

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 7139 (PCB HFS 13-03) Mental Health First Aid Training Program
SPONSOR(S): Health & Human Services Committee; Healthy Families Subcommittee; Harrell
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Healthy Families Subcommittee	10 Y, 0 N	Entress	Schoolfield
1) Health Care Appropriations Subcommittee	11 Y, 0 N	Fontaine	Pridgeon
2) Health & Human Services Committee	16 Y, 0 N, As CS	Entress	Calamas

SUMMARY ANALYSIS

The bill requires the Department of Children and Families (DCF) to establish a Mental Health First Aid Training Program. The Program is intended to help identify and understand the signs of mental illnesses and substance use disorders and provide individuals with key skills to help someone who is developing or experiencing a mental health or substance use problem.

The bill directs that training be provided through contract providers and that first priority for the training be given to the staff of public schools.

The fiscal impact of the bill is estimated to be approximately \$150,000, which is included in the proposed General Appropriations Act for Fiscal Year 2013-14.

The bill provides an effective date of July 1, 2013.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Mental Health First Aid (MHFA) is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.¹ Mental Health First Aid was developed in Australia in 2001, by Professor Anthony Jorm, a respected mental health literacy professor, and Betty Kitchener, a nurse specializing in health education.² The MHFA program is a trademark name and is currently being used around the world including the United States. MHFA USA is managed, operated, and disseminated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. MHFA was brought to the US through a collaborative effort between the National Council for Community Behavioral Healthcare, the Maryland State Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.³

Training

MHFA is an interactive 12-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments.⁴ Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

The MHFA can be conducted as one two-day seminars, two one day events spaced over a short period of time or as four 3-hour sessions.⁵ MHFA certification must be renewed every three years, and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments.

Specifically, participants learn:

- The potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury.
- An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities.
- A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care.
- The evidence-based professional, peer, social, and self-help resources available to help someone with a mental health problem.

The 12-hour MHFA USA course has been used by a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school

¹ "Other States' Mental Health First Aid Initiatives," Florida Council for Community Mental Health, February 15, 2013, *accessible at*: <http://www.fccmh.org/resources/docs/OtherStatesMHFAInitiatives2-15-13.pdf>.

² "About the Program: Overview," Mental Health First Aid USA, *accessible at*: http://www.mentalhealthfirstaid.org/cs/program_overview/.

³ "Other States' Mental Health First Aid Initiatives," Florida Council for Community Mental Health, February 15, 2013, *accessible at*: <http://www.fccmh.org/resources/docs/OtherStatesMHFAInitiatives2-15-13.pdf>.

⁴ Note: some courses may be less than 12 hours "About the Program: Overview," Mental Health First Aid USA, *accessible at*: http://www.mentalhealthfirstaid.org/cs/program_overview/.

⁵ "About the Program: What You Learn" Mental Health First Aid USA, *accessible at*: http://www.mentalhealthfirstaid.org/cs/what_you_learn.

personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.⁶

Mental Health First Aid Instructors

The 12-hour MHFA training must be taught by an instructor certified by MHFA USA. Instructors are required to complete a 5-day Instructor Training Program and pass a written exam for certification.⁷ The MHFA Instructor training is taught by two authorized MHFA trainers connected to at least one of the Mental Health First Aid – USA Authorities. Courses typically run from 9am-5pm each day of the program, with dedicated time on day three for independent preparation for presentations delivered on days four and five. The first two days of the program are an interactive overview of the core course, where instructor candidates get to see expert trainers model the full course content. The third day reviews the background of the program, target audiences reached, marketing ideas, training tips and tricks, and expectations and privileges for instructors. Day three provides ample opportunity for the group to discuss the program & brainstorm how to best deliver and market the course, and ask instructor-related questions. During the last two days of the training, each participant will present an assigned portion of the MHFA course to the group. Trainers will conduct an individual evaluation of each participant in addition to the peer feedback provided. Participants are expected to be active in providing peer reviews on days four and five.⁸

The MHFA instructor training is held throughout the country. There are no instructor training opportunities in Florida for 2013.⁹ There are currently six remaining instructor training opportunities for 2013 and the national authorities of Mental Health First Aid USA plan to add at least three additional training opportunities for the fall and winter of 2013.¹⁰

State use of Mental Health First Aid

Arizona, Colorado, Georgia, Maryland, and Missouri have statewide programs requiring some people to complete this training as part of their job.¹¹ For example, in Rhode Island, the course is part of police officer training and in Austin, Texas, the course is offered to every public library employee.¹² Mental Health First Aid Colorado is implemented through a statewide private-public partnership of local mental health centers, the Colorado Department of Public Safety, the Colorado Sheriff's Association, the Colorado Division of Behavioral Health, Mental Health America of Colorado, and the Western Interstate Commission for Higher Education. Mental Health First Aid was introduced in Colorado in 2008 and the program has grown to include 136 Instructors reaching a variety of audiences statewide.

Outcomes

Participants of Mental Health First Aid training have reported favorable results. An evaluation of the Mental Health First Aid England reported that the proportion of participants rating their knowledge in supporting people with mental health problems as 'Good' or 'Excellent' increase from 32% to 90% with the use of the Mental Health First Aid Program. The program also reported that use of the program caused individuals rating their confidence in supporting people with mental health problems as 'Good' or 'Excellent' to increase from 27% to 89%.¹³ An evaluation of the Mental Health First Aid Training in

⁶ About the Program: Overview," Mental Health First Aid USA, *accessible at*: http://www.mentalhealthfirstaid.org/cs/program_overview/.

⁷ Mental Health First Aid USA: Become an instructor, on file with Healthy Families Subcommittee Staff.

⁸ Mental Health First Aid USA: Become an instructor, on file with Healthy Families Subcommittee Staff.

⁹ "In Your Community: Become an Instructor", Mental Health First Aid USA, *accessible at*:

http://www.mentalhealthfirstaid.org/cs/become_an_instructor#trainers.

¹⁰ Phone conversation with Margaret Jaco, Mental Health First Aid Program Associate, National Council for Community Behavioral Healthcare, March 25, 2013.

¹¹ "Other States' Mental Health First Aid Initiatives," Florida Council for Community Mental Health, February 15, 2013, *accessible at*: <http://www.fccmh.org/resources/docs/OtherStatesMHFAInitiatives2-15-13.pdf>.

¹² *Id.*

¹³ "Mental Health First Aid England and North East Mental Health Development Unit Partnership Project," Mental Health First Aid England, *accessible at*: <http://www.nemhdu.org.uk/silo/files/mhfa-england-evaluation-report-march-2011.pdf>.

Wales produced similar results. 58% of participants reported that they felt better prepared to help someone in mental distress after attending the training.¹⁴

Effect of Proposed Changes

The bill requires the Department of Children and Families (DCF) to establish a Mental Health First Aid Training Program (Program). The Program is intended to help identify and understand the signs of mental illnesses and substance use disorders and provide individuals with key skills to help someone who is developing or experiencing a mental health or substance use problem.

The bill requires the Program to provide an interactive, Mental Health First Aid training course through contracts with Behavioral Health Managing Entities or other appropriate community providers. The bill requires the contracting entity to work cooperatively with local school districts to give first priority for training to the staff in public schools as appropriate.

The bill requires the mental health first aid training to contain:

- An overview of mental illnesses and substance use disorders and the need to reduce the stigma of mental illness;
- Information on the potential risk factors and warning signs and common treatments of mental illnesses or substance use disorders, including depression, anxiety, psychosis, eating disorders, and self-injury; and
- An action plan that encompasses the skills, resources, and knowledge to assess the situation, select and implement appropriate interventions, and help an individual with appropriate professional, peer, social, or self-help care.

The bill requires DCF to ensure that instructors have been certified by a national authority for Mental Health First Aid, USA.

The bill requires DCF to submit a report on the effectiveness of Mental Health First Aid to the Senate President, Speaker of the House, and the Governor by December 31, 2015.

The bill provides an expiration date for the legislation of June 30, 2016.

The bill provides an effective date of July 1, 2013.

B. SECTION DIRECTORY:

Section 1: Creates an unnumbered section of law, relating to mental health first aid.

Section 2: Provides an effective date of July 1, 2013.

¹⁴ "Evaluations of the Mental Health First Aid Training Course," Welsh Assembly Government, *accessible at*: <http://www.mentalhealthfirstaid.ca/EN/about/Documents/Evaluation%20of%20the%20Mental%20Health%20First%20Aid%20Training%20Course%20-%20Wales.pdf>.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

This analysis includes the cost to train up to 44 Instructors in Mental Health First Aid who would then provide the local training of a 12 hour course as required by the bill. This estimate is based on a total cost not to exceed \$150,000.

Training course for one trainer	\$2,000
Travel to training:	
Airfare	\$342 ¹⁵
Food per person for (5 days x \$36 per day)	\$180 ¹⁶
Lodging	\$880 ¹⁷
Total Travel per person:	\$1,402
Total Cost per Instructor Training	\$3,402
44 Individuals attending Instructor Training	x 44
Total Cost	\$149,688

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

There will be a cost to recipients of the training which is approximately \$15.95 per person.¹⁸ There may be additional indeterminate fiscal costs for the trainer.

D. FISCAL COMMENTS:

The cost of the bill depends upon the number of trainers determined necessary by DCF to administer the Program. The bill provides DCF the discretion to determine how to allocate these training opportunities. For example, DCF could authorize one individual from each of 40 community mental health centers statewide to attend instructor training or authorize approximately six individuals from each of the seven managing entities.

The fiscal impact of the bill is estimated to be approximately \$150,000, which is included in the proposed General Appropriations Act for Fiscal Year 2013-14.

¹⁵ flight from Orlando to Milwaukee, WI (8/18-8/24) Flight price from Kayak.com, last accessed: March 25, 2013.

¹⁶ Based on an estimate of \$36/day

¹⁷ Hotel per person (8/18-8/24 x \$110 per night)=Based on an estimate of the Ramada, from Hotels.com.

¹⁸ Phone conversation with Susan Partain, National Council for Community Behavioral Healthcare, March 26, 2013.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides DCF rulemaking authority for implementation.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

The Health and Human Services Committee adopted a strike-all amendment on April 16, 2013. The strike-all amendment:

- Removes the requirement that the Mental Health First Aid training course be 12 hours long.
- Removes the requirement that DCF establish certification requirements for instructors, and instead requires DCF to ensure that instructors have been certified by a national authority for Mental Health First Aid, USA.
- Removes unnecessary rulemaking authority.
- Moves the bill language to an unnumbered section of law and sunsets the program June 30, 2016.
- Requires DCF to report on the effectiveness of Mental Health First Aid to the Senate President, Speaker of the House, and the Governor by December 31, 2015.
- Adds a sunset provision of July 1, 2013.

The bill was reported favorably as a committee substitute. The analysis is drafted to reflect the committee substitute.