FinalSTAFF SUMMARY OF MEETING

SCHOOL SAFETY AND YOUTH IN CRISIS

Date:	09/09/2015	ATTENDANCE	
Time:	09:11 AM to 04:41 PM	Cadman	Е
		Crews	X
Place:	RM 271	Duran	X
		Ganahl	X
This Mee	ting was called to order by	Harms	E
	Senator Scheffel	Kerr	X
		Lawson	X
This Repo	ort was prepared by	McDonald	X
	Rachel Kurtz-Phelan	Moreno	X
		Newell	X
		O'Donnell	X
		Scheffel	X
		Silvia	X
		Weinerman	X
		Wilson	E
		Willett	X
		X = Present, $E = Excused$, $A = Absent$, * = Present after rol	l call

Bills Addressed:	Action Taken:
Presentation by School Resource Officers	Witness Testimony and/or Committee Discussion Only
Colorado Juvenile Defenders Center Presentation	Witness Testimony and/or Committee Discussion Only
Overview of the Colorado Governmental Immunity Act	Witness Testimony and/or Committee Discussion Only
Panel Discussion on Risk Management in Colorado Schools	Witness Testimony and/or Committee Discussion Only
Discussion of Risk Management and School Safety Management in	-
Other States	Witness Testimony and/or Committee Discussion Only
Discussion of Liability and Underwriting Practices in the Private	Witness Testimony and/or Committee Discussion Only
Market	Witness Testimony and/or Committee Discussion Only
Mental Health First Aid Colorado	Witness Testimony and/or Committee Discussion Only
Senator Moe Keller Remarks	
Public Testimony	

09:12 AM -- Presentation by School Resource Officers

Senator Scheffel, chair, called the meeting to order and roll call was taken. He invited the panel of School Resource Officers (SROs) to the table: John Jackson, representing the Colorado Association of Chiefs of Police, Jeff Grady, SRO at Grand Junction High School, and Stacey Collis, SRO at Green Mountain High School, came to the table to discuss school safety and school policing. Mr. Jackson stated that police and law enforcement presence causes schools to be safer. He said that SROs wear many hats every day, including teacher, counselor, and occasionally police officer. He said they are positive role models, not school disciplinarians, and are responsible for providing security and prevention resources. Chief Jackson told the committee that not every school has an assigned SRO, and schools that do not have a dedicated SRO rely on local law enforcement which can be problematic because

of the lack of continuity. He said that it is important to develop partnerships among the school administration, parents, students, and law enforcement, and that consistent roles and presence will lead to consistent outcomes. He explained that there are approximately 200 SROs across 25 percent of school districts throughout the state, and provided statistics showing that having an SRO in a school causes teachers to feel safer in school and leads to a reduction in criminal incidents being reported in schools. He stated that SROs use a non-ticket and non-enforcement approach whenever possible, and in determining what is in the best interest of the student.

09:24 AM

Mr. Collis began his presentation. He told the committee about his professional background, and distributed a handout (Attachment A). He stated that if a school does not have an SRO and a police officer is called to respond to an incident, the officer's main priority is enforcement by either giving a ticket or making an arrest as opposed to spending the time getting to know the student in order to find out what might be contributing to the situation at hand. He told the committee that SROs are resources; they provide education to students, staff, and community, prevention, mentoring, law enforcement, community policing, relationship building. Mr. Collis spoke about the impact of Amendment 64 on SROS, and talked about some of the programs in which he participates at his school, including a mock car accident, Christmas cheer, volunteering for the Boys and Girls Club, criminal justice club, girls circle for at-risk girls, Girls on the Run program, Youth Police Academy at the Lakewood Police Department, High Risk Youth Intervention Team, Cops and Donuts, Police Athletic League, Teen Court, and Mental Health Court.

09:37 AM

Mr. Grady began his portion of the presentation and told the committee about his professional background in law enforcement. He stated that he implemented the SRO program in his community through the sheriff's office, and explained that since he is member of the Colorado Association of School Resource Officers (CASRO) he trains new SROs. He explained that SROs use a three-pronged approach: education, prevention, and enforcement. He talked about the importance of forming relationships and connections with administrators in schools, and said that the more community outreach programs SROs participate in, the stronger the relationships. He discussed enforcement and the need to uncover why students do what they do, such as if a student has a parent in prison, that student does not need to be given a ticket or be arrested, he or she needs to be provided with services and support. Mr. Grady spoke about his experience taking students to Mind Springs mental health center if the student expresses or shows evidence of mental health issues. He talked about the challenges of providing training hours for SROs and the importance of training for dealing with students with mental health issues.

10:02 AM

The presenters answered questions from the committee about training for threat assessments, school crisis teams, re-entry policies for students, and the importance of building relationships between SROs and school administrators. They continued to answer questions about information sharing in regards to behavioral and mental health, who is accountable if that information is not adequately shared, and about the cost of and funding for having an SRO in each school.

10:18 AM

The presenters answered questions about school safety plans and whether SROs are bound by these plans. Mr. Collis and Mr. Grady explained that SROs are completely separate entities and therefore are not bound by school rules and policies. Mr. Grady explained the difference in the number of referrals to law enforcement between schools that have SROs and schools that do not have SROs. The presenters talked about the relationships that SROs have with county departments of human services and the relationships between SROs and elementary school students with mental health issues.

10:36 AM

The presenters responded to questions about the percentage of schools in Colorado that have SROs in rural and urban districts, and about the training that SROs receive. Mr. Collis stated that there is a line between prevention and enforcement, and spoke about data on referrals to law enforcement across districts. The committee discussed how SROs educate parents and schools about lock down training.

10:54 AM -- Colorado Juvenile Defenders Center Presentation

The committee took a brief recess.

11:07 AM

The committee came back to order. Michele Clark, Executive Director of the Colorado Juvenile Defender Center (CJDC), began her presentation and distributed a handout (Attachment B). Ms. Clark spoke about CJDC's vision and mission, and discussed the struggle of keeping schools safe while dealing with student behavior in a dignified, therapeutic, and fair way instead of a punitive way. She spoke about threat assessment work, and the need to manage threats of school violence in a systematic way. She said that it is important to acknowledge the rarity of violent incidents and the need to examine incidents of targeted, school-based attacks while weighing them against the collateral consequences of trying to mitigate these incidents. She discussed the need to create a safe and safe-feeling environment for all students in a multi-faceted way. She spoke about risk assessments, and explained that almost every student who is from a broken home or has a disability would rank high on the risk assessment so it is critical to ensure that these students are not being funneled into the juvenile justice system. She discussed findings from the Safe School Initiative Final Report and provided examples of questions from a threat assessment questionnaire. She told the committee that it is important to be aware of the issues that can result from an over-reliance on threat assessment.

11:22 AM

Ms. Clark stated that it is critical to examine the impacts that labeling students can have on behavior and stigmatization. She said that it is important to not label kids too early so that they have the ability to restore, rehabilitate, and reform who they are. Hannah Seigel Proff, staff attorney for CJDC, introduced herself and spoke about her background as a juvenile defense attorney. She discussed her work with students who were arrested in school and faced charges incurred from incidents that took place in school. Ms. Seigel Proff told a story about a student helped by CJDC and the collateral consequences he faced. She explained that a threat assessment is put in a student's permanent record and given to the judge if the case is prosecuted, and can also affect acceptance to college.

11:34 AM

Ms. Clark discussed the school to prison pipeline and the need to end zero tolerance policies. She stated that some of the recommendations that follow a threat assessment may run afoul of certain requirements relating to providing services to students with disabilities. She said the use of detention can have an impact on risk factors such as school failure, low commitment to school, aggression towards peers, increased drug use, and increased risky behavior. She talked about the protective factors that are removed when a child is placed in detention, and about the disproportionate amount of law enforcement contact with minority students and resulting referrals. Ms. Clark spoke about the need for a student to have one advocate as he or she navigates through multiple systems, and the need for confidential processes for information sharing.

11:46 AM

The representatives from CJDC answered questions from the committee members.

12:03 PM -- Overview of the Colorado Governmental Immunity Act

Jennifer Anderson and Fred Haines, representing the Colorado Department of Law and the Attorney General's Office, came to the table to begin their presentation on the Colorado Governmental Immunity Act (CGIA). Mr. Haines told the committee that the CGIA was passed in 1971 in response to Supreme Court decisions in three cases pertaining to governmental and sovereign immunity, known as the evidence trilogy. He explained that the CGIA begins with a general rule that public entities are immune from tort claims unless one of the waivers within the CGIA applies. He said that these waivers include permitting claims for traffic accidents involving vehicles owned or operated by public entities; and waivers of dangerous conditions of public highways, buildings, and facilities located in a park or other public areas, including prisons. He said that in order to bring a claim under the CGIA, the claimant must file a notice of claim within 182 days after knowledge of an injury. He stated that public employees are also immune from tort claims for acts committed in performance of their duties as long as they have not acted willfully or wantonly. The presenters answered questions about CGIA from the committee.

12:17 PM

The presenters answered questions from the committee about Senate Bill 15-213 and whether there is a cap on damages that can be awarded for certain types of claims.

12:23 PM -- Panel Discussion on Risk Management in Colorado Schools

Senator Scheffel invited the next presenters to the table: Rico Munn, Superintendent of Aurora Public Schools and representing the Colorado Association of School Executives (CASE), Terri Sahli, Director of Enterprise Risk Management and Process Improvement for Denver Public Schools, Kathleen Sullivan, Chief Counsel for the Colorado Association of School Boards (CASB), Eric Slinger, representing HUB International Insurance Services (HUB), and Steve Fast, representing the Colorado School District Self Insurance Pool (CSDSIP). Ms. Sahli began her presentation by stating that everyone involved with kids is responsible for keeping kids safe, not just teachers. Ms. Sullivan provided background information about CASB and stated that CASB endorses the provisions of the legislation being examined by the committee. She said that CASB is concerned about displacing the immunity laws that have been in place since 1971 to protect public and governmental bodies when there is not a clear definition of reasonable standard of care in place. Mr. Slinger, told the committee that HUB is the largest provider of insurance for charter schools in the state through the Colorado League of Charter Schools. Mr. Fast told the committee that CSDSIP runs risk management training and provides self-insurance for school districts, 30 charter schools, and 17 Boards of Cooperative Educational Services (BOCES), and works to prevent and mitigate loss and risk up-front.

12:34 PM

The presenters answered questions from the committee pertaining to caps on damages, and other expenses that might be incurred in litigation situations, such as legal fees such as discovery, experts, corporate orders, and travel, which would increase the cost for a fully litigated case upwards of the \$350,000 cap on damages. Ms. Sahli talked about the need to protect the open sharing of information. The panelists answered questions about what school districts are currently doing in regards to risk management and about the definition of standard of reasonable care. They answered questions about the negative impacts and unintended consequences of Senate Bill 15-213. The panelists discussed whether definition of standard of reasonable care should vary based on the resources of the school or district.

12:58 PM

The presenters answered questions about liability issues for teachers. Ms. Sullivan stated that there are currently fewer options for helping students with disabilities who may be most at-risk of engaging in violence, and that we do not hear about all of the incidents that were prevented, only about the tragedies that actually occur. Ms. Sullivan responded to a question about school safety plans and other legal requirements. Mr. Slinger talked about the costs associated with maintaining a culture of safety at schools.

01:19 PM

The panelists answered questions about the cost of risk management and of preventing liability exposure, and about how premium rates are set district by district. Discussion ensued about the practicality of defining reasonableness of care and about how federal law conflicts with state law concerning the protection of disabled students. Ms. Sullivan discussed section 504 of the rehabilitation act, and the requirement that a school district not suspend a person with disabilities for behavior that is related to their disability.

01:37 PM

The panelists continued to discuss the legal implications of SB 15-213 and whether CASE or CASB has made specific recommendations to school districts based on the 2013 shooting incident at Arapahoe High School.

01:53 PM -- Presentation on Risk Management and School Safety Management Practices

The committee took a brief recess.

02:23 PM

Came back to order

02:23 PM -- Discussion of Risk Management and School Safety Management in Other States

Josh Cunningham from the National Council of State Legislatures (NCSL) introduced himself and distributed a handout (Attachment C). Mr. Cunningham stated that 35 states require schools to have a school safety plan and that 16 states have formed committees to investigate ways to prevent future acts of violence within the school setting. He discussed components of school safety plans and noted that commonalities include directives about standards of conduct, safety drills, and infrastructure requirements. He reviewed legislation in three states: Arkansas, Texas, and Washington. According to Mr. Cunningham, in 2013, Arkansas enacted Senate Bill 093, which required school districts to provide safety training for school personnel and students and reclassified school resource officers as law enforcement. He said that in 2015, they passed legislation that requires schools to have panic buttons that connect to emergency responders and methodology for sharing items like floor plans with first responders. He described the approach undertaken by Texas, which adopted a school marshal program in 2013. Mr. Cunningham described the requirements of a school marshal and a certification program that was adopted to recognize schools for meeting certain safety criteria. Mr. Cunningham said that Washington state also enacted new school safety requirements in 2013, which among other things, call for newly remodeled or constructed school buildings to incorporate specific safety features.

Mr. Cunningham reviewed reasonable care standards and immunity in the three states and noted that most states do not define this through legislation. He reported that most often school violence cases are settled out of court, but there are some standards defined by case law. Representative Willett asked about waivers of immunity, to which Mr. Cunningham noted that about half of states have general rules of liability, but there are many exceptions in laws and case law has further clarified those exceptions. Representative Moreno asked how many states do not have reasonable duty of care standards. Mr. Cunningham replied that between 30 and 35 states do not have an explicit definition in statute. Ms. Heidi Ganahl asked whether any state specifically defines duty of care within schools, to which Mr. Cunningham replied that he had not been able to define any. Ms. Ganahl asked Mr. Cunningham to forward information about Texas to the committee. Senator Scheffel asked whether NCSL is preparing model state policies concerning this topic, to which Mr. Cunningham replied no.

02:40 PM -- Discussion of Liability and Underwriting Practices in the Private Market

Robert Ferm and Gary Frisch introduced themselves to the committee and presented information about the liability insurance market. Mr. Ferm provided background about how schools fund their risk when they are outside of risk pools or Boards of Cooperative Education Services (BOCES). According to Mr. Ferm, these schools often have a layered approach towards covering risk. For example, they may be self-insured for the first \$100,000 of coverage and purchase coverage for amounts in excess of \$100,000. He explained that a school could obtain insurance from one company to take the risk for \$100,000 to \$250,000; purchase coverage from another company for claims between \$250,000 to \$500,000; and so on. Mr. Ferm said that sometimes deductibles, or the amount of self-insurance, become too high because of the costs to purchase excess coverage. Mr. Frisch added that according to his research, there has not been any reluctance in the market to write policies as a result of Senate Bill 15-213. Mr. Ferm noted that any law change creates uncertainty and this may be the reason some brokers have noted some initial concerns about Senate Bill 15-213.

Mr. Frisch reviewed the steps involved in obtaining liability coverage including underwriting criteria, including checklists, for assessing risk in schools. Senator Scheffel asked about the interplay between the checklists and the actions of an insurance company doing the underwriting and when a company may require or encourage changes versus changing the premium amount. Mr. Frisch responded that typically there is a combination of approaches undertaken during the underwriting process. He said the insurance company may ask for more information, such as school safety policies, or make suggestions for remedies to lower premiums. Mr. Frisch said that if an insurance company identifies a major area of concern, it may opt not to write the policy at all. Mr. Ferm followed up by saying that protocols give schools better leverage to negotiate premiums and coverage, but in consulting a national vendor, Firestorm, found that this is not legislated. Senator Newell asked if the underwriting criteria could be shared or if it is proprietary. Mr. Ferm indicated that he would send that information to staff.

Kate O'Donnell asked about broker concerns, to which Mr. Ferm responded that there may be increased costs for sublimits, such as with special endorsements for sexual abuse and molestation. He explained that although a school may want a specific amount of coverage, the amount available from the insurer may be less, which is why it is called a sublimit.

Linda Weinerman asked about the types of questions on the applications provided by insurers and whether decisions are data driven, such as by the number of actual incidences, or policy driven. Mr. Frisch responded that it is usually both.

Representative Willett commented that prior testimony in committee indicated that schools were expecting a 20 percent increase in premiums following Senate Bill 15-213. He noted that under current law, claims may be made for attempted behavior. Mr. Ferm responded that if there is going to be an increase in premiums, he expects to see it first in a shift from the standard market to the specialty market. Mr. Ferm said they do not yet know whether schools will see a 5 percent increase or a 30 percent increase as that will depend on the way these policies are constructed. Mr. Frisch noted that the incidents that Senate Bill 15-213 addresses are very limited, which makes it hard to determine costs. According to Mr. Frisch, there have been three relevant incidents in 16 years.

03:13 PM -- Mental Health First Aid Colorado

Brian Turner introduced himself to the committee and reviewed the Mental Health First Aid program. According to Mr. Turner, the program is an 8 hour certification course that teaches people how to identify the signs and symptoms of behavioral health challenges and connect persons with behavioral health needs to resources. He reviewed the implementation of the program and noted that more than 20,000 people in Colorado have been certified since 2008.

Senator Newell asked for data on certifications among teachers and other school staff as well as school resource officers and law enforcement personnel. Mr. Turner indicated he would follow up with staff with actual data and explained that about 25 percent of the 20,000 certifications are for persons affiliated with schools.

Desiree Davis asked how many school districts participate in the program. Mr. Turner said capacity is there in all districts, but that his program has reached about 75 school districts so far. He indicated that there are some individuals that have participated that may have moved between districts or that may not have been identified as representatives of a particular district. He reviewed his program's initiatives to target specific school districts. Ms. Davis asked about federal funding for the program. Mr. Turner said \$200,000 of the \$2 million in Project Aware funding goes to the Mental Health First Aid program. According to Mr. Turner, these funds will ensure training for 1,125 additional persons and noted that existing funding provided by the state is reduced for 2015 and eliminated in 2016. Ms. Davis asked how the program is marketed. Mr. Turner reviewed his program's tools, including relationship building, presentations at conferences, meetings with decision-makers, word of mouth from participants, as well as a website and marketing materials. Ms. Davis asked whether private schools are served and if so, how many. Mr. Turner stated that their participation has been very limited but the course is available to anyone.

Greg McDonald asked about the pre-survey and post-survey for participants and what findings those surveys have revealed. Mr. Turner said that the evaluation process is very thorough and while the data set currently only includes one year, the results have been very positive so far. Mr. Turner said that he would provide the study as a follow up item for the committee. Mr. McDonald asked about the youth component of the Mental Health First Aid program. Mr. Turner described the youth component as been targeted to students ages 12-25 as a peer support program, which is often targeted to students in upper grades via school health class.

Senator Newell commented that the program does not go into detail about suicide prevention and asked about training for school resource officers. Mr. Turner stated that the program is intended to provide a broad overview of many aspects of behavioral health and that they connect participants to other providers for more in-depth training. He indicated that he would provide information about law enforcement certifications at a future date. Senator Newell asked if it would be possible for there to be legislator training, to which Mr. Turner responded affirmatively.

03:41 PM -- Senator Moe Keller Remarks

Former Senator Moe Keller introduced herself and distributed a handout (Attachment D). She presented information about a mental health program offered in Tennessee as an opportunity for Colorado to consider. She explained that this program is a partnership between the school districts, counties, and Mental Health America of Tennessee and offers a classroom-based presentation for students grades 6 through 12 that covers such topics as recognizing feelings, bullying, self-harm, and the importance of engaging with adults. According to Senator Keller, the program is in 83 schools in Tennessee and has very little cost.

Scott Glaser of the National Alliance on Mental Illness provided an overview of a new program offered by his organization called "Ending the Silence" and distributed a handout (Attachment E). Senator Keller reviewed the model curriculum for the Tennessee program and noted that the information is proprietary and not available for distribution. Senator Newell asked if there is data regarding the program's effectiveness. Senator Keller indicated that there is about 15 years of Tennessee data, which is collected by United Way. Mr. Glaser responded that his program has data from participants as well. Mr. David Crews asked how school districts can get involved. Senator Keller stated that she and Mr. Glaser are available as resources and that schools can also approach their county commissioners, school district administrators, and their community mental health center.

04:01 PM -- Public Testimony

Michael Davis introduced himself. He thanked the committee for their work and suggested that the committee keep its end goal in mind: helping kids who are identified as high risk get help before tragedy strikes. He discussed the importance of sharing information and reviewed the arbitration process his family is currently engaged in with Littleton Public Schools to determine how the incident involving his daughter, Claire Davis, was handled. Mr. Davis described the process as being oriented to help prevent future incidents and that his family is partnering with professors at the University of Colorado at Boulder to prepare a report. He noted that the report should be available in December and stated that he would like to present its findings to the committee prior to the beginning of the 2016 legislative session.

John McDonald introduced himself as the executive director of security for the Jefferson County school district. He reviewed school safety incidents since 1999 and suggested that the committee hear from threat assessment experts in future meetings.

Wendy and Patricia Werner introduced themselves and offered testimony concerning the effects of teen sleep deprivation via a report they prepared (Attachment F).

John Simmons introduced himself as a representative of School Safety Partners and distributed a handout (Attachment G) concerning ways to address other types of youth in crisis, such as a youth who attempts to do a suicide bombing. According to Mr. Simmons, it is important to develop strategies for countering messages that kids may receive from certain groups and how to identify early warning signs, especially through social media.

04:38 PM

Senator Scheffel offered closing remarks. Legislative Council Staff reminded committee members to submit ideas for presentations by youth at the next meeting.

04:40 PM

The meeting adjourned.

01:53 PM -- Presentation on Risk Management and School Safety Management Practices

The committee took a brief recess.

02:23 PM

Came back to order.

01:53 PM -- Presentation on Risk Management and School Safety Management Practices

The committee took a brief recess.

02:23 PM

Came back to order.

Presenter: Officer Jeff Grady

Work location: Grand Junction Police Department

Chief: John Camper

Area covered: 3 School Resource Officers for 26 schools in Grand Junction.

1 main high school

3 alternative high schools

4 middle schools

13 elementary schools

5 charter or church schools

22,000 students in Mesa County Schools

44 schools total

4 SRO's Mesa County Sheriff

(SRO) ·

<u>09-09-15</u>

Three prong approach

Education

Prevention

Enforcement

In that order!

Education

Students / classroom LRE / SRO office / hallways / Principals or AP office

Officer Education / Dr. Jim Corbin, Corbin & Associates / Principals / Aps / students / teachers / parents / area businesses / neighborhoods / DEPARTMENTS

Prevention

Positive activities / <u>Coaching</u> / Shop with a Cop / Bowl with a Cop / dances / fund raises (cancer association) band / coir / plays / academic competition /

Enforcement

Learn about the student / Who do you live with? / Nisley Elementary ½ of the 5th graders had parent in prison. That child does not need a ticket they resources.

WARNINGS / alternatives / parents / school / counselors

Muni court / small fines - reports 500 to 1000 Judge Carry McGinnis

County court / two levels of diversion / George Henderson (30 yr. police)

Resources

Schools

Counselors / coaches / teacher / crisis teams / staff (lunch ladies) :)

Partners

Department of Human Services

(Beyond Control of a Parent program)

Churches Youth groups

Cannon View Vineyard Church (ropes course)

Businesses / JOBS / financial support for kids / free stuff when we catch kids making changes or doing positive things / Pepsi wrote SRO into 10 year school contract

Other Officers / Rocky Baldozier Native American / Randy Earl African American, Vikings/ Cindy Cohn Female pro softball pitcher / Kevin Bavor Youth Pastor

Military / SRO David Godwin / Keith Wilson jumped out of airplanes

Mental Health / Mind Springs

Probation / reinforces the need for juvenile to stay out of trouble

Department of Youth Corrects / VISIT kids in jail, parent's written permission

College / Colorado Mesa University / allows us to let kids and families in for free

Suicide prevention coalition

Cancer Association / past law making tobacco illegal for juveniles

CASRO!

SRO / connected to all three levels / cell phone of AP's & principals & counselors

For history on students & families

High school (one)

Middle School (four)

Elementary School (twenty three)

Traits an SRO must have or develop *Compassion *Care *Understanding *Problem Solving *Sense of Humor **School Safety** Lockdown drills Getting each school personal thinking about what they can and will do in a CRISIS Personal connections to school / the staff can take criticism or suggestions better Challenges SRO's not trained (40 hour minimum) plus active shooter training SRO's forced to be in schools Departments not supporting SRO approach

I have spent my entire career (28 years) trying to NOT look like or act like the normal polished and shined stuffy, robotic, arrest making, ticket writing police Officers!

Many older command staff members are ex-military and think old school about

enforcement (put people in jail – write tickets) Jails and Prisons are full!!!!!!!!

Father of three sons

CASRO

21 years as an SRO most in the state per CASRO

Pepsi contract

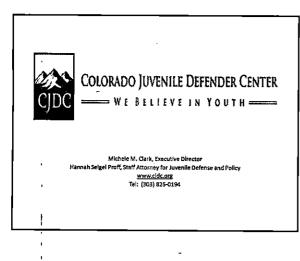
Employee of the Year Mesa County (MCSO 1994)

Greg Assenmacher life time achievement Award (GJPD 2014)

Red Cross Award (2014)

Swat team

Self-defense instructor



CJDC's Mission:

CJDC seeks to protect the rights and improve the treatment of children and youth in the juvenile justice system through public advocacy, community organizing, nonpartisan research, and policy development.

Colorado Juvenile Delender Center - SSYIC

CJDC's Vision:

All children and youth should experience adolescence free from over-criminalization in a just society that promotes their wellbeing and provides second chances.

Colorado Juvenile Defender Center - SSYIC

Safety with Dignity

Introduction

In february of 2015. Mayor this die blacked between Leukerdon Frent no Kebed Charte and Brospheron-year talk ferror shapped with developing joint communication is entrained the welfacing and safet of moderns and wall in the Orly pelific justices, and maintaining the send in superior perior perior and animalized the send in superior perior and summanuse. The Leukerdon's from Invalent from the 20 marked perior period perior p

Research shows that, all fittings being equal, when students are supposed or a research to school shot student of being held that in school, despiting out and/or scarring the jamesh jointee entrees leverate furthermore, overly pushfue research have been shown to be an implication way to improve outliest obtaining and school diments for these research systems of conservas has begun to shift to exact despiting more efficient methods a addressing seaferer discipline and promoting confirm of a differently appeared discipline and promoting confirm.



Colorado tuvenile Defender Center - SSYK

U.S. Department of Education/ U.S. Secret Service

"The findings of the Safe School Initiative's extensive search for recorded incidents of targeted school-based attacks underscore the rarity of lethal attacks in school settings."

- Safe School Initiative Final Report, 2004, p. 7

Colorado Juvanila Defender Center - SSYIC

U.S. Department of Education/ U.S. Secret Service

"While it is clear that other kinds of problems in American schools are far more common than the targeted violence that has taken place in them, the high profile shootings that have occurred in schools over the past decade have resulted in increased fear among students, parents, and educators."

- Safe School Initiative Final Report, 2004, p. 7

Colorado Juvenile Defender Center - 55Y

Threat Assessments

- Assessments have been adopted from the U.S. Secret Service model
- Insufficient evidence about predictive reliability when applied to children at school
- "Risk factors" would apply to almost all children with disabilities, family discord, poverty

Colorado Juvenila Defender Center - SSYIC

U.S. Secret Service Study on Target School Violence Derives from Assassinations and Attempts

"The focus of the ECSP study (Exceptional Case Study Project) was an operational analysis of the thinking and behavior of those who have assassinated, attacked or tried to attack a national public official or public figure in the United States since 1949."

- Report on Safe School Initiative, 2004, p. 4

Colorado Juvenile Delander Center - SSYIC

Safe School Initiative Final Report

"There is no accurate or useful 'profile' of students who engaged in targeted school violence." p. 11

"... the use of a threat assessment approach may be a promising strategy for preventing a school-based attack." p. 41 (emphasis added)

Caloredo Juvenile Delender Center - SSY: Sentember 9, 7015

Has this happened to your school counselor?

Scenario: A student shows me a post from her best friend (Tiffany), that threatens to hurt another female student (Veronica). The post was very descriptive about the violence Tiffany wanted to inflict upon Veronica, who Tiffany believes caused her recent breakup. Since I know Tiffany fairly well, I was sure she wouldn't do such a thing. However, do I have to tell the administrator even though this was supposed to be confidential? I don't want to get Tiffany in trouble. She has enough issues in her life without being suspended.

Colorado Juvenila Defender Center - SSYIC

10

Sample Threat Assessment Questions

- Is the student experiencing hopelessness, desperation or despair?
 - Substance abuse
 - Known mental health diagnosis
 - Recent failure, loss and/or loss of status
 - Other emotional trauma
 - Difficulty coping with a stressful event
 - Obsessive thoughts

Colorado Juvenile Defender Center - SSYIC September 9, 2015

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Sample Threat Assessment Questions

- Is student:
 - A victim of violent behavior
 - A perpetrator of violent behavior
 - A witness of violent behavior
 - Exposure to violence
 - Family history of violence

Colorado Juvenilla Defender Center - SSYN

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Sample T	hreat .	Assessment	Questions
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- Which, if any, has the student had experience with that might contribute to the likelihood of an attack?
 - Family history of mental illness
 - Family substance abuse
 - Frequency of mobility
 - Family instability
 - Lack of supervision
 - Victim of bullying
 - Perpetrator of bullying
 - Negative peer group influences
 - Antisocial attitude

Colorado Juvenile Delender Center - SSYIC

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Jason's Story

- Hannah Seigel Proff
 - Staff Attorney for Juvenile Defense and Policy at CJDC

Colorado Avenile Defender Center - SSYIC September 9, 2015 14

School-to-Prison Pipeline

- Concern that a threat assessment process that is not evidence-based will engorge the schoolto-prison pipeline
- Concern about dismantling positive effects of Smart School Discipline Law, which ended "zero tolerance" mandates

Colorado Juvenile Defender Center - SSYIC

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SB12-046/HB1345, Ending Zero Tolerance

SECTION 21, Legislative declaration.

(1) The general assembly hereby declares that . . .

(d) Each school district of the state is encouraged, in creating and enforcing a school conduct and discipline code, to protect students and staff from harm, provide opportunities for students to learn from their mistakes, foster a positive learning community, keep students in school, and show mindful consideration of negative impacts that can occur as a result of involvement with the criminal justice system;

(e) School discipline policies and practices must apply equally to all students regardless of their economic status, race, gender, ethnicity, religion, national origin, sexual orientation, or disability;

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Is it a Threat Assessment or a Mental Health Assessment?

- Most kids who will be caught up in threat assessments have mental or physical disabilities
- Concern that threat assessment process may circumvent requirements of Section 504 to provide a "free appropriate public education" (FAPE) to each qualified student with a disability

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Detention can Create Risk Factors for Youth

- Detention can be a poor choice for juveniles with existing mental health disorders, many of which bring about a heightened sense of trauma, acute feelings of depression, anxiety and the possibility of suicidal behavior.
- Detention can interrupt educational services, therapeutic services and medication for juveniles who already might have been receiving them.

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Other Risk Factors are Increased with Juvenile Justice System Referrals

- School failure
- · Low commitment to school
- Not college bound
- Aggression toward peers
- Associating with drug-using peers
- · Societal/community norms favor alcohol and drug use
- Urban setting
- Poverty
- · Associating with deviant peers
- Loss of close relationship or friends

Collateral Consequences of Threat Assessments

- · Referral to law enforcement
- · Suspension, expulsion
- Juvenile adjudication (conviction)
- · Lose job or the ability to get certain kinds of jobs, including the United States military
- · Student or family could lose public benefits, like public housing or food stamps
- Student could lose ability to be part of his/her own family, including his/her own children

Protective Factors are Decreased with Juvenile Justice System Referrals

- · Presence of mentors and support for development of skills and interests
- · Opportunities for engagement within school and community
- · Positive norms
- · Clear expectations for behavior
- · Physical and psychological safety

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Excerpt from an Indirect Risk Assessment used in Jefferson County

 RISK ASSESSMENT OVERVIEW: The purpose of a Risk Assessment is to analyze behaviors and/or written or verbal statements that have created concern, feelings of being intimidated, or emotional distress in others whether intended or not. The focus of this risk assessment is to examine the *impact* of the disruption rather than the *intent* of the individual engaging in the concerning behavior.

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Padres & Jóvenes Unidos,
Colorado School Discipline Report Card, March 2015



23

Disproportionate Minority Contact in Colorado

	Total Youth	White	Clack or 1: Artericas	Hispanic or Latino		American Indian
Population 10-17 years old	341.613	SIX	4.5%	29,4%	36%	1%
Juversile Arrests (using DHC data only)	ICA46	:2%	15%	31%	134	0.5%
Secure Initial Detention	4.356	18%	15%	41%	1%	1%
Total Adjudications	7,126	74% ig f	10%	13%	C9%	Q4% .
Probation Supervision	4637	74%	1%	20%	1%	1%
Probation - Sentence Detention	454	66%	2%	27%	1 5	185. Ale
DYC - Secure Confinement	646	32%	17%	42%	2%	2%
Direct File to Adult Court	106	64%	23%	86	ix.	0%
Colorada Cifico ed Re-comb und Servi	CHEDNE Des E	C 2055, 2011 54	White commen		V SYNTE I	V47

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A Morass for Children to Navigate Alone?

A child typically does not have one advocate through all of these proceedings:

- · School discipline proceedings
- Section 504 hearings/IEP meetings
- Expulsion hearings
- D&N hearings
- · Juvenile justice hearings

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Confidentiality

- We have therapist-patient privilege to encourage honesty and healing
- We don't give kids the same privileges and, in fact, can turn their own words against them
- Colorado law requires that, before a court allows a child to proceed without counsel, the court must find the child understands the possible consequences that could result from an adjudication or conviction. C.R.S. 19-2-706(2)(c)(V).

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Let's Learn from the Mistakes of Zero Tolerance Policies

- The Smart School Discipline Law gives schools discretion over suspensions and eliminates mandatory expulsions (except in cases involving firearms).
- For school health and wellness, instituting fair discipline practices in schools improves student engagement and is a crucial component to ensuring all students have an equal opportunity to learn.

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COLORADO JUVENILE DEFENDER CENTER GJDC WE BELLEVE IN YOUTH
Michele M. Clark, Executive Director Hannah Seigel Proff, Staff Attorney for Juvenile Defense and Policy www.cldc.org Tel: (303) 825-0194

This page is a sample from The Council of State Governments Justice Center report on Collaborative Approaches to Public Safety. The research and compilation of state statutes was completed by the National Conference of State Legislatures, including background discussions with state legislative staff. It only includes an examination of education statutes and any cross-referenced statutes. It does not otherwise include reviews of statutes found in the criminal code. Special thanks to Lauren Heintz who conducted this review. © CSG Justice Center, New York, 2014

School Safety Plans: A Snapshot of Legislative Action

One common way schools and school districts address school safety is through the development and adoption of school safety and emergency plans, which may be required under state statute. These plans outline how schools and school districts will prevent and address situations that threaten school safety, such as incidents of violence, natural disasters, and medical emergencies. Plans may also address additional factors that contribute to school safety such as student codes of conduct, disciplinary procedures, and school learning environments. Depending on how prescriptive the statute is, some states include the roles that school administrators and community partners may play in the event of an emergency.

Additional trends in required school safety plans include the following:

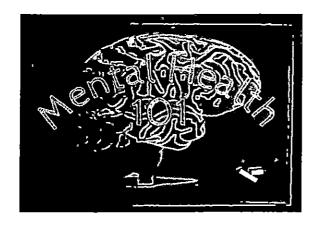
- Requirements for various safety drills including fire drills, tornado drills, and active shooter drills
- Procedures for distribution of school safety plans and/or confidentiality of such plans
- The role for community and family involvement in the creation of plans
- Involvement of state departments of education and specific school safety entities in the development and implementation of the plans
- General school building and infrastructure requirements for school safety
- Grants and other funding opportunities available to support school safety planning
- Systems for anonymously reporting dangerous/violent activity or the threat of activity on school property or school grounds

At least 35 states have statutes that specifically require every school or school district to have a comprehensive school safety or emergency plan (AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IL, KY, LA, MD, ME, MI, MN, MS, MT, NC, NH, NV, NY, OH, OK, RI, SC, TN, TX, UT, VA, VT, WA, WI, and WV).

School districts may choose to implement additional requirements for schools regarding their safety plans, including measures that address school safety needs specific to the area. States that lack statutory language regarding school safety plans may address the concerns in state regulations.

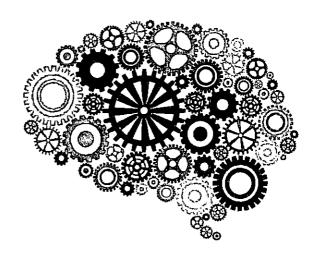
Since 2000, at least 17 states have passed legislation establishing school safety councils, committees, and/or studies. Membership of these councils or committees most often include representatives from the department of education, government officials, local law enforcement agencies, emergency agencies including first responders, juvenile justice organizations, school administrators, community members, and parents of students. Common focuses of such committees and councils include school safety assessments, general violence prevention, mental and behavioral health supports, and the creation of safety, security, and emergency preparedness standards. These committees or councils are either created to be permanently housed in a state department or they are structured to be operational for a specific period of time that culminates in a report that is submitted to a state governmental power such as the legislature or the governor's office.

Since 2000, the National Conference of State Legislatures (NCSL) has become aware of the following states' school safety committees, councils, and studies that were created through state legislation: AR, AZ, CO, CT, ID, IL, IN, MD, ME, MI, NJ, OK, PA, TN, TX, VA, and WA.



83 Schools 23 counties 23,928 students (2014-2015)

An outreach program serving middle and high schools in Tennessee.



Why is mental health for teens important?



6 students in every classroom will develop a mental health disorder.

50% of mental illnesses begin by age 14.

- Treatment delay (average = 10-12 years) can lead to:
 - School dropout
 - Suicide
 - Homelessness
 - Incarceration

The importance of prevention and early intervention



- MH101 helps prevent 133 teen suicide attempts annually.
 \$19,000 is saved in hospital costs and work loss per prevented suicide attempt.
- Knox County families save a total of \$2,527,000 annually.
- Prevention and early intervention programs for youth have the greatest long-term economic impact through:
 - Increased earnings
 - Decreased criminal activity
 - Decreased hospitalizations

Mental Health 101 works!

The youth suicide rate in counties served by Mental Health 101 has decreased 24% since 2003 while the youth suicide rate has increased 48% Tennessee-wide.

What the teachers are saying:

"We have used this program over the past several years and it is a valuable part of our mental health unit."

. What teens are saying:

"I think someone close to me has mental health problems. I will tell my parents so we can have an intervention I couldn't have done it without you."

"My younger brother has autism and has been dealing with bullying, to the point where he has thought about suicide. I can take this information and what I have researched and do everything I can to show him how much I love and care about him and to let him know he will always have me to talk to."

' Outcomes	Pre-Test	Post-Test	Percent Change
Recentofstudentswho concorrectlytdentitystens of mental titness	34%	82%	137%
Percent of students who can conecily identify a warning sign of suicidely	61%	88%	44%

Knox County High School Statistics

Students meeting depressive symptoms: -13% Students attempting suicide: -57%

0 suicides among children under 18



NAMI Ending the Silence (ETS) is a 50-minute mental health awareness program for high school age youth. Teens learn how to recognize the early warning signs of mental illness and what to do if they or someone they know is exhibiting these signs. NAMI Ending the Silence instills a message of hope and recovery and encourages teens to reduce stigma and end the silence surrounding mental illness.

How Does the Program Work?

- Presented in health, science or psychology classes, youth groups, clubs and after-school programs.
- Delivered by a trained two-person team, one of whom is a young adult living in recovery with a mental health condition.
- Includes presenter stories, educational slides, videos and discussion.
- Provides teens with resources and tools to help themselves, friends or family members who may be experiencing symptoms of a mental health condition.
- ETS reduces stigma through:
 - ⇒ Education—provides accurate information about mental illness to promote understanding and dispel myths.
 - ⇒ Per'sonal contact—puts a human face to mental illness and provides hope that rec'overy is possible.



How is NAMI Ending the Silence Unique?

- Offered to schools, youth and communities at no cost.
- Provides youth with the unique opportunity to learn about mental health directly from family members and individuals living with a mental health condition.
- Provides an opportunity for youth to ask individuals with lived experience questions directly.
- By engaging youth in a discussion about mental health among their peers, teens dealing with mental health issues realize they're not alone.

Key Messages of NAMI Ending the Silence:

- Mental illness is a medical illness like any other physical illness.
- Mental illness is not anyone's fault or something to be ashamed of.
- There are specific, observable early warning signs of mental illness. You can help yourself and your friends by being aware of these signs and making sure treatment is sought as soon as possible.
- If you notice these warning signs in yourself or a friend, it's important to tell a trusted adult as soon as possible. Don't keep warning signs a secret.
- The earlier you seek treatment the better.
- Although it may feel like it sometimes, you are never alone and there are many resources you can turn to for support and information.
- Recovery is possible and there is hope.

Coming Soon To NAMI Coloredo 2230 S. Albion St., Denver, CO 60222 503-621-6104 www.nemicoloredo.org My name is Wendy Werner, and I go to Rocky Heights Middle School. I am in 6th grade.

My bus comes very early -7:00 a.m.

When my mom wakes me up at 6:00, I feel like skipping school. When I finally get up, it is all a big rush. Everyone is VERY GRUMPY.

My math class is first period, and I often have trouble staying awake. I put my head on the table. I yawn so much and my eyes get blurry. I start to feel better in period six, which is PE.

My mom makes me go to bed at 8:30 at night, but sometimes I can't go to sleep then. I'm still tired in the morning.

6:00 in the morning is just too early to get up.

And I'm not the only one.

Kate says that being at school at 7:30 is really "harsh" on her and her family.

Emma says that school is too early. It's hard for her to concentrate.

Tara says that she struggles to stay awake in class.

Josie says "FINALLY, SOMEONE UNDERSTANDS THAT SCHOOL STARTS TOO EARLY!!"

And Chloe was so tired that she already skipped school one day.

I haven't been going to middle school for very long, but already the early start time has been affecting my concentration and my learning.

At school, I saw on CNN student news that if we don't get enough sleep, we get sick more. And people who don't get enough sleep often eat more unhealthy food and get overweight.

One hour makes a huge difference.

Thank you,

September 9, 2015

Dear Members of the School Safety and Youth-in-Crisis Committee:

Last week, I wrote to you about teen sleep deprivation. Because it puts student health and safety at risk, this issue is of great concern to me. Today, I would like to share more information from experts.

An American Psychological Association study found that students who began school at 7:20 a.m. were "pathologically sleepy" by 8:30 a.m., falling directly into REM sleep in an average of only 3.4 minutes—a pattern similar to patients with narcolepsy. The study goes on, "Also troubling are findings that adolescent sleep difficulties are often associated with psychopathologies such as depression and ADHD."

Cornell sleep expert James B. Maas, PhD. says, "Almost all teen-agers, as they reach puberty, become walking zombies because they are getting far too little sleep."

Dr. Mary Carskadon, of Brown Medical School, says, "These early school start times are just abusive. Kids may be up and at school at 8:30, but I'm convinced their brains are back on the pillow at home."

According to the American Academy of Pediatrics, chronic sleep deprivation aggravates depression, substance abuse, suicidal thoughts, school violence, absenteeism, and car crashes.

The Pediatric Sleep Disorders Clinic at Hasbro Children's Hospital found, "Sleep deprivation is epidemic among adolescents, with potentially serious impacts on mental and physical health, safety and learning. Early school start times contribute to the problem."

According to the experts, the common-sense solution is to delay school start times until 8:30 or later. Most secondary schools in Colorado start before 7:45 a.m. My children's middle school in Douglas County starts at 7:30 a.m. and their bus comes at 7:00 a.m.

Dr. Judith Owens, of Children's National Medical Center, says, "Delaying early school start times to 8:30 a.m. or later is one key factor that can help adolescents get the sleep they need to grow and learn."

According to criminal justice researcher, Ryan Meldrum, lack of sleep contributes to delinquent behavior. He says sleep deprivation leads to poor self-control, which contributes to juvenile crime.

Anne Gallagher is senior research consultant for *Lloyd Society* in Maryland, which treats at-risk youth. "For every hour of reduced sleep, the increase in crime is greater and the level of violence greater still," she says. Gallaher adds that insufficient sleep is associated with a wide range of risky behaviors, including substance abuse, sexual activity, and aggression.

We have authorities here in the Denver area who can also speak on this subject:

Dr. Lisa Metzler, a National Jewish sleep specialist, said "We have tons of evidence showing [that] even small differences in sleep make a lot of difference in behavior," in the Denver Post on March 6, 2015.

Principal Avi Tropper, of Northfield High School in Stapleton of Denver, says his school starts at 8:45 a.m. because "Research on adolescent biorhythms has conclusively shown that a later start time for the school day aligns to student needs."

Districts should not require teenagers to start school at times that hurt them mentally and physically. For some at-risk kids, the early morning strain may be the final straw. To prevent crimes and crises, and to support teen mental health and safety, I hope you will recommend delaying school start times.

Patricia Werner 303-660-8663

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An Update on Causes and Consequences, Judith Owens, MD; American Academy of Pediatrics, September 2014
Researchers Link Sleep Deprivation with Criminal Behavior, Journal of Youth and Adolescence, November 21, 2013, regarding a study by Ryan Meldrum, American Society of Criminology member, Florida International News
Experts Make a Case for Later Start Times, Education Week, March 15, 2013
Highlighting work by lead researchers of two advocacy groups Ann Gallagher, Lloyd Society for at-risk youth, Maryland Terra Ziporyn Snider, Start School Later. net
Daylight saving time can affect students, ERs, roads, Denver Post, Friday, March 6, 2015, includes comments by National Jewish Health sleep expert, Lisa Meltzer
Education Secretary: Start School Later in Day, Årne Duncan, ÜS Department of Education, September 5, 2013
Later School Start Times Improve Sleep and Daytime Functioning in Adolescents, Julie Boergers, PhD; Bradley Hasbro Children's Research Center, Journal of Developmental and Behavioral Pediatrics, January 15, 2014
Non-profit "Start School Later" lauds CDC Attention to Unhealthy School Start Times, Terra Ziporyn Snider, August 6, 2015, regarding research by Center for Disease Control and Prevention
School Start Times for Middle School and High School Students Anne G. Wheaton, PhD; Gabrielle A. Ferro, PhD; Janet B. Croft, PhD, August 7, 2015, Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report (MMWR),



Sleep deprivation may be undermining teen health

Lack of sufficient sleep—a rampant problem among teens—appears to put adolescents at risk for cognitive and emotional difficulties, poor school performance, accidents and psychopathology, research suggests.

By SIRI CARPENTER

Monitor Staff
October 2001, Vol 32, No. 9
Print version: page 42

On any given school day, teen-agers across the nation stumble out of bed and prepare for the day. For most, the alarm clock buzzes by 6:30 a.m., a scant seven hours after they went to bed. Many students board the school bus before 7 a.m. and are in class by 7:30.

In adults, such meager sleep allowances are known to affect day-to-day functioning in myriad ways. In adolescents, who are biologically driven to sleep longer and later than adults do, the effects of insufficient sleep are likely to be even more dramatic—so much so that some sleep experts contend that the nation's early high-school start times, increasingly common, are tantamount to abuse.

"Almost all teen-agers, as they reach puberty, become walking zombies because they are getting far too little sleep," comments Cornell University psychologist James B. Maas, PhD, one of the nation's leading sleep experts.

There can be little question that sleep deprivation has negative effects on adolescents. According to the National Highway Traffic Safety Administration, for example, drowsiness and fatigue cause more than 100,000 traffic accidents each year—and young drivers are at the wheel in more than half of these crashes.

Insufficient sleep has also been shown to cause difficulties in school, including disciplinary problems, sleepiness in class and poor concentration.

"What good does it do to try to educate teen-agers so early in the morning?" asks Maas. "You can be giving the most stimulating, interesting lectures to sleep-deprived kids early in the morning or right after lunch, when they're at their sleepiest, and the overwhelming drive to sleep replaces any chance of alertness, cognition, memory or understanding."....

Also troubling are findings that adolescent sleep difficulties are often associated with psychopathologies such as depression and attention deficit hyperactivity disorder (ADHD)....

Almost half of the students who began school at 7:20 were "pathologically sleepy" at 8:30, falling directly into REM sleep in an average of only 3.4 minutes—a pattern similar to what is seen in patients with narcolepsy....

Those findings, says Mary A. Carskadon, PhD, of Brown University Medical School, persuaded her that "these early school start times are just abusive. These kids may be up and at school at 8:30, but I'm convinced their brains are back on the pillow at home."...

Just as important as the question of why sleep patterns change during adolescence is the issue of how sleep deprivation influences adolescents' emotion regulation and behavior. Many researchers have noted that sleep-deprived teen-agers appear to be especially vulnerable to psychopathologies such as depression and ADHD, and to have difficulty controlling their emotions and impulses....

With such a wealth of evidence about the prevalence of adolescent sleep deprivation and the risks it poses, many sleep researchers have become involved in efforts to persuade school districts to push back high-school starting times so that teens can get their needed rest.

Some schools argue that adjusting school schedules is too expensive and complicated. But others have responded positively to sleep experts' pleas. The Connecticut legislature is considering a bill that would prohibit public schools from starting before 8:30 a.m., and Massachusetts lawmakers are also weighing the issue. And Lofgren's "Zzzzz's to A's" bill, first introduced in the U.S. House of Representatives in 1998, would provide federal grants of up to \$25,000 to school districts to help cover the administrative costs of adjusting school start times...

"Changing school start times is one critical measure we can take to protect young people's sleep," says psychologist Amy R. Wolfson, PhD, of the College of the Holy Cross. "And then, if we can only understand what's going on with sleep in these sixth-, seventh- and eighth-graders, we can intervene to change their sleep behavior before it gets out of hand."

For the full article, see the above website



TECHNICAL REPORT

Insufficient Sleep in Adolescents and Young Adults: An Update on Causes and Consequences

Judith Owens, MD, MPH, FAAP, ADOLESCENT SLEEP WORKING GROUP, and COMMITTEE ON ADOLESCENCE

KEY WORDS

adolescents, caffeine, car crashes, media use, obesity, sleep loss, sleepiness

ARRREVIATIONS

REM-rapid eye movement

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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abstract



Chronic sleep loss and associated sleepiness and daytime impairments in adolescence are a serious threat to the academic success, health, and safety of our nation's youth and an important public health issue. Understanding the extent and potential short- and long-term repercussions of sleep restriction, as well as the unhealthy sleep practices and environmental factors that contribute to sleep loss in adolescents, is key in setting public policies to mitigate these effects and in counseling patients and families in the clinical setting. This report reviews the current literature on sleep patterns in adolescents, factors contributing to chronic sleep loss (ie, electronic media use, caffeine consumption), and health-related consequences, such as depression, increased obesity risk, and higher rates of drowsy driving accidents. The report also discusses the potential role of later school start times as a means of reducing adolescent sleepiness. *Pediatrics* 2014;134:e921–e932

INTRODUCTION

Since the publication of the American Academy of Pediatrics technical report on excessive sleepiness in adolescents in 2005,1 there have been a considerable number of articles published pertaining to sleep. These articles expand on many of the topics raised in the original report and add a number of new important health issues not previously or minimally discussed (ie, short sleep and its association with obesity, caffeine/stimulant use). The previous technical report provided an overview of the profound changes in sleep-wake regulation and circadian biology occurring during adolescence, outlined factors (ie, parental influence, school start times) contributing to insufficient sleep in adolescents, and summarized consequences such as negative impacts on mood, attention, and school performance. It also focused in particular on clinical sleep disorders such as insomnia, narcolepsy, and restless legs syndrome contributing to daytime sleepiness in adolescents. The new material in the present report adds to what is known about the extent of sleep restriction in the adolescent population and reinforces the importance of recognizing insufficient sleep both as a key public health issue and one that is immediately relevant to pediatric practice.

The focus of this updated technical report is on insufficient sleep, specifically as a consequence of voluntary sleep restriction. It should

be noted that such terms as insufficient sleep, inadequate sleep, short sleep duration, sleep loss, and sleep restriction are used interchangeably and as generic descriptive terms only and do not imply specific amounts but rather "less sleep than needed."

Insufficient sleep in adolescents was recognized as a serious health risk in 2010 in a jointly sponsored American Medical Association/American Academy of Sleep Medicine resolution acknowledging the problem.2 Furthermore, objectives for Sleep Health, a new topic in Healthy People 2020,3 specifically includes reducing adolescent sleep loss: "SH-3: Increase the proportion of students in grades 9 through 12 who get sufficient sleep" (defined as ≥8 hours). A second focus of the present report is on unhealthy sleep behaviors (ie, poor "sleep hygiene") in teenagers, including irregular sleep-wake patterns, electronic media use in the bedroom, and excessive caffeine use. A third focus is on the myriad of potential consequences of inadequate sleep in adolescents, including depression/suicidal ideation, obesity, car crashes attributable to drowsiness, and poor academic performance.

EPIDEMIOLOGIC STUDIES OF SLEEPING ADOLESCENTS

Epidemiologic studies of sleep typically rely on self- or parent-reported questionnaire data to document adolescent sleep patterns and the factors affecting them. The key advantage of this method is the ease of assessment of large sample sizes. As a result, epidemiologic studies can determine sleep patterns across the full adolescent age range with less potential sampling bias than smaller case-control studies. Consistent with other methodologic approaches, the consensus finding across epidemiologic studies is that both younger4-6 and older4,7-11 adolescents are not getting enough sleep. It is important to note that studies comparing selfreported sleep duration with objectively measured sleep amounts (ie, with actigraphy) suggest that self-reports of sleep often overestimate actual sleep duration, signifying that the problem of chronic sleep loss in adolescents may be even greater than the data indicate. 12 US-based4,13 and international studies5,6,14 revealed that as students get older, sleep durations decline. The National Sleep Foundation Sleep in America Poll4 found that by the 12th grade, 75% of students self-reported sleep durations of less than 8 hours of sleep per night compared with 16% of sixth graders. Furthermore, although 30% to 41% of sixth through eighth graders were getting 9 or more hours of sleep, only 3% of 12th graders reported doing so. Adolescents often attempt to address the accumulated weekday sleep debt during the weekend, when oversleep (the difference between weekday and weekend sleep durations) of up to 2 or more hours is commonly reported.4,7,8,15,16

Comparisons with other countries show similar patterns of decreased sleep durations with increasing age among adolescents. For example, in Northern Taiwan,5 Germany,14 and India,17 average sleep duration dropped to below 8 hours for high school-aged students. The most precipitous drop was reported in 2005 for more than 1400 South Korean adolescents, for whom the average duration of sleep was 4.9 hours.6 In general, studies have demonstrated similar weekend sleep durations across countries, but weekday sleep durations tend to vary greatly.5,9 in contrast, Australian adolescents seem to do comparatively well, with students 17 years and older reporting average sleep durations between 8.5 and 9.1 hours.18 The difference between weeknight and weekend sleep durations also was not large, with weekend durations reported at 9.3 hours, interestingly, although data on school start times in the Australian

study were not presented, the average reported wake times on school days was 7:00 AM or later, suggesting that the schools these students attended did not start before 8:00 AM.

A number of studies have indicated that sleep health disparities exist and that adults,19 children, and adolescents20-22 from families with low income or of racial or ethnic minorities may be at even greater risk of poor-quality and insufficient sleep. For example, in a recent study of middle school students. appropriate timing and consistency of both weeknight and weekend sleep schedules were inversely correlated with low socioeconomic status and specific household/neighborhood variables (eg, overcrowding, noise levels, safety concerns).23 This relationship may have important health implications. For example, a recent study suggested that less sleep was a predictor of obesity risk in African-American adolescents but not in white adolescents.24 "Missed" sleep was also reported to be an important factor in asthma morbidity, especially in Latino children.25 However, higher socioeconomic status is not necessarily protective because studies have also shown that youth from households with higher socioeconomic status have shorter sleep durations.16,26

For older adolescents, additional environmental factors, such as after-school employment, 16 striving for good grades, 5,6,12 socializing, 27,28 participation in sports and other extracurricular activities, and lack of parental monitoring or rules about bedtimes, can further interfere with sleep durations, 6,29,30 School start times are reviewed later in the present report.

In summary, short sleep durations, coupled with evidence of daytime sleepiness (eg, increased self-reported sleepiness ratings,^{5,6,11,31} daytime napping,^{5,14,26} weekend oversleeping,^{6,10,14,32} need for assistance in waking⁶), as well as increased use of fatigue countermeasures

FIU: Florida International News

Researchers link sleep deprivation with criminal behavior

Posted by JoAnn Adkins 11/21/2013 at 10:11 am

Lack of sleep can contribute to delinquent behavior by adolescents, according to an FIU study published earlier this month.

Researchers have long believed self-control is a trait developed in childhood, influenced by genetics, socialization and other developmental factors. Yet a new study published in the **Journal of Youth and Adolescence** suggests sleep deprivation can reduce self-control well after childhood and ultimately result in delinquent behavior among teenagers. In other words, adolescents who fail to get restful sleep on a regular basis are less able to effectively regulate their own behavior.

Criminal Justice researcher and lead author of the study Ryan C. Meldrum says low self-control is the link between lack of sleep and delinquent behavior. Data on more than 800 teenagers were evaluated for the study.

"The harmful implications of sleep deprivation is a largely under-studied area in criminal justice," Meldrum said. "Sleep offers us the opportunity for recuperation and restoration, which is especially important for developmental processes in children and adolescents. But even though sleep occupies roughly a third of our time, we are only now beginning to understand its function and the role it plays in antisocial behavior."

While the study acknowledges a variety of factors can lead adolescents to commit crimes, the correlation between sleep and cognitive function definitely require further study, according to Meldrum.

"These findings are particularly instructive in their implications," Meldrum said. "Whereas some factors linked to low self-control and delinquency are largely immutable, the quantity and quality of sleep that adolescents get is something that parents are in an excellent position to influence."

A member of the American Society of Criminology and the Academy of Criminal Justice Sciences, Meldrum focuses his research on juvenile delinquency, with particular attention given to peer associations and self-control during adolescence.

Education Week

Published Online: March 15, 2013

Experts Make a Case for Later School Start Times

By Gina Cairney

Mystery still surrounds what sleep is actually for, but multiple research studies suggest that it is critical to brain development, memory function, and cognitive skills, especially among children and teenagers, according to experts and advocates at a symposium here last week.

Organized by a pair of Maryland-based advocacy groups—the Lloyd Society and Start School Later—the event explored adolescents' need for sleep, and the effects of—and the necessity for—appropriate start times for schools across the country.

Sleep deprivation is considered a widespread, chronic health problem among adolescents, according to the Arlington, Va.-based National Sleep Foundation, and can have negative effects on their cognitive development and cause mental and emotional problems.

Experts recommend that high-school-age youths get around nine hours of sleep per night, but the reality is that many teenagers get seven hours or less, according to the sleep foundation.

Sleep changes in adolescents is "kind of a perfect-storm scenario," said Dr. Judith Owens, the director of sleep medicine at Children's National Medical Center in Washington, with many factors "basically conspiring to increase the risks of insufficient sleep in this population."....

"We need to start with the premise that 'it must be done,' " said Terra Ziporyn Snider, a medical writer, historian, and co-founder of Start School Later, "The science is now at a point where start times could really be changed, but it requires community involvement," she said.

When adolescents don't get adequate sleep, they experience health problems, according to the National Sleep Foundation, including impaired alertness and attention, which is important in academics but also important for those teenagers who drive to and from school.

Sleep deprivation can also inhibit the ability to solve problems, cope with stress, and retain information, and is often associated with emotional and behavioral problems such as depression and substance abuse.

The other conference co-sponsor, the Silver Spring, Md.-based Lloyd Society, an organization that studies at-risk youth populations, looked at whether sleep deprivation had an impact on youth behavior.

According to Ann Gallagher, one of the society's principal investigators, statistics show that violent crimes committed predominantly by teenagers tend to occur when school is out for the day, which implies that later end times could narrow the window of opportunity for such crimes.

The correlation between sleep and behavior still needs to be explored, but "for every hour of reduced sleep, the increase in crime was greater and the level of violence greater still," Ms. Gallagher said, citing

a 2011 meta-analysis published in Preventive Medicine that looked at data from the 2007 national youth risk-behavior survey by the Centers for Disease Control and Prevention, in Atlanta. The findings revealed that insufficient sleep was associated with a range of at-risk behaviors, including substance abuse, sexual activity, and aggression.

"Do we know why they're truant? No. Do we know why they're violent? No. Do we think this is exclusively related to school start time? No. But," Ms. Gallagher asks, "we can mitigate some of their life difficulties in a way to improve their outcomes."

Some schools may not have to start a full hour later like the Arlington public schools did. Dr. Owens of Children's National Medical Center suggested that even a modest change, say 30 minutes, can have a significant effect on teenagers' sleep habits, which then may have an impact on their health and academic performance.

Teenagers have erratic sleep cycles, Dr. Owens said, and they try to overcompensate during the weekend to "make up" for lost sleep, but the cycle just keeps going. "They're in a semi-permanent state of jet lag," she said.

The evidence, according to Dr. Owens, "is irrefutable. It's up to the community to decide whether to act on" it.

For full article, see website

March 6, 2015

By Electa Draper The Denver Post

Coloradans : springing ahead Sunday with one by 25 percent in hospitals more hour of evening daylight could be lurching into sleep problems, lower school test scores, greater risk of heart attack, elevated ER visits and traffic accidents associated with the lost hour of time, medical experts say.

"We have tons of evidence showing even small differences in sleep make a lot of difference in beliavior," said National Jewish Health sleep expert Lisa Meltzer.

Students who suffer even small amounts of sleep deprivation have trouble focusing on their work, and research shows them testing a grade below their sted level, Meltzer

不是 頭骨鄉 4 Aue pediatric sleep psychologist said it's particularly alarming that immediately following this temporal dislocation of daylight saving time, many Colorado schools on Monday will begin testing students, grades three through high school, on their mastery of state academic content standards.

"It would be easy to change when we give these assessment tests," Meltzer said. "It would make a real difference in performance."

Daylight saving time, adopted by 70 countries mostly to save energy costs, involves a twice-yearly onehour change in clock time that growing numbers of. medical studies show takes a human toll.

The presumed ease of adjustment in terms of sleep patterns is a wrong presumption — even when we ack" in the autumn gain" an hour on the ... according to a 2012

study in Sleep Medicine Re-

which cited inviews, creased rates of traffic accidents.

Heart attacks increased

time change in spring 2010- Dr. Amneet Sandhu. 2013, according to a 2014. However, Sandhu report-study of Michigan hospitals wed a 21 percent drop in heart

on the Monday immediate—by a University of Colorado attack patient numbers the ly after the daylight saving. Hospital cardiology fellow. Monday after clocks were

turned back an hour in the fall

Education secretary: Start school later in day

http://www.upi.com/Top_News/US/2013/09/05/Education-secretary-Start-school-later-in-day/UPI-92611378364400/

Arne Duncan, U.S. Secretary of Education. Duncan started a debate on high school start times on Twitter Aug. 19, 2013. UPI/Kevin Dietsch

WASHINGTON, Sept. 5 (UPI) -- Teenagers often tired in the morning could learn more in classrooms if local districts started the school day later, U.S. Education Secretary Arne Duncan said.

"There's lots of research and common sense that a lot of teens struggle to get up at 6 in the morning to get on the bus or 5:30 in the morning to get on the bus," Duncan told National Public Radio's "The Diane Rehm Show."

He said he understood school-bus logistics -- not only to school but also to after-school sports -- were a key force in starting high school days around dawn and ending them in mid-afternoon.

"But at the end of the day, I think it's incumbent upon education leaders to not run school systems that work good for buses but that don't work for students," said Duncan, who ran the Chicago Public Schools, the nation's third-largest school district with more than 400,000 students, before joining the Obama administration.

Duncan started a debate on high school start times on Twitter Aug. 19 when he wrote, "Common sense to improve student achievement that too few have implemented: let teens sleep more, start school later."

He told the program he meant "to challenge the status quo and be provocative" with his Twitter message.

"Study after study has shown mornings are very difficult [for teenagers]," Duncan told the program. "They're not very awake -- they're groggy, they're not able to pay attention in class," he said.

Starting later would increase teens' chances of being focused and concentrating so they can get more out of their school day, he said.

"So often in education, we design school systems that work for adults and not for kids," he said, citing current high school hours as "another example of that."

Duncan said Washington would not mandate a later start time. That decision would be left to the nation's 15,000 school districts, he said.

But he encouraged districts to challenge the existing state of affairs and consider a later start time.

"The vast majority of districts are just sort of conforming to the status quo, rather than being creative and innovative," he said.

"I would love to see more districts contemplating a later start time," he said.

At least 27 school districts have started schools later and have shown substantial successes, including increased student attendance, decreased student lateness and better grades, the Start School Later advocacy group said.

"The portion of students reporting at least 8 hours of sleep on school nights jumped from about 16 percent to almost 55 percent," St. George's School in Middletown, R.I., reported.

"Reports of daytime sleepiness dropped substantially, from 49 percent to 20 percent; first-period tardiness dropped by almost half, and students reported having more time to eat a hot, more nutritious breakfast," the school said.

Teen driver crash rates fell 16.5 percent in two years, Fayette County Public Schools in Lexington, Ky., reported, adding the rest of the state saw an increase in teen crash rates.

Many districts also reported saving sizable amounts of money, said Start School Later, which seeks to make school hours "compatible with health, safety, equity and learning."

Read more: http://www.upi.com/Top_News/US/2013/09/05/Education-secretary-Start-school-later-in-day/UPI-92611378364400/#ixzz3E3z4Ag9A

January 15, 2014

Later school start times improve sleep and daytime functioning in adolescents

Date:

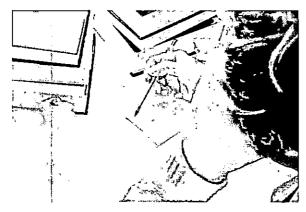
January 15, 2014

Source:

Lifespan

Summary:

A psychologist and sleep expert recently led a study linking later school start times to improved sleep and mood in teens.



A new study links later school start times to improved sleep and mood in teens.

Julie Boergers, Ph.D., a psychologist and sleep expert from the Bradley Hasbro Children's Research Center, recently led a study linking later school start times to improved sleep and mood in teens.

The article, titled "Later School Start Time is Associated with Improved Sleep and Daytime Functioning in Adolescents," appears in the current issue of the *Journal of Developmental & Behavioral Pediatrics*.

"Sleep deprivation is epidemic among adolescents, with potentially serious impacts on mental and physical health, safety and learning. Early high school start times contribute to this problem," said Boergers. "Most teenagers undergo a biological shift to a later sleep-wake cycle, which can make early school start times particularly challenging. In this study, we looked at whether a relatively modest, temporary delay in school start time would change students' sleep patterns, sleepiness, mood and caffeine use."

Boergers' team administered the School Sleep Habits Survey to boarding students attending an independent high school both before and after their school start time was experimentally delayed from 8 to 8:25 a.m. during the winter term.

The delay in school start time was associated with a significant (29 minute) increase in sleep duration on school nights, with the percentage of students receiving eight or more hours of sleep on a school night jumping from 18 to 44 percent. The research found that younger students and those sleeping less at the start of the study were most likely to benefit from the schedule change. And once the earlier start time was reinstituted during the spring term, teens reverted back to their original sleep levels.

Daytime sleepiness, depressed mood and caffeine use were all significantly reduced after the delay in school start time. The later school start time had no effect on the number of hours students spent doing homework, playing sports or engaging in extracurricular activities.

Boergers, who is also co-director of the Pediatric Sleep Disorders Clinic at Hasbro Children's Hospital, said that these findings have important implications for public policy. "The results of this study add to a growing body of research demonstrating important health benefits of later school start times for adolescents," she said. "If we more closely align school schedules with adolescents' circadian rhythms and sleep needs, we will have students who are more alert, happier, better prepared to learn, and aren't dependent on caffeine and energy drinks just to stay awake in class."



health, safety and equity in education

PRESS STATEMENT

by

Terra Ziporyn Snider, PhD, Executive Director, Co-Founder Start School Later, Inc

For Immediate Release August 6, 2015

For more information, please contact: Stacy Simera, acting Publicity Director, stacy@startschoollater.net

Non-profit Start School Later Lauds CDC's Attention to Unhealthy School Start Times

The national non-profit Start School Later lauds the Center for Disease Control and Prevention's (CDC's) attention to unhealthy school start times, highlighted in today's <u>Morbidity and Mortality Weekly Report</u>. We are delighted to see that the CDC is shedding light on this issue, which we consider a matter of public health that has been treated too long as a negotiable school budget item.

Health professionals have long considered sleep to be a public health issue given the links between chronic insufficient sleep and immune system dysfunction, more aggressive forms of cancer, diabetes, substance abuse, depression, car crashes, sports injuries, and more.

Experts have also long recognized early school start times as a primary contributor to adolescent sleep loss due to a later shift in sleep cycle and changes to the sleep drive that occur during puberty. In 2014 the American Academy of Pediatrics released a <u>position statement</u> calling for middle and high school start times after 8:30 a.m., followed by a similar <u>consensus statement</u> by the National Association of School Nurses and the Society of Pediatric Nurses.

Unfortunately, as noted by the CDC's report, more than 4 out of 5 middle and high schools in the US start their day before 8:30 a.m. Our greatest natural resource is our youth, and we encourage all superintendents, school board members, and state and federal lawmakers to act now to ensure school start times that protect child health, education, and safety.

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Start School Later is a 501(c)(3) nonprofit organization working to ensure school start times compatible with health, safety, education, and equity. Please visit our website at: http://www.startschoollater.net.

Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report (MMWR)

School Start Times for Middle School and High School Students (excerpts)

August 7, 2015 / 64(30);809-813

Anne G. Wheaton, PhD1; Gabrielle A. Ferro, PhD1; Janet B. Croft, PhD1

Adolescents who do not get enough sleep are more likely to be overweight (1); not engage in daily physical activity (2); suffer from depressive symptoms (2); engage in unhealthy risk behaviors such as drinking, smoking tobacco, and using illicit drugs (2); and perform poorly in school (3). However, insufficient sleep is common among high school students, with less than one third of U.S. high school students sleeping at least 8 hours on school nights (4). In a policy statement published in 2014, the American Academy of Pediatrics (AAP) urged middle and high schools to modify start times as a means to enable students to get adequate sleep and improve their health, safety, academic performance, and quality of life (5). AAP recommended that "middle and high schools should aim for a starting time of no earlier than 8:30 a.m." (5). ... In view of these negative outcomes, the high prevalence of insufficient sleep among high school students is of substantial public health concern....

Groups seeking to delay school start times in their district often face resistance. Common barriers to delaying school start times include concerns about increased transportation costs because of changes in bus schedules; potential for traffic congestion for students and faculty; difficulty in scheduling after-school activities, especially athletic programs; and lack of education in some communities about the importance of sleep and school start times. Advocates for delayed start times might benefit from 1) becoming familiar with research about the negative impact of insufficient sleep and early start times on adolescents' health, well-being, and academic performance; 2) identification of persons who might be impacted by the decision to delay start times, including parties involved in transportation and school athletic programs, as well as students, teachers, and school staff; and 3) preparing responses to common arguments against delaying start times. Many school systems have successfully overcome barriers to delay start times.**

Among the possible public health interventions for increasing sufficient sleep among adolescents, delaying school start times has the potential for the greatest population impact by changing the environmental context for students in entire school districts...

Summary

What is already known on this topic? The American Academy of Pediatrics (AAP) has urged middle and high schools to modify school start times to enable adolescent students to get sufficient sleep and improve their health, safety, academic performance, and quality of life. AAP recommends that schools aim to start no earlier than 8:30 a.m.

What are the implications for public health practice? School start time policies are established at the district and individual school levels. Educating parents and school system decision-makers about the impact of sleep deprivation on adolescent health and academic performance might lead to adoption of later start times.

1Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Corresponding author: Anne G. Wheaton, awheaton@cdc.gov, 770-488-5362.

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- † Additional information available at http://nces.ed.gov/statprog/handbook/sass_surveydesign.asp ♣ Questions about SASS can be directed to Chelsea Owens at chelsea.owens@ed.gov.
- § Information on *Healthy People 2020* sleep objectives is available at http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/2020/topics-objectives/topic/sleep-health@">http://www.healthypeople.gov/sleep-health@">http://www.healthypeople.gov/sleep-health@">http://www.healthypeople.gov/sleep-healthg@">http://www.healthypeople.gov/sleep-healthg@">http://www.healthypeople.gov/sleep-healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@">http://www.healthg@
- ¶ A discussion of common barriers faced by proponents of delayed school start times is available at http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school-start-times@">http://sleepfoundation.org/sleep-news/eight-major-obstacles-delaying-school
- ** Several case studies that describe how this was done were compiled by the National Sleep Foundation and are available at http://www.startschoollater.net/case-studies.html &/.
- †† Information on healthy sleep habits, often referred to as good "sleep hygiene", is available at http://sleepfoundation.org/sleep-tools-tips/healthy-sleep-tips 됨.

Outline of Proposed Colorado School Safety and Youth in Crisis Legislation

Presented to the 2015 SB 15-214 School Safety and Youth in Crisis Committee

By John Simmons, School Safety Partners (johnsimmons@schoolsafetypartners.org — 303-345-7926)

September 9, 2015

Background:

SJR14-031 - Establishment of Safe Schools Month (signed)

SB14-164 - Aerial Firefighting Fleet Aircraft Acquisitions (signed)

SB13-138 - School Resource Officers in Public Schools (signed)

SB12-079 - Safe2Tell Program Revisions - School Safety (signed)

SB11-173 - Interoperable Communications in Schools (signed)

HB10-1054 - Higher Ed Safety Protocols Presentation (signed)

HB10-1136 - K-12 Schools Emergency Safety Drills

HB09-1009 - Require Public School Emergency Drills

SB08-181 - Coordinated Response to School Incidents (signed)

Countering Violent Extremism Act

"Violent extremism" means ideologically motivated terrorist activities.

There is hereby created an Office for Countering Violent Extremism in [the Colorado Division of Homeland Security] of the Department of Public Safety. The head of the Office shall be the [Assistant Director] of Countering Violent Extremism, appointed by the Division Director. The Division may assign to or hire for the Office an individual with a background in technical matters, online media, offline media, or marketing.

Each appropriate state agency, including the Colorado Department of Education, shall appoint an individual to serve as liaison to the Office for Countering Violent Extremism.

The Office shall be responsible for:

- Coordinating the Department of Public Safety's efforts to counter violent extremism. Such efforts shall include:
 - o Identifying risk factors that contribute to violent extremism in Colorado communities and schools, and identifying warning signals and potential remedies.
 - o Identifying Colorado populations, including students, targeted by violent extremist propaganda, messaging, or recruitment.

- Managing the outreach and engagement efforts directed toward schools, students, and communities at risk for radicalization and recruitment for violent extremist activities.
- Ensuring relevant information, research, and products inform efforts to counter violent extremism.
- o Developing and maintaining a strategy guiding policies and programs that address:
 - A counter-messaging program, including a plan to leverage new and existing Internet and other technologies and social media platforms to counter violent extremism, as well as the best practices and lessons learned from partners engaged in similar counter-messaging efforts.
 - Countering violent extremism-related engagement efforts.
 - The use of cooperative agreements with Federal, local, tribal, and other departments and agencies responsible for efforts relating to countering violent extremism.
 - Ensuring all activities related to countering violent extremism fully respect the privacy, civil rights, and civil liberties of all citizens of Colorado.
- o Identifying and recommending new research and analysis requirements in coordination with the [appropriate agencies], and ensure the dissemination of information and methods for countering violent extremism practitioners, officials, law enforcement, and non-governmental partners to utilize such research and analysis.
- Assessing the methods used by violent extremists to disseminate propaganda and messaging to youth, adults, and communities at risk for radicalization and recruitment.
- Developing in coordination with the Colorado School Safety Resource Center and other appropriate agencies an emergency operations plan, including a statewide emergency communications plan, for state-level coordinated response within at-risk communities, including schools, to violent extremist attacks.
- Establishing a counter-messaging program to craft strategic counter-messages to violent extremist propaganda and messaging, exploring ways to use relevant Internet and other technologies and social media platforms, and maximizing other resources available to the Department.

- Serving as the primary representative of the Department in coordinating countering violent extremism efforts with Federal and State agencies and non-governmental organizations.
- Serving as the primary Department-level representative in coordinating with the appropriate agencies on national and international countering violent extremism issues.
- In coordination with the [appropriate agencies], providing guidance regarding the use of grants made to State agencies, and to local and tribal governments related to countering violent extremism.

The Office for Countering Violent Extremism shall enter into a memorandum of understanding with appropriate agencies outlining the roles of the Office and the agencies with respect to the administration of grants related to countering violent extremism.

The Assistant Director for Countering Violent Extremism shall submit to the Joint Budget Committee and to the members of the General Assembly an annual report for each of the next five fiscal years on the Office for Countering Violent Extremism. Each such report shall include the following:

- A description of the status of the programs and policies of the Department for countering violent extremism in Colorado, including the budget of the Department for countering violent extremism and the number of employees dedicated to or supporting countering violent extremism programs. Each such budget shall include an accounting of all funding amounts for all departmental programs, initiatives, and personnel related to countering violent extremism.
- A description of the efforts of the Office to cooperate with and provide assistance to other departments and agencies.
- Qualitative and quantitative metrics for evaluating the success of such programs and policies and the steps taken to evaluate the success of such programs and policies.
- A detailed summary of the organizations with which the Department conducted outreach to discuss countering violent extremism, an accounting of grants awarded by the Department to counter violent extremism, and an accounting of all training specifically aimed at countering violent extremism sponsored by the Department.
- Details of the optimal level of personnel and funding for the Office.

Out of funds made available to the Department of Public Safety, \$160,000 is authorized for the Office for Countering Violent Extremism for each of the next five fiscal years.

The General Assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Reference: H.R.2899, to amend the Homeland Security Act of 2002 to authorize the Office for Countering Violent Extremism. Introduced in the U.S. House of Representatives by Rep. Michael McCaul on June 25, 2015, and referred to the Committee on Homeland Security.

About School Safety Partners: The purpose of School Safety Partners is to promote national security, growth, and prosperity through a national School Safety Network, which shall make available to schools and communities men and women qualified for service and willing to serve, under conditions of crisis and hardship if necessary, to help promote a better understanding of school safety and community trained personnel, and to help promote a better understanding of school safety and community readiness on the part of the peoples served, and a better understanding of schools and communities on the part of those who serve.