



MENTAL
HEALTH
FIRST AID®

2014 MENTAL HEALTH FIRST AID STATE POLICY TOOLKIT

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EXECUTIVE SUMMARY

In 2008, the National Council, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health brought Mental Health First Aid® to the United States, with the ten-year goal of making Mental Health First Aid training as common as CPR. As follow-up to our 2013 State Legislative Toolkit, the National Council conducted a legislative scan, a survey of National Council members, and in-depth interviews with selected policy experts and advocates to assess progress and learn about successful policy strategies toward that goal.

Significant Policy Success in 2013 – 2014

In the 2013-2014 legislative session, 21 states passed legislation or initiated executive programs related to Mental Health First Aid. Mental Health First Aid continues to receive broad support from policymakers, advocates, and participants in the trainings. In addition to standard legislative efforts, states and community advocates have collaborated to find creative approaches to implement Mental Health First Aid, including applying for federal and private grants and finding new partners (such as religious leaders, public safety entities, social service agencies, librarians, veteran's organizations, and college health services).

Our research this year confirmed the following core components exist in a well-constructed state Mental Health First Aid initiative:

- ✚ Clearly communicated need for increased knowledge about mental illness and addiction, and related services in the community.
- ✚ Specific reference to the Mental Health First Aid program, including the need for certified Mental Health First Aid instructors.
- ✚ Dedicated funding to sustain the Mental Health First Aid program.
- ✚ Specified agency leadership to oversee the Mental Health First Aid program, including evaluation of the impact and reach.
- ✚ Key stakeholders and agencies included in policy development, including a legislator or executive willing to champion the Mental Health First Aid cause.

1 Kitchner, Betty A. and Jorm, Anthony. Mental Health First Aid Training: A review of evaluation studies. Australian and New Zealand Journal of Psychiatry 2006; 40:6–8.

2 Jorm, Anthony F, Kitchener, Betty A., O'Kearney, Richard, and Dear, Keith BG. Mental health first aid training of the public in a rural area: a cluster randomized trial. BMC Psychiatry 2004, 4:33.

3 Full list of studies can be accessed at www.mhfa.com.au/evaluation.

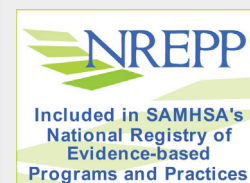
4 SAMHSA National Registry of Evidence-Based Programs. <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=321>.

What Is Mental Health First Aid?

Mental Health First Aid USA® is an, 8-hour in-person training designed for anyone to learn about mental illnesses and addictions, including risk factors and warning signs. Similar to CPR, participants learn a 5-step action plan to help people who are developing a mental health problem or in crisis. It is a low-cost, high-impact program that emphasizes the concept of neighbors helping neighbors.

Mental Health First Aid is an Evidence-based Practice

Mental Health First Aid has a strong evidence base.^{1,2} Detailed studies have been completed and journal articles published on Mental Health First Aid's impact on public awareness, stigmatizing attitudes about mental illness and application of helping "first aid" behaviors.³ In 2013, SAMHSA added Mental Health First Aid to their National Registry of Evidence-based Programs and Practices (NREPP).⁴



Strategies for Success

The strongest and most compelling advocates for the value and impact of Mental Health First Aid are the individuals who complete the training (known as First Aiders) and the people who teach it (Instructors). It is their passion and creativity that has helped spread this program effectively to date. Other key strategies include:

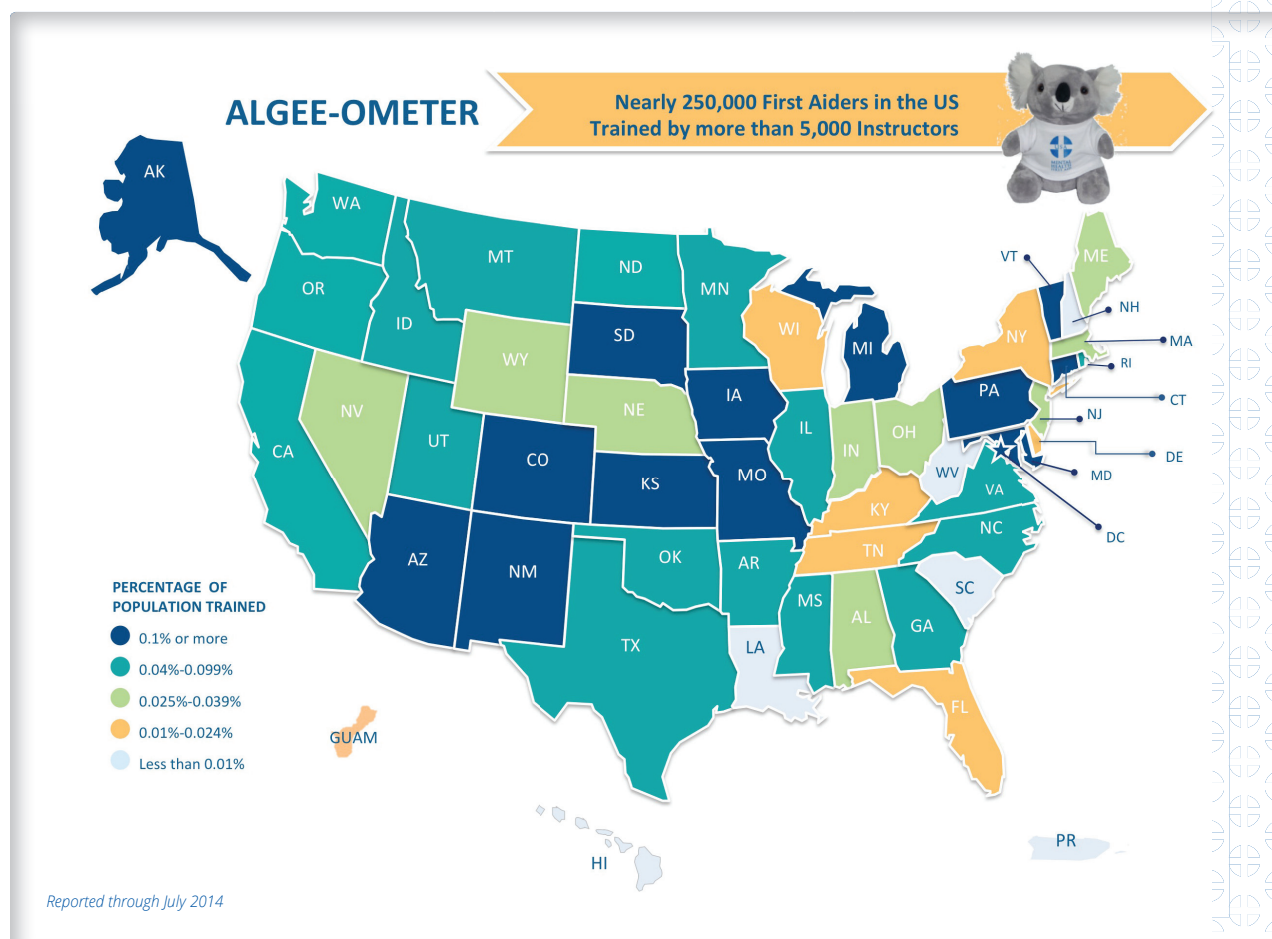
- ✚ Identify champions both in the legislature and in the community.
- ✚ Connect to community organizations and agencies that can benefit from Mental Health First Aid.
- ✚ Focus on specific needs of the community in designing the scope and frequency of Mental Health First Aid programs
- ✚ Use data to demonstrate value and program effectiveness.
- ✚ Collaborate with government, businesses, foundations, and community-based organizations to implement and market Mental Health First Aid.

Mental Health First Aid is taking hold throughout the country, and now is the time to ensure that every state has an effective program in place.

Model Legislation

The 2014 Mental Health First Aid State Policy Toolkit identifies several legislative “models” that may benefit other state advocates and policy-makers, specifically:

- *Nebraska LB 901 (2014)*
- *Colorado HB 1248 (2014)*
- *Washington HB 1336 (2013)*
- *Illinois HB 1339 (2014)*
- *Texas SB 955 (2013) and SB 460 (2014)*



INTRODUCTION

In 2008, the National Council for Behavioral Health (National Council), the Maryland Department of Health and Mental Hygiene and the Missouri Department of Mental Health brought Mental Health First Aid to the United States, with the ten-year goal of making Mental Health First Aid training as common as CPR. As of July 2014, more than 5,000 instructors have trained nearly 250,000 “Mental Health First Aiders” in the United States. These significant increases are, in large part, a result of the efforts of many organizations who advocated for statewide Mental Health First Aid implementation across the country.

The National Council published a state legislative toolkit in 2013 to help mental health advocates, state policymakers, and stakeholder organizations develop and advance Mental Health First Aid policy initiatives. This 2014 toolkit updates stakeholders on state legislative proposals and enactments, provides enhanced policy materials and strategies, and reviews organizational experience to guide future Mental Health First Aid advocacy efforts.

Methodology

Information in this updated toolkit comes from three primary activities conducted throughout the late spring and early summer of 2014. National Council engaged Momentum Health Strategies™ to:

1. Review legislation and other initiatives from 2013-2014 sessions that implement Mental Health First Aid programs and/or funding.
2. Conduct a survey to garner additional detail about the successes and challenges in advocating for Mental Health First Aid and how organizations prioritize advocacy in this area.
3. Complete in-depth interviews with instructors, advocates, and policymakers on strategies and tactics used to propel successful legislation and appropriations proposals.

Key Findings

Respondents from 20 states provided a picture of growing awareness and excitement about Mental Health First Aid around the country. Many identified legislation as one path of many to ensuring the spread Mental Health First Aid in their states, with 80% reporting that Mental Health First Aid had been a high legislative priority in the 2013-2014 legislative session.

“THE MENTAL HEALTH FIRST AID PROGRAM IS THE MOST IMPORTANT WORK OF MY CAREER.”

Lea Ann Browning-McNee, Mental Health Association of Maryland

Why Mental Health First Aid is Vital

- *Mental health and addiction problems are common.*
- *People with mental health or addiction problems often face negative attitudes and discrimination.*
- *Many people are not well informed about mental health and addiction problems.*
- *Professional help is not always on hand.*
- *People often do not know how to respond.*
- *People with mental health and addiction problems often do not seek help.*

5 <http://www.mentalhealthfirstaid.org/cs/external/2014/06/algee-o-meter-state-state-snapshot-first-aiders-trained-2/>

6 http://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/11/MHFA_Toolkit_2013_online_version.pdf

7 Montana, Nevada, North Dakota, and Texas were not in session in 2014. As of this writing, New Jersey, Massachusetts, and California are still in session.



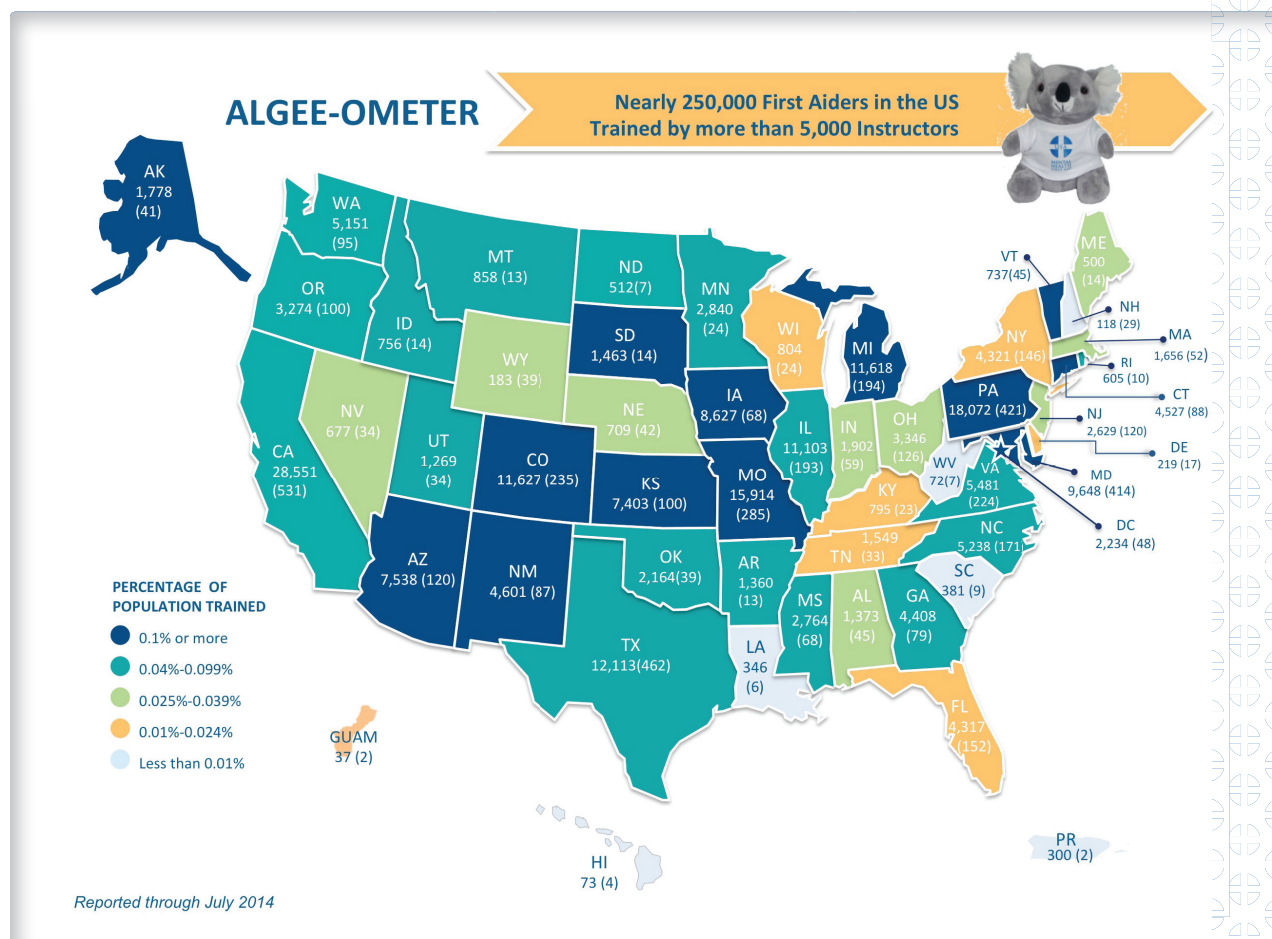
Legislation, state appropriations language, and executive-driven initiatives to promote Mental Health First Aid occurred in at least 23 states during the 2013-2014 legislation sessions. Appendix I provides a detailed list of both enacted and lapsed legislative proposals. Common themes for proposed legislation this session included:

- ✚ Continued focus on local level programming, with emphasis on school personnel and law enforcement-focused training.
- ✚ Increased prioritization of Youth Mental Health First Aid.
- ✚ Broader use of language beyond the Mental Health First Aid “brand” that emphasizes early intervention, connecting to prevention services, and identifying individuals “in crisis.”
- ✚ Varied commitment of appropriations, both in terms of amount, duration and mechanism (e.g., grants to organizations versus state agency programs)
- ✚ Increasing focus on evaluation and reporting.
- ✚ Executive agency approaches to Mental Health First Aid expansion.

The following sections offer model language and key elements of policy proposals, consider strategies for success in getting Mental Health First Aid proposals enacted, and offer creative ideas for future efforts advancing awareness and support for Mental Health First Aid initiatives in state and local communities.

“ WE HAVE A GRASS-ROOTS APPROACH TO SPREAD MENTAL HEALTH FIRST AID LIKE WILDFIRE ”

Blake Martin, Chief Development Officer, Monarch NC



OVERVIEW OF 2013-2014 POLICY ACTIVITY

Over the past year, Mental Health First Aid continued to gain political momentum on the national and state level. Greater attention to mental health and addiction issues in the community, the needs of youth, and greater need for crisis-focused services were primary drivers. Nationally, Mental Health First Aid has garnered attention in the Administration and in Congress:

- ✚ President Barack Obama specifically referenced Mental Health First Aid in his 2013 Now is the Time report, a national plan to reduce gun violence for children and communities.⁸
- ✚ The Mental Health First Aid Act of 2013 (S. 153/H.R. 274), which authorizes \$20 million in grants to fund Mental Health First Aid training programs around the country, continues to gain co-sponsors.
- ✚ In July of 2013, SAMHSA added Mental Health First Aid to its National Registry of Evidence-Based Programs,⁹ and collaborated with the National Council and its partnering organizations to increase the reach of the program.
- ✚ Congress appropriated \$15 million for a national demonstration program as a part of the “Now is The Time” initiative. SAMHSA administers the Project AWARE program, which will award grants for Mental Health First Aid training for adults who interact with children and youth in school settings, with the goal of increasing both mental health literacy and awareness. The first grants for the program should be announced in Fall 2014.¹⁰

Under this backdrop of national attention, the 2013-2014 state legislative sessions yielded a significant increase in legislative activity around Mental Health First Aid. There were 30 bills introduced in 21 states, and 17 of those bills were enacted into law. At press time, two bills remain under consideration.

2013-14 Enactments

- Ten bills specifically reference Mental Health First Aid.
- Eleven bills appropriated funds for Mental Health First Aid.
- Eight bills target educators and school personnel, or reference Youth Mental Health First Aid.
- Six bills target law enforcement personnel or first responders.
- Five bills included reporting requirements.

Funding levels varied significantly for Mental Health First Aid and occurred in both programmatic legislation and as budget amendments. For bills with funds specifically dedicated to Mental Health First Aid, funding levels ranged between \$24,000 (Minnesota) and \$600,000 per year (Virginia).

8 Barack Obama (January 16, 2013). Now is the Time: The President's Plan to protect our children and our communities by reducing gun violence. http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf

9 SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP). <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=321>.

10 <http://www.mentalhealthfirstaid.org/cs/now-time-project-aware-mental-health-first-aid-grants/>

In addition to program-specific legislation and appropriations, several states incorporated Mental Health First Aid into broader agency priorities, healthcare reform efforts, state executive programs, and private-public partnerships.

As in 2013, the National Council recommends the following focal areas for policy development around Mental Health First Aid training:

- ✚ Mandating training and/or certification standards for select professional groups (e.g., EMS personnel, law enforcement, teachers, child protective services)
- ✚ Creating a local-focused training grant program to support and defray costs for participants, especially those in identified target audiences.
- ✚ Creating statewide or local training programs for specific audiences.
- ✚ Providing grant funding to local public health organizations or community behavioral health organizations to implement Mental Health First Aid training.
- ✚ Implementing Mental Health First Aid training on local college or university campuses (perhaps in concert with suicide prevention awareness).
- ✚ Reporting on demographics for trainees, fidelity to the Mental Health First Aid training model, and outcomes.

The next section identifies and reviews potential model language emerging from recent state action.

POLICY ELEMENTS & MODELS

Survey responses and advocate interviews indicate that many states were able to use model language from the 2013 toolkit. For example, enacted bills in Connecticut, Illinois, Nebraska, and Texas were Mental Health First Aid Training Acts based on model language. These bills specifically reference the need to increase awareness of mental illness and addiction in the broader community or among target audiences.

The Nebraska Mental Health Training Act closely aligns with model language set out by the National Council and includes:

- ✚ Statement pertaining to the need to increase awareness about and treatment of mental illness and addiction
- ✚ Specific reference to Mental Health First Aid
- ✚ Charge to the Department of Mental Health to administer the program, including setting objectives for the program
- ✚ Requirements to partner with key audiences around the state
- ✚ Evaluation requirements
- ✚ Appropriations to fund the program



Nebraska Mental Health Training Act ¹¹

Sec. 5.

- (1) The Division of Behavioral Health of the Department of Health and Human Services shall establish a mental health first aid training program, using contracts through the behavioral health regions, to help the public identify and understand the signs of a mental illness or substance abuse problem or a mental health crisis and to provide the public with skills to help a person who is developing or experiencing a mental health or substance abuse problem or a mental health crisis and to de-escalate crisis situations if needed. The training program shall provide an interactive mental health first aid training course administered by the state's regional behavioral health authorities. Instructors in the training program shall be certified by a national authority for Mental Health First Aid USA or a similar organization. The training program shall work cooperatively with local entities to provide training for individuals to become instructors.
- (2) The mental health first aid training program shall be designed to train individuals to accomplish the following objectives as deemed appropriate considering the trainee's age:
 - (a) Help the public identify, understand, and respond to the signs of mental illness and substance abuse;
 - (b) Emphasize the need to reduce the stigma of mental illness; and
 - (c) Assist a person who is believed to be developing or has developed a mental health or substance abuse problem or who is believed to be experiencing a mental health crisis.

Policy Element: Target Population

While Mental Health First Aid is designed for the general public, many legislative proposals in 2013-14 emphasized specific groups, including law enforcement and education personnel, first responders, and other groups. State advocates emphasize that establishing a target population served as an “entry point” for Mental Health First Aid, as well as a rationale for securing dedicated funding. In keeping with the President's initiative to reduce gun violence, for example, Mental Health First Aid legislation often focused on either education or law enforcement personnel, especially those who interact with children and youth.

Other advocates emphasized the importance of clearly identifying a target population for Mental Health First Aid. For example, Connecticut lawmakers narrowly focused access to Mental Health First Aid training on state safe schools climate coordinators, as opposed to broader education personnel. Advocates note that they sought a broader definition of eligible training participants. In Texas, recent legislation to require basic mental health awareness training for all new teacher licensure candidates creates an opportunity to expand Mental Health First Aid training access; however, advocates note in the bill, leads to some ambiguity about whether Mental Health First Aid training fulfills the requirement.

Target Trainee Populations

- Law enforcement officers
- Juvenile detention officers
- Teachers
- School counselors
- Education administrators
- Social workers
- Child welfare personnel
- Foster caregivers

¹¹ Nebraska Mental Health Training Act (LB 901) <http://nebraskalegislature.gov/FloorDocs/Current/PDF/Final/LB901.pdf>

Target Populations in 2013-14 Legislation

- Colorado (HB 1238) – Educators, first responders, law enforcement, military service personnel
- Minnesota (Chapter 108) – Educators, social services, law enforcement
- Oklahoma (SB 2127) – Youth
- Virginia (HB 1222) – Educators, first responders, health care providers
- Texas (SB 955; SB 460) – Educators
- Washington (HB 1336) – School personnel

Washington HB 1336 ¹²

7 NEW SECTION. Sec. 1.

(1) The legislature finds that:

- (a) According to the state department of health, suicide is the second leading cause of death for Washington youth between the ages of ten and twenty-four. Suicide rates among Washington youth remain higher than that national average;
- (b) An increasing body of research shows an association between adverse childhood experiences such as trauma, violence, or abuse, and school performance. Children and teens spend a significant amount of time in school. Teachers and other school staff who interact with students daily are in a prime position to recognize the signs of emotional or behavioral distress and make appropriate referrals. School personnel need effective training to help build the skills and confidence to assist youth in seeking help;
- (c) Educators are not necessarily trained to address significant social, emotional, or behavioral issues exhibited by youth. Rather, best practices guidelines suggest that school districts should form partnerships with qualified health, mental health, and social services agencies to provide support; and
- (d) Current safe school plans prepared by school districts tend to focus more on natural disasters and external threats and less on how to recognize and respond to potential crises among the students inside the school.

- (2) Therefore, the legislature intends to increase the capacity for school districts to recognize and respond to youth in need through additional training, more comprehensive planning, and emphasis on partnerships between schools and communities.

Sec. 8

- (2) The focus on training for teachers and educational staff is intended to provide opportunities for early intervention when the first signs of developing mental illness may be recognized in children, teens, and young adults, so that appropriate referrals may be made to evidence-based behavioral health services.

¹² Washington HB 1336: <http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/Senate/6002-S.L.pdf>

Texas SB 955 (2013)¹³

Sec. 1001.203. GRANTS FOR TRAINING CERTAIN EDUCATORS IN MENTAL HEALTH FIRST AID.

- (a) To the extent funds are appropriated to the department for that purpose, **the department shall make grants to local mental health authorities to provide an approved mental health first aid training program, administered by mental health first aid trainers, at no cost to educators.**
- (b) For each state fiscal year, **the total amount the department may grant to a local mental health authority under this section may not exceed the lesser of \$40,000 or three percent of the funds appropriated to the department for making grants under this section.**
- (c) Subject to the limit provided by Subsection (b), out of the funds appropriated to the department for making grants under this section, **the department shall grant \$100 to a local mental health authority for each educator who successfully completes a mental health first aid training program provided by the authority under this section.**

SECTION 2. Section 21.054, Education Code, is amended by adding Subsection (d) to read as follows:

- (d) **The board shall adopt rules that allow an educator to fulfill up to 12 hours of continuing education by participating in a mental health first aid training program offered by a local mental health authority under Section 1001.203, Health and Safety Code.**

The number of hours of continuing education an educator may fulfill under this subsection may not exceed the number of hours the educator actually spends participating in a mental health first aid training program.

Texas SB 460 (2013)¹⁴

SECTION 2.AA Section 21.044, Education Code, is amended by adding Subsections (c-1) and (c-2) to read as follows:

- (c-1) **Any minimum academic qualifications for a certificate** specified under Subsection (a) that require a person to possess a bachelor's degree **must also require that the person receive, as part of the training required to obtain that certificate, instruction in detection of students with mental or emotional disorders.**

- (c-2) The instruction under Subsection (c-1) must:

- (1) be developed by a panel of experts in the diagnosis and treatment of mental or emotional disorders who are appointed by the board; and
- (2) include information on:
 - (A) characteristics of the most prevalent mental or emotional disorders among children;
 - (B) identification of mental or emotional disorders;
 - (C) effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports; and
 - (D) providing, in compliance with Section 38.010, notice and referral to a parent or guardian of a student with a mental or emotional disorder so that the parent or guardian may take appropriate action such as seeking mental health services.

¹³ Texas 955: <http://www.legis.state.tx.us/tlodocs/83R/billtext/html/SB00955I.htm>

¹⁴ Texas SB 460: <http://www.legis.state.tx.us/tlodocs/83R/billtext/html/SB00460I.htm>



Oklahoma Request for Applications (RFA)

The target population is defined as, but not limited to, Oklahoma K-12 teachers, administrators, staff, and select older adolescents. The Oklahoma Educational Indicators Programs' Profiles 2012 State Report indicates there are 38,708 teachers which represent 522 individual Oklahoma school districts with 1753 conventional schools. In addition there are approximately 150 private schools with supporting teachers, administrators and staff.

Several other states did not identify target populations, but defined broad goals to train a critical mass of individuals either regionally or demographically. Such approaches allow local flexibility in creating Mental Health First Aid programs, foster wider access to Mental Health First Aid curriculum and potentially foster demographic "testing" to determine where need and impact may be best served by future program funding. Examples of legislation in this category include Nebraska and Illinois.

Nebraska LB 901¹⁵

Sec. 7. The behavioral health **regions shall offer services to and work with agencies and organizations, including, but not limited to, schools, universities, colleges, the State Department of Education, the Department of Veterans' Affairs, law enforcement agencies, and local health departments,** to develop a program that offers grants to implement the Nebraska Mental Health First Aid Training Act in ways that are representative and inclusive with respect to the economic and cultural diversity of this state.

Illinois HB 1538¹⁶

Sec. 15. Illinois Mental Health First Aid training program.

The **Department of Human Services shall administer the Illinois Mental Health First Aid training program so that certified trainers can provide Illinois 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 disorder or an alcohol or substance abuse disorder or who is believed to be experiencing a mental health or substance abuse crisis.

¹⁵ Nebraska Mental Health Training Act (LB 901) <http://nebraskalegislature.gov/FloorDocs/Current/PDF/Final/LB901.pdf>

¹⁶ Illinois HB 1538: <http://www.ilga.gov/legislation/98/HB/09800HB1538.htm>



Policy Element: Appropriations

More than half of the enacted bills in 2013-14 had some level of funding attached to their programs; other programs were funded through existing block grant allocations under the Department of Mental Health overall budget or through federal grants. Advocates and state policymakers approached funding Mental Health First Aid programs through a wide range of approaches, including:

- ✚ Specific funding line within a programmatic Mental Health Training Act (Nebraska)
- ✚ Mental Health First Aid earmark within the overall appropriations bill (Colorado, Arizona, Maryland, New York)
- ✚ Collaboration with Department of Mental Health to ensure funding for the program (Connecticut)
- ✚ Stipulation that the Department of Mental Health may apply for federal and private foundation grants.

In Missouri, the FY 2014 budget (which ended June 30, 2014) included an enhanced funding stream for mental health system reform that included Mental Health First Aid as a component. Those enhanced funds enabled the Department of Mental Health to conduct seven Mental Health First Aid programs that trained more than 1,000 First Aiders from faith based organizations, higher education, K-12 education, public safety, and business leadership. While the department sustained a \$34 million budget cut for FY 2015, agency organizers note that the original \$296,000 earmarked for Mental Health First Aid remains intact and will be focused on prioritizing the Youth Mental Health First Aid curriculum through 11 regional support centers overseen by the department and to offer expanded training to employees in the corrections, senior services and social services/child and family agencies.

The National Council
Recommends attempting
a budget line item of
at least \$100,000.

ARIZONA	HB 2001 (2013)	\$250,000	
COLORADO	HB 1248 (2014)	\$266,000	\$12,900 for Youth Mental Health First Aid
MARYLAND	HB 100 (2013)	\$300,000	
MICHIGAN	HB 4328 (2013)	\$1,300,000	One-time grant
MINNESOTA	Ch. 108 (2013)	\$24,000	Youth Mental Health First Aid
NEBRASKA	LB 901 (2014)	\$100,000	Annual
NEW YORK	S 6353 (2013)	\$100,000	One-time
OKLAHOMA	SB 2127 (2014)	\$570,000	Grant Program
TEXAS	SB 955 (2013)	\$5,000,000	2013-15 biennium
VIRGINIA	HB 5002 (2014)	\$600,000	Annual; FY 2015 and FY 2016
WASHINGTON	HB 1336 (2013)	\$96,000	



APPROPRIATIONS LINE ITEMS

Colorado HB 1248 (2014) ¹⁷

Mental Health First Aid — \$266,730

Department of Human Services, behavioral health services, mental health community programs, mental health services for the medically indigent, mental health first aid -- it is the intent of the general assembly that \$253,830 of this appropriation be used for the purpose of augmenting existing contracts with the approved agencies as specified in section 27-66-104, C.R.S., in order to train additional mental health first aid instructors, and to certify educators, first responders, and military service personnel in mental health first aid. It is further the intent of the general assembly that \$12,900 of this appropriation be used for the purpose of supporting statewide outreach, promotion, and coordination of youth mental health first aid.

Box: Minnesota (Chapter 108/2013) ¹⁸

Mental Health First Aid Training. \$22,000 in fiscal year 2014 and \$23,000 in Fiscal Year 2015 is to train teachers, social service personnel, law enforcement, and others who come into contact with children with mental illnesses, in children and adolescents mental health first aid training. Funding Usage. Up to 75 percent of a fiscal year's appropriation for child mental health grants may be used to fund allocations in that portion of the fiscal year ending December 31.

Virginia (HB 5002)

W. Out of this appropriation, \$600,000 the first year and \$600,000 the second year from the general fund shall be used to provide mental health first aid training and certification to recognize and respond to mental or emotional distress. Funding shall be used to cover the cost of personnel dedicated to this activity, training and certification, and manuals and certification for all those receiving the training.

PROGRAM GRANT LANGUAGE

Nebraska LB 901 ¹⁷

Sec. 8. It is the intent of the Legislature to appropriate one hundred thousand dollars annually to the Department of Health and Human Services to carry out the Nebraska Mental Health First Aid Training Act

¹⁷ [http://www.leg.state.co.us/clics/clics2014a/csl.nsf/fsbillcont2/4AF72AE386203DBD87257C300006D8CC/\\$FILE/1238_01.pdf](http://www.leg.state.co.us/clics/clics2014a/csl.nsf/fsbillcont2/4AF72AE386203DBD87257C300006D8CC/$FILE/1238_01.pdf)

¹⁸ <https://www.revisor.mn.gov/laws/?id=108&year=2013&type=0>



Texas SB 955

Sec. 1001.202. GRANTS FOR TRAINING OF MENTAL HEALTH FIRST AID TRAINERS. (a) To the extent funds are appropriated to the department for that purpose, the department shall make grants to local mental health authorities to contract with persons approved by the department to train employees or contractors of the authorities as mental health first aid trainers.

(b) Except as provided by Subsection (c), the department shall make each grant to a local mental health authority under this section in an amount equal to \$1,000 times the number of employees or contractors of the authority whose training as mental health first aid trainers will be paid by the grant.

(c) For each state fiscal year, the total amount the department may grant to a local mental health authority under this section may not exceed the lesser of \$30,000 or three percent of the funds appropriated to the department for making grants under this section.

EXECUTIVE AGENCY FUNDING APPROACHES

Non-legislative approaches to appropriations emerged in the states profiled in this toolkit. In some instances, dedicated resources for Mental Health First Aid grew out of government agency champions for the program (e.g., Pennsylvania) and in others based on limited appropriations from the state due to fiscal shortages or the culmination of pilot funding. These examples, while not specifically tied to legislation, are included in the toolkit as examples of strategies to maximize resources and sustain long-term support for Mental Health First Aid in localities and states:

- ✚ The Pennsylvania Department of Corrections embedded Mental Health First Aid as part of its training academy for the state's 16,000 employees it hopes to train by March 2015. The department further garnered a \$250,000 grant from the state safety council to defray costs of manuals for all trainees.
- ✚ North Carolina Mental Health First Aid training organizations, such as Monarch, partner with businesses to secure small grants that defray materials costs for trainees or provide stipends for instructors. Examples of partners include Bank of America and Michelin USA, as well as a service partner, Enterprise Fleet Services.

Illinois Department of Human Services 2013-2018 Strategic Plan ¹⁹

Adult Services

GOAL 2: Reduce stigma through education and other evidence-based interventions (e.g., Mental Health First Aid).

OBJECTIVES:

SHORT TERM

Determine how to raise mental health awareness and early identification and linkage to treatment into schools (colleges, high schools, etc.) and reduce the stigma of mental illness.

LONG TERM

Look at blended funding to provide this education with Illinois State Board of Education and Illinois Higher Education.

¹⁹ <http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Mental%20Health/marysmith/StrategicPlan/MentalHealthServicesFiveYearStrategicPlan2013.pdf>

Policy Element: Reporting and Outcomes Measurement

The 2013 toolkit referenced four key scientific studies demonstrating the value of Mental Health First Aid. Since that publication, Mental Health First Aid has been added to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), and the impact of the program continues to grow.²⁰ Further, National Council is pursuing a national initiative to develop and pilot evaluation tools that will clarify the impact of Mental Health First Aid USA Training.²¹

The National Council strongly urges stakeholders to establish and refine evaluation components or requirements within Mental Health First Aid programs, which are critical in securing long-term funding, as well as evaluating effectiveness. At a minimum, evaluations should track:

- ✚ The number of people trained, including key demographic information (age, race/ethnicity, occupation/role)
- ✚ Self-reported changes in attitude about people with mental illness
- ✚ Self-reported changes in knowledge about how to access mental health services

The Mental Health First Aid training includes an evaluation component, and the National Council and its partners encourage advocates to focus policy makers on those evaluation components. Several Mental Health First Aid bills included reporting and/or evaluation requirements, and other states establish such requirements via administrative rule.

A few survey respondents and interviewees reported that policymakers have expressed interest in connecting provision of Mental Health First Aid training with measurement of decreases in emergency room visits or significant cost savings across the mental health system. Mental Health First Aid is a public education program intended to build understanding of the importance of early intervention and provide an overview of common supports. For this reason, these respondents and the National Council advise against pursuing a “cost-offset” evaluation approach tied to Mental Health First Aid. The National Council recommends that programs follow-up with training participants to determine how they have used Mental Health First Aid both professionally and personally.

Mental Health First Aid 5-step Action Plan

1. **Assess** for risk of suicide or harm
2. **Listen** non-judgmentally
3. **Give** reassurance and information
4. **Encourage** appropriate professional help
5. **Encourage** self-help and other support strategies

APPROPRIATIONS LINE ITEMS

Nebraska LB 901

Sec. 6. The Division of Behavioral Health of the Department of Health and Human Services shall ensure that evaluative criteria are established which measure the efficacy of the mental health first aid training program, including trainee feedback, with the objective of helping the public identify, understand, and respond to the signs of mental illness and alcohol and substance abuse. The behavioral health regions shall submit an aggregated annual report electronically to the Legislature on trainee demographics and outcomes of the established criteria.

²⁰ SAMHSA's National Registry of Evidence Based Programs and Practices: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=321>

²¹ This project is conducted by the Georgetown University Center for Child and Human Development and its National Technical Assistance Center for Children's Mental Health in collaboration with the National Council for Behavioral Health.

(405 ILCS 105/) Illinois Mental Health First Aid Training Act.

Sec. 35. Evaluation. The Department of Human Services, as the Illinois Mental Health First Aid training authority, shall ensure that evaluative criteria are established which measure the distribution of the training grants and the fidelity of the training processes to the objective of building mental health, alcohol abuse, and substance abuse literacy designed to help the public identify, understand, and respond to the signs of mental illness, alcohol abuse, and substance abuse.

Policy Element: Program Structure

States structure Mental Health First Aid programs in a variety of ways. Nine of the enacted bills require the Department of Mental Health (primary) or another state agency to implement the program, while other bills require the agencies to establish a grant program or to contract the program to another community organization. Key examples of program structure include:

SOLE-SOURCE GRANT

Maryland awarded the Mental Health Association of Maryland (MHAMD) an annual fee of \$300,000 to promote the Mental Health First Aid program. MHAMD uses those funds to offset training costs rather than to fund the entire program. For example, the Division of Juvenile Services has added Mental Health First Aid into its orientation program and has absorbed the costs into its department budget. However, if the Division is unable to pay for the training books, MHAMD will supplement the costs. In this way, MHAMD embeds the program into the overall system to promote ongoing sustainability.

TRAINING MANDATE

Connecticut included Youth Mental Health First Aid within its bill on reducing gun violence in the state. The bill requires that all Safe School Climate Coordinators participate in the Youth Mental Health First Aid training. These trainings are administered by the Department of Health. Texas requires school districts to ensure all teacher licensure candidates are trained in mental health awareness. While not directly mandating Mental Health First Aid, the scope of training topics include the essential components of Mental Health First Aid and require an expert panel to determine training programs that meet the intent of the law.

PILOT PROJECT WITH COMPETITIVE CONTRACTING

The Oklahoma state budget for DMHSA included \$570,000 earmarked for Mental Health First Aid Youth pilot project. The department subsequently let an RFA for up to 3 vendors to provide trainings under the initiative, which aims to train 20% of the entire K-12 educational staff population (approximately 14,000 of the estimated total 70,000 administrators, teachers, and education support professionals in the state).

LOCAL GRANTS

Texas, SB 955 (2013) made grants of up to \$40,000 per local mental health authority (LMHA) to provide Mental Health First Aid training for educators. The legislation required training to be no cost for interested educators and made CEU credits available for such training. The law requires annual reporting to the department about number of instructors and trainees reached by the program, and requires LMHAs to submit an annual plan addressing community need and expected trainee targets as a condition of grant award.



Pilot projects, particularly for Youth Mental Health First Aid, are prominent among these models, as are local grants to mental health authorities and other mental health provider entities (either through sole source grants like Maryland and New York, or via competitive RFA processes like Minnesota and Oklahoma). Awardees use the grant funding in multiple ways, either by subsidizing the training (e.g., for Texas educators), paying for instructor stipends, defraying cost of the training manuals and applying funds to increasing certified instructors. Training providers report efforts to keep trainee costs minimal whenever possible and increasing use of creative grant making from foundations, existing block grant funding proposals and private and community organizations to defray costs.

EXECUTIVE INITIATIVES TO EXPAND MENTAL HEALTH FIRST AID

In addition to the growing legislative attention to Mental Health First Aid programs, there is impressive creativity in non-legislative approaches to implementing and promoting Mental Health First Aid. In Washington State, for example, mental health advocates are working with policymakers to establish Mental Health First Aid as a component of overall health care reform. In Pennsylvania, the head of the Department of Corrections has prioritized existing budget resources on embedding Mental Health First Aid in its overall training regimen for all agency employees statewide. In these efforts, advocates and policymakers see Mental Health First Aid as an evidence-based approach to wider community awareness, involvement and improvement. Mental Health First Aid is one mechanism to widen the community network to support improved mental health services.

Several administration-led initiatives have also raised the profile of Mental Health First Aid. In North Carolina, Governor Pat McCrory's administration launched a Crisis Solutions Initiative²² to bring together stakeholders from health, government, and law enforcement and community leadership to improve mental health and substance abuse crisis services. A central component of the Department of Mental Health-directed initiative is the creation of a Crisis Solutions Coalition of stakeholders, tasked with promoting education and awareness and technical assistance around such evidence-based practices as Mental Health First Aid. The coalition is also charged to:

- ✚ Create community partnerships to improve continuum of care for mental health and substance abuse services;
- ✚ Promote education about alternative community resources to the use of emergency departments.
- ✚ Recommend data sharing strategies to identify individuals in crisis and where and when they are served.
- ✚ Provide technical assistance to managed care organizations, law enforcement and providers about responding to crisis scenarios; and
- ✚ Identify policy and funding changes to address barriers to care.

Youth mental health is a priority for Michigan Governor Rick Snyder, who signed a budget in 2013 allocating \$5 million to youth mental health initiatives, including \$1.3 million for a Mental Health First Aid grant program. In addition, in May 2014, the Michigan Department of Community Health (DCH) and the administration of Governor Snyder collaborated with Mental Health First Aid instructors to celebrate Mental Health First Aid Week (May 18-26). The effort raised awareness about the importance and the impact of the trainings by making approximately 75 trainings available to the public. This initiative emerged after CMH of Muskegon County included the strategy in their DCH grant proposal. Department support and publicity encouraged participation and training organizations were encouraged to seek local proclamations and garner local media about the training events and Mental Health First Aid (See Appendix VII - Media).

²² www.crisissolutionsnc.org



STRATEGIES FOR SUCCESS

There is no single strategy to establishing and sustaining a Mental Health First Aid training program. The National Council and its partners celebrate the diversity and creativity of advocates and Mental Health First Aid providers that have yielded the program's diffusion thus far. Policy activity during the 2013-14 biennium reinforces the importance of several core practices that prepare and position advocates seeking Mental Health First Aid legislation or funding.²³

- ✚ **Assess** – Take stock of community/state need and resources, evaluate the best policy lever (program bill, budget amendment, agency initiative);
- ✚ **Find A Champion** – Identify community and policy leader(s) who support Mental Health First Aid and give visibility as well as political clout to your effort;
- ✚ **Build Alliances** – Find strategic partners in agencies, organizations, businesses, foundations and other community entities that lend support and power to the Mental Health First Aid message, or that can help leverage resources to reach a wider audience;
- ✚ **Prioritize Marketing** – Identify creative methods and partners to publicize Mental Health First Aid programs, develop relationships with potential audiences (e.g., educators, hospitals) and raise awareness; and
- ✚ **Evaluate and Repeat** – Make data collection a priority and use it for marketing, relationship building and advocating for resources.

Survey data and advocate interviews yielded similar themes. National Council members, state agency supporters and Mental Health First Aid leaders offered the following wisdom about what makes advocacy for Mental Health First Aid successful.

It's About Leadership:

- ✚ A legislative, administrative, or executive champion is essential.
- ✚ Make sure that all players are included from the beginning. Despite efforts to include everyone, organizations that are overlooked early in the process often fail to support the program.
- ✚ Work with key agencies to make sure the program is structured to meet the needs of the state.
- ✚ Utilize Mental Health First Aid instructors as effective and passionate spokespersons.

Get Creative About Money:

- ✚ Secure dedicated funding for Mental Health First Aid programming. This can include seeking prioritization of block grant dollars or related initiative funds (e.g., youth wellness, suicide prevention) on Mental Health First Aid components.

Creative Strategies to Build Public and Policy Support for Mental Health First Aid

- Conduct a Mental Health First Aid training for state legislators and staff (Connecticut)
- Connect with local public health agencies and hospitals about including Mental Health First Aid as part of community preparedness training and outreach for their workforce (Minnesota)
- Coordinate with other Mental Health First Aid providers to conduct a Mental Health First Aid Week with simultaneous trainings available around the region/state (Michigan)
- Reach out to business partners or vendors to offer training or seek grant support (North Carolina)
- Develop relationships with local school board or council members to grow a local solution to challenges in finding protected training time for educators (Minnesota)

²³ See Appendix II for a list of key assessment questions.

- ✚ Build awareness about Mental Health First Aid among agency/department leaders. Discretionary spending in existing programs may offer more traction for a Mental Health First Aid pilot initiative.

Find Strength in Numbers

- ✚ Community relationships are a strong factor in successful advocacy for Mental Health First Aid. (see Figure 1)
- ✚ Look to private entities, local foundations, and other partners to promote and even finance Mental Health First Aid initiatives (see text box).

Know Your Target Audience(s):

- ✚ If targeting a certain population, try to ensure the language is appropriately inclusive to reach the right individuals.
- ✚ Educators and law enforcement remain priorities. Since so many states have targeted the education community, it is important to understand the structure of the school system as well as potential structural roadblocks (e.g., school calendar, teacher unions, etc.)

Keep the Message Consistent and Simple:

- ✚ Stay focused on the core messages that work (see Appendix III: Talking Points)
- ✚ Be clear about the goals and scope of Mental Health First Aid. It is a public awareness and educational program; it will not fix the entire mental health system without other programs in place.
- ✚ Consider how to weave Mental Health First Aid messages and initiatives into other current events, such as state health care reform efforts around the Affordable Care Act, focus on youth safety and wellness, and anti-violence initiatives.
- ✚ Focus on using social media and your community network to sustain attention on Mental Health First Aid in the midst of competing policy priorities.
- ✚ Anticipate and prepare for “counter messages” that may emerge. Examples cited by advocates include why the Mental Health First Aid funding model differs from Red Cross CPR/First Aid self-pay, differentiation with other training programs, length of the program, or misconceptions about focus of program on referral vs. clinical service delivery.

Data is Critical:

- ✚ Track number of individuals trained and collect demographic data (e.g., race/ethnicity, age, occupation/sector) to demonstrate the reach of Mental Health First Aid.
- ✚ Conduct post-training follow up to assess how Mental Health First Aid knowledge and/or skills have been put into practice by First Aiders (e.g. educators, parents). This builds the story base for how Mental Health First Aid can impact a community.

Effective Messages About Mental Health First Aid

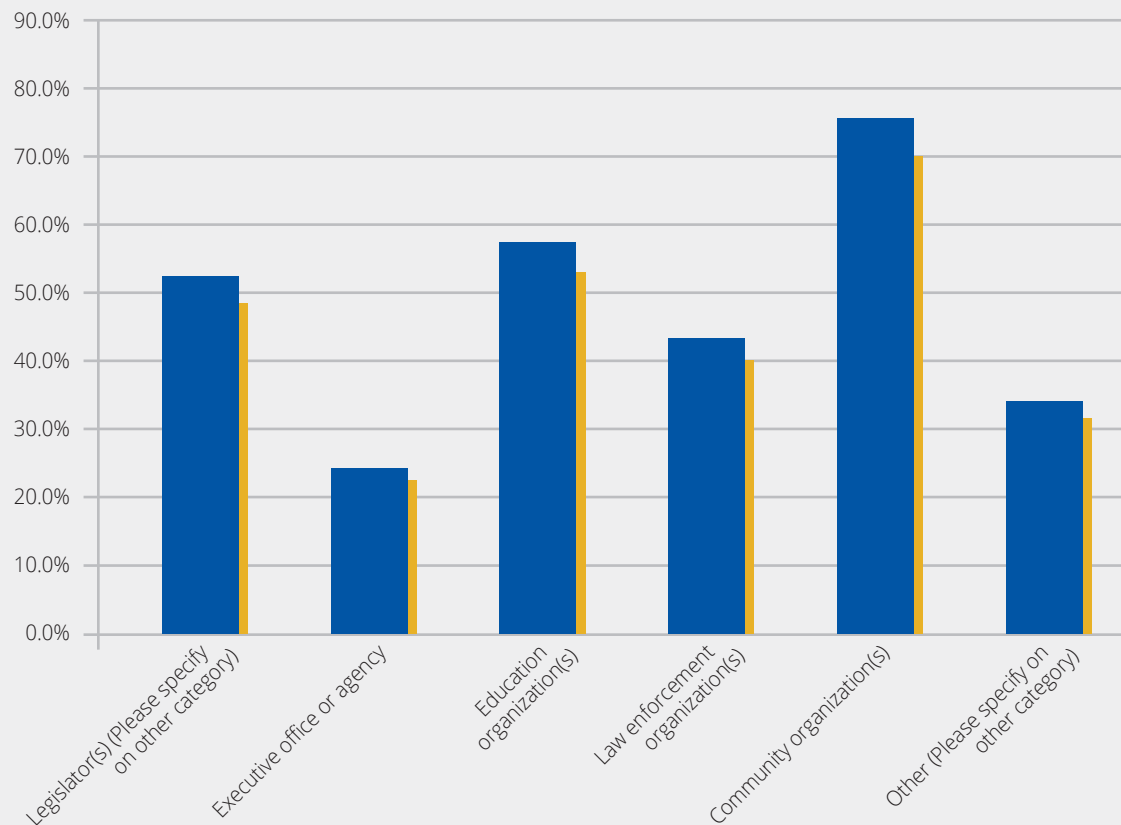
Survey respondents identified these “most effective messages” to promote Mental Health First Aid to policymakers:

- Mental Health First Aid is a cost-effective resource for targeted populations
- Mental Health First Aid is an evidence-based program
- Mental Health First Aid strengthens communities by raising awareness and understanding of mental illnesses and addictions, reducing negative attitudes and discrimination toward individuals with these conditions.
- Mental Health First Aid is a one-day training course that is accessible to all communities.



Community Organization Support Critical to Mental Health First Aid Advocacy

Our organization was supported in advocating for Mental Health First Aid training/funding by the following (check all that apply):



LOOKING TO THE FUTURE

More than 80 percent of responding advocates indicated that Mental Health First Aid was a policy priority during the 2013-14 legislative sessions. In 2015, several states intend to introduce new legislation or reintroduce legislation that was not successful. Most report that advocacy efforts will focus on protecting or enhancing appropriations for Mental Health First Aid programs and grants. The National Council encourages attention to several policy priorities:

- ✚ **Mandated training for specific target populations** — this includes law enforcement personnel and educators and other school personnel. Such mandates may link Mental Health First Aid training to certification or employment requirements, or to annual training requirements (e.g., hours, types of training) already in place.
- ✚ **Dedicated, ongoing appropriations for Mental Health First Aid** — for example, through discretionary department line items, specified earmarks, allocation of agency training or local grant funds, or special initiative or demonstration project appropriations.
- ✚ **Embed Mental Health First Aid in broader social welfare initiatives** — specify Mental Health First Aid training as fulfilment of awareness or training programs established for suicide prevention, youth mental health and youth wellness, veterans health and/or public safety initiatives.



Advocacy Resources to Develop for 2015

- Collect descriptive data about “types of individuals” and geographical representation of those receiving Mental Health First Aid training. Policymakers respond to data that makes connections to their districts.
- Bookmark the ALGEE map to keep updated on the number of instructors and First Aiders in the U.S.
- Solicit testimonials from instructors and First Aiders in your state/community about the value and impact of Mental Health First Aid.
- Recruit community or state business, hospital, faith, or law enforcement organizations to produce a statement of support, organizational resolutions, or similar public pronouncement of support for Mental Health First Aid.

At this writing, there are two additional developments that offer promotional opportunity and resources to support advocacy for Mental Health First Aid. First, the National Council anticipates September 2014 publication of a profile of national activity on Mental Health First Aid in the National Conference of State Legislatures’ (NCSL) State Legislatures magazine. In addition, the National Council is collaborating with the National Technical Assistance Center for Children’s Mental Health at the Georgetown University Center for Child and Human Development to develop and test evaluation tools that assess the impact and effectiveness of the Mental Health First Aid USA program. Preliminary results will be available in Fall 2014.

This toolkit is intended to give advocates, policymakers and other stakeholders ideas and resources to accelerate adoption of Mental Health First Aid in all 50 states and the District of Columbia. The progress and creativity of the advocacy field in the past year inspires such action. The National Council encourages those who use this resource to share tactics, stories, and tools to further enhance work at the national, state and local level.

Stay up-to-date on the latest Mental Health First Aid policy developments at www.MentalHealthFirstAid.org/cs/about/legislation-policy/ or email info@MentalHealthFirstAid.org to share information on your Mental Health First Aid advocacy efforts.



APPENDIX I: 2013-14 LEGISLATIVE TRACKING CHART

STATE	BILL NUMBER YEAR	BILL TITLE or SUMMARY	MHFA SPECIFIED	TARGET AUDIENCE	FUNDING	LINK
ENACTED 2013 — 2014						
Arizona	HB2001 (2013)	Appropriations Bill (two programs for mental health interventions)	Yes	Instructors	\$250,000	www.azleg.gov/legtext/51leg/1s/laws/0001.pdf
Colorado	HB1238 (2014)	Appropriations for Dept of Human Services	Yes	Educators, first responders, military services personnel	\$266,730, \$12,900 earmarked for Youth MHFA	www.leg.state.co.us/clics/clics2014a/csl.nsf/fsbillcont2/4AF72AE386203DBD87257C300006D8CC/\$FILE/1238_01.pdf
Connecticut	PA 13-3 (2014)	Mental Health First Aid Training Program	Yes	Educators – Safe School Climate Coordinators	No specified funds, but Dept of Mental Health is making funds available as needed.	http://search.cga.state.ct.us/dtsearch_pub_statutes.html
Illinois	HB1538 – 405 ILCA 105 (2013)	Illinois Mental Health First Aid Training Act	Yes	General	No specified funds, but Dept of Mental Health shall grants if funding becomes available or if the Dept uses its funds for this purpose	www.ilga.gov/legislation/98/HB/09800HB1538.htm
Indiana	SB248 (2014)	Suicide Prevention Study	No	Suicide prevention	Not specified	http://iga.in.gov/static-documents/c/f/3/f/cf3fe0fd/SB0248.05.ENRS.pdf
Maryland	HB100 (2013)	Appropriations	Yes	No	\$300,000	http://mgaleg.maryland.gov/2013RS/Chapters_noln/CH_423_hb0100e.pdf
Michigan	HB4328 (2013)	Appropriations	No	Not specified	\$1.3 million of \$5 million total funds	www.legislature.mi.gov/documents/2013-2014/publicact/htm/2013-PA-0059.htm
Minnesota	Ch.108 (2013)	Appropriations	Yes	Educators, Social Services, law enforcement	\$22,000 in 2014/\$23,000 in 2014 (up to 75% of funds for youth)	www.revisor.mn.gov/laws/?id=108&year=2013&type=0
Nebraska	LB901 (2014)	Omnibus bill contains Nebraska Mental Health First Aid Training Act	Yes	General	\$100,000 annually	http://nebraskalegislature.gov/FloorDocs/Current/PDF/Final/LB901.pdf
New York	SO6353 (2013)	Appropriations-Aid to Localities	No	Not specified	\$100,000	http://assembly.state.ny.us/leg/?default_fld=&bn=S06353&term=2013&Summary=Y&Actions=Y&Text=Y&Votes=Y#S06353E
Oklahoma	SB2127 (2014)	Appropriations	Yes	Youth	\$570,000	www.oklegislature.gov/BillInfo.aspx?Bill=sb2127&Session=1400
Texas	SB955 (2013)	Relating to the training of certain persons in mental health first aid and assistance	Yes	Educators	Funded for \$5 million over 2013 – 15 biennium. Grants up to \$40,000 per local MH authority	www.legis.state.tx.us/tlodocs/83R/billtext/html/SB009551.htm
Texas	SB460 (2014)	Relating to training for public school teachers in the detection and education of students at risk for suicide or with other mental or emotional disorders	No	Mandates mental health awareness training for new teacher certificate candidates	No specified funds. Requires school districts to incorporate requirements into teacher certificate training.	www.capitol.state.tx.us/tlodocs/83R/billtext/html/SB00460F.htm
Virginia	HB1222 (2014)	Act to Encourage training in Mental Health	Yes	First responders, educators, health care providers	No specified funds	http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+CHAP0601
Virginia	HB5002 (2014)	Appropriations	Yes	General	\$600,000 in 2014 and \$600,000 in 2015	http://lis.virginia.gov/cgi-bin/legp604.exe?142+bud+21-308
Washington	HB1336 (2013)	K-12 Schools/ Troubled Youth	Yes	School health/ counseling personnel	Training FFS/Subject to funding	http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/House/1336-S.SL.pdf



STATE	BILL NUMBER YEAR	BILL TITLE OR SUMMARY	MHFA SPECIFIED	TARGET AUDIENCE	FUNDING	LINK
Washington	SB 6002 (2014)	Operating Budget	Yes	Educators/ school health	\$75,000 – 2014 and \$21,000 – 2013	http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/Senate/6002-S.SL.pdf
IN COMMITTEE						
Massachusetts	B1121 (2013) In Ways & Means	Training for law enforcement in dealing with individuals suffering from mental illness	No	Law enforcement	Not specified	https://malegislature.gov/Bills/188/Senate/S1121
New Jersey	AB848 (2014) In Education	An Act for Mental Health Training for Public School Teachers	No	Educators	No specified funds	www.njleg.state.nj.us/2014/Bills/A1000/848_11.HTM
DIED						
Alaska	HB355 (2014)	An Act Establishing in the Department of Health and Social Services a first aid training Program for Mental Health Interventions	Yes	Under 18	Dept may charge a "reasonable fee" to cover costs. Waiver of fees subject to funding.	www.legis.state.ak.us/PDF/28/Bills/HB0355A.PDF
Connecticut	HB6076 (2013)	An Act Concerning Mental Health First Aid and Elementary School Teachers	Yes	Educators	Not specified	http://www.cga.ct.gov/2013/TOB/H/2013HB-06076-R00-HB.htm
Connecticut	SB654 (2013)	An Act Creating a Mental Health First Aid Program for Parents	Yes	Parents	Not specified	http://www.cga.ct.gov/2013/TOB/S/2013SB-00654-R00-SB.htm
Florida	HB159/SB574 (2014)	A Bill to Establish Mental Health First Aid	Yes	Schools, first responders	\$300,000	http://www.myfloridahouse.gov/Sections/Documents/loadDoc.aspx?FileName=157719.docx&DocumentType=Amendments&BillNumber=0159&Session=2014
Maryland	SB 262/HB 273 (2014)	Mental Health and Substance Use Disorders Safety Net Act of 2014	Yes	Not specified	\$500,000 annually	http://mgaleg.maryland.gov/2014RS/bills/sb/sb0262f.pdf
Minnesota	SF265/HF359 (2013)	Funds for Children's Mental Health First Aid	Yes	Educators, social services, law enforcement	\$45,000	www.revisor.mn.gov/bills/text.php?number=HF359&version=0&session=ls88&session_year=2013&session_number=0
Mississippi	HB791 (2013)	Mental Health First Aid Bill	Yes	Educators	"Utilize local resources"	http://billstatus.ls.state.ms.us/documents/2014/pdf/HB/0700-0799/HB0791IN.pdf
Tennessee	HB2017 (2014)	law enforcement training in regards to people with mental health disorders	No	Law enforcement	No specified funds	www.capitol.tn.gov/Bills/108/Bills/HB0217.pdf
Virginia	HB30 (2014)	Appropriations	No	Evidence-based suicide prevention program	\$500,000 each year	http://lis.virginia.gov/cgi-bin/legp604.exe?141+bud+11-307
Virginia	HB 2287 (2013)	Mental Health First Aid Training Plan	Yes	Educators	Plans only implemented if funds appropriated	http://lis.virginia.gov/cgi-bin/legp604.exe?131+ful+HB2287H1
Washington	SB5333/HSC13 (2013)	Mental Health First Aid	Yes	Educators	\$100,000 for 2014	http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Senate%20Bills/5333.pdf
Wisconsin	SB 921 (2014)	Act related to training for law enforcement officers related to PTSD and traumatic brain injury	No	Law enforcement	No specified Funds	http://docs.legis.wisconsin.gov/2013/related/proposals/ab921.pdf



APPENDIX II – ASSESSMENT QUESTIONS

As you consider how Mental Health First Aid may benefit your local community or state, take time to analyze several factors that are relevant and likely critical to success.

1. Identify Community Need — It is important to evaluate the need in your community for greater awareness and public education about mental health and addictions and consider key target populations for training. Such analysis might focus on service gaps, local health demographics, community attitudes and culture and linkage to other community priorities (e.g. public safety, access to care, rural needs). Key questions:

- a. What are current mental health service needs in my community?
- b. Are there geographical areas or service locations that lack access or linkage to mental health services?
- c. What are suicide or homelessness rates in my community?
- d. Are there unique community populations that represent areas of need? (e.g., ethnic groups, military, jail/prison, juvenile facility)
- e. Who are the existing community services organizations or other groups that have the greatest contact and visibility within my community?
- f. What kind of training in mental health and substance abuse do professional community helpers and other community-focused organizations currently receive? What do they need?

2. Identify Stakeholders — Mapping organizations and individuals with interest and decision making responsibility in your local community or state is another vital step to ensure your strategy is relevant and enjoys a broad base of support before you craft and initiate a proposal. As you define possible stakeholders, stratify them by organization type and rank their likely interest and engagement in this issue. You might do a simple brainstorm or use a quadrant tool to help you organize your list and prioritize your stakeholders. Below are examples of local/state organizations you might identify.

- Police and sheriff associations and auxiliaries
- Local school districts or teacher/educator associations
- Hospital systems and hospital associations
- United Way chapters
- Provider organizations (e.g., pediatricians, NASW chapters)
- Family-based organizations (e.g., NAMI)
- Higher education (e.g. community colleges, universities)
- Faith-based organizations
- Civic organizations (including local foundations dedicated to children, public health or community involvement)
- Cultural organizations serving community minorities
- Local foundations dedicated to health, community safety, children and child development

24 See Power versus interest grid adapted from Eden and Ackermann (1998: 121-5, 344-6). Accessed at <http://www.stakeholdermap.com/stakeholder-analysis.html>

- 3. Gauge The Climate** — assessing the culture, political and fiscal climate of your local/state decision-making environment is essential to planning and successful timing of your proposal. Key questions include the following:
- Are mental health, substance abuse and access to care issues prominent in my community?
 - Are local news outlets, community forums, civic groups or government entities prioritizing mental health and substance abuse needs?
 - Are there organizations besides mine that champion mental health and substance abuse issues? Are these organizations outside traditional mental health advocacy organizations?
 - What are the priority issues in my local council/state legislature? Can this issue attach to any of these issues?
 - What is the legislative and/or budget schedule in my locality/state?
 - What is the fiscal situation in my locality/state?
 - Are there budget sources outside health care that can be accessed (e.g., law enforcement, teacher or foster parent training budgets)?
- 4. Learn From Others** — review the resources in this manual and within your networks to identify what has worked in other local and state jurisdictions. For example:
- Arizona, Colorado, Georgia, Maryland and Missouri have statewide programs, which require some public workers and citizens to complete training as part of their job.
 - In Pennsylvania and Rhode Island, the course is part of corrections officer and police officer training, respectively.
 - Austin, Texas, offers Mental Health First Aid to every public library employee.
 - Maryland offers Mental Health First Aid at every community college.
 - Missouri partners with faith-based organizations since the clergy is often a first-line resource for individuals in their community.
 - Several Missouri colleges require the course as part of curriculum for professional studies, such as nursing.
- 5. Find Your Champion** — A critical assessment step is identifying a key policymaker or community leader to partner with you in seeking support and implementation of Mental Health First Aid. Some strategies you might try include the following:
- Research local and state policymakers to identify those with interest in mental health, substance abuse, youth and veterans issues.
 - Invite one or more legislative or executive agency officials to a local Mental Health First Aid training
 - Attend local civic association functions to network with school board and local leaders who might be allies at the state level or help you initiate a local program.
 - Host a community forum at which MHFA is presented as a community action opportunity and invite legislators and/or their staffs.
 - Incorporate Mental Health First Aid into your planned legislative “Hill Day” and bring trained instructors or First Aiders to your meetings.
 - In all relationship building, follow key steps outlined in the National Council Policy Guide.

25 National Council for Community Behavioral Health Policy Guide. Accessed at <http://www.thenationalcouncil.org/galleries/policy-file/Policy%20Guide.pdf>

APPENDIX III – TALKING POINTS

- Mental Health First Aid is an evidence-based training program to help people identify mental health problems, connect individuals with care, and safely de-escalate crisis situations if needed.
- Mental Health First Aid was brought to the US in 2008 by the National Council for Behavioral Health, the Missouri Department of Mental Health, and the Maryland Department of Health and Mental Hygiene. The program began in Australia, and has been replicated in more than 23 countries, including: England, Finland, Canada, Cambodia, Hong Kong, and Singapore.
- Mental Health First Aid is an 8-hour course taught by certified instructors.
- A network of 5,000 instructors across the United States have trained nearly 250,000 Americans.
- Anyone can take a Mental Health First Aid course, but key audiences for the training include educators, police officers, other school personnel, and faith leaders. Specific course modules on public safety, military and veterans, higher education, and faith communities aid instructors in providing specific context to these target audiences.
- Research shows that the sooner people get help for mental health concerns, the more likely they are to have positive outcomes.
- Partnerships for providing access to training vary and can include local Chambers of Commerce, professional associations, hospitals, nursing homes, Rotary Clubs, parent organizations, social clubs and other groups who make up the fabric of a community.
- Mental Health First Aid is listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). Multiple detailed studies and peer-reviewed journal articles review Mental Health First Aid's effectiveness.
- One trial of 301 randomized participants found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes



APPENDIX IV: SAMPLE OP-ED

Mental health lessons²⁶

By Glenn Liebman and John Richter²⁷, Commentary

Mental health issues impact each of us daily, either personally or through the experiences of family members, loved ones or friends. In New York, over 300,000 of our youth are living with a serious mental health condition that significantly impairs their daily functioning.

Yet our education laws show little if any recognition of the need to teach our youth about this critical aspect of their overall health.

Failing to provide basic public mental health instruction has consequences. More than half of students labeled with emotional or behavioral disorders drop out of high school. Of those who do remain in school, only 42 percent graduate with a high school diploma. High school graduates go to war having never been taught about PTSD.

Lack of knowledge coupled with stigma deters many people from taking full advantage of today's treatment options in a timely manner. This is very serious and disturbing, since untreated mental illness tends only to become more severe over time and, in extreme cases, too often ends in suicide or self-injury. Over 90 percent of youth who die by suicide were suffering from depression or another diagnosable and treatable mental illness at the time of their death. We do young people a disservice by remaining silent about mental health conditions like depression, eating disorders, and PTSD.

Some dramatic changes have to take place to effect real change for mental health education in schools. Our four-tiered proposal includes:

Support of legislation that would make it easier to teach mental health as part of health curriculums in schools. Such legislation has been introduced over the last several years in the state Legislature. This bill represents a long overdue acknowledgement that mental health is as integral to one's overall well-being as is physical health, and as such should be reflected in the law guiding health instruction. Though the legislation moved further this year than any time in the past, including passage in the Senate, it has still not won full support in the Assembly. Next legislative session, it must be a priority to pass this bill.

Increase the number of mental health professionals in schools. In conversations with local school districts, it is clear that there are not enough school social workers, psychologists, counsellors or psychiatrists to meet the needs of students with complex emotional issues. One large school district we met with had only one social worker for the entire student body. This lack of mental health professionals in schools has a profound effect for children in school. Funding for these positions must be a priority in the education system.

Provide youth mental health first aid training to teachers and other educational stakeholders. Much the way regular first aid provides techniques to respond to a physical health crisis, mental health first aid helps individuals identify and respond both to a developing mental illness and a psychiatric crisis. The program also provides a greater and more compassionate understanding of mental illness.

²⁶ Published in *Albany Times-Union* 3:07 pm, Thursday, July 3, 2014

²⁷ Glenn Liebman is CEO of the Mental Health Association in New York State. John Richter is public policy director.



Increase after-school programs for mental health services. There are several after school programs that do an effective job in the Capital Region in helping address behavioral health needs, but the reality is that there is not enough funding to meet the growing demands of children in school who need community-based mental health programs.

Provide youth mental health first aid training to teachers and other educational stakeholders. Much the way regular first aid provides techniques to respond to a physical health crisis, mental health first aid helps individuals identify and respond both to a developing mental illness and a psychiatric crisis. The program also provides a greater and more compassionate understanding of mental illness.

Implementation of these four initiatives will go a long way to helping insure positive outcomes for the most important of all resources — our children.

APPENDIX V: SAMPLE TESTIMONY

Glenn Liebman, CEO, Mental Health Association of New York State (MHANYS)

Testimony to Assembly Ways and Means and Senate Finance Mental Hygiene Budget Hearing, February 11, 2014

2014 Assembly Ways and Means and Senate Finance Mental Hygiene Budget Hearing

B. Mental Health First Aid

Along those lines, there is a national training for mental health known as Mental Health First Aid. Mental Health First Aid is a great tool in helping to educate the public about mental health issues. This 8-hour training program is geared to teach the general public about mental health challenges and crisis and how someone can respond to those situations. It is now a clinical tool, but it is an invaluable tool that can be utilized by anyone in the general public. In our teaching of the course, we have had law enforcement, educators, military, librarians, mental health and health professionals, direct care workers, DSS staff, county staff, aging program providers, peers, and family members among others.

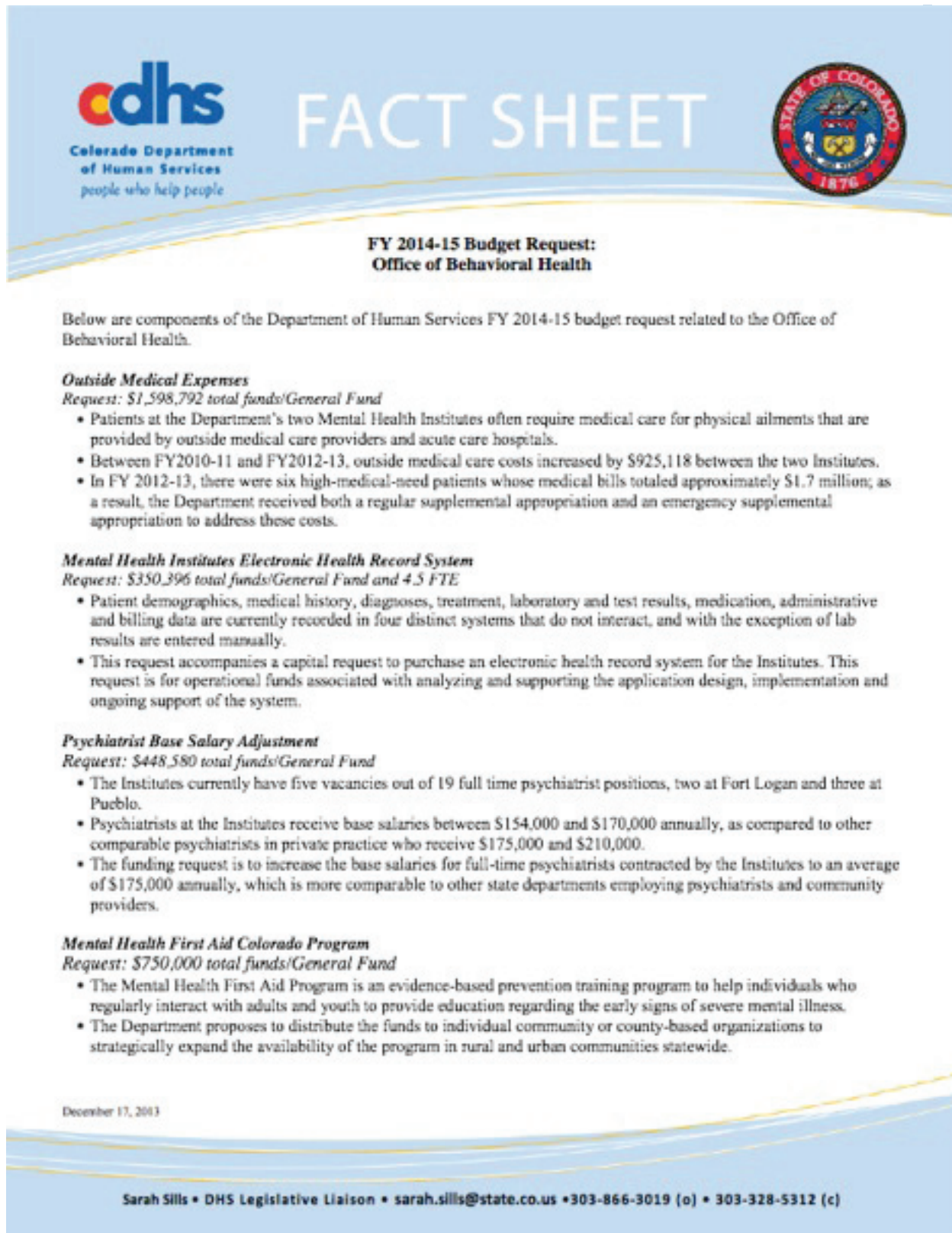
Through the leadership last year of Senator Carlucci, we were able to secure funding in the budget for our members around the state in training for youth Mental Health First Aid. We look forward to working again with Senator Carlucci, Assembly member Gunther, and all of you in expanding that training to the general public.

Recommendation

Support funding of \$100,000 for enhancing Mental Health First Aid for core populations including the military, corrections staff, law enforcement, teachers and aging and mental health and health care providers.



APPENDIX VI: SAMPLE AGENCY FACT SHEET & SLIDE



The slide is a sample fact sheet for the Colorado Department of Human Services (CDHS). It features the CDHS logo on the top left, the text "FACT SHEET" in large white letters on a blue background, and the State of Colorado seal on the top right. Below the header, the title "FY 2014-15 Budget Request: Office of Behavioral Health" is centered. The main body of the slide contains three sections, each with a title, a request amount, and a list of bullet points. The first section is "Outside Medical Expenses" with a request of \$1,598,792. The second is "Mental Health Institutes Electronic Health Record System" with a request of \$350,396. The third is "Psychiatrist Base Salary Adjustment" with a request of \$448,580. The fourth section is "Mental Health First Aid Colorado Program" with a request of \$750,000. The slide also includes a date "December 17, 2013" and contact information for Sarah Sills, DHS Legislative Liaison.

cdhs
Colorado Department
of Human Services
people who help people

FACT SHEET

**FY 2014-15 Budget Request:
Office of Behavioral Health**

Below are components of the Department of Human Services FY 2014-15 budget request related to the Office of Behavioral Health.

Outside Medical Expenses
Request: \$1,598,792 total funds/General Fund

- Patients at the Department's two Mental Health Institutes often require medical care for physical ailments that are provided by outside medical care providers and acute care hospitals.
- Between FY2010-11 and FY2012-13, outside medical care costs increased by \$925,118 between the two Institutes.
- In FY 2012-13, there were six high-medical-need patients whose medical bills totaled approximately \$1.7 million; as a result, the Department received both a regular supplemental appropriation and an emergency supplemental appropriation to address these costs.

Mental Health Institutes Electronic Health Record System
Request: \$350,396 total funds/General Fund and 4.5 FTE

- Patient demographics, medical history, diagnoses, treatment, laboratory and test results, medication, administrative and billing data are currently recorded in four distinct systems that do not interact, and with the exception of lab results are entered manually.
- This request accompanies a capital request to purchase an electronic health record system for the Institutes. This request is for operational funds associated with analyzing and supporting the application design, implementation and ongoing support of the system.

Psychiatrist Base Salary Adjustment
Request: \$448,580 total funds/General Fund

- The Institutes currently have five vacancies out of 19 full time psychiatrist positions, two at Fort Logan and three at Pueblo.
- Psychiatrists at the Institutes receive base salaries between \$154,000 and \$170,000 annually, as compared to other comparable psychiatrists in private practice who receive \$175,000 and \$210,000.
- The funding request is to increase the base salaries for full-time psychiatrists contracted by the Institutes to an average of \$175,000 annually, which is more comparable to other state departments employing psychiatrists and community providers.

Mental Health First Aid Colorado Program
Request: \$750,000 total funds/General Fund

- The Mental Health First Aid Program is an evidence-based prevention training program to help individuals who regularly interact with adults and youth to provide education regarding the early signs of severe mental illness.
- The Department proposes to distribute the funds to individual community or county-based organizations to strategically expand the availability of the program in rural and urban communities statewide.

December 17, 2013

Sarah Sills • DHS Legislative Liaison • sarah.sills@state.co.us • 303-866-3019 (o) • 303-328-5312 (c)



Mental Health First Aid Colorado Program



- 19.4% of Colorado adults estimated to have a mental illness in FY 2011-12
- Identification, understanding and response to individuals in mental health and substance abuse crises
- Budget Initiative: \$750,000 General Fund to expand the Mental Health First Aid (MHFA) Program for adults and youth



- Anticipated Outcomes: timely recognition of a mental health emergency, timely referral to appropriated resources and prevention of further harm to the individuals and others

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APPENDIX VII: SAMPLE COMMUNICATION TO HOSPITALS²⁶

April 21, 2014

Dear Friend:

The National Alliance on Mental Illness of Minnesota (NAMI Minnesota) is pleased to provide you with a copy of two new videos for your staff and patients. How to Help: Caring for Patients with a Mental Illness is targeted to staff to help them understand the experience of being hospitalized for a mental illness and how they can help during this difficult time. Stories of Recovery is targeted to patients and has people living with a mental illness sharing their stories of recovery after a hospitalization. I hope that you find both of these videos helpful as you carry out your important work.

NAMI has a number of other free materials and trainings available to you as well. We have two online trainings Compassion into Action: Recognizing and Responding to Patients with Mental Illnesses and Allies in Recovery. We also have a series of posters depicting people who live with a mental illness and are doing well in recovery as well as posters such as Learn the Lingo and How to Help. NAMI has produced several booklets on understanding the inpatient experience, the children and adult mental health systems, data practices, criminalization issues and how to plan for a crisis.

I know that many of you have conducted a community health needs assessment and are in the process of developing a community health improvement plan. If mental health is a need, we would be happy to work with you to identify activities that could meet this need. We have found that some hospitals want to offer Mental Health First Aid or Youth Mental Health First Aid in their communities, or ensure that one of NAMI's family education classes or support groups are available. Additionally, we have an In Our Own Voice program where people share their story of recovery and a speakers' bureau to help reduce stigma and promote acceptance.

Please let me know if there is any way that we can partner with you to improve the lives of children and adults with mental illnesses and their families. Thank you for all you do.

Sincerely,

Sue Abderholden, MPH
Executive Director

Excerpt from Enclosure

Responding to the Mental Health Needs in Your Community

As hospitals and local public health departments survey their communities they are increasingly finding that "mental health" is mentioned. This is not surprising considering the increasing public awareness on the issue due to people sharing their stories and to media attention on recent tragedies. Many are asking what they can do to address this identified need in their communities. Here are some suggestions.

1. Raise Awareness

- Participate in the MakeltOk campaign by putting up posters, placing an ad in the local newspaper, adding your organization's name as a sponsor
- Place information about mental health and mental illnesses in waiting areas and lobbies

²⁶ Source: National Alliance on Mental Illness Minnesota

- Hold “lunch and learns” for employees about mental illnesses and mental wellness
- Participate in the NAMIWalk or other walks for mental health
- Host a NAMI in the Lobby at your hospital, where NAMI volunteers sit outside the unit and provide information and hope to family members visiting their loved one in the mental health unit
- Sponsor events during Mental Health Month, Children’s Mental Health Day or Mental Illness Awareness Week
- Participate in the community gatherings happening in October to begin community conversations about mental illnesses and mental health
- Bring an In Our Own Voice speaker to your hospital for staff, patients and the general public.

2. Increase Mental Health Literacy

- Sponsor an Adult or Youth Mental Health First Aid class in your community
- Hold forums or lectures with guest speakers on mental illnesses and mental health
- Educate the community about the impact of trauma and ACES on youth in the community
- Collaborate with local schools to increase the understanding of mental illnesses in children and youth
- Provide links to videos on mental illnesses on your website
- Publicize workshops held by NAMI and other organizations (such as Family-to-Family, Hope for Recovery, Children’s Challenging Behaviors)

3. Normalize Mental Illnesses in Health Care Settings

- Require staff training on mental illnesses especially from the ED and inpatient wards (three free online training are available, Compassion into Action: Recognizing and Responding to Patients with Mental Illnesses Compassion in Action, Allies in Recovery and Reducing Stigma)
- Place posters produced by NAMI about language, recovery and how to help on psychiatric wards and outpatient settings
- Have key leadership speak publicly about the need to reduce stigma and discrimination in health care settings and commit to change.
- Publish information about mental illnesses in staff newsletter
- Publicize mental health services offered by the organization
- Have visiting hours for the mental health unit that are consistent with the rest of the hospital
- Partner with mental health crisis teams, CIT trained police officers
- Establish a team to look at every aspect of the mental health unit and develop and implement recommendations to make it a more healing, empathetic and respectful environment
- Challenge staff attitudes, be mindful of the use of slang terms for mental illnesses and understand what true engagement in treatment means

APPENDIX VIII: MEDIA

SAMPLE BLOG POST

A new tool in schools' mental health tool box

April 17, 2014 at 11:16 AM



Youth Mental Health First Aid is a great tool for anyone who interacts with youth on a regular basis, such as educators and parents. Yesterday, Chalkbeat Colorado posted an article about YMHA in schools. Here is a quote:

"The concept behind both versions of MHFA, much like medical first-aid, is to equip first responders with the know-how to address emerging mental health or addiction problems. The youth version is also meant to help distinguish between true mental health issues and the normal mood swings and behavior changes that characterize the life of a teenager.

But the training is hardly a technical lecture. It's participant-friendly approach is evident in the hands-on activities, the video clips, the anecdote-peppered instruction and even the pile of bite-sized candy on each table. Originally, conceived as a two-day training, it has since changed to a one-day format."

<http://co.chalkbeat.org/2014/04/16/a-new-tool-in-schools-mental-health-tool-box/#.U-Pu6FbfX1o>



APPENDIX VIII-1: MEDIA

Sample Press Release – Mental Health First Aid Week

FOR IMMEDIATE RELEASE

CONTACT: Name

Date

Phone

Email

[ORGANIZATION] **Introduces Mental Health First Aid to [NAME] County**

[NAME] **County Joins National Initiative to Increase Mental Health Literacy**

CITY, Mich. – The [ORGANIZATION] is joining with the Michigan Department of Community Health (MDCH) and Governor Rick Snyder to celebrate Michigan Mental Health First Aid week May 18-26, to raise awareness about the trainings available across the state to help identify, understand and respond to signs of mental illness.

Across the state several nationally certified instructors and agencies will conduct 50 trainings during Michigan Mental Health First Aid Week. Together, between 1,000 and 1,500 members of the public be trained to improve their mental health literacy. [ORGANIZATION] is currently providing Mental Health First Aid trainings to residents of [NAME] County.

[ORGANIZATION QUOTE]

Mental Health First Aid is an 8-hour training certification course which teaches participants a five-step action plan to assess a situation, select and implement interventions and secure appropriate care for the individual, the certification program introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments. Thorough evaluations in randomized controlled trials and a quantitative study have proved the CPR-like program effective in improving trainees' knowledge of mental disorders, reducing stigma and increasing the amount of help provided to others.

"With the guidance of Governor Snyder and Lieutenant Governor Brian Calley, Michigan has taken some important recent steps to improve mental health services in our communities," said James K. Haveman, Director of the MDCH. "Of special note are the Mental Health First Aid trainings that are being increased within our communities."

The MDCH, in collaboration with community organizations throughout the state, are working to ensure Mental Health First Aid training is made available to residents throughout Michigan communities. Currently, Mental Health First Aid trainings are being conducted free of charge for those who work or reside within Calhoun, Clinton, Eaton, Genesee, Ingham, Kalamazoo, Kent, Macomb, Muskegon, Oakland, and Wayne counties. Residents of other counties may take the training for a fee.

Mental Health First Aid originated in 2001 in Australia under the direction of founders Betty Kitchener and Tony Jorm. To date, it has been replicated in twenty other countries worldwide, including Hong Kong, Scotland, England, Canada, Finland, and Singapore.

To contact [ORGANIZATION] for more information about Mental Health First Aid training dates and times, visit [WEBSITE] or call [NUMBER]. For more information or to find a Mental Health First Aid training in another area, visit www.michigan.gov/mentalhealthfirstaid.



APPENDIX VIII-2: MEDIA

Sample Social Media Posts

WHAT IS MENTAL HEALTH FIRST AID?

Mental Health First Aid USA is a live training program — like regular First Aid or CPR — designed to give people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The course demonstrates how to recognize and respond to the warning signs of specific illnesses.



Sample Facebook Posts:

1. 1 in 5 people will struggle with a mental health crisis this year. Would you know what to do? Mental Health First Aid class will give you those skills. Email for more info: _____
2. Suicide is the 3rd highest cause of death amongst our young people. Mental Health First Aid class could help you recognize a problem and help. Email for more info: _____
3. Can you imagine if only 41% of people with a broken arm sought help? Can you imagine if only 41% of those with cancer sought help? Only 41% of people with a mental health problem seek help. Mental Health First Aid class helps end stigma and informs people of the help that is out there. Sign up for a class today! Email: _____
4. Research has shown that the longer one delays between the onset of psychosis and treatment, the less likely one is to recover. Mental Health First Aid is a class that will promote early intervention and give you the skills to get someone the help that they need. Sign up for a class today. Email: _____
5. Mental health disorders in America are more prevalent than cardiovascular problems, cancer, accidental injuries, respiratory issues, musculoskeletal problems, digestive disorders, diabetes and a host of others. And yet...it is barely talked about. Learn how to help someone who is having a mental health crisis. Sign up for Mental Health First Aid today. Email: _____
6. It is very unlikely that in your lifetime you will be near someone who is having a heart attack. But, in the next year you will probably know of several people who will struggle with depression, anxiety or other mental health concerns. Chances are you have learned CPR in your life. And yet you have probably never taken a Mental Health First Aid class. Learn how to help today! Email: _____
7. Want to save a life? Would you recognize the warning signs of suicide? Would you know what to say to someone who is talking about harming or killing themselves? Learn how to intervene and potentially save a life by taking a class that is proven to help; Mental Health First Aid. Take a class today. Call: _____
8. Have you learned CPR? First Aid? Life Guarding? Great. But, could you help in a mental health crisis? If not then it's time to learn Mental Health First Aid. This is an evidence based program that will change communities and save lives. Learn about classes in your community today. Email: _____
9. You know what belongs in your First Aid kit, but do you have the tools to respond to a mental health issue? Now you can. Learn the signs of mental health issues. And how to help. Visit www.michigan.gov/mentalhealthfirstaid.
10. If you only know regular first aid, then you need a course in Mental Health First Aid. Learn the signs, and how you can help: www.michigan.gov/mentalhealthfirstaid
11. Mental Health First Aid helps Michigan residents like you and I identify, understand, and respond to the signs of

mental illness. Find out how you can stock your Mental Health First Aid kit. Visit www.michigan.gov/mentalhealthfirstaid.

12. Mental Health First Aid increases your knowledge of mental disorders, reduces the stigmas associated with mental illness, and increases the chance a family member, friend, or loved one will be referred to appropriate help. Learn more about how you can take a Mental Health First Aid training in your community at www.michigan.gov/mentalhealthfirstaid.

Sample Twitter Posts:

1. Mental Health First Aid is a class that saves lives. Learn how to help.
Call: _____
2. 1 in 5 will have a mental health concern this year. Help them. Join a Mental Health First Aid class!
Call: _____
3. Only 41% of those with a mental health concern seek help. Learn to assist them by taking Mental Health First Aid class. Call: _____
4. The stigma of mental health decreases in people who learn. Get into a Mental Health First Aid class today.
Call: _____
5. Have you learned CPR or First Aid? How about Mental Health First Aid? Take a class and you may save a life.
Call: _____
6. Ease someone's suffering! Take a Mental Health First Aid class. Call: _____
7. Early intervention in a mental health problem is crucial. Take a Mental Health First Aid class and see why!
Call: _____
8. What's in your first aid kit? How about your mental health first aid kit? Not sure? We can help.
Visit www.michigan.gov/mentalhealthfirstaid
9. If you only know regular first aid, then you need a course in Mental Health First Aid.
Learn the signs and how you can help: www.michigan.gov/mentalhealthfirstaid
10. Learn to identify #mentalhealth issues and direct your friends and loved ones to the right help.
Visit www.michigan.gov/mentalhealthfirstaid
11. We need to end the stigma around #mentalhealth. You can help by learning more.
Visit www.michigan.gov/mentalhealthfirstaid



APPENDIX IX: ORGANIZATIONAL LINKS AND RESOURCES

2013 Mental Health First Aid State Legislative Toolkit:

www.thenationalcouncil.org/wp-content/uploads/2013/06/MHFA_State_Toolkit_2013.pdf

Project AWARE Toolkit:

www.mentalhealthfirstaid.org/cs/now-time-project-aware-mental-health-first-aid-grants/

National Registry for Evidence-based Practices and Programs (NREPP):

www.nrepp.samhsa.gov/ViewIntervention.aspx?id=321

Mental Health First Aid USA Facebook page

www.facebook.com/MentalHealthFirstAidUSA

Mental Health First Aid USA on Twitter

@MHFirstAidUSA

Relevant Articles & Webinars:

Cournoyer, Caroline. "Governments Discover Need for Mental Health First Aid," *Governing*, National Governor's Association, June 2012.

www.governing.com/topics/health-human-services/gov-governments-discover-mental-health-first-aid.html

Farley, R. and Gibb, B. *Mental Health First Aid: Building Safety and Reducing Stigma* webinar presented to Council of State Governments, March 12, 2014.

<http://knowledgecenter.csg.org/kc/content/mental-health-first-aid-building-safety-and-reducing-stigma>

Miller, Debra. "Mental Health First Aid Training Helps De-escalate Crises," *Council of State Governments Knowledge Center*, March 26, 2014.

<http://knowledgecenter.csg.org/kc/content/mental-health-first-aid-training-helps-de-escalate-crises>

National Council of State Legislatures *State Legislatures* magazine article (in press).

See www.ncsl.org/bookstore/state-legislatures-magazine.aspx



APPENDIX X: PROGRAM DESCRIPTIONS

Mental Health First Aid USA

Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. The program is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the United States and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Those who take the 8-hour course to certify as Mental Health First Aiders learn a five-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

The course was developed in Australia, where it developed a strong evidence base to show that it can increase the help provided to others, increase connections to professional help, lessen stigmatizing attitudes and decrease social distance from people with mental disorders.

The course was developed for a general adult audience and is appropriate for both paraprofessionals and laypersons wishing to have an introduction to mental health and substance use concerns. The course teaches an intervention suitable for individual interactions and situations. Mental Health First Aid USA is managed, operated, and disseminated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

Crisis Intervention Team (CIT) (aka Memphis Model)

The Crisis Intervention Team (CIT) program is a specialized 40-hour course for law enforcement professionals in which officers are trained to become part of a specialized team which can respond to a mental health crisis at any time. CIT trained officers work with the community to resolve each situation in a manner that shows concern for the citizen's well being. CIT officers are called upon to respond to crisis calls that present officers face-to-face with complex issues relating to mental illness. CIT officers also perform their regular duty assignment as patrol officers. The CIT program is a community effort enjoining both the police and the community together for common goals of safety, understanding, and service to the mentally ill and their families.

Psychological First Aid

Psychological First Aid is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism. Its goals are to reduce initial distress and to foster short- and long-term adaptive functioning. It is for use by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.

Emotional CPR

Emotional CPR (eCPR) is an educational program that teaches people to assist others through an emotional crisis. The eCPR program is based on principles that are shared by a number of support approaches, including trauma-informed care, counseling after disasters, peer support to avoid continuing emotional despair, emotional intelligence, suicide prevention, and cultural attunement. It was developed with input from a diverse cadre of recognized leaders from across the United States, who themselves have learned firsthand how to recover and grow from emotional crises.



Family-to-Family

Family-to-Family is a free, 12-week educational program offered through the National Alliance for Mental Illness (NAMI) for family members and caregivers of individuals living with a serious mental illness. The course is taught by trained family members, and all instruction and course materials are free to class participants nationwide. The class teaches current information about schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorders, as well as related information about medications, research, advocacy, communication techniques, and strategies for handling crises. Course content also includes a focus on care for the caregiver: coping with worry, stress, and emotional overload.

Wellness Action Recovery Plan (WRAP)

Developed by a group of people who experience mental health challenges, WRAP teaches individuals that they can identify what makes them well and then use their own wellness tools to relieve difficult feelings and maintain wellness. The goal of the program is to teach participants recovery and self-management skills and strategies for dealing with psychiatric symptoms so as to promote higher levels of wellness, stability and quality of life and decrease the need for costly, invasive therapies. When held as a course, WRAP is most often delivered as an eight-day program including lectures, interactive discussions, reinforcement activities and hands-on development of personal recovery resources. Consumers may also develop their own WRAP through a variety of books and online resources provided by Mary Ellen Copeland, founder of WRAP.

Applied Suicide Intervention Skills Training (ASIST)

ASIST training is a two-day course to teach individuals how to perform a suicide intervention. The course gives participants ample opportunity to practice an intervention with an individual contemplating suicide, including small group discussion, videos and exercises. The ASIST workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

Question, Persuade, Refer (QPR)

Question, Persuade, and Refer -- 3 simple steps that anyone can learn to help save a life from suicide. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR can be learned in as little as one hour through a Gatekeeper course designed for any member of the public. Training may be done online through the QPR institute, or in-person in set classes. These courses may be conducted independently or as a portion of a larger training. A QPR Gatekeeper receives an accompanying QPR booklet and summary resource card as part of their one-hour training.

