

SB20-001: EXPAND BEHAVIORAL HEALTH TRAINING FOR K-12 EDUCATORS

Concerning expanding behavioral health training for kindergarten through twelfth grade educators.

Details

Bill Sponsors:	House – <i>Sirota (D)</i> , Michaelson Jenet (D), Van Winkle (R) Senate – <i>Fields (D)</i> , Gonzales (D)
Committee:	Senate Education
Bill History:	1/8/2020- Introduced in Senate
Next Action:	2/6/2020-Hearing in Senate Education
Fiscal Note:	1/14/2020

Bill Summary

The bill requires that the Colorado Department of Education (CDE) offer a train-the-trainer program for employees, including substitute educators, of local education providers¹ (LEPs). The program must be designed to improve overall school climate and promote youth behavioral and mental health. Participation in the program is voluntary; neither the CDE nor an LEP may compel participation. The program must provide evidence-based instruction to prepare an attendee to teach a course that includes any of the following subjects:

- Trauma-informed approaches to improve overall school climate and culture
- Identifying signs of behavioral and mental health challenges and substance use disorders
- Suicide prevention practices
- Restorative practices for addressing behavioral and mental health challenges
- Improving youth social and emotional health and fostering a positive school climate
- Bullying prevention and intervention strategies
- Encouraging positive bystander behavior
- Best practices to provide assistance to students in non-crisis situations
- Safe de-escalation of crisis situations
- Best practices for maintaining student privacy and confidentiality consistent with federal and state privacy laws
- Identifying and accessing resources, support services, and appropriate treatment for behavioral and mental health

CDE may enter into an agreement with an outside organization to provide the training program if that organization has experience providing evidence-based youth behavioral and mental health train-the-trainer programs. CDE must annually evaluate the effectiveness of the program and include a summary of the evaluation and any recommendations for program changes in the department's annual SMART Act² presentation to the education committees of reference of the state legislature. The bill requires that the General Assembly annually appropriate up to \$1.0 million in each fiscal year for the program. The bill is repealed June 30, 2024.

¹ A local education provider includes a school district, charter school, a board of cooperative services that operates public school(s), or the Colorado School for the Deaf and the Blind

² Enacted in 2010 and extensively revised in 2013, Colorado's SMART Government Act includes requirements for state departments to create publicly-available annual strategic/performance plans and present them to the General Assembly.

Issue Summary

Youth Behavioral Health in Colorado

It is estimated that half of all lifetime cases of mental illness begin by age 14.³ According to the Robert Wood Johnson Foundation, delayed treatment is associated with incomplete and prolonged recovery.⁴ Increasingly, experts are recognizing the importance of identifying behavioral health concerns among youth as early as possible. The consequences of inadequate or delayed treatment are far-reaching. According to the US Department of Education, only 40 percent of students with emotional, behavioral, and mental health disorders graduate from high school, compared to the national average of 76 percent.⁵ Lack of treatment can also be fatal: suicide was the 2nd leading cause of death for youth ages 10-24 in 2017.⁶

Electronic bullying is a concern for many high school students in Colorado. Nearly 15 percent of respondents to the 2017 Healthy Kids Colorado survey reported being bullied electronically in the previous 12 months.⁷ Females (20.1%) report significantly higher rates than males (9.7%). Additionally LGBTQ+ youth reported approximately twice the rates of having been bullied electronically in comparison to heterosexual and cisgender students; in Larimer County 31.3 percent of gay, lesbian, or bisexual youth said they had been bullied electronically, compared to 14.6 percent of heterosexual students.⁸

The Healthy Kids Colorado survey found similar results for these populations of youth in rates of attempted suicide; females (8.8%) were more likely than males (5.2%) to have attempted suicide in the past 12 months.¹ Similarly, LGBTQ+ youth were more likely to have attempted suicide than heterosexual and cisgender youth. Almost 50 percent Larimer County youth who identify as gay, lesbian, or bisexual reported having attempted suicide. Further, Native American youth have the highest rates of any race or ethnicity of having attempted suicide, 12.6 percent, which is close to double the state average of 7 percent. From 2013 to 2017, there were 320 suicide deaths of Colorado youth ages 10 to 18.⁹

A 2012 study¹⁰ commissioned by the Mental Health and Substance Abuse Partnership of Larimer County revealed that an estimated 36,000 youth in Larimer County have a diagnosable mental health and/or substance use disorder at some point during a 12-month period. It's estimated that 8,000 students within the Poudre School District had a mental health or substance use issue at any point in a 12-month period – 1,800 of which were estimated to have a serious disorder. According to the study, only about one out of four children ages 0 – 5 with a need of treatment actually received treatment. Among children ages 6 – 17 only about two-thirds received treatment and for young adults ages 18–24 only half received treatment. Reasons that youth do not receive treatment are varied and may include: incorrect or delayed diagnosis, stigma, lack of information, lack of support for families, confusion between behavioral health disorders and normal youth behavior, and inability to afford services.

³ National Alliance on Mental Illness (Sept. 2019). *Mental Health By the Numbers*. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>

⁴ Robert Wood Johnson Foundation (April 1, 2012). *Early Intervention in Psychosis*. Retrieved from <https://www.rwjf.org/en/library/research/2012/04/early-intervention-in-psychosis.html>

⁵ U.S. Department of Education. (2001). *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Retrieved from <https://www2.ed.gov/about/reports/annual/osep/2001/index.html>

⁶ Heron, M. (June 24, 2019). Deaths: Leading Causes for 2017. *National Vital Statistics Reports*. (68)6. CDC: Division of Vital Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

⁷ Colorado Department of Public Health & Environment (n.d.). *2017 Executive Summary: Healthy Kids Colorado Survey*. Retrieved from <https://drive.google.com/file/d/1-fcga91BtPBCPCdhstPYO4PZD3NXdtW7/view>

⁸ Colorado Department of Public Health & Environment (June 2018). *2017 Healthy Kids Colorado Survey Results: High School Summary Tables-Weighted Data*. Retrieved from <https://drive.google.com/file/d/1rdCjOUbeF9VK8793FtNIPAL6i4UwzQ5/view>

⁹ Mintz, S., Heilmann, L., Hoagland, K., & Jamison, E. (n.d.) *Suicide Among Youth in Colorado, 2013-2017: Ages 10-18*. Colorado Department of Public Health & Environment. Retrieved from <https://drive.google.com/file/d/1fPpGOpl3Rcie0hFHVz1m7lkRrvu1pt3a/view>

¹⁰ *Community Behavioral Health Need and System Capacity Assessment for Children and Adolescents*

Youth Mental Health First Aid (YMHFA)

Youth Mental Health First Aid is an example of an evidence-based training that addresses some of the listed course subjects that is primarily designed for adults who regularly interact with young people, such as parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other community providers. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, and disruptive disorders (including attention deficit/hyperactivity disorder). Both the Health District of Northern Larimer County and SummitStone Health Partners provide this course in Fort Collins.

Study results have demonstrated that YMHFA trainings are effective at increasing the mental health literacy and confidence of non-mental health professionals.¹¹ Further, research shows that trainees demonstrate improvement in applying actionable strategies in combination with increased confidence in helping a youth person in distress or crisis.¹²

Supporters

- Boulder County
- Colorado Behavioral Healthcare Council (CBHC)
- Colorado Children’s Campaign
- Colorado Cross-Disability Coalition
- Colorado Education Association
- Colorado Psychiatric Society
- Education Reform Now Advocacy
- Envision:You
- Healthier Colorado
- Mental Health Colorado
- One Colorado
- Poudre School District Board of Education
- Public Education and Business Coalition
- The Arc of Colorado

Opponents

- Metro North Chamber of Commerce

About this Brief

This brief 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 brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this brief or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

¹¹ Haggerty, D., Carlson, J.S., McNall, M. et al. School Mental Health (2019) 11: 345. <https://doi.org/10.1007/s12310-018-9300-5>

¹² Gryglewicz, K., Childs, K.K. & Soderstrom, M.F.P. School Mental Health (2018) 10: 48. <https://doi.org/10.1007/s12310-018-9246-7>