

HB19-1120: YOUTH MENTAL HEALTH EDUCATION AND SUICIDE PREVENTION

Concerning multiple approaches to prevent youth suicide.

Details

Bill Sponsors:	House – <i>Michaelson-Jenet (D) and Roberts (D)</i> Senate – <i>Fenberg (D) and Coram (R)</i>
Committee:	House Public Health Care & Human Services House Appropriations
Bill History:	1/16/2019- Introduced 2/20/2019- Hearing in House Public Health Care & Human Services- No Action Taken 3/1/2019- House Public Health Care & Human Services Refer Amended to House Appropriations
Next Action:	Hearing in House Appropriations
Fiscal Note:	<u>2/1/2019 Version</u>

Bill Summary

A mental health professional may provide psychotherapy services to a minor that is 12 years old or older with or without the consent of the parent or guardian if the professional determines that the minor is knowingly and voluntarily seeking the services and the provision of the services is clinically indicated and necessary to the minor's wellbeing. The Department of Education is to create and maintain a resource bank of evidence-based, research-based, and promising program materials and curricula on mental health to be used in elementary and secondary schools in the state.

Issue Summary

Youth Mental Health in Colorado

In 2015, Colorado ranked ninth for the highest suicide rate in the United States and is consistently among the top ten states with the highest suicide rates nationally.¹ Among youth and young adults ages 10 to 24, suicide remained the leading cause of death in Colorado¹. In 2016, 83 people completed suicide in Larimer County.³ Of these 83 cases, 4 were under the age of 18, with the youngest being 15 years of age.²

The 2017 Healthy Kids Colorado Survey had a variety of findings on the mental health of high school students.³ In Larimer County, 19.9 percent of students reported purposefully hurting themselves without wanting to die in the past 12 months, higher than the state average of 17.8 percent. Approximately 17 percent of Colorado high school students, and 44.8 percent of students that identified as gay, lesbian or bisexual, reported seriously considering attempting suicide in the past 12 months. Also, 7 percent of Colorado high school students reported attempting suicide in the past 12 months.

¹ Brummett, S., Fine, E., Hindman, J., & Myers, L. (2017). *Office of Suicide Prevention Annual Report 2016-2017*. Department of Public Health and Environment. Retrieved from https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_OSP-2016-2017-Legislative-Report.pdf

² Wilkerson, J. (2017). *2016 Annual Report*. Loveland: Office of the Larimer County Coroner. Retrieved from <https://www.larimer.org/sites/default/files/uploads/2017/2016-annual-report.pdf>

³ CDPHE (2018). *2017 Healthy Kids Colorado Survey Results*. Retrieved from <https://drive.google.com/file/d/1rdCj0UbeF9VK8793FtNIPAL6i4UwzQ5/view>

Age of Consent

Currently, minors in Colorado must be 15 years of age or older to consent, without the permission of a parent or legal guardian, to receive mental health services rendered by a facility or professional mental health provider.⁴ As of 2015, approximately 34 states found minor consent to be sufficient for receiving outpatient mental health services; however, the age varies by state. Of those 34 states, only California⁵⁶, Illinois, and Georgia have an age of consent at 12 years of age.⁷

According to Kerwin et al. (2015), “adolescents might be discouraged from seeking help for personal problems if parents were told about the adolescent’s concerns and behaviors. Furthermore, it was thought that giving minors more control over their health care decisions might enhance their response to treatment. As a result, many states began to accord minors limited autonomy to provide consent for treatment of sensitive and private issues, such as pregnancy, sexually transmitted diseases, and drug, alcohol or mental health problems.”

Youth Mental Health Resources

There are reliable resources that are available on the internet in regards to youth mental health and suicide. The main resource is the Suicide Prevention Resource Center (SPRC), which is a federally supported resource center that is dedicated to advancing the implementation of the National Strategy for Suicide Prevention.⁸ Among other actions, the SPRC provides consultation, training, and resources to enhance suicide prevention efforts for states, educational settings, and other groups or locations.

Training Programs

According to the Suicide Prevention Resource Center (SPRC), there are few evidence-based youth suicide prevention programs currently in the U.S.⁹ Both *Kognito At-Risk for High School Educators*¹⁰ and *Lifelines Curriculum*¹¹ provide access to training programs for high school staff in order to act as gatekeepers by recognizing at-risk youth. *Sources of Strength* is a program that trains peer leaders to conduct well-defined messaging activities that aim to change peer group norms influencing coping practices and problem behaviors (i.e. self-harm, drug use, unhealthy sexual practices).¹²

In Larimer County, The Alliance for Suicide Prevention of Larimer County offers a *Hope for Today* training for community members to understand suicide, suicide prevention methods, and other mental health topics.¹³ The Alliance also provides school-based suicide education and prevention programs in the Thompson School District and Poudre School District. The Health District of Northern Larimer County conducts the CAYAC

⁴ Voluntary applications for mental health services - treatment of minors, CO Rev Stat § 27-65-103 (2016)

⁵ The bill that lowered the age of consent to 12 in California was supported by Equality California, the National Association of Social Workers California Chapter, Mental Health America of Northern California, and the Gay Straight Alliance Network (New CA Minor Consent Law Increases Teens' Access to Mental Health Care.

⁶ National Center for Youth Law. (2010). New CA Minor Consent Law Increases Teens' Access to Mental Health Care. Retrieved from <https://youthlaw.org/publication/new-ca-minor-consent-law-increases-teens-access-to-mental-health-care/>

⁷ Kerwin, M. E., Kirby, K. C., Speziali, D., Duggan, M., Mellitz, C., Versek, B., & McNamara, A. (2015). What can parents do? A review of state laws regarding decision making for adolescent drug abuse and mental health treatment. *Journal of child & adolescent substance abuse*, 24(3), 166-176. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4393016/>

⁸ Suicide Prevention Resource Center (2018). *About SPRC*. Retrieved from <https://www.sprc.org/about-sprc>

⁹ Suicide Prevention Resource Center. (2018). *Resources and Programs*. Retrieved from https://www.sprc.org/resources-programs?type=All&program_evidence%5B%5D=1&populations=141&settings=All&problem=All&planning=All&strategies=All&state=All

¹⁰ Suicide Prevention Resource Center.(2012). *Kognito At-Risk for High School Educators*. Retrieved from <https://www.sprc.org/resources-programs/kognito-risk-high-school-educators>

¹¹ Suicide Prevention Resource Center. (2009) *Lifelines Curriculum*. Retrieved from <https://www.sprc.org/resources-programs/lifelines-curriculum>

¹² Suicide Prevention Resource Center. (2011). *Sources of Strength*. Retrieved from <https://www.sprc.org/resources-programs/sources-strength>

¹³ The Alliance for Suicide Prevention of Larimer County. *Hope for Today*. Retrieved from <http://allianceforsuicideprevention.org/education-programs/hope-for-today/>

(Child, Adolescent and Young Adult Connections) program, which conducts community education like Youth Mental Health First Aid Training.

Legislative History

Similar bills, HB17-1320 and HB18-1177¹⁴, have been introduced in the previous two sessions to decrease the mental health consent age for outpatient care. Both passed the House and were postponed indefinitely by the Senate Committee on State, Veterans, & Military Affairs.

This Legislation

In the proposed legislative declaration, the General Assembly finds that the Centers for Disease Control and Prevention (CDC) found that in 2017 suicide is the 10th leading cause of death for all ages and the leading cause of deaths for you 10-14 years old. The Colorado Health Institute has found that Colorado has the 10th highest suicide rate in the country and that rates have doubled from 2016 to 2017 in the eastern plans of the state.¹⁵ According to the National Institute of Mental Health, 21.4 percent of youth ages 8-15 experience a severe mental health disorder. According to the American Association of Suicidology, over the past three decades, the suicide rate for youth ages 10-14 has increased by more than 50 percent. Youth ages 10-14 often avoid obtaining, or are legally unable to obtain without parental consent, outpatient psychotherapy services that would help prior to reaching crisis levels. The proposed declaration continues by stating that the General Assembly declares that it is a matter of statewide concern to allow youth over the age of 12 to have legal access to outpatient psychotherapy services that might otherwise be unavailable without consent or notice to a parent or guardian. Providing this access is intended to reduce youth suicides and allow registered psychotherapists and licensed social workers to work with youth teach functional coping skills. Mental health professionals would have the opportunity to help youth build healthy connections with parents and guardians by increasing communication and strengthening the bond between the two, building an ongoing nonclinical support system for youth to use.

Psychotherapy or psychotherapy services are defined as the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to: alleviate behavioral and mental health disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional, social or intellectual functioning. Psychotherapy follows a planned procedure of intervention that takes place on a regular basis, over a period of time, or in the cases of testing, assessment, and brief psychotherapy, it can be a single intervention. The entirety of this language is repeated in a second section that only takes effect on October 1, 2019, only if HB19-1172, which proposes to recodify and reorganize Title 12 of the Colorado Revised Statutes, is passed and signed into law.

The bill defines a “mental health professional” as those licensed to practice medicine¹⁶, psychologists, licensed social workers, licensed clinical social workers, licensed professional counselors, marriage and family therapists, addiction counselors, and school social workers¹⁷. A mental health professional may provide psychotherapy services to a minor that is 12 years old or older with or without the consent of the parent or guardian if the professional determines that the minor is knowingly and voluntarily seeking the services and the provision of the services is clinically indicated and necessary to the minor’s wellbeing. The mental health professional may notify the youth’s parent or guardian of the services given or needed with the youth’s consent or the consent of the court-ordered individual that holds their therapeutic privilege,

¹⁴ The Board of Directors supported concepts within the bill but remained neutral on lowering the mental health consent age.

¹⁵ In 2017, the suicide rate in Health Statistics Region 1 (Morgan, Logan, Washington, Sedgwick, Phillips, and Yuma) was 22.5 per 100,000 people and in HSR Region 5 (Elbert, Lincoln, Kit Carson, and Cheyenne) was 28.7 per 100,000 people. Retrieved from <https://www.coloradohealthinstitute.org/research/suicides-colorado-reach-all-time-high>

¹⁶ C.R.S. 27-65-102 (17)

¹⁷ School social workers are licensed by the Department of Education

unless notifying the parent or guardian would be inappropriate or detrimental to their care and treatment. The professional is to engage the child in a discussion about the importance of involving and notifying their parent or guardian and encourage that notification to support their care and treatment. The professional can notify the parent or guardian of the services given or needed if in their opinion, the youth is unable to manage their care or treatment. The professional is to document their attempts to notify the parent or guardian, whether the attempts were successful, or why they believe it would be inappropriate to contact the parent or guardian. This documentation is to be included in the clinical record, along with a statement signed by the youth that indicates that they are voluntarily seeking services. Services are to be provided in a culturally appropriate manner. Written and oral instructions, training of staff, and the provision of the services must be culturally appropriate and provided in a manner and format to support individuals that have limited English proficiency or a disability, and that respects diverse backgrounds (including different cultural origins, sexual orientation, or gender identity). These psychotherapy services do not include inpatient services and psychotropic medications cannot be prescribed to a youth who is under the age of 14. If the youth communicates a clear and imminent intent or threat to inflict serious bodily harm on themselves or others, mandatory reporting laws apply.¹⁸ The entirety of this language is repeated in a second section that only takes effect on October 1, 2019, only if HB19-1172, which proposes to recodify and reorganize Title 12 of the Colorado Revised Statutes, is passed and signed into law.

The Department of Education, with assistance from the Office of Suicide Prevention, the Colorado Youth Advisory Council, and the Suicide Prevention Commission, is to create and maintain a resource bank of evidence-based, research-based, and promising program materials and curricula on mental health to be used in elementary and secondary schools in the state. The content of the resource bank must be youth friendly, culturally sensitive, and available in English and Spanish. The Department of Education can provide internet links to resources and materials pertaining to mental health available from other entities that they determine to be reliable. The Department is to solicit the input from youth, community mental health professionals, and school professionals. If there are available appropriations, the Department is to solicit requests for information and can contract for the organization and enhancement of the resource bank, development of mental health curricula for schools and providing the schools with the curricula, and training for educators and school staff on mental health. On and after July 1, 2020, the Department is to make the resource bank available for free to school districts, charter schools, institute charter schools, boards of cooperative services, professional educators, parents and guardians, students, and community providers. At the request of a school district, charter school, institute charter school, or board of cooperative services, the Department is to provide technical assistance in designing age-appropriate curricula pertaining to mental health. All of the materials and resources available in the bank must be developed and updated with youth input.

On or before July 1, 2020 the State Board of Education is to adopt standards that identify the knowledge and skills that an elementary through secondary education student should acquire related to mental health, including suicide prevention. When adopting standards, the Board is to take into account what local education providers are currently teaching in regards to mental health.

Except for the certain circumstances noted previously, the remainder of the bill is effective upon the Governor's signature.

Fiscal Note

The bill will increase state General Fund expenditures by \$130,273 and 0.9 FTE in FY 2019-20 and \$55,389 and 0.6 FTE in FY 2020-21 and future years for the Department of Education. This includes contractor costs

¹⁸ C.R.S. 13-21-117(2)

to assist in preparing resources and facilitating the use of the resource bank in schools, stakeholder meetings to implement the resource bank, and staff work to develop, assemble and implement the resource bank.

Reasons to Support

Decreasing the age of consent could provide greater access to mental health services for communities such as homeless youth or LGBTQ youth whose parents do not condone mental health services or would refuse consent, youth who are embarrassed or ashamed of their need for mental health services/do not want to worry or disappoint their parents, or youth who are afraid of alienation or physical violence from their parents in response to their particular situation. The Gay Straight Alliance has particularly pushed for greater access to mental health services among youth as they may not feel ready or able to open up to their parents. This may be an effective way to get adolescents identifying as LGBTQ access to mental health services and may help to reduce the high number who consider suicide.

Supporters

- American Federation of Teachers-Colorado
- The Arc of Colorado
- Boulder County
- The Bridge Project
- Colorado Coalition Against Sexual Violence
- Colorado Counseling Association
- Colorado Cross-Disability Coalition
- Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
- Colorado Rural Health Center
- Denver Health
- Interfaith Alliance
- Mental Health Colorado
- NARAL Pro-Choice Colorado
- National Alliance on Mental Illness
- National Association of Social Workers, Colorado Chapter
- Project We Care Colorado
- Suicide Prevention Coalition of Colorado
- Violence Free Colorado
- Western Colorado Congress

Reasons to Oppose

Opponents of lowering the age of consent to 12 for outpatient care point towards the cognitive abilities of an adolescent to make decisions affecting their long-term welfare, as well as parents' rights to help find the best source of care for their child. Some assert that they have the right to be aware if their child is suffering from mental health issues. Furthermore, they have the right to choose the best course of action including types of services received or which provider the child sees.

Additionally, the mental health professional that is providing services to the youth can, in some cases, advise the parent/guardian about the services that have been given or are needed with or without the consent of the minor. This could cause confusion to the minor about the confidentiality of their time with a mental health provider. Another cause for confusion is that the age of inpatient treatment has remained at 15 years, which could make it more difficult to explain or understand when a child can access different types of care without parental consent.

Not all of the providers included in the "mental health professional" definition of the bill have the training and quality of care and those providing services to youth may vary widely. For example, addiction counselors do not always have mental health training necessary to provide appropriate care. Certified addiction counselors do not have the same requirements from the state as licensed addiction counselors. Licensed addiction counselors must be at least 21 years old, have completed a masters or doctorate degree in behavioral health sciences, demonstrated professional competence, completed hours of addiction-specific

training and completed 5,000 hours of clinically supervised work experience.¹⁹ Whereas, there are three levels of certified addiction counselors (CACs), each requiring different amounts of clinically supervised work. The CAC-I level individual must be at least 18 years old, pass a criminal background check, and 1000 hours of clinical supervision. CAC-II and CAC-III level professionals require longer clinically supervised work experience, passage of a national exam, and experience in certain topics. It is important to note that only CAC-III requires the individual to possess a Bachelor's degree in behavioral science.

Opponents

- Christian Home Educators of Colorado
- Colorado Christian University
- Colorado Family Action

Other Considerations

This bill does not take into account neither how the minor will pay for services without notifying their parent or guardian nor how billing to insurance may inadvertently notify the parent or guardian.

This bill does not require educators and school staff to participate in training programs so it is questionable as to how many schools would put on trainings. The SPRC states that, "family members, friends, teachers, coaches, coworkers, and others can play an important role in recognizing when someone is at risk or in crisis and then connecting that person with the most appropriate sources of care. But these individuals may need training on how to identify suicide risk and provide assistance."²⁰ However, this bill would only provide training for educators and school staff on mental health and only subject to available appropriations.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

¹⁹ C.R.S. 12-43-804

²⁰ Identify and Assist Persons at Risk. (2018). Retrieved from <https://www.sprc.org/comprehensive-approach/identify-assist>