



National Alliance on Mental Illness

NAMI 2023 STATE LEGISLATION
ISSUE BRIEF SERIES

Trends in State Policy: Youth Mental Health

SEPTEMBER 2024

ACKNOWLEDGEMENTS

About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

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NAMI deeply appreciates all of the people working hard to address the ongoing youth mental health crisis across the country. We thank NAMI State Organization leaders and their grassroots advocates who work with legislators to make youth mental health a priority in state legislatures across the country.

We encourage policymakers who are interested in improving access to mental health care in their states to reach out to their NAMI State Organization leaders or to NAMI National.

Look up your NAMI:
[NAMI.org/findsupport](https://www.nami.org/findsupport)

Reach out to NAMI National:
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NAMI.org



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Trends in State Policy: Youth Mental Health

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Half of all
lifetime mental
illness **begins**
by age 14 and
75%
by age 24.

The United States is going through a well-documented and ongoing youth mental health crisis, with high rates of suicidal ideation, hopelessness and depression. In 2023, more than 1 in 5 high school students seriously considered attempting suicide and 1 in 10 attempted suicide — rates that are even higher for at risk communities, like LGBTQ+ youth.

Mental health conditions typically start during childhood, adolescence or young adulthood, with 50% of all lifetime mental illness beginning by age 14 and 75% by age 24. In 2023, nearly 1 in 5 (18%) adolescents ages 12-17 had a major depressive episode in the last 12 months. Unfortunately, many youth do not receive the treatment they need. When mental health conditions are treated early, it can save lives and vastly improve outcomes for individuals. However, people experiencing mental health challenges often struggle for years before getting treatment or a diagnosis, often only receiving help once they are in crisis.

In the U.S., there are many opportunities to learn about, screen for and intervene early with physical health conditions; the same must be done with mental health conditions.

This issue brief highlights state legislation passed in 2023 that helps improve youth mental health care and support and includes policy recommendations that may be implemented in states across the country in the following key categories:

- **Access to Care**
- **Mental Health Workforce in Schools**
- **Mental Health and Suicide Prevention Training**
- **School Policies**
- **System Coordination and Planning**

Methodology

The content of this issue brief is focused on youth mental health legislation that was enacted in 2023 (vetoed bills were not included). The research for this brief was conducted primarily using legislative tracking software (Quorum). Additionally, to inform our analysis of major legislation, NAMI National collected NAMI State Organizations' (NSO) 2023 state legislative summaries (when available) and surveyed NSOs on their 2023 legislative activity.

INTRODUCTION

Many public policy issues impact mental health and are important and worthy of policymakers' attention. However, in the interest of creating an accessible and usable brief for advocates and other interested parties, the brief's scope is specific to state policies that relate to youth mental health care. For state legislative trends on other mental health topic areas, visit [NAMI's public policy reports webpage](#). Even with these limits, more than 80 bills from 2023 were collected for consideration in this brief. Upon further refinement, 46 bills were included in the final brief.

Access to Care



1 in 6 youth
have a mental health
condition.

One in six youth have a mental health condition, like anxiety or depression, but only half receive any mental health services. Unfortunately, far too often, there are long delays before children and adolescents get the help they need.

This underscores the many barriers that children and families face in accessing mental health care. NAMI believes that all youth should be able to access high-quality mental health care in a timely and affordable manner.

In 2023, states made progress in tackling some of the underlying barriers to care including lack of screenings, inadequate health insurance coverage and telehealth options, and gaps in service arrays.

POLICY RECOMMENDATIONS

To increase access to mental health care for youth, NAMI encourages states to:

- **Enhance screening opportunities** for mental health conditions and substance use disorders (MH/SUD)
- **Expand covered services, increase reimbursement rates, and remove enrollment barriers** within state Medicaid programs
- **Leverage telehealth options** to expand access to psychiatric prescribers and other services
- **Identify and fill service gaps** including intensive services

Access to Care

Mental Health Screenings

Mental health screenings support early detection and intervention for mental health conditions. A mental health screening is a series of questions asked by a health care provider to assess whether an individual shows any mental health concerns or symptoms. This can take place in a doctor's office, a mental health professional's office or a school, or via telehealth.

Several states required insurance coverage of screenings (Illinois HB 2847 and Connecticut HB 6643) in 2023 to increase the availability of mental health screenings, while other states established school-based programs to administer screenings (Colorado HB 23-1003 and Illinois SB 0724).

Colorado



Bill Number [HB 23-1003](#)

Sponsor(s)

Sen. Dafna Michaelson Jenet (D) and Sen. Lisa Cutter (D)

Summary

An act that creates a mental health screening program for grades 6-12 to help identify risks and provide resources and referrals to address student mental health and emotional needs. The school will provide written notice to parents the first two weeks of school to allow parents to opt out of this program.

Illinois



Bill Number [HB 2847](#)

Sponsor(s)

Rep. Lindsey LaPoint (D), Rep. Camille Lilly (D), Rep. Maurice West (D), Rep. Lakesia Collins (D), Rep. Stephanie Kifowit (D), Sen. Laura Fine (D), Sen. Rachel Ventura (D) and Sen. Adriane Johnson (D)

Summary

An act that requires coverage for one annual mental health prevention and wellness visit for children and adults.

For more examples of 2023 mental health screening legislation, see [Appendix A](#).

Access to Care

Medicaid

Medicaid is a lifeline for millions of children with mental health needs. Medicaid provides comprehensive health care coverage at little-to-no cost for many low-income individuals and families and, notably, often covers services that are excluded or limited in private health plans.

In 2023, states strengthened the coverage and care offered to youth through state Medicaid programs with enhanced reimbursement rates, expanded services and increased eligibility for enrollees. New Jersey's A 3334 is a highlight for enabling Medicaid to pay for services provided in schools, which continues a trend seen in recent years.

Arkansas



Bill Number [HB 1574](#)

Sponsor(s)

Rep. DeAnn Vaught (R) and Sen. Kim Hammer (R)

Summary

An act that establishes a supplemental reimbursement rate for preventative services for children, including mental health services, through the state's Medicaid program.

New Jersey



Bill Number [A 3334](#)

Sponsor(s)

Majority Leader Louis D. Greenwald (D), Assemb. Angelica Jimenez (D), Assemb. Reginald W. Atkins (D), Assemb. Vin Gopal (D) and Sen. Teresa M. Ruiz (D)

Summary

An act that enables school-based behavioral health services, delivered in-person or via telehealth, to be eligible for reimbursement under Medicaid.

For more examples of 2023 Medicaid legislation, see [Appendix B](#).

Access to Care

Telehealth

The COVID-19 pandemic rapidly expanded access to telehealth services, and utilization of telehealth for mental health care remains high even after the public health emergency ended.

While telehealth is not always the right option for every person or every condition, for many individuals, it can significantly reduce barriers to accessing care and play a vital role in a person’s mental health condition management and recovery.

Telehealth has played an outsized role in addressing mental health needs. In 2023, mental health care accounted for 37% of all telehealth visits.

Maine



Bill Number LD 231 (HP 152)

Sponsor(s)

Rep. Daniel Joseph Shagoury (D)

Summary

An act that continues funding for pediatric psychiatric telehealth consult services between pediatricians and medication providers to assist in increasing access to medication management in communities. These services for youth and children began under a federal Health Resources and Services Administration (HRSA) grant.

Access to Care

Service Expansion

Families of children with mental health needs often find that some types of care are easier to access than others. More intensive services like crisis care and residential treatment can be particularly difficult to access with few providers available overall — and even fewer trained to serve children and adolescents.

In 2023, states passed legislation to create new crisis care options for youth and to study and protect access to residential treatment.

Hawaii



Bill Number [HB 948](#)

Sponsor(s)

House Speaker Scott Saiki (D)

Summary

An act that establishes and appropriates funding for a child and adolescent mobile crisis outreach pilot program. The mobile crisis team will have a unit located on Oahu and a unit located on another island (to be determined).

Washington



Bill Number [HB 1580](#)

Sponsor(s)

Rep. Lisa Callan (D)

Summary

An act that creates a children’s crisis response system that includes a rapid care team. The bill directs the state to work on early intervention and solutions to minimize children’s time in the hospital.

For more examples of 2023 service expansion legislation, see [Appendix C](#).

Mental Health Workforce in Schools

Providing mental health services at school **removes barriers** such as transportation and scheduling conflicts, allowing access to services during the school day.

School-based mental health services are delivered by trained mental health professionals who are employed by schools, such as school psychologists, school counselors and school social workers. Providing these services at school removes barriers such as transportation and scheduling conflicts, allowing access to services during the school day. Because children and youth need mental health services, it is important to grow the mental health workforce in and connected to schools.

NAMI believes that the mental health and substance use workforce must be sufficient in supply, diversity and training to meet the cultural and linguistic needs of people seeking mental health care, including youth and young adults. Access to school-based and school-linked mental health services and treatment cannot happen without a skilled and diverse workforce to provide these needed services.

In 2023, states enacted legislation that would grow the mental health workforce in schools.

POLICY RECOMMENDATIONS

To increase the school mental health workforce to serve youth, NAMI encourages states to:

- **Expand opportunities and funding for schools** seeking to hire mental health professionals
- **Direct school districts to employ school-based mental health providers** or facilitate access to community-based providers
- **Improve student-to-mental health professional ratios**
- **Leverage Medicaid reimbursement** for school-based services provided to Medicaid beneficiaries

Mental Health Workforce in Schools

Colorado



Bill Number [SB 23-004](#)

Sponsor(s)

Sen. Janice Marchman (D), Sen. Sonya Jaquez Lewis (D),
Sen. Dafna Michaelson Jenet (D) and Rep. Mary Young (D)

Summary

An act that expands the capacity of the school mental health workforce by authorizing schools to hire eligible school-based therapists (e.g. social workers, psychiatrists, and marriage and family therapists) who are licensed by state boards, but who have not received a special services license from the state Department of Education. This bill was enacted to address the youth mental health crisis while removing a cumbersome process for obtaining additional licensure.

Florida



Bill Number [HB 5101](#)

Sponsor(s)

Rep. Josie Tomkow (R) and PreK-12 Appropriations Subcommittee

Summary

An act that directs each school district in Florida to create a mental health assistance program that includes hiring school-based mental health providers to reduce the ratio of students to staff, establishing agreements with local community health providers, and establishing policies and procedures around mental health in schools.

To learn more about staff-to-student ratio recommendations, see the chart on [page 13](#).

For more examples of 2023 mental health workforce in school legislation, see [Appendix D](#).

Mental Health Workforce in Schools

RECOMMENDATIONS FOR THE RATIO OF MENTAL HEALTH PROFESSIONALS TO STUDENTS

National Association
of School Psychologists
(NASP) recommends:

1 School
Psychologist

500 Students

American School
Counselor Association
(ASCA) recommends:

1 School
Counselor

250 Students

National Association
of Social Workers
(NASW) recommends:

1 Social
Worker

250 Students

Mental Health and Suicide Prevention Training

It is important to **equip teachers, coaches and school staff** with the necessary training and tools to help their students get well and stay well.

Teachers and other school personnel are with students for many hours each day, and often serve as highly trusted adults in their students' lives. It is important to equip teachers with the necessary mental health training and tools to help their students. Without training, teachers and school professionals may not be equipped to identify students who are struggling and then connect them to support and resources.

Trainings may include topics such as suicide prevention, the warning signs of an emerging mental health condition, and available mental health resources and crisis services in the community. Equipping teachers and staff — including athletic coaches, who may have strong relationships with student athletes — with this information can help meet students where they are and improve the chances that they will receive the care they need as soon as possible.

In 2023, states made significant strides to increase trainings in schools and universities for teachers and staff.

POLICY RECOMMENDATIONS

To increase mental health and suicide prevention training for school staff, NAMI encourages states to:

- **Provide information to school staff** about available mental health resources for students and how to connect students to support
- **Implement policies** for training school personnel
- **Research ways to improve** child and adolescent mental health

Mental Health and Suicide Prevention Training

New Jersey



Bill Number [S 528](#)

Sponsor(s)

Sen. Teresa Ruiz (D), Sen. Nellie Pou (D), Assemb. Carol Murphy (D), Assemb. Benjie Wimberly (D) and Sen. Angela McKnight (D)

Summary

An act that requires school personnel to complete a training on suicide prevention.

New Jersey



Bill Number [A 1176](#)

Sponsor(s)

Assemb. Mila Jasey (D), Assemb. James Kennedy (D), Assemb. William Moen (D), Sen. Joseph Cryan (D) and Sen. Nellie Pou (D)

Summary

An act that requires institutions of higher education to implement suicide prevention programs and raise awareness of mental health services. The bill instructs institutions of higher education to provide each student with information about 988 and provide resident assistants with annual training on the warning signs of depression and suicide, among other provisions.

For more examples of 2023 mental health and suicide prevention training legislation, see [Appendix E](#).

School Policies

School districts' policies should ensure they **promote a safe and healthy environment** where all students can thrive.

Beyond training school personnel, schools play other important roles in promoting and protecting students' mental health. It is important for school districts to examine their existing policies to ensure they promote a safe and healthy environment where all students can thrive. School systems should reevaluate school policies around items like restraints and seclusion and provide mental health excused absences. School systems can also find ways to encourage help-seeking behavior by sharing resources and information on how to connect to support.

School policies and procedures can have a big impact on students' overall mental wellbeing. Ensuring that students of all ages are healthy and ready to learn when they come to school is important — as is encouraging them to focus on getting better when they are not well. School policies that recognize mental health symptoms — and minimize triggers that can worsen mental health symptoms — can help normalize the conversation around mental health, which can in turn promote understanding and empathy and create a greater willingness to seek help if they need more intensive supports.

POLICY RECOMMENDATIONS

To expand access to school mental health resources and services and to support students' mental health and wellbeing, NAMI encourages states to:

- **Eliminate restraints and seclusion** in schools
- **Expand school mental health resources**, awareness and services
- **Include mental health education** in school health curricula
- **Recognize mental health as a reason** for an excused absence
- **Reduce barriers** to delivering mental health services in schools

School Policies

Student Identification Cards

In July 2022, 988 became available and is now the nationwide 3-digit dialing code for mental health, suicide and substance use crisis support. States worked to make mental health resources easier to find for children and youth by adding helpline and crisis lines to student identification cards. In 2023, at least seven states required public schools and/or institutes of higher education to add 988 and/or other crisis or helplines to student identification cards. Iowa and West Virginia are highlighted as examples below; see [Appendix F](#) for additional examples.

Iowa



Bill Number [HF 602](#)

Sponsor(s)

House Committee on Education

Summary

An act that mandates public schools to include the crisis hotline telephone and text number (988) on their student identification cards and the internet address for Your Life Iowa or the Your Life Iowa successor program for grades 7-12. Public schools that issue identification cards to students in grades 5-6 may also include this information.

West Virginia



Bill Number [HB 3218](#)

Sponsor(s)

Del. Charlie Reynolds (R)

Summary

An act that requires the Suicide & Crisis Lifeline number (988) on student identification cards for students in grades 6-12.

For more examples of 2023 student identification card legislation, see [Appendix F](#).

School Policies

Mental Health Excused Absences

When a student has a physical illness, they are expected to stay home and get better. The same should apply to mental health conditions. [NAMI supports public policies and laws](#) that recognize mental health as an acceptable reason for absence from school. Enacting these policies helps to further reinforce that mental health and physical health should be treated the same way. Delaware and Louisiana now allow mental health as an excused absence in their schools.

Delaware



Bill Number [HB 3](#)

Sponsor(s)

House Speaker Valerie Longhurst (D)

Summary

An act that allows a mental health excused absence for a student. After the second and subsequent excused absence for mental health, the student must be referred to a mental health specialist.

Louisiana



Bill Number [HB 353](#)

Sponsor(s)

Rep. C. Denise Marcelle (D)

Summary

An act that allows a student to be absent from school for a mental or behavioral health reason for up to three days in a school year. Following the second day of absence in any school year, the student will be referred to the appropriate school support personnel to help address the underlying issues and referral may be made outside of the school setting.

School Policies

Seclusion and Restraints

Restraints are generally defined as the restriction of someone’s ability to move their torso, arms, or head freely by use of physical maneuvers, mechanical restraints, or other equipment. Seclusion is generally defined as confinement in an area without the ability to leave. Restraints and seclusion can often worsen mental health conditions. [NAMI supports the elimination of restraints and seclusion in school](#). In 2023, Texas enacted legislation that eliminated the use of these harmful practices.



Bill Number	SB 133
Sponsor(s)	Sen. Royce West (D)
Summary	An act that amends the Education Code to prohibit a peace officer or school security personnel from restraining or using a chemical irritant spray or taser on students enrolled in grade 5 or below.

System Coordination and Planning

To address the current mental health needs of children and adolescents, **states must facilitate coordination** between agencies and with local entities, including school boards.

Most state mental health systems were built long before the ongoing youth mental health crisis, and many states have historically not had robust youth mental health services, especially prevention and community treatment services. To address the current mental health needs of children and adolescents, states must facilitate coordination between agencies and with local entities, including school boards. In some states, new positions may be created within state agencies to ensure this cross-system coordination, created with the express role of promoting youth mental health.

States may also fund and direct implementation of the Multi-Tiered System of Supports (MTSS) model within school districts. MTSS is an evidence-based and data-driven framework to coordinate and address students' needs, from academics to behavioral, emotional, and social supports.

In 2023, several states passed legislation to address existing structural challenges in their systems.

POLICY RECOMMENDATIONS

To help address structural challenges within state systems, NAMI encourages states to:

- Direct agencies, including health, education, juvenile justice and youth-specific agencies, to **collaborate on youth mental health**
- **Create state positions** with the role of coordinating across agencies and systems to implement youth mental health reforms
- **Direct and fund school districts to adopt a Multi-Tiered System of Supports (MTSS) framework** to ensure that students' emotional and behavioral needs are being met, along with their academic needs

System Coordination and Planning

New Hampshire



Bill Number [HB 2](#)

Sponsor(s)

Rep. Ken Weyler (R)

Summary

An act that establishes the state budget, which includes funding for the Multi-Tiered System of Support for Behavioral Health and Wellness Model, and provides a network of early childhood behavioral health supporters.

Virginia



Bill Number [SB 1043](#)

Sponsor(s)

Sen. Jeremy McPike (D)

Summary

An act that directs the Department of Education to create a model memorandum of understanding between a school board and a community mental health services provider that sets forth parameters for the provision of mental health services to students. The bill also permits school boards to hire clinical psychologists under provisional school psychologist licensure to fill vacant school psychologist provisions.

For more examples of 2023 system coordination and planning legislation, see [Appendix G](#).

CONCLUSION

The youth mental health crisis continues to be an urgent concern nationwide, with one-third of adolescents experiencing poor mental health.

Every youth and young adult deserves access to mental health care that meets their needs, at the earliest time possible. We encourage state policymakers to learn from one another and to consider the policy recommendations in this issue brief, using featured legislation as examples, to improve youth mental health in their states.



Mental Health Screenings

State	Bill Number	Summary
Connecticut	<u>HB 6643</u>	An act that ensures coverage of two mental health wellness examinations per year that are performed by a licensed mental health provider and shall not require prior authorization.
Florida	<u>CS/CS/CS/ SB 1064</u>	An act that requires a trauma screening after a child is removed from their home no later than 21 days after the shelter hearing, and if appropriate, ensures the provision of services and intervention as needed.
Illinois	<u>SB 0724</u>	An act that establishes the Children’s Behavioral Health Transformation Officer and Children’s Behavioral Health Services Team; creates a Parent and Guardian Navigator Assistance Program; lays a plan to provide annual mental health screenings to all K-12 students in the state; and creates a portal to manage information and provide parents with guidance and referrals to state and community-based providers to offer youth in crisis.
Minnesota	<u>SF 2995</u>	An act that allows a brief diagnostic assessment to be used for children under age six (this assessment was already allowed for everyone over age six). Eliminates the requirement to use the Child and Adolescent Service Intensity Instrument (CASII). Requires the Department of Human Services (Dept.) to send a formal communication to all hospitals and children’s residential facilities informing them of updates to the state’s child maltreatment, screening, and response guidelines. These updates clarify that if a child with a mental illness or disability cannot safely be released from the facility because the parents cannot obtain necessary services, the parents should not be reported for maltreatment. The Dept. must consult with stakeholders to assess and suggest modifications to these guidelines, among other provisions.

APPENDIX B
Medicaid

State	Bill Number	Summary
Colorado	<u>SB 23-174</u>	An act that requires the state Medicaid program to cover certain behavioral health services for recipients under age 21 without a diagnosis.
Maryland	<u>SB 26</u>	An act that requires the Department of Health to establish an Express Lane Eligibility Program to enroll individuals, based on Supplemental Nutrition Assistance Program eligibility, in state Medicaid and Children’s Health Insurance Program, among other provisions.
Maryland	<u>HB 0322</u> / <u>SB 255</u>	An act that requires the Department of Health to expand access to and provide reimbursement for intensive in-home services, case management, and wraparound services. The act also requires the Behavioral Health Administration to fund 100 slots in the mental health case management program for children or youth at risk of out-of-home placement who are not eligible for program services.

APPENDIX C
Service Expansion

State	Bill Number	Summary
Maine	<u>LD 1003</u> <u>(HP 639)</u>	An act that requires the Department of Health and Human Services (Dept.) to study cases and data related to hospital emergency department use by children in need of behavioral health services. Directs the Dept. to determine what the barriers to residential treatment for children with behavioral health concerns and children with intellectual and development disabilities are and report their findings.
Minnesota	<u>SF 2995</u>	An act that includes children’s residential services room and board costs in the behavioral health fund, which will finally mean parents do not have to go through child protection — including voluntary agreements — because room and board will be paid through this fund instead of federal Title IV-E funds. In addition, requires the creation of a survey to determine how many children go out of state for residential treatment, among other provisions.
Minnesota	<u>SF 2995</u>	An act that requires health plans in Minnesota to provide coverage for Psychiatric Residential Treatment Facilities (PRTFs). This goes into effect Jan. 1, 2025, or on July 1, 2023, under the network adequacy law. Rates for PRTFs will be adjusted to reflect the changes named the Inpatient Psychiatric Facility Market Basket used by Center for Medicare and Medicaid Services (CMS). Allows for at least one trained staff for overnight coverage and an on-call registered nurse. Creates start up grants and grants to help PRTFs specialize and appropriates \$1M a year.
Minnesota	<u>SF 2995</u>	An act that increases funding for School-linked Mental Health (Behavioral Health) grants which go to community providers to co-locate in the schools. Promotes consistency in payments for services and funds it at \$14M the first biennium and \$9M the second.

APPENDIX C

Service Expansion *(Continued)*

State	Bill Number	Summary
North Dakota	<u>HCR 3017</u>	An act that directs the Legislative Management to consider studying the increasing need for inpatient mental health care for children and whether there are adequate community-based care and outpatient services for the number of children and the location of the need.

Mental Health Workforce in Schools

State	Bill Number	Summary
Minnesota	<u>HF 2497</u>	An act that appropriates funding to hire new or increase working hours of current school support personnel, such as school social workers, psychologists, nurses, counselors or drug/alcohol counselors. Schools must report to the state on how the new position impacted their school and student performance.
Utah	<u>HB 190</u>	An act that broadens the scope of the “Grow Your Own” Educator Pipeline Program to include individuals seeking education to become a school psychologist or school social worker. The “Grow Your Own” Pipeline is a competitive grant program that awards scholarships to candidates as identified by school principals.

Mental Health and Suicide Prevention Training

State	Bill Number	Summary
California	<u>AB 5</u>	An act that requires the Department of Education to develop an online platform and curriculum aimed at enhancing LGBTQ+ cultural competency among teachers and employees of grades 7-12. These training topics can include suicide prevention, identifying at-risk LGBTQ+ youth, etc.
Colorado	<u>SB 23-014</u>	An act that establishes a disordered eating prevention program that partners with schools to inform teachers, administrators, school staff and students and parents on disordered eating preventions.
Delaware	<u>HB 4</u>	An act that requires the Department of Education to work with mental health organizations to develop guidance on best practices for trauma response after a school-related event, create written materials to educate students and families on mental health resources, cover grief counseling for students for 45 days after a school-related traumatic response, and require all public schools to create a crisis response policy.
Illinois	<u>HB 1561</u>	An act that requires the school board to conduct a training every two years for school personnel on the methods to respond to trauma, warning signs of mental illness and suicidal behaviors. Mandates each school to equip themselves with a trauma kit.
Illinois	<u>HB 3690</u>	An act that ensures that educators and school personnel be trained in relevant health conditions of students, social-emotional learning practices and standards, cultural competency, warning signs of mental illness, trauma, and suicidal behaviors in youth, among other topics.
Illinois	<u>SB 2391</u>	An act that amends the school code to include trauma-informed intervention in schools. Directs schools to provide wraparound services including enhanced behavioral health resources for students in need.

Mental Health and Suicide Prevention Training *(Continued)*

State	Bill Number	Summary
<p>Maryland</p>	<p><u>SB 858</u></p>	<p>An act that instructs that a person may not store or leave a loaded firearm where an unsupervised child might be. Requires the Secretary for Public Health Services to develop a youth suicide prevention and firearm safe storage guide in consultation with a stakeholder committee.</p>
<p>Minnesota</p>	<p><u>HF 2497</u></p>	<p>An act that requires schools to conduct developmentally appropriate, culturally aware and trauma informed active shooter drills that include accommodations for students with sensory needs, disabilities, mental health needs, etc. After the drill, schools must provide debrief time and allow students to access mental health services and supports on campus. Parents must be notified at least 24 hours in advance, and there can't be any negative consequences if a student doesn't participate.</p>
<p>North Dakota</p>	<p><u>HB 1312</u></p>	<p>An act that ensures the continuation of an online mental health and suicide prevention simulation-based training program for schools.</p>

Student Identification Cards

State	Bill Number	Summary
Colorado	<u>HB 23-1007</u>	An act that requires public and private higher education institutions to print the Colorado Crisis Services number and the Suicide & Crisis Lifeline number (988) on student identification cards. If an institution does not use identification cards, the information must be distributed to the student body.
Delaware	<u>HB 137</u>	An act that updates student identification cards to include 988 and the Crisis Text Line for grades 7-12.
Minnesota	<u>HF 2497</u>	An act that requires student identification cards and school issued planners to provide information about 988, the Crisis Text Line and county crisis teams.
Tennessee	<u>SB 0350</u>	An act that requires student identification cards purchased by public institutions of higher education on or after July 1, 2023 to include information on the 988 Suicide & Crisis Lifeline. The bill also requires public institutions of higher education to create and feature on their website or mobile application a page with information dedicated solely to the mental health resources available to the institution’s students.
Virginia	<u>SB 1044</u>	An act that requires all local school divisions and public institutions from kindergarten to higher education to print the 988 Suicide & Crisis Lifeline number on student identification cards.

System Coordination and Planning

State	Bill Number	Summary
Connecticut	<u>SB 2</u>	An act that improves access to mental, physical and emotional health services for children and provides a continuum of care in the delivery of such services. Creates the Office of Behavioral Health Advocate within the CT Department of Insurance, among other provisions.
Illinois	<u>SB 1709</u>	An act that requires partnership between the Department of Human Services and State Board of Education to provide technical assistance for the provision of mental health care during school days.
Maine	<u>LD 82</u> <u>(HP 52)</u>	An act that removes the requirement that service providers contracted by the Department of Health and Human Services charge fees for services for children with mental health needs, intellectual disabilities or autism and their families.
Montana	<u>HB 286</u>	An act that adds youth suicide prevention to the list of programs eligible to receive funding from the Healing and Ending Addiction through Recovery and Treatment account.
Texas	<u>SB 850</u>	An act that revises the composition of the Texas Child Mental Health Consortium to include rural regional education service centers in order to provide youth in rural areas greater access to mental health services.



National Alliance on Mental Illness

Learn more:

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Text
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