SB15-214 – INTERIM COMMITTEE ON SAFE SCHOOLS AND YOUTH MENTAL HEALTH
Concerning Creating A Legislative Committee On Safety In Schools, And, In Connection Therewith, Addressing Youth Mental Health Issues.

Details

Bill Sponsors: House – Duran (D), Hullinghorst (D)
Senate – Scheffel (R), Cadman (R)
Committee: Senate Judiciary
Bill History: 03/13/2015 Introduced In Senate - Assigned to Judiciary
Next Action: Senate Judiciary Hearing, Monday, April 13

Bill Summary
This bill creates an interim committee — the “School Safety and Youth Mental Health Committee — to:
• Study issues relating to school safety;
• Study and evaluate programs and methods for identifying and monitoring students in crisis;
• Develop standardized criteria for school personnel to use in assessing the potential threats; and
• Make recommendations to the education committees.

Background
National attention on violence in schools has brought great attention to mental health as one of the potential factors that can impact school safety. The National Education Association (NEA) is actively working to create systems that address mental health issues as part of a comprehensive approach to school safety. In 2013, NEA President Dennis Van Roekel noted, “We must dramatically expand our investment in mental health services. Proper diagnosis can and often starts in our schools, yet we continue to cut funding for school counselors, school social workers, and school psychologists.”

In addition to efforts by NEA, the National Alliance on Mental Illness (NAMI) advocates for improved mental health treatment and services in schools. Specifically, NAMI supports: Passage of state legislation that requires school personnel and administrators to be trained in the early warning signs of mental illness by taking a course like NAMI Parents and Teachers as Allies, and provides funding and support for training and for linking community mental health services to schools.

Locally, there is great interest in improving our approach to youth mental health and substance use, and particular focus has been given to improving early identification and intervention for children and adolescents who are at risk of, are exhibiting early signs of, or who may be experiencing mental health and/or substance use disorders.

In 2010, the Community Mental Health and Substance Abuse Partnership of Larimer County identified early identification and early intervention (EIEI) as a priority of the community and drafted a report, “Imagine! Imagining a Better Mental Health System for Children, Adolescents, and Young Adults in Larimer County.”

1 http://neatoday.org/2013/12/13/is-mental-health-the-next-focus-of-the-school-safety-debate/
2 https://www.nami.org/About-NAMI/Where-NAMI-Stands-on-Public-Policy/Mental-Health-in-Schools
This report noted that nationally, more than 20% of 9-17 years olds had diagnosable mental health disorders, yet the majority of children and adolescents needing treatment did not receive it.

That report noted that “the earlier an individual with mental health or substance-use disorders can be identified and intervened with, the better the treatment outcomes” and the Partnership created a task force to develop community strategies to improve our systems of care. Some of the key conclusions reached by that task force in 2013 were:

- A lack of support, education, and resources for early identifiers (schools);
- A limited number of providers working with youth and adolescents;
- There are many misperceptions about what school professionals can and cannot do; and
- There is great need for more communication and collaboration in complex systems working with youth and adolescents.

Schools are a key element of the early identification and intervention of mental health and substance use disorders among students. The EIEI Task Force worked closely with Poudre and Thompson School Districts, focusing on how EIEI and effective treatment can result in healthier youth and better students, and on the challenges that schools face in achieving early identification of students who may need intervention. In the school setting, it is estimated that about half of students aged 14 and older living with a mental illness will drop out of high school.

**This Legislation**

This bill creates an interim committee that will meet at least four times each legislative interim to discuss these issues and make recommendations for legislation to be introduced. The committee will include eight legislators, one school counselor, one representative of the school safety resource center, two parents, one superintendent, and one juvenile advocate.

The committee will:

- Study issues relating to school safety and the prevention of threats to the safety of students, teachers, administrators, employees, and volunteers;
- Study and evaluate programs and methods for identifying and monitoring students in crisis;
- Develop standardized criteria for school personnel to use in assessing the potential threat posed by one or more students; and
- Make recommendations to the education committees of the general assembly.

Interestingly, with a focus on mental health issues, the interim committee only has one representative required to have experience with mental health issues (and potentially treatment): the school counselor. Staff at Poudre School District noted that their Safety Coordinator, Mental Health Coordinator, or Student Services Director would all be good candidates due to 15 years of experience with mental health and risk assessment. However, none would be qualified for this interim committee.

**Reasons to Support**

Interim committees provide a venue for discussion of issues that might otherwise be lost in the busy legislative session. This committee might provide a positive opportunity to bring some focus on the issue of mental health issues related to youth. This statewide discussion would complement efforts at the local level through the Partnership’s EIEI program and national efforts to increase school services.
Individuals at Poudre School District involved in behavioral health systems indicated that it is in line with efforts currently underway in our local school system. PSD sees this as a potential avenue for sharing results from around the state to implement more standardized and effective systems to protect students and link students with care.

The bill is being supported by the Colorado Association of School Boards.

Reasons to Oppose/Concerns
This bill indicates that this interim committee will only discuss mental health issues relating to youth in the context of these youth posing a threat to the safety of others. Singling out mental health as the sole cause of violence in schools would miss other key root causes (substance use disorders, gang activity, bullying, etc.), and if not approached very cautiously, could lead to an increase in stigmatization of those with identified behavioral health disorders, whether there was a risk for violence or not. It would be important that such a committee focus on how schools can identify the spectrum of risks, and create effective interventions that both respond to the needs of the child/youth and mitigate risks.

The committee’s makeup, as noted before, does not include a behavioral health professional other than a school counselor. It might be advisable to include other professionals on the committee, such as:
1. A school safety coordinator, threat assessment team member, or mental/behavioral health coordinator;
2. A professional skilled in identifying and treating adolescent substance use disorders/addictions; and
3. A mental health provider or academic with specialized knowledge and experience in children/youth and violence.

About this Summary
This summary 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. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.