Agenda

Overview

Mental Health Trends and Addressing the Crisis
CDC

Q&A and Discussion

Federal and State Policies
NCSL Policy Experts

Discussion
Acknowledgments

Take Care

Thank You

Participate

Slides, bios, etc.
Deaths by Suicide Have Risen

Nearly 46,000 people died by suicide in 2020

1 death every 11 minutes

Many adults think about suicide or attempt suicide

12.2 million Seriously thought about suicide

3.2 million Made a plan for suicide

1.2 million Attempted suicide

If you or someone you know is in crisis, please contact the

988 Suicide and Crisis Lifeline

- Call or text 988
- Chat at 988lifeline.org
COVID-19 and the Opioid Epidemic

- Overdose deaths were already rising in early 2019.
- COVID-linked stressors likely made things worse.
- More than 100,000 overdose deaths in 2021.

Source: (Commonwealth Fund)
Many Adolescents Are Experiencing Poor Mental Health and Suicidality

More than 1 in 3 had **poor mental health during the pandemic**

- 37%

Nearly half **felt persistently sad or hopeless** in the past year

- 44%

Two in ten **seriously considered suicide** in the past year

- 20%

Nearly 1 in 10 **attempted suicide** in the past year

- 9%

Adolescent Behaviors and Experiences Survey, 2021
Addressing the Mental Health Crisis

Christopher M. Jones, PharmD, DrPH, MPH
CAPT, US Public Health Service
Acting Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Today’s Agenda

1. NCIPC priorities
2. Mental health trends
3. Mental health connections
4. ACEs: the common link
5. NCIPC activities
6. State successes
NCIPC Priorities
CDC Injury Center Strategic Priorities

ADVERSE CHILDHOOD EXPERIENCES

DRUG OVERDOSE

SUICIDE
ACEs, overdose, and suicide are urgent public health challenges and connected to the nation’s mental health crisis.
Mental Health Trends
During late June, 40% of U.S. adults reported struggling with mental health or substance use.

<table>
<thead>
<tr>
<th>Anxiety/Depression Symptoms</th>
<th>31%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma/Stressor-Related Disorder Symptoms</td>
<td>26%</td>
</tr>
<tr>
<td>Started or Increased Substance Use</td>
<td>13%</td>
</tr>
<tr>
<td>Seriously Considered Suicide</td>
<td>11%</td>
</tr>
</tbody>
</table>

*Based on a survey of U.S. adults aged ≥18 years during June 24-30
†In the 30 days prior to survey

Major Depressive Episodes in Past Year: Among People Aged 12+

Note: The adult and youth MDE estimates are not directly comparable. Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.
Serious Mental Illness (SMI) in Past Year: Among Adults Aged 18+

Percent in Past Year

- **9.7%**
  - 18-25 Years
  - 3.3M

- **6.9%**
  - 26-49 Years
  - 7.0M

- **5.6%**
  - 18+ Years
  - 14.2M

- **3.4%**
  - 50+ Years
  - 4.0M

PAST YEAR, 2008-2020 NSDUH, 18+

- **57.6%**
  - 1.9M Adults Aged 18-25 with SMI Received Treatment in 2020
  - 42.4% got NO treatment

- **63.0%**
  - 4.4M Adults Aged 26-49 with SMI Received Treatment in 2020
  - 37.0% got NO treatment

There is no line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.
Adolescent Mental Health – The Challenge

+ Nearly 2 in 5 children and adolescents will meet criteria for mental disorder by age 18, with *half* having onset before age 14
+ Indicators of youth mental health and well-being have been declining

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<tbody>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness</td>
<td>26.1</td>
<td>28.5</td>
<td>29.9</td>
<td>29.9</td>
<td>31.5</td>
<td>36.7</td>
<td>🟥⬜⬜⬜⬜</td>
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<tr>
<td>Seriously considered attempting suicide</td>
<td>13.8</td>
<td>15.8</td>
<td>17.0</td>
<td>17.7</td>
<td>17.2</td>
<td>18.8</td>
<td>🟥⬜⬜⬜⬜</td>
</tr>
<tr>
<td>Made a suicide plan</td>
<td>10.9</td>
<td>12.8</td>
<td>13.6</td>
<td>14.6</td>
<td>13.6</td>
<td>15.7</td>
<td>🟥⬜⬜⬜⬜</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>6.3</td>
<td>7.8</td>
<td>8.0</td>
<td>8.6</td>
<td>7.4</td>
<td>8.9</td>
<td>🟥⬜⬜⬜⬜</td>
</tr>
<tr>
<td>Were injured in a suicide attempt that had to be treated by a doctor or nurse</td>
<td>1.9</td>
<td>2.4</td>
<td>2.7</td>
<td>2.8</td>
<td>2.4</td>
<td>2.5</td>
<td>🟦⬜⬜⬜⬜</td>
</tr>
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</table>
COVID-19 and Adolescent Mental Health

• The prolonged stressors of the COVID-19 pandemic on youth and their families and the disruptions to connectedness and social supports have exacerbated risk for mental health challenges among children and adolescents.

• Data from CDC’s Adolescent Behaviors and Experiences Survey (ABES) released in April 2022 underscore this reality. Among U.S. high school students:
  • 37% experienced poor mental health most of the time or always during the COVID-19 pandemic
  • 31% experienced poor mental health most of the time or always during the past 30 days
  • 44% persistently felt sad or hopeless during the past year
  • 55% experienced emotional abuse by a parent or other adult in the home
  • 19% had seriously considered attempting suicide
  • 9% attempted suicide

• ABES also found that 35.6% of high school students reported they were ever treated badly or unfairly in school because of their race or ethnicity (i.e., perceived racism)
  • 63.9% of Asian students, 55.2% of black students, and 54.5% of multiracial students reported perceived racism
  • Perceived racism was associated with: 1) poor mental health; 2) difficulty concentrating, remembering, or making decisions; 3) lack of connection with persons at school during the COVID-19 pandemic

Source: CDC ABES Study
Connection Between Mental Health, Substance Use, and Suicide
Mental Health, Substance Use, & Overdose

Past Year Mental Health Challenges Among Adults with Opioid Use Disorder; Adults Using Methamphetamine

- Any Mental Illness
  - PY Opioid Use Disorder: 64.3%
  - PY Methamphetamine Use: 57.7%

- Serious Mental Illness
  - PY Opioid Use Disorder: 26.9%
  - PY Methamphetamine Use: 25%

Past Year Mental Health Challenges Among Adults Using Cocaine in Past Year

- Suicide Attempt: 3.3%
- Made Suicide Plan: 6.1%
- Serious Thoughts of Suicide: 17.1%
- Major Depressive Episode: 19.1%
- Serious Psychological Distress: 33.6%

Source: Jones CM et al., MMWR, 2020; Mustaquim et al, AB, 2021; https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a1.htm?s_cid=mm6935a1_w
Substance Use in Past Year/Month: Among Youths Aged 12-17; By Past Year Major Depressive Episode (MDE) status

+ Difference between this estimate and the estimate for youths without MDE is statistically significant at the .05 level.
Mental Health and Overdose

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a1.htm?s_cid=mm6935a1_w
Adverse Childhood Experiences: A Common Link
Adverse Childhood Experiences (ACEs) are Common

ACEs not included in the traditional measure:

- Bullying
- Teen dating violence
- Peer to peer violence
- Witnessing violence in community or school
- Experiencing homelessness
- Death of a parent

61% of adults report experiencing at least 1 ACE
1 in 6 adults report experiencing 4+ ACEs

Some Groups Are More Likely to Have Experienced ACEs:

- Black, Hispanic/Latino, or multiracial people
- People with less than a high school education
- People making less than $15,000 per year
- People who are unemployed or unable to work
- Lesbian, gay, bisexual, or transgender people

Source: Merrick, M.T., et al., JAMA Pediatrics 2018; Merrick, M.T., et al. MMWR 2019
ACEs Have Broad Impacts on Health Across the Lifespan

- **Adverse Childhood Experiences**
  - Maternal Health: Unintended Pregnancy, Pregnancy Complications, Fetal Death
  - Infectious Disease: HIV, STDs
  - Chronic Disease: Cancer, Diabetes
  - Risk Behaviors: Alcohol & Drug Abuse, Unsafe Sex, Opioid Misuse
  - Opportunity: Education, Occupation, Income
  - Mental Health: Depression, Anxiety, Suicide
  - Injury: Traumatic Brain Injury, Fractures, Burns
Suicide: A Mental Health and Public Health Problem

Note: Suicide decedents may have had multiple circumstances associated with suicide, so percentages will add to more than 100.

Research also shows ACEs increase risk specifically for:
- Rx opioid misuse, illicit opioid use, opioid use disorder, opioid injection
  Cocaine and amphetamine use and use disorder
- Earlier age of initiation for these substances

ACEs and Poor Mental Health

**Prevalence (%)**

- **Current Poor Mental Health (Past 30 Days)**
  - 0 ACEs: 12.1%
  - 1-2 ACEs: 32.4%
  - 3 ACEs: 44.9%
  - 4+ ACEs: 65.7%
  - aPR: 4.06 (95% CI: 3.31-4.99)

- **Poor Mental Health During the COVID-19 Pandemic**
  - 0 ACEs: 17.5%
  - 1-2 ACEs: 42.0%
  - 3 ACEs: 54.8%
  - 4+ ACEs: 74.0%
  - aPR: 3.18 (95% CI: 2.71-3.74)

- **Persistent Feelings of Sadness or Hopelessness in the Past Year**
  - 0 ACEs: 20.9%
  - 1-2 ACEs: 46.2%
  - 3 ACEs: 68.8%
  - 4+ ACEs: 85.0%
  - aPR: 2.80 (95% CI: 2.41-3.24)

Source: Anderson et al., MMWR, 2022
ACEs and Suicide

Source: Anderson et al., MMWR, 2022
The Science of ACEs can Inform Prevention Actions
ACEs Manifest Their Effects through Toxic Stress

The effects of ACEs can add up over time and affect a person throughout their life.

Children who repeatedly and chronically experience adversity can suffer from **TOXIC STRESS**.

Toxic stress happens when the brain endures repeated stress or danger, then releases **FIGHT-OR-FLIGHT HORMONES** like cortisol.

Toxic Stress Has Impacts On:
- Responses to stress
- Reward circuits
- Emotion processing
- Coping strategies
- Executive function
- Decision making
- Cognition
- Organ function

Source: De Bellis & Zisk. The biological effects of childhood trauma. 2014
Protective Factors Against Poor Physical & Mental Health

- People with ≥4 ACEs more likely to have poor health and frequent mental distress
- Effects were blunted when protective factors were present
  - Adult who made you feel safe and protected
  - Adult who made sure basic needs were met
Protective Factors Against Psychological Distress or Substance Use Problems

- Protective factors reduced likelihood of having psychological distress or a substance use problem, or both
- Protective factors included:
  - High internal resilience
  - Family communication
  - School connectedness
  - Peer role model
  - Non-parental adult role model

Influence of ACEs and Protective Factors on Having Psychological Distress or Substance Use Problem or Both

- Table showing the influence of ACEs and protective factors on the behavioral health outcomes (N = 429).
- Co-occurring problems and their adjusted odds ratios (AOR) with confidence intervals (CI).
Protective Factors Against Suicidal Ideation

Social-ecological theory, substance misuse, adverse childhood experiences, and adolescent suicidal ideation: Applications for community–academic partnerships

Semra A. Aytur¹ | Sydney Carlino¹ | Felicity Bernard² | Kelsi West³ | Victoria Dobrzycki¹ | Riana Malik¹

<table>
<thead>
<tr>
<th>Effect</th>
<th>Point estimate</th>
<th>95% confidence limits</th>
<th>p Value</th>
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<tbody>
<tr>
<td>ACE score</td>
<td>1.611</td>
<td>1.525</td>
<td>1.702</td>
</tr>
<tr>
<td>Gender—1 versus 0 (female vs. male)</td>
<td>1.815</td>
<td>1.499</td>
<td>2.197</td>
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<tr>
<td>Drug use</td>
<td>1.725</td>
<td>1.393</td>
<td>2.137</td>
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<tr>
<td>Food insecurity</td>
<td>1.149</td>
<td>1.031</td>
<td>1.281</td>
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<tr>
<td>Drugs easy to get</td>
<td>1.186</td>
<td>1.105</td>
<td>1.272</td>
</tr>
<tr>
<td>High soda consumption</td>
<td>1.440</td>
<td>1.126</td>
<td>1.843</td>
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<tr>
<td>Community service</td>
<td>0.784</td>
<td>0.658</td>
<td>0.935</td>
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<tr>
<td>Physical activity</td>
<td>0.724</td>
<td>0.600</td>
<td>0.873</td>
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<tr>
<td>Parent support</td>
<td>0.696</td>
<td>0.547</td>
<td>0.885</td>
</tr>
<tr>
<td>Grades in school</td>
<td>0.822</td>
<td>0.742</td>
<td>0.91</td>
</tr>
</tbody>
</table>

- ACEs score associated with suicidal ideation
- Risk factors for suicidal ideation
  - Drug use
  - Food insecurity
  - Drug availability
  - High soda consumption
- Protective factors for suicidal ideation
  - Community service
  - Physical activity
  - Parent support
  - Academic achievement
CDC’s Approach
Resilience and Community Context

• The capacity of a dynamic system to adapt to disturbances that threaten system function, viability, or development

• Resiliency theory focuses on the action of promotive factors, or positive situational, social, or individual characteristics that have potential to interrupt negative life course

• Three broad categories identified as areas to build resilience
  – Safe, protective, and equitable environments
  – Presence of positive relationships
  – Healthy development of social and emotional competencies

• Primary prevention
  • Practical strategies that stop health problems before they start
  • Improve outcomes long-term
• Address risk, promote protection
  • Mental health is more than the absence of challenges
  • Increased buffers, decreased challenges
• ACEs: Primary prevention in action
  • Decrease: financial instability, housing/food insecurity, caregiver stress
  • Increase: safe, stable, nurturing relationships, equitable opportunities
• Comprehensive approach
  • Intervention and treatment for those at acute risk
  • Near and long-term primary prevention
Best Available Evidence to Prevent ACEs

Preventing Adverse Childhood Experiences (ACEs):
Leveraging the Best Available Evidence

- Strengthen economic supports for families
- Promote social norms that protect against violence and adversity
- Ensure a strong start for children
- Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges
- Connect youths to caring adults and activities
- Intervene to lessen immediate and long-term harms
Suicide Prevention Resource for Action

Identify and support people at risk
Lessen harms and prevent future risk
Create protective environments
Strengthen economic support

Teach coping and problem-solving skills
Promote healthy connections
Improve access and delivery of suicide care

Suicide Prevention Resource for Action | Suicide | CDC
The power of prevention

Source: CDC Vital Signs 2019
ADDRESS IT TODAY. PREVENT IT TOMORROW.
We can reduce the generational impact of adverse childhood experiences (ACEs), overdose, and suicide.

URGENT IN EVERY COMMUNITY
ACEs, overdose, and suicide are critical and growing public health challenges.

- 5+ increase in suicide rates\(^2\) 1999 - 2018
- 6x increase in opioid overdose deaths\(^3\) 1999 - 2018

RELATED TO EACH OTHER
ACEs, overdose, and suicide have generational impact since preventing or addressing any one of these issues...

...decreases the risk of the others both now and for the next generation.

PREVENTABLE IF WE ACT NOW
Aligning policies and programs—and building on community strengths—can prevent ACEs, overdose, and suicide.

- Engage People as change agents in their communities
- Increase Understanding of the shared root causes
- Ensure Equity in policies, programs, and services
- Invest in Research to better understand what works

PREVENTION BENEFITS US ALL
Preventing ACEs, overdose, and suicide has wide-ranging benefits.

- Increased Economic Productivity
- Lower Healthcare Costs
- More Effective Programs and Services
- Longer Life Span

\(^1\) https://www.cdc.gov/vitalsigns/aces/index.html
\(^2\) https://www.cdc.gov/injury/data/briefs/vb362.htm
\(^3\) https://www.cdc.gov/injury/data/briefs/vb356-h.pdf

CDC's Injury Center Celebrates 30 years of protection, prevention, and progress.
○ How do the current trends compare to what you’re seeing in your state?
○ What are the biggest challenges you are seeing related to mental health in your state or community?

Discuss with your neighbor
NCSL Experts

Lauren Kallins
Legislative Director, HHS

Charlie Severance-Medaris
Senior Policy Specialist, Health

Autumn Rivera
Policy Specialist, Education
## Federal Landscape on Mental Health

<table>
<thead>
<tr>
<th>988 Suicide &amp; Crisis Lifeline</th>
<th>Bipartisan Safer Communities Act</th>
<th>Youth Mental Health Grants</th>
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<tbody>
<tr>
<td>• July 2022</td>
<td>• June 2022</td>
<td>• August 2022</td>
</tr>
<tr>
<td>• $432 million in federal funding</td>
<td>• Sweeping legislation</td>
<td>• $40.22 million in grants</td>
</tr>
<tr>
<td>• Partnership between states, DC &amp; territories</td>
<td>• Expands access to community and school-based behavioral health services for children and families</td>
<td>o Project AWARE</td>
</tr>
<tr>
<td>• “988 Convening Playbook for States, Territories, &amp; Tribes”</td>
<td></td>
<td>o Outreach &amp; Intervention</td>
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<td></td>
<td></td>
<td>o Training for school personnel &amp; first responders</td>
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<td></td>
<td></td>
<td>o Infant &amp; Early Childhood Mental Health</td>
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<tr>
<td></td>
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<td>• Transformation Transfer Initiative (TTI) Grants</td>
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Mental Health Legislation on the Federal Horizon

❖ Senate Finance-- Mental Health Care Integration Discussion Draft
  ▪ Better integration of mental health services in Medicare and Medicaid

❖ S.3846 - Justice and Mental Health Collaboration Reauthorization Act of 2022
  ▪ Grants to states and local governments to support collaboration between mental health and criminal justice systems
Trends in Suicide Prevention Legislation

- In 2022...
  - State legislatures have enacted 73 bills on suicide prevention
  - Legislation enacted in 30 states
- Common Topics
  - Youth Suicide Prevention
  - The 988 Lifeline
  - Access to Lethal Means
  - Veterans
  - First Responders/Emergency Workers
988 Suicide and Crisis Lifeline
National Suicide Hotline Designation Act of 2020

Key Details for States

○ Shorter, 3-digit number intended to be easier to remember.

○ Builds off existing infrastructure of the National Suicide Prevention Lifeline.

○ Allows states to impose a surcharge to support local call centers.
  • Similar to funding model in place for “911” calls.

○ Hotline will also include the Veterans Crisis Line.
How are States Supporting the Lifeline?

<table>
<thead>
<tr>
<th>Communications Surcharge</th>
<th>General Funds</th>
<th>Medicaid Waivers</th>
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<tbody>
<tr>
<td>• This surcharge is not required under federal law.</td>
<td>• General fund dollars can also be appropriated.</td>
<td>• States have applied for section 1115 waivers to support responses to the lifeline.</td>
</tr>
<tr>
<td>• Must be similar to surcharges imposed to support 911.</td>
<td>• Many lawmakers interested in what resources are already supporting behavioral health crises.</td>
<td>• These funds may be used to support emergency responses to callers, crisis stabilization and treatment.</td>
</tr>
<tr>
<td>• Must be used to support responses to calls to 988.</td>
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</tbody>
</table>
Expanding Call Center Capacity

• Call centers provide immediate support for a person in crisis.

• Local call centers may be able to do this more efficiently by connecting the caller...
  • To local resources.
  • To local emergency response.
  • To local crisis stabilization.
Supporting Mobile Crisis Units

- Behavioral health professionals and emergency responders working as a unit to respond to people in crisis.
- Trained specifically to address behavioral health crises.
- Allows law enforcement to focus on other priorities.
Expanding Access to Behavioral Health

• Leverage opportunities to expand access to crisis stabilization centers, certified community behavioral health clinics and other facilities.

• Creates an alternative to emergency departments.

• Can defray expensive treatments and improve outcomes.
Enacted 988 Legislation
A Few Examples

Colorado  Indiana  Nebraska  Utah  Virginia
Gatekeeper Training

Learning to identify the signs that someone may be experiencing a mental health crisis and the strategies to intervene can help prevent suicide and connect those with unmet mental health needs to the appropriate care.
State Examples

Maine  Florida  Oklahoma  Rhode Island
Addressing Access to Care

Many communities lack access to mental/behavioral health providers.

Rural communities may be especially impacted by workforce shortages.

Lack of insurance coverage or other insurance coverage issues may also contribute to a lack of access.

About 37% of Americans live in an area with a shortage of behavioral health providers.
State Policies: Workforce

- States including Colorado, Illinois, Maryland, Minnesota, Oregon, Pennsylvania, Texas and Washington recently enacted legislation to study behavioral health trends and develop plans to address workforce challenges.

- Washington - apprenticeship programs

- South Dakota - licensure by endorsement for counselors and marriage and family therapists

- Minnesota - Health Professionals Service Program

- NCSL Report: State Strategies to Recruit and Retain the Behavioral Health Workforce
Education Student Mental Health & Well-Being Legislative Trends

Autumn Rivera
December 2022
Supporting a Positive School Climate

**Connecticut H.B. 7215**
(Enacted 2019)
Requires Local & Regional Boards of Education to Develop Safe School Climate Policies & Assess School Climate Committees

**Washington H.B. 2816**
(Enacted 2020)
Requires the Development of Model Policy & Procedure for Nurturing a Positive Social and Emotional Climate

**Colorado H.B. 1376**
(Enacted 2022)
Requires Colorado's DOE to Compile Data and Create Reports Around Supportive Learning Environments for K-12 Students
Mental Health & Wellness Curricula

**Maine S.P. 303**  
(Enacted 2019)  
Requires K-12 Health Education Instruction to Include Mental Health Topics

**California S.B. 224**  
(Enacted 2021)  
Requires Mandatory Mental Health Education for K-12

**South Carolina H.B. 3257**  
(Enacted 2020)  
Revises Existing Heath Standards to Address Mental, Emotional, and Social Health

**Delaware H.B. 301**  
(Enacted 2022)  
Requires Delaware’s DOE to Establish & Implement Statewide SMH Education Programs for K-12
Suicide Prevention Programs & Services

California A.B. 1767
(Enacted 2019)
Requires Adoption of Suicide Prevention Plans for Grades 1-6

Oregon S.B. 52
(Enacted 2019)
Requires Districts to Develop a Comprehensive Plan on Suicide Prevention, Intervention, and Healing

New Hampshire S.B. 234
(Enacted 2022)
Requires Student Identification to Include the Number for the National Suicide Prevention Lifeline
Mental Health Screening & Services

**Utah H.B. 323**  
(Enacted 2020)  
Allows for the Implementation of Evidence-Based Mental Health Screening Program

**Iowa S.B. 2261**  
(Enacted 2020)  
Provides Telehealth Behavioral Health Services on School Grounds

**Washington S.B. 5030**  
(Enacted 2021)  
Requires the Development of a Comprehensive School Counseling Program

**New Jersey A.B. 970**  
(Enacted 2021)  
Establishes a $1 Million Mental Health Screening in Schools Grant Program
Mental Health Related Absenteeism

**Maine H.P. 1326**  
(Enacted 2020)  
Includes Mental and Behavioral Health Needs as Excusable Absences

**Nevada S.B. 249**  
(Enacted 2021)  
States a Qualified Mental/Behavioral Health Professional Can Excuse a Pupil

**Illinois S.B. 1577**  
(Enacted 2021)  
Allows Students to Take up to Five Mental Health Days a Year

**Kentucky H.B. 44**  
(Enacted 2022)  
Requires School District’s Attendance Policy to Include SMH or Behavioral Health Provisions
Workgroups, Task Force, Pilot Programs, & Commissions

**Hawaii S.R. 45**  
(Enacted 2021)  
Convenes a Working Group to Create a Statewide School Policy Around Suicide

**Louisiana H.R. 173**  
(Adopted 2022)  
Creates a Task Force to Study Student Behavior, Mental Health, and Discipline

**New Hampshire H.B. 131**  
(Enacted 2019)  
Develops a Commission to Develop and Promote Mental/Behavioral Health Wellness Programs
Adult Capacity Staff Training & Professional Development

**Oklahoma H.B. 1905**  
(Enacted 2019)  
Requires Teacher Candidates to Study Trauma-Informed Responsive Instruction

**Illinois H.B. 355**  
(Enacted 2019)  
Professional Educator License Renewal Legislation that Requires PD in Inclusive Instructional Practices and SEL

**West Virginia S.B. 230**  
(Enacted 2020)  
Requires Virginia’s Board of Education to Provide Routine Education in Suicide Prevention
Mental Health Professional Staffing Ratios

Virginia H.B. 1508
(Enacted 2020)
Requires a Ratio of Students to Mental Health Professionals in Schools

Alabama H.B. 123/
S.B. 306
(Enacted 2022)
Requires a Mental Health Service Coordinator for Each Public K-12 School System

Maryland H.B. 844
(Enacted 2019)
Produces an Interim Report on Ratio of Students to Mental Health Professionals and More

Delaware H.B. 100/
H.B. 300
(Enacted 2021 & 2022)
Requires a Predetermined Ratio of Students to Mental Health Professionals in Schools
Partner/Table Activity

Brainstorm and identify:

- 3 key points or insights
- 2 questions that deserve more exploration
- 1 big take away for the larger group
Thank you!