experiencing a provider shortage, the committee has also identified a number of opportunities to expand existing services. The School Health and Related Services (SHARS) program allows Texas local education agencies (LEAs) and shared service arrangements (SSAs) to request reimbursement for Medicaid health-related services provided to students 20 years of age and younger who are currently eligible for Medicaid, enrolled in a public school's special education program, meet the requirements for special education described in the Individuals with Disabilities Education Act, and who have an individualized education program that prescribes the needed services. The committee supports expanding SHARS funding to *all* students for behavioral, social, emotional, and mental health needs. This would require directing HHSC to seek a state plan amendment.

The legislature should also look for opportunities to increase access to specialized interventions, including Coordinated Specialty Care (CSC) and Multisystemic Therapy (MST), including potentially adding both as a Medicaid state plan benefit. If MST is added as a benefit, the

payment methodology should cover the cost of meeting the program requirements, which are onerous but often the treatment proves successful even in difficult cases. The legislature may consider as well whether legislation is needed to address any attendant licensing issues.

Examples of community-based care that warrant favorable consideration include Mobile Crisis Outreach Teams (MCOTs), which are crisis teams that respond quickly to urgent needs through the state and TCHATT. With respect to MCOTs, expanding specialized training for pediatric crises would allow teams to better address the circumstances of a particular child or family and ensure they receive ongoing care as needed in appropriate settings. Specially trained clinicians would also coordinate more effectively with schools and other settings where children may need intervention. We should also look at options for promoting and expanding TCHATT and ensuring students receive appropriate follow up care when needed.

Finally, while witnesses testified to the importance of home or community based care, in some situations, inpatient hospitalization proves necessary, and the state needs to invest more to ensure adequate pediatric inpatient capacity, in addition to making available step-down services, like crisis respite care, to accommodate those who are stable enough to leave an inpatient setting but not yet stable enough to return home. Specifically, the legislature should increase funding to community mental hospitals to add inpatient beds and allow communities to pay market rates as well as increasing funding for step-down facilities, diversion centers, and other alternatives to hospitalization, particularly in rural areas without psychiatric hospitals.

Suicide Prevention. Suicide is the twelfth leading cause of death in the United States and, by some reports, the second or third leading cause of death among children, youth, and young adults under the age of 34. More than half of all U.S. suicides in 2020 involved firearms. The state should look to establish a pilot program to develop educational materials and suicide prevention toolkits and distribute them to gun shops, schools, or other local level entities. Information should also be added to state agency websites, like the Department of State Health Services' and the Texas Veterans Commission's. Veterans are known to have higher rates of suicide. Finally, with the roll out of the new 988 Suicide and Crisis Lifeline, the state should look for opportunities to promote the three-digit dialing code for individuals experiencing a crisis or having dangerous thoughts. One suggestion is to print the number on the backs of student identification cards, as legislation passed by the House last session would have done. Finally, the state should consider funding the Texas Suicide Prevention Collaborative (TxSPC) to partner with local, state, and federal organizations to advance the state's suicide prevention efforts. TxSPC is the only organization in Texas devoted to statewide community-based suicide prevention. TxSPC updates the Texas State Plan for Suicide Prevention, which is a framework for suicide prevention, and with funding the Collaborative could develop and build capacity among local suicide prevention coalitions and serve as a resource hub for public and private stakeholders engaged in prevention efforts at all levels through training, technical assistance, and hosting suicide prevention conferences.

Initiatives to Promote Positive School Climates

School climate is defined as the quality and character of school life as reflected in its norms, goals, values, interpersonal relationships, teaching and learning practices, and organization structures as experienced by the students, parents, school personnel, and members of the

community. Every member of the school community contributes to a positive school environment, which results in people feeling socially, emotionally, and physically safe. Establishing and maintaining a positive school climate takes a collective and deliberative effort by every member of the school community. TEA, in coordination with HHSC, is required under Section 38.351, Education Code, to annually provide and update a list of recommended best practice-based programs and research-based practices in areas including positive school climate; substance abuse prevention and intervention; suicide prevention, intervention, and postvention; and grief-informed and trauma-informed practices. The legislature can support this programming by creating incentives and accountability for schools to adhere to the guidance. The committee also favors investing resources to ensure that every school has the appropriate number of mental health professionals on staff and by making funding available for schools to invest in personnel training and the resources needed to promote the restorative justice and de-escalation practices that trauma-informed crisis intervention requires.

Mental Health Allotment. One suggested method for providing schools necessary funding for mental health initiatives is the creation of a mental health allotment to be distributed on a per student basis. Reportedly, only twelve percent of districts report using any portion of the School Safety Allotment on mental health personnel and related supports. A dedicated mental health allotment would provide districts with consistent funding to be used for strategies like hiring mental health counselors, implementing prevention strategies, training school personnel to identify and bullying behavior, partnerships with community providers, and campus public safety campaigns.

Encourage the Creation and Utilization of Behavioral Intervention Teams (BITs). Promoted by the National Association for Behavioral and Threat Assessment, a Behavioral Intervention Team is a small group of appointed school officials who meet regularly to collect and review concerning information about at-risk community members and develop intervention plans to assist them, ideally before any threat or crisis is present. The teams are predicated on four main concepts: (1) Targeted violence toward self or others is often preventable, (2) The focus of BITs should be proactive, early intervention, (3) Threat assessment exists within the BIT's overall framework and not as a separate function, and (4) Doing behavioral intervention right can save lives, save money, save time, and save reputations.

Although the attacker in Uvalde had left school months before the tragedy, signs he demonstrated during his time as a student are among those BITs are trained to detect and address. The legislature should consider incentives for schools and communities to establish their own BITs, for instance, by providing funding for training and stipends for team members. It is also imperative that parents be apprised of and appropriately involved in any review of their child and that information be handled carefully so as not to generate privacy concerns or run afoul of FERPA.

Truancy Reform. Truancy laws in Texas received a major overhaul in 2015 when the legislature passed laws decriminalizing truant behavior and amending the truancy court procedures. Today, enforcement of truancy laws varies significantly across counties and school districts. We know from the Investigative Committee's report that truancy cases were rarely pursued by Uvalde CISD, despite the district routinely experiencing attendance issues. The attacker's school records revealed more than one hundred unexcused absences for every year he was in high school except

his fourth (and last) when he was involuntarily withdrawn three months into the school year.

While it's possible much more can and should be done to address truancy, particularly in light of the numbers of students who still have not returned to the classroom post pandemic, as a minimum, the committee supports initiatives to train school administrators to identify chronic, unexplained absenteeism as a sign something could be wrong with a student and follow up appropriately as well as efforts to educate and support parents who children are refusing to attend school.

Social Media

Much has been reported on the potential harms posed by social media on still-developing brains. Mass violence criminals have been radicalized online, and cyberbullying doesn't stop once the playground has emptied--tormentors have access to their targets virtually anytime and any place. Algorithms feed content to users that alter their impressions of themselves and the world around them, rarely in a healthy, positive way.

Limiting Access on School Devices. Technology in the classroom should exist to enhance the learning environment, not create a distraction or threat to students' wellbeing. Last session, the legislature passed House Bill 3489 which requires TEA to work with HHSC to develop and distribute model health and safety guidelines for the effective integration of digital devices in public schools. The legislature should monitor the progress of this work and provide direction where needed. Suggestions that have been raised include banning social media on school equipment, or in the alternative, monitoring any social media, ensuring certain websites are blocked and chat features are restricted.

Age Verification and Parental Controls. Social media poses risks outside of the classroom as well, and parents have few tools to keep track of where their kids go online or with whom they are interacting. As long as a young person has a device with internet connectivity, there is little to prevent them from downloading an application or agreeing to terms of service on a website. The committee suggests mandates for social media companies designed to increase parental involvement and restrictions on marketing to minors. One way to help ensure a parent consents to a child's use of social media is to require credit card verification. Also worthy of consideration is ensuring a parent's right to access their minor child's history and activity on certain sites.

Cause of action for inaction. Reports following the tragedy in Uvalde revealed that the attacker, an avid consumer of social media and online video games, was repeatedly reported by other users for using threatening language and sending unwanted, explicit images and videos. As mentioned previously, to the best of our knowledge, those reports were never shared with law enforcement. The committee supports legislation that would either impose a requirement to report threats to law enforcement on social media platforms and video game sites, or to otherwise subject these businesses to liability if they fail to act on a legitimate threat and a crime is committed.

Required reporting to fusion centers. In order to ensure greater collaboration between the Texas Department of Public Safety and major digital media and social networking companies related to the investigation of "threat indicators" and violent content online, one Texas fusion center should

be clearly designated as the centralized hub for receiving information from the companies. That hub should be responsible for developing a process for requesting and receiving information from digital media companies and for coordinating with local law enforcement, school districts, and other suspicious activity networks engaged in preventing violence. Additional funding could be directed to fusion centers to increase threat assessment capabilities, for example, to hire additional analysts to review online material.

Responsible Gun Ownership

The Committee would be remiss if it did not speak to the role guns have played in so many of the nation's acts of mass violence, including the tragedies in Uvalde and Santa Fe. The rights enshrined in the Second Amendment of the U.S. Constitution are intended to safeguard the public's right to lawfully possess and bear arms, and evolving case law highlights the challenges legislative bodies face when they seek to restrict that right. While age restrictions on the right to purchase or carry may be legally circumspect, there is likely more we as a state can do to prevent gun deaths and accidents.

Rights often come with responsibilities. The ease with which a person can acquire a firearm in Texas should not suggest that guns are playthings to be treated lightly or disrespectfully or fetishized. Traditionally, gun owning parents instilled in their children the tenets of gun safety and ensured younger generations viewed firearms with a healthy degree of respect, knew to always treat a gun as if it was loaded and to never point it at anyone. The attacker in Uvalde did not receive such an education; however, reviewing his internet history, it is clear he developed an obsession with guns. He twice asked members of his family to purchase a gun for him prior to his 18th birthday but was denied. Days before the attack at Robb Elementary, he was researching online whether magazines were reusable, a fact someone with even a rudimentary understanding of firearms would know. Investigators suspect that the first time he ever fired a gun was the day of the attack.

There is more we as a legislative body and as the state can do to incentivize responsible ownership and adjust the rhetoric around guns, viewing them as tools for defense, recreation, and procurement of resources, rather than instruments for murder or terror.

This summer, Congress passed the Bipartisan Safer Communities Act. This legislation puts in place protections for victims of domestic violence; clarifies the definition of a federally licensed firearms dealer to crack down on criminals who evade licensing requirements; enhances the review process for individuals under 21 who seek to purchase a firearm; and makes available increased funding for schools and children and family mental health services. The Texas legislature can build on these efforts by considering the following meaningful proposals.

Clarify Juvenile NICS Reporting Requirements and Mandate a 48-hour Reporting Period. The gun law reform passed by Congress in June of 2022 requires additional steps for National Instant Criminal Background Check System (NICS) background checks on persons under 21. NICS must immediately contact the criminal history repository or juvenile justice information system and the appropriate state custodian of mental health adjudication records. The additional check is meant to determine whether the person has a potentially disqualifying juvenile record. If so, NICS is allotted additional time to review that information and complete the eligibility

determination.

The problem is Texas does not have a centralized source for statewide mental health adjudication information in juvenile cases. That means that in order to perform a thorough search, NICS would need to contact each of the more than 450 district clerks and county clerks in the state. Clerks currently report information on involuntary commitments of minors and adults, adult guardianships, and certain mental health adjudications in adult criminal cases through the Texas Department of Public Safety's NICS Indices Entry portal in the Criminal Justice Information System (CJIS). To address the recent confusion surrounding reporting requirements for juvenile cases, Chapter 411 of the Government Code should be amended to clarify Juvenile NICS reporting requirements.

Separately, the legislature should consider imposing on courts a 48-hour deadline to report any adjudications affecting the right to legally purchase or possess a firearm, including protective orders and family violence convictions. Courts should also be required to ensure all disqualifying felony convictions are entered as soon as possible so such information is immediately available to law enforcement.

Safe storage. Opponents of restrictions on firearm sales note that the vast majority of weapons used in the commission of crimes are acquired through theft, off the street, from a family member or friend, or as a gift. Further, household guns supply between 70 and 90% of firearms used in unintentional shootings among children, youth suicides, and school shootings conducted by minors, according to reports. Although Texas already has a Child Access Prevention (CAP) law contained in Section 46.13 of Penal Code, amendments that would bolster the act, fill gaps in enforcement, and make it a more useful tool for law enforcement are worthy of consideration. Suggested amendments include changing the definition of child in the statute to mean a person younger than 18 years old. The attacker in Santa Fe was 17 years old, meaning under the state's law, his parents were not required to securely store their firearms. 16 other states already cover any person under 18 in their CAP laws.

Additionally, two terms, "readily dischargeable" and "criminal negligence" also make the current statute difficult to prosecute or enforce. The legislature should consider better defining or eliminating these terms from the act.

Finally, an offense under Section 46.13, Penal Code, is a class C misdemeanor, unless the child discharges the firearm and causes death or bodily injury to himself or another person, in which case the offense rises to a class A misdemeanor. Studies on the effectiveness of CAP laws indicate that compliance is greatest in states that treat the crime as a felony. The legislature should consider raising the penalties under the statute to emphasize the danger the unauthorized possession of a firearm can pose.

To facilitate household's efforts to safely secure firearms, the Governor's Office awarded a \$1 million grant to Project Child Safe, a program under the National Shooting Sports Foundation, to distribute firearm safety kits. The project's goal is to reduce firearm accidents, theft, and misuse, including suicide, and make firearms safety education material readily available to Texas communities. The kits include a free cable gun lock and safety brochure. This session, the legislature should look for ways to raise awareness of the project, facilitate distribution of the

kits, and determine whether additional funding is warranted.

Other proposals that members may consider to incentivize responsible stewardship include a requirement to report a weapon that is lost or stolen, or in lieu of mandatory reporting, liability protection for individuals who do report a lost or stolen gun that is ultimately used to commit a crime. A similar recommendation was included in Governor Abbott's 2018 School and Safety Action Plan. Twelve states currently require owners to report the loss or theft of a firearm. Stolen firearms are already entered into the National Crime Information Center (NCIC) on a voluntary basis. Reporting makes it easier for law enforcement to identify weapons in the possession of people who may engage in criminal activity, accurately perform forensic analysis and tracing of firearms recovered at crime scenes, and reunite recovered firearms with their rightful owner.

Straw Purchase Law. A "straw purchase" occurs when an individual purchases a firearm on behalf of another individual who is prohibited by law from possessing a firearm. A section of the Bipartisan Safer Communities Act passed by Congress created a federal felony criminal statute specifically prohibiting straw purchasing or firearms trafficking. Previously, federal prosecutors relied primarily on "paperwork violations" prohibiting making false statements on the form buyers are required to complete. Texas has a similar law that makes lying on the form a state jail felony. In the event that federal prosecutors aren't able to always or fully prosecute straw purchases under the new federal statute, the legislature should pass legislation making straw purchases a state crime as well. Further, the state should consider funding an awareness campaign to remind the public that such arrangements are illegal and examine proposals to incentivize reporting by individuals who are approached in engaging in a straw purchase. As previously noted, the attacker in Uvalde asked others on two separate occasions to buy him a rifle before his 18th birthday. These attempts could have provided authorities with a warning, had they been known prior to the tragedy on May 24th.

Local Reporting of Multiple Firearms Transfers. The Gun Control Act (GCA) of 1968 requires federal firearms licensees (FFLs) to send a report to ATF when there is a sale of multiple firearms to the same purchaser within a certain time period. Reporting rules for handguns differ from those applicable to purchases of rifles. Notably, if an individual purchases two or more handguns within 5 days, an FFL must also file a report with local law enforcement. This is not the case for purchases of two or more long rifles within the same period. When the GCA was passed, handguns were typically considered the largest threat to public safety. Today, the worst acts of mass violence are usually committed with rifles and high-capacity magazines.

The attacker in Uvalde purchased two AR-15-style rifles and picked them up from the same FFL within 3 days of one another. Had he instead purchased two handguns, the FFL would have been required to report the purchase to local law enforcement, which may have prompted them to investigate

To facilitate better communication between FFLs and community based law enforcement, the legislature should consider the merit of requiring dealers to give notice to local law enforcement when an individual purchases at the same time or within 5 consecutive days two or more semi-automatic rifles with a caliber greater than .22 that have the ability to accept detachable magazines. The notice to law enforcement should mirror ATF Form 3310.12. Failure to notify local law enforcement could be made punishable by a fine. Law enforcement would not be

permitted to disclose the contents of the form and must destroy the form after 20 days, unless the firearm(s) or purchaser are or become subject to a criminal investigation.

Prohibiting Certain Conversion Devices. As a practical matter, fully automatic weapons are extremely difficult to legally possess and their manufacture has been prohibited since 1986. "Bump stocks" which can be fitted onto semi-automatic firearms to assist in bump firing, that is, use the recoil of a semi-automatic firearm to fire ammunition cartridges in rapid succession, have been federally banned since 2019. Ownership of hell-fire triggers, another device which can be fitted onto a semi-automatic firearm to make it function more like an automatic firearm or "machine gun" are not similarly restricted under the law.

The attacker in Uvalde purchased a hellfire device online and it was later found in one of the Robb Elementary classrooms. While it is not known with certainty whether the device was used in the attack, some investigators believe it malfunctioned, it is difficult to account for the incongruous treatment between bump stocks and hellfire triggers under the law. The legislature might consider whether to restrict or prohibit the manufacture, transfer, or possession of these devices.

Promote Training and Firearms Safety Education. To further underscore the fact that lawful firearm possession is a constitutional right but that guns are not toys, the legislature should look for avenues to promote and make available training and education that prospective owners may not have received at home or in the military. This could include authorizing and funding DPS to provide free training around the state, promoting the Texas license to carry, offering incentives for individuals to meet the state's Hunter Education requirements, age-appropriate teaching in school, or requiring education and training for certain purchases.



SELECT COMMITTEE ON YOUTH HEALTH & SAFETY



J.M. LOZANO
CHAIR

TEXAS HOUSE OF REPRESENTATIVES

ANN JOHNSON
VICE CHAIR

9 January 2023

The Honorable Dade Phelan
Speaker of the Texas House
P.O. Box 2910
Austin, TX 78768

Dear Mr. Speaker:

Thank you for allowing me to serve as chair of the House Select Committee on Youth Health and Safety. I applaud all members of the committee for their hard work on these sensitive issues, and I appreciate their respectful deliberations during our hearings.

I am proud to submit this report on behalf of the committee, along with my recommendation that further study is needed before any legislation regarding the second amendment is endorsed, proposed, or enacted.

Best regards,

A handwritten signature in black ink, appearing to read "J.M. Lozano".

J.M. Lozano