TABLE OF CONTENTS

What is Mental Health First Aid? ...................................................... 2
Why Mental Health First Aid? ....................................................... 4
How to Be Part of the Solution ..................................................... 7
Drafter’s Checklist ..................................................................... 8
MentalHealthFirstAid.org ............................................................. 11
The National Council for Behavioral Health ......................... 11
Appendix: Legislative Tracking Chart ................................. 12
THERE IS A
MENTAL HEALTH CRISIS IN AMERICA

MORE THAN 40 MILLION AMERICANS have a mental health condition or substance use disorder, yet many are reluctant to seek help, can’t afford it or don’t know how to access care. Signs of mental health and substance use challenges are difficult to recognize, which is why it’s important for everyone to understand the warning signs and risk factors. Even when friends and family know someone may be developing a mental illness and recognize something is amiss, they may not know how and when to intervene or direct the person to proper treatment. People with mental illnesses themselves often don’t know how to ask for help or are too embarrassed or afraid, and all too frequently, those in need of mental health services do not receive them until it is too late.

Across the country, suicides and opioid overdoses are increasing. It is time our policies addressed the reality of this tragic epidemic. This means smarter investments in evidence-based approaches like Mental Health First Aid which, like CPR and first aid, gives people the tools they need to help someone facing a mental health or substance use disorder.

“Mental Health First Aid builds tangible skills in addition to raising awareness of mental illness and substance abuse. Although there are shorter trainings, our research shows that a full 8 hours is necessary for participants to not only learn how to respond to situations, but to also practice having conversations they would not otherwise have in a safe setting.”

— BETSY SCHWARTZ, VICE PRESIDENT OF PUBLIC EDUCATION AND STRATEGIC INITIATIVES, NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
WHAT IS MENTAL HEALTH FIRST AID?

MENTAL HEALTH FIRST AID teaches individuals how to understand, identify and respond to signs of mental illnesses and substance use disorders. The course introduces participants to risk factors and warning signs of mental health and substance use concerns, builds understanding of their effects and how they manifest and provides an overview of common treatments and where to find them locally. Through role-playing and interactive exercises, the training provides participants concrete, context-specific skills to assess a mental health crisis, provide initial help and connect people to professional, peer and social supports as well as self-help resources.

MENTAL HEALTH FIRST AID encourages early detection and intervention by teaching participants about the signs and symptoms of specific illnesses like anxiety, depression, schizophrenia, bipolar disorder, eating disorders and substance use disorders. The program offers concrete tools and answers key questions like “What can I do?” and “Where can someone find help?” Participants are introduced to local mental health resources, national organizations, support groups and online tools for mental health and substance use disorder treatment and support. The training also includes a dedicated section on suicide prevention, including how to recognize suicidal thinking and behavior, and guidelines on how to safely intervene.

In 2008, the National Council for Behavioral Health brought Mental Health First Aid to the U.S. from Australia. To date, more than 1.5 million people in communities across the country have been trained in Mental Health First Aid through a network of more than 14,000 certified Instructors.

ALGEE: The Action Plan

Assess for risk of suicide or harm.

Listen non-judgmentally.

Give reassurance and information.

Encourage appropriate professional help.

Encourage self-help and other support strategies.

KEY STATS

MILLIONS TRAINED
More than 1.5 million people have been trained in Mental Health First Aid.

COAST-TO-COAST
Mental Health First Aid offers a national network of more than 14,000 instructors.

STATE POLICY
Twenty (20) states have enacted Mental Health First Aid policies.
The National Council for Behavioral Health offers three distinct training programs for adults, adults who work with youth and teens. This overview reflects what each program entails. For more information, please visit MentalHealthFirstAid.org.

<table>
<thead>
<tr>
<th>Mental Health First Aid</th>
<th>Youth Mental Health First Aid</th>
<th>Teen Mental Health First Aid (in pilot phase)</th>
</tr>
</thead>
</table>
| **Audience** | General community with tailored modules designed for higher education, public safety, military, veterans and their families, youth, older adults, fire & EMS and law enforcement | Educators, school personnel and others who have regular contact with youth. | - 10th-12th grade students  
- Schools/organizations offering Teen Mental Health First Aid training are required to train all classes in the 10th grade.  
- At least 10% of adult faculty and staff must be trained in Youth Mental Health First Aid. |
| **Format** | In-person | In-person | Three 75-minute sessions |
| **Key Takeaways** | Learn to identify and respond to signs of mental illness and substance use. Includes suicide prevention training and crisis de-escalation techniques and scenarios. | Learn to identify and respond to signs of mental illness and substance use in adolescents. Includes suicide prevention training and crisis de-escalation techniques and scenarios. | Teens learn how to recognize the signs of developing mental illnesses, mental health crises, suicide and substance use. Trained to reach out to a trusted adult to address the issue. |
| **Continuing Education Credit** | Variable | Variable | TBD |
| **Instructor Certification Process** | Three-day training includes written exam and 25- to 30-minute presentation of a section of curriculum; required to conduct three courses a year to maintain certification and refresh training every three years. | Three-day training includes written exam and 25- to 30-minute presentation of a section of curriculum; required to conduct three courses a year to maintain certification and refresh training every three years. | Three-day training includes written exam and 25- to 30-minute presentation of a section of curriculum; required to conduct three courses a year to maintain certification and refresh training every three years. |
| **Cost** | Average cost to train one First Aider = $170  
Tuition for one Instructor certification = $2,000 | Average cost to train one First Aider = $170  
Tuition for one Instructor certification = $2,000 | Pending |
Why Mental Health First Aid?

Through the enactment of statewide policies that extend Mental Health First Aid trainings to law enforcement, educators, first responders and many other members of the public, communities can ensure those in need receive timely and professional help.

Mental Health First Aid is unique among behavioral health training programs due to its adaptability, evidence-based approach and rigorous oversight by the National Council for Behavioral Health.

Adaptability
Mental Health First Aid provides the general public with the tools needed to recognize the signs, symptoms and risk factors of mental illness and substance use. The program offers special courses designed to address the specific needs of a wide range of community members, including law enforcement, educators, veterans and their families, the elderly, rural populations, fire and EMS, youth and teens and many more.

The program continues to innovate with new resources, skills training and flexible training options. The National Council recently started integrating modules that train individuals in opioid response, including the use of naloxone and addressing first episode psychosis. Starting in 2019, the National Council will adapt Mental Health First Aid training to be administered both in-person and online to provide flexibility for individuals working to complete the course.

Evidence-Based Approach
Mental Health First Aid is an internationally recognized program that is proven to be effective.

Study Up
Studies show that Mental Health First Aid reduces stigma, the social distance created by negative attitudes and perceptions of individuals with mental illnesses.

Download Mental Health First Aid Efficacy: A Compilation of Research Efforts, which provides a list of studies and academic reviews.
highly effective. Peer-reviewed studies published in the United States and abroad show that individuals trained in the program:

- Grow their knowledge of signs, symptoms and risk factors of mental illnesses and substance use disorders.
- Can identify multiple types of professional and self-help resources for individuals with a mental illness or substance use disorder.
- Increase their confidence in and likelihood to help an individual in distress.
- Show signs of increased mental wellness themselves.

RIGOROUS OVERSIGHT

The program is supported and implemented by the National Council for Behavioral Health and its network of 82 state association members. Through dedicated Mental Health First Aid staff, the National Council engages in fidelity monitoring of its instructors, which is designed to ensure they are staying faithful to the program, and manages an ongoing certification and recertification process. Instructors are required to take part in a three- to five-day training which includes a written exam and 25 to 30-minute presentation of a section of the curriculum. To maintain their certification, instructors must conduct at least three courses a year to stay up-to-date with the program.

The National Council for Behavioral Health operates Mental Health First Aid USA in partnership with the Missouri Department of Mental Health, and has a vision that Mental Health First Aid will become as common as CPR and first aid training. That means having regular courses offered in every community across the U.S. to ensure the best program is being offered at all times, the National Council works with its association partners, instructors and community stakeholders to constantly update the training program and materials to incorporate the latest skills and information. The program is implemented by local nonprofits, community groups and businesses. Certified Instructors are often local and from the communities they serve. States partnering with the National Council to offer Mental Health First Aid know they are getting a reliable, evidence-based curriculum that is taught by nationally certified Instructors who are monitored and recertified by the National Council’s dedicated staff.

Anyone can make the difference for someone facing a mental health or substance use crisis — they just need the basic tools and an action plan. That is why any comprehensive approach to behavioral health should include expanded education and Mental Health First Aid training opportunities in every community.
KNOWLEDGE AND TRAINING GAPS

A LACK OF UNDERSTANDING AND TRAINING on behavioral health issues has led to a sense of helplessness among community leaders, families and the general public when it comes to helping an individual facing a mental health or substance use crisis. In many cases, this has led to adoption of stop-gap policies or training programs that only scratch at the surface of the challenge. Evidence-based programs that address the scope of the challenge and empower individuals to intervene should be widely implemented to ensure trainings fully meet the needs of our communities.

This is a community-wide challenge and trainings need to be accessible to everyone. Mental Health First Aid is intended for all people and organizations that make up the fabric of a community. The course is presented to professionals who interact with large segments of vulnerable populations (police officers, teachers, emergency services personnel) and members of the general public who are interested in learning more about mental illness and substance use disorder. Mental Health First Aid instructors have trained Chambers of Commerce, professional associations, hospitals, nursing homes, Rotary Clubs, parent organizations, social clubs and other groups. Currently, less than one percent of Americans are adequately trained to recognize and respond to signs of mental illness.

State-supported programs should be evidence-based. When evaluating training options and crafting policies, lawmakers should look for programs that are both evidence-based and have clear certification and/or licensing procedures for instructors. Programs should educate individuals to recognize the signs and symptoms of mental illness, while also training them concrete skills to safely de-escalate crisis situations, develop action plans for individuals showing signs of distress and direct those individuals to resources within the community. There should also be built-in oversight to ensure that instructors continue to properly teach the materials and are required to be recertified every three years.

Trainings must be sufficient to address the challenge. More than 40 million Americans have a mental health condition (one in five adults). Fifty-six percent of American adults with a mental illness do not receive treatment and nearly 50 percent of those suffering from a mental illness have a co-occurring substance use disorder. The scale and unpredictability of the challenge facing our communities means that trainings have to be designed to provide citizens a range of tools and tactics. Training programs should teach individuals how to apply an action plan in a variety of situations such as helping someone through a panic attack, safely engaging someone who may be suicidal, or assisting an individual who has overdosed. An important component of the Mental Health First Aid course is the opportunity to practice a five-step intervention strategy rather than to just learn about it. This simple experience can make it easier to apply the knowledge in a real-life situation.

Intervening before a challenge becomes a crisis. Just as CPR training helps a person with no clinical training assist someone following a heart attack, Mental Health First Aid training helps a person assist someone experiencing a mental health or substance use crisis. In both situations, the goal is to help support an individual until appropriate professional help arrives. Mental Health First Aiders learn a five-step strategy that includes assessing risk, respectfully listen-
ing to and supporting the individual in crisis and identifying appropriate professional help and other supports. Participants are also introduced to risk factors and early warning signs for mental health and substance use problems, engage in experiential activities that build understanding of the impact of illness on individuals and families and learn about evidence-supported treatment and self-help strategies.

**HOW TO BE PART OF THE SOLUTION**

**SINCE 2015, 20 STATES HAVE** made Mental Health First Aid a priority by enacting policies that allocate funding for trainings, require certification standards for public sector employees and establish statewide mental health training programs and mandates. You can find a complete legislative tracking chart in Appendix I.

We are grateful for the leadership of policymakers like Rhode Island State House Majority Leader Joseph Shekarchi (D) and Rhode Island State Senator Stephen Archambault (D) who championed Rhode Island’s police Mental Health First Aid training mandate; Texas State Senator Charles Schwertner (R) and Texas State Representative Garnet Coleman (D) who secured $5M for to train Texas educators in Mental Health First Aid across the state.

**VIRGINIA SB 1020 (2017)**
Requires fire departments and emergency medical agencies to develop curricula for mental health awareness training for their personnel. The bill provides personnel who receive the training shall receive continuing education credits.

**RHODE ISLAND SB 2401 (2017)**
Required Mental Health First Aid training for all police recruits.

**Why we are calling on state lawmakers to establish pathways for their constituents to access Mental Health First Aid trainings by enacting polices that will:**

1. Establish clear and comprehensive training objectives.
2. Target the training needs of specific populations.
3. Provide funding for training that is sustained and right-size for the stated goals and target populations.
4. Mandate training for public sector employees who engage directly with vulnerable populations, including youth.
5. Ensure Mental Health First Aid is included as an option to satisfy professional development credits.

Additional best practices to consider when drafting legislation aimed at expanding mental health and substance use trainings in your state include: clear supervisory authority, timelines for compliance, data collection and reporting mechanisms and methods for impact evaluation.

The National Council for Behavioral Health can help state legislators, advocates and state associations draft and enact comprehensive training policies and assist communities in bringing Mental Health First Aid training to their citizens.
DRAFTER’S CHECKLIST

ENSURING POLICIES AT THE STATE LEVEL

provide preventive, community-based mental health and substance use trainings will take a deep commitment at all levels of government. Every state must be a partner in expanding and creating pathways for citizens to access effective, evidence-based mental health resources and trainings. This checklist provides guidance to lawmakers in the drafting of policies to bring Mental Health First Aid to their states and covers key provisions to be included in state training laws.

The following is a detailed description of each of the recommended policies, along with sample language and examples from states that have passed legislation. The National Council for Behavioral Health’s legislative reforms and recommendations seek to establish a comprehensive approach to bringing Mental Health First Aid trainings to a broad and diverse cross-section of any state’s population. Every state should customize the model language to ensure it addresses each state’s unique challenges and existing statutes. The National Council for Behavioral Health is ready to help in drafting and enacting the best legislation possible.

POLICY #1: Establish clear and comprehensive training objectives.

Effective policy should start with clear and comprehensive objectives and definitions that specify that trainings eligible for adoption, implementation and funding must utilize evidence-based programs. Defining comprehensive training objectives will differentiate Mental Health First Aid training from other programs that may or may not meet the legislative intent. These objectives should include recognizing the signs of mental illness, providing timely referral to services and providing tools for the safe de-escalation of related crisis situations.

SAMPLE LANGUAGE

TRAINING OBJECTIVES

Mental health and addiction trainings that meet the objectives of this legislation, subject to appropriation, and are eligible for funding must utilize evidence-based programs that educate on: (i) recognizing the signs and symptoms of mental illness and addiction, including common psychiatric conditions such as schizophrenia, bipolar disorder, major clinical depression, anxiety disorders and common substance abuse disorders, including opioids and alcohol; (ii) providing referral to mental health and addiction services or other supports in the early stages of developing mental disorder and recommending resources available in the community for individuals with a mental illness, substance use disorder and other relevant resources; and (iii) ensuring the safe de-escalation of crisis situations involving individuals with a mental illness.

DEFINITIONS

“Mental Health First Aid training program” refers to the Mental Health First Aid training program administered by the agency/department in charge of implementing mental health training in the state, as specified below. “Certified instructors” refers to individuals who obtain or have obtained a national certification to provide the Mental Health First Aid training by successfully completing a 3–5 day (i) on-site Instructor Training Certification Course hosted by the Mental Health First Aid training program (and delivered locally by Master Trainers from the National Council for Behavioral Health) or (ii) an open-enrollment Instructor Training Certification Course hosted by the National Council for Behavioral Health and offered at various locations across the country.

EXAMPLE LEGISLATION

Maine LD 1335 (2017) — Mandates Youth Mental Health First Aid training to secondary school health educators. Requires trainers be certified by a national organization for behavioral health.
**POLICY #2: Provide sustained funding for trainings, right-sized for the stated goals and target populations.**

Policies should include a proposed funding amount and sustained timeline that is right-sized for the stated policy goals and target population. This will incorporate cost calculations with differences in impact at various funding levels and a cost benefit analysis where available. Language around funding should specify what makes a training program eligible for funding (trainers that are properly licensed, target population categories, etc.) and take into account the time it will take to achieve the stated policy goals. A provision on the distribution of training grants should be included to ensure that rural areas and other underserved populations receive equitable funding for training.

**SAMPLE LANGUAGE**

**ELIGIBILITY**

To be eligible for funding, mental health training programs shall: (i) be designed to train individuals in the target population categories (e.g., teachers, law enforcement, veterans, etc.); (ii) ensure that training is conducted by trainers that are properly licensed and/or credentialed by nonprofit entities as designated by the Secretary; and (iii) include a core live training course on the skills, resources and knowledge to assist individuals in crisis to connect with appropriate local mental health care services, training on mental health resources in the community and training on action plans and protocols for referral to such resources.

**TRAINING GRANTS**

Subject to appropriations made to agency/department, the agency/department shall support training grants for Mental Health First Aid. These training grants may support hardship subsidies for (state) Mental Health First Aid training fees.

**DISTRIBUTION OF TRAINING GRANTS**

When awarding training grants, the agency/department shall distribute training grants equitably among the geographical regions of the state paying particular attention to the training needs of rural areas and areas with underserved populations or professional shortages.

**EXAMPLE LEGISLATION**

Illinois HB 1538 (2013) — The Illinois Mental Health First Aid Training Act implemented a training program in the state administered by the Department of Human Services and set guidelines for training grants.

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**POLICY #3: Target the needs of specific populations.**

Policies perform better when they target the needs of a specific population that is of special concern/importance to a state’s legislators and the state’s behavioral health association(s). These populations include educators (school and college), veterans, youth, law enforcement, first responders, veterans and rural communities. To ensure successful policy implementation, the policy must be crafted in partnership with and buy-in from organizations that represent the target populations.

**SAMPLE LANGUAGE**

**TARGET POPULATION**

In order to have measurable impact on the “youth suicide” epidemic in the state, 25 percent of all educators and school and university personnel must be trained in Youth Mental Health First Aid by the end of Year Two of this policy being enacted. Implementing agencies have determined this number as feasible with partnership from at least 40 school districts across the state.

**EDUCATIONAL REQUIREMENTS**

A governing body for standards and training shall prepare and publish mandatory training standards to provide instructions for individuals in identifying and handling of incidents involving mental health or substance use crises and shall develop guidelines for responses to
POLICY #4: Mandate trainings for public sector employees that engage with large populations.

Mental Health First Aid policies can achieve long-term success in a state if they mandate trainings for public sector employees that engage with large populations. For a mandate to be successful and provide accountability, it must include implementation partners, supervisory authority, reasonable timeline for compliance, consequences for non-compliance, data collection and reporting mechanisms and methods for impact evaluation. Additionally, a well-crafted mandate will provide funding to train instructors and implement trainings for First Aiders.

SAMPLE LANGUAGE

ADMINISTRATION

A state agency/department shall administer the Mental Health First Aid training program so that certified trainers can provide residents, professionals and members of the public with training on how to identify and assist someone who is believed to be developing or has developed a mental health or an alcohol or substance use crisis or who is believed to be experiencing a mental health or substance use crisis.

EVALUATION

The agency/department, as the Mental Health First Aid training authority, shall ensure that evaluative criteria are established that measure the distribution of the training grants and the fidelity of the training processes to the objective of building mental health, alcohol use and substance use literacy designed to help the public identify, understand and respond to the signs of mental illness and alcohol and substance use disorders.

EXAMPLE LEGISLATION

Indiana HB 1430 (2017) — Required schools to offer two hours minimum of suicide awareness and prevention training for all employees.

Rhode Island SB 2401 (2017) — Required Mental Health First Aid training for all police recruits.

The Jason Flatt Act — First passed in 2017 in Tennessee, this act is an inclusive and mandatory youth suicide awareness and prevention legislation pertaining to teacher’s in-service training. It requires all educators in the state to complete two hours of youth suicide awareness and prevention training in order to be able to be licensed to teach. In all, 20 states have now passed the Jason Flatt Act (40 percent of all states).

TRAIN TODAY

Mental Health First Aid instructors are the backbone of the movement. Sign up for training certification today by visiting Mental Health First Aid online.

POLICY #5: Ensure Mental Health First Aid is an option to satisfy professional development credits.

Providing Mental Health First Aid as an option to satisfy professional development credits expands training options in a state and incentivizes target populations to complete the training. These credits include continuing education training requirements for educators and other fields and ongoing vocational/professional certification for direct service providers. Where continuing education requirements related to mental health currently exist, the state should standardize the language across sectors to ensure Mental Health First Aid is included as an option in fulfilling the relevant requirements.
SAMPLE LANGUAGE

PROFESSIONAL DEVELOPMENT
Not later than one year after the effective date of the act, the department/agency in conjunction with the department of health and human services, shall develop or adopt a professional development course which must include instruction on both of the following: (i) identifying potential risk factors and warning signs for mental illnesses, including, but not limited to, depression anxiety, trauma, psychosis, eating disorder, substance use disorders and self-injury and (ii) strategies for helping an individual experiencing a mental health crisis, including, but not limited to, assessing risk, listening respectfully, supporting the individual and identifying professional help and other resources for the individual. The professional development course developed or adopted may be counted toward the fulfillment of continuing education requirements related to behavioral health.

STANDARDIZING
Mental and/or behavioral health continuing education requirements for public service employees can be fulfilled through the successful completion of Mental Health First Aid. The department/agency in conjunction with the department of health and human services, shall adopt and standardize the inclusion of Mental Health First Aid as a professional development course where appropriate within existing and/or relevant continuing education requirements.

EXAMPLE LEGISLATION

Michigan HB 5524 (introduced 2018) — Includes Mental Health First Aid to satisfy the continuing education credits requirement for teachers.

Texas HB 11 (2017) — Allows an educator to fulfill continuing education requirements through Mental Health First Aid training.

Virginia SB 1020 (2017) — Requires fire departments and emergency medical services agencies to develop curricula for mental health awareness training for their personnel. The bill provides that such personnel who receive the training shall receive appropriate continuing education credits.

MentalHealthFirstAid.org

To learn more about the Mental Health First Aid training program please visit our website MentalHealthFirstAid.org where you will find more information about the types of courses offered, case studies and about our research and evidence base.

The website also includes an extensive resource library to help friends, family or individuals who are experiencing a mental health crisis, an integrated blog and press release archive to help you stay up to date with news related to Mental Health First Aid trainings and information to contact our team.

You can also stay up to date with our national and state legislative policy agenda by visiting the National Council for Behavioral Health’s Action Center and find downloadable resources to support your Mental Health First Aid advocacy work.

Connect with us on Twitter (@MHFirstAidUSA) and sign up for our newsletter to learn more.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

National Council for Behavioral Health

The National Council for Behavioral Health is the unifying voice of America’s health care organizations that deliver mental health and substance use disorder treatment and services. Together with our 3,000 member organizations serving over 10 million adults, children and families living with mental illnesses and substance use disorders, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. Since the National Council introduced Mental Health First Aid USA, more than 1.5 million Americans have been trained.

The National Council’s professional staff is available to help legislators with the drafting and enactment of comprehensive mental health training policies. We can also connect state leaders with advocacy tools, resources, technical assistance and expert testimony.

To learn more, contact MHFAinfo@TheNationalCouncil.org.
## APPENDIX I: LEGISLATIVE TRACKING CHART

<table>
<thead>
<tr>
<th>State</th>
<th>Bill No.</th>
<th>Bill Summary (in relation to Mental Health First Aid)</th>
<th>Appropriation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>HB 1162</td>
<td>Department of Human Services supplemental appropriation. Includes $210,000 appropriation for Mental Health First Aid.</td>
<td>$210,000</td>
</tr>
<tr>
<td>Florida</td>
<td>SB 2500</td>
<td>Provides appropriation to the Reach Institute Behavioral Health Service for provider training services.</td>
<td>$442,000</td>
</tr>
<tr>
<td>Illinois</td>
<td>HB 4795</td>
<td>Substance use disorder act (includes Mental Health First Aid training provisions).</td>
<td>None</td>
</tr>
<tr>
<td>Illinois</td>
<td>HB 4658</td>
<td>Mental health awareness in schools [board to require Mental Health First Aid training to personnel and administrators].</td>
<td>None</td>
</tr>
<tr>
<td>Indiana</td>
<td>SB 230</td>
<td>Suicide prevention. Includes a Mental Health First Aid training program provision.</td>
<td>None</td>
</tr>
<tr>
<td>Kentucky</td>
<td>HB 30</td>
<td>An act relating to suicide prevention training.</td>
<td>None</td>
</tr>
<tr>
<td>Kentucky</td>
<td>HB 68</td>
<td>Requires the Department of Criminal Justice Training to provide a law enforcement professional development and wellness program. Provides funds from the Kentucky Law Enforcement Foundation Program.</td>
<td>None</td>
</tr>
<tr>
<td>Louisiana</td>
<td>HB 148</td>
<td>Implementation of the Zero Suicide initiative and a state suicide prevention plan.</td>
<td>None</td>
</tr>
<tr>
<td>Maine</td>
<td>LD 1322</td>
<td>Mandated Mental Health First Aid training for all corrections personnel.</td>
<td>None</td>
</tr>
<tr>
<td>Virginia</td>
<td>SB 670</td>
<td>Requires fire departments and emergency medical agencies to develop curricula for mental health awareness training for personnel. The bill provides personnel who receive training shall receive appropriate continuing education credits.</td>
<td>None</td>
</tr>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
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<tr>
<td>California</td>
<td>AB 1315</td>
<td>Mental health: early psychosis and mood disorder detection and intervention.</td>
<td>None</td>
</tr>
<tr>
<td>Colorado</td>
<td>SB 17-163</td>
<td>Funding for Mental Health First Aid training.</td>
<td>$210,000</td>
</tr>
<tr>
<td>Year</td>
<td>State</td>
<td>Bill</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
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<tr>
<td>2017</td>
<td>Conn.</td>
<td>SB 953</td>
<td>Mandates the Board of Education to assist local and regional boards of education to offer Mental Health First Aid training.</td>
</tr>
<tr>
<td></td>
<td>Indiana</td>
<td>HB 1430</td>
<td>Requires schools to offer suicide awareness and prevention training for employees, as well as Mental Health First Aid.</td>
</tr>
<tr>
<td></td>
<td>Indiana</td>
<td>HB 1535</td>
<td>Study of law enforcement training matters, includes Mental Health First Aid training for law enforcement.</td>
</tr>
<tr>
<td></td>
<td>Maine</td>
<td>LD 1335</td>
<td>Mandates Youth Mental Health First Aid training to secondary school health educators.</td>
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<tr>
<td></td>
<td>Texas</td>
<td>SB 1533</td>
<td>Funds Mental Health First Aid training for university staff.</td>
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<tr>
<td></td>
<td>Texas</td>
<td>HB 11</td>
<td>Allows an educator to fulfill continuing education requirements through Mental Health First Aid training.</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>HB 1911</td>
<td>Requires each resident assistant at a university to receive Mental Health First Aid training.</td>
</tr>
<tr>
<td></td>
<td>Virginia</td>
<td>SB 1020</td>
<td>Requires fire departments and emergency medical agencies to develop curricula for mental health awareness training for personnel. Provides that such personnel who receive training shall receive appropriate continuing education credits.</td>
</tr>
<tr>
<td>2016</td>
<td>Minnesota</td>
<td>Statute 245.4889</td>
<td>Allows the commissioner to make grants from available appropriations to assist Mental Health First Aid training.</td>
</tr>
<tr>
<td></td>
<td>R. Island</td>
<td>S 2401</td>
<td>Requires Mental Health First Aid training for police recruits.</td>
</tr>
<tr>
<td>2015</td>
<td>California</td>
<td>SB 29</td>
<td>Peace officer training requires eight hours of crisis intervention behavioral health training.</td>
</tr>
<tr>
<td></td>
<td>Minnesota</td>
<td>SF 1311</td>
<td>Funds Mental Health First Aid for teachers, social service staff, law enforcement and others who work with children.</td>
</tr>
<tr>
<td></td>
<td>Montana</td>
<td>SB 418</td>
<td>Grants appropriations to Richland County for Mental Health First Aid to sheriff’s deputies and jailers.</td>
</tr>
<tr>
<td></td>
<td>N. Dakota</td>
<td>SB 2048</td>
<td>Requires Mental Health First Aid training to be provided by school districts as part of teacher licensure requirements.</td>
</tr>
<tr>
<td></td>
<td>N. Dakota</td>
<td>SB 2046</td>
<td>Funds Mental Health First Aid training for highway patrol.</td>
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</tbody>
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