



Texas Classroom
Teachers Association

PO Box 1489 | Austin, Texas 78767 | tcta.org
888-879-8282 | 512-477-9415 | Fax: 512-469-9527

Testimony to the State Board for Educator Certification
Re: Item #15 Discussion of Continuing Professional Education Requirements
By Holly Eaton, Director of Professional Development and Advocacy
October 1, 2021

Thank you for this opportunity to testify. The bill under discussion for this item, SB 1267, is the result of the consensus recommendations of the Teacher Workforce Workgroup convened by the Lt. Governor's office in February 2020, of which I was a member, serving as a subgroup leader.

The Workgroup met over the course of nine months, developed 30+ consensus recommendations, and published its report in November 2020. The recommendations in the report were then transferred into legislation in the form of SB 1267, carried by Senator West and Representative Lozano.

The Workgroup's formation and the resulting legislation was a response to the recognition that, over the years, educator training requirements had been continually piled on, with none ever removed. This accumulation of training requirements was crowding out the time and space for educators to be able to select training that would help them most in their particular areas of certification and in their classrooms.

Accordingly, with the goal of "right-sizing" educator training requirements, one of the strategies the Workgroup used was to eliminate duplicative training topics. When we found particular topics duplicated in different statutory provisions, we determined which of the statutes they were best housed in, most comprehensively addressed and potentially funded. Once we determined that, we maintained the training requirements in that particular statutory provision and struck them from the others.

As an example, on the second page of the chart attached to this testimony, the topic "recognizing signs of mental health conditions and substance abuse" was required in both continuing professional education (CPE) provisions and in TEC Sec. 38.351, which covers mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention.

Because the approach taken in TEC Section 38.351 was a more holistic, comprehensive approach than the ad hoc, line-item way it was addressed in CPE, we decided that the best place for that particular training to remain was in 38.351. (The full text from Section 38.351 is attached as a reference).

To be clear, there was no value judgment on the importance of particular topics; we understand that, particularly in these times, topics like mental health and grief and trauma are important, but **under SB 1267, training on those topics did not go away – rather, they continue to exist in statute relating to required district training of employees.**

Finally, and perhaps most importantly, the Workgroup's recommendation to strike duplicative topics in CPE was a result of realizing that over the years, the number of mandatory topics included in educators' continuing education for purposes of certificate renewal had piled up, leaving less time for educators to pursue continuing education that actually relates specifically to their teaching certificate.

This desire to reduce the number of mandatory topics in CPE was also the reason for the Workgroup's recommendation to reinstate the cap on the amount of time required for mandatory CPE topics back to "no more than 25%" which was how it existed in statute for years before it was changed the session before last.

In summary, the goal was not only to limit the amount of time required for mandatory training but to reduce the number of mandatory CPE topics overall. This helped ensure that as much CPE as possible was **educator-driven, as opposed to dictated at the state-level from Austin.**

In light of this background, I wanted to note that of the options being presented to you today, Options 1 and 3 appear to be more aligned with the goals and intent of what the Workgroup and SB 1267 was trying to accomplish, whereas Option 2 is not aligned and appears to be actually contrary to those goals.

Additionally, the proposal to require dyslexia training in CPE for all teachers can already be encompassed under the requirement for all teachers to receive CPE in educating students with disabilities.

Given that, other than the CPE topics mandated by the legislature, your rules give educators as much flexibility as possible to select CPE that they deem to be related to their certificate, there would seem to be no reason that educators that wanted to count, for example, training they received in mental health toward their CPE hours, should not be able to do so.

In closing, I urge you to maintain the longstanding tradition of the State Board for Educator Certification to allow educators as much discretion as possible in the continuing professional education they choose to pursue for certificate renewal, sending the message that you recognize educators as the professionals that they are.

Thank you.

Subject	Training Required
Students eligible to participate in SPED programs	<p>Final enrolled version includes new subsection (a-1) to TEC Section 21.054 “Continuing education requirements for educators must include training regarding educating students with disabilities.”</p> <p>19 TAC Section 89.1125 allows districts to use state funds to pay for joint training of general education personnel.</p> <p>19 TAC Section 89.1141 stipulates that each regional education service center will provide for joint training of parents and special education, related services and general education personnel.</p> <p>SBEC rules for educator continuing professional education for certificate renewal under 19 TAC Section 235.1(b) and 232.11(c) require that the content area and grade level of a certificate category as well as the standards underlying the certification examination for each must include, among other things, the relevant grade-banded Pedagogy and Professional Responsibilities Standards, specifically including how to effectively address the needs of all student populations.</p>
Students eligible to receive educational services required under Sec. 504, Rehabilitation Act of 1973 (29 USC Section 794)	<p>Final enrolled version includes new subsection (a-1) to TEC Section 21.054 “Continuing education requirements for educators must include training regarding educating students with disabilities.”</p> <p>TEC Sec. 21.451(d)(2), which includes evidenced-based staff development training related to instruction of students with disabilities, including students with disabilities who also have other intellectual or mental health conditions.</p>
Students of limited English proficiency	<p>Required by federal law for all districts with Title III funds. Also state law provides funding through a bilingual ed allotment, and state rules provide that TEA shall develop resources to implement bilingual/ESL training programs.</p> <p>Districts unable to provide a bilingual/ESL program due to insufficient number of appropriately certified teachers must implement a comprehensive professional development plan, according to 19 TAC Section 89.1207(a)(1)(D) and (b)(1)(D).</p> <p>State rules provide that school districts may compensate teachers and aides assigned to bilingual education and ESL programs for participation in professional development designed to increase their skills or lead to bilingual education or ESL certification. State rules also provide that Texas Education Agency shall develop, in collaboration with education service centers, resources for implementing bilingual education and ESL training programs (19 TAC Section 89.1245).</p> <p>SBEC rules for educator continuing professional education for certificate renewal under 19 TAC Section 235.1(b) and 232.11(c) require that the content area and grade level of a certificate category as well as the standards underlying the certification examination for each</p>

	must include, among other things, the relevant grade-banded Pedagogy and Professional Responsibilities Standards, specifically including how to effectively address the needs of all student populations.
Subject	Training Required
How mental health conditions, including grief and trauma, affect student learning and behavior and how evidence-based, grief-informed, and trauma-informed strategies support the academic success of students affected by grief and trauma	Moved to Section 18 of the bill, amended by TEC Sec. 38.036 , which requires districts to provide training to educators employed by the district, including teachers, principals, and counselors regarding awareness of and implementation of trauma-informed practices and care.
Recognizing signs of mental health conditions and substance abuse	TEC Sec. 38.351 , which covers mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention.
How grief and trauma affect student learning and behavior and how evidence-based, grief-informed, and trauma-informed strategies support the academic success of students affected by grief and trauma	Moved to TEC Sec. 38.036 , which requires districts to provide training to educators employed by the district, including teachers, principals, and counselors regarding awareness of and implementation of trauma-informed practices and care.

ATTACHMENT

SUBCHAPTER G. MENTAL HEALTH, SUBSTANCE ABUSE, AND YOUTH SUICIDE

Sec. 38.351. MENTAL HEALTH PROMOTION AND INTERVENTION, SUBSTANCE ABUSE PREVENTION AND INTERVENTION, AND SUICIDE PREVENTION (as amended by SB 1267)

(a) The agency, in coordination with the Health and Human Services Commission and regional education service centers, shall provide and annually update a list of recommended best practice-based programs and research-based practices in the areas specified under Subsection (c) for implementation in public elementary, junior high, middle, and high schools within the general education setting.

(b) Each school district may select from the list provided under Subsection (a) a program or programs appropriate for implementation in the district.

(c) The list provided under Subsection (a) must include programs and practices in the following areas:

- (1) early mental health prevention and intervention;
- (2) building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
- (3) substance abuse prevention and intervention;
- (4) suicide prevention, intervention, and postvention;
- (5) grief-informed and trauma-informed practices;
- (6) positive school climates;
- (7) positive behavior interventions and supports;
- (8) positive youth development; and
- (9) safe, supportive, and positive school climate.

(d) For purposes of Subsection (c), "school climate" means the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the school district, parents of those students, and personnel employed by the district.

(e) The suicide prevention programs on the list provided under Subsection (a) must include components that provide for training school counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students, to:

(1) recognize students at risk of attempting suicide, including students who are or may be the victims of or who engage in bullying;

(2) recognize students displaying early warning signs and a possible need for **early mental health or substance abuse intervention**, which warning signs may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others;

(3) **intervene effectively with students described by Subdivision (1) or (2) by providing notice and referral to a parent or guardian so appropriate action, such as seeking mental health or substance abuse services, may be taken by a parent or guardian;** and

(4) **assist students in returning to school following treatment of a mental health concern or suicide attempt.**

(f) In developing the list of best practice-based programs and research-based practices, the agency and the Health and Human Services Commission shall consider:

(1) any existing suicide prevention method developed by a school district; and

(2) any Internet or online course or program developed in this state or another state that is based on best practices recognized by the Substance Abuse and Mental Health Services Administration or the Suicide Prevention Resource Center.

(g) Except as otherwise provided by this subsection, **each school district shall provide training described in the components set forth under Subsection (e) for teachers, school counselors, principals, and all other appropriate personnel.** A school district is required to provide the training at an elementary school campus only to the extent that sufficient funding and programs are available. A school district may implement a program on the list to satisfy the requirements of this subsection.

(h) If a school district provides the training under Subsection (g), **the school district shall:**

(1) **require completion of the training in accordance with the policy adopted under Section 21.4515 [a school district employee described under that subsection must participate in the training at least one time];** and

(2) ~~the school district shall~~ maintain records that include the ~~[name of each]~~ district employees ~~[employee]~~ who participated in the training.

(i) A school district shall develop practices and procedures concerning each area listed in Subsection (c), including mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention, that:

(1) include a procedure for providing notice of a recommendation for early mental health or substance abuse intervention regarding a student to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by Subsection (e)(2);

(2) include a procedure for providing notice of a student identified as at risk of attempting suicide to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs as described by Subsection (e)(2);

(3) establish that the district may develop a reporting mechanism and may designate at least one person to act as a liaison officer in the district for the purposes of identifying students in need of early mental health or substance abuse intervention or suicide prevention;

(4) set out available counseling alternatives for a parent or guardian to consider when their child is identified as possibly being in need of early mental health or substance abuse intervention or suicide prevention; and