Policy Priority: Advancing Suicide Prevention in K-12 Schools

To view a summary of this issue brief, please visit the following link for a one-page overview.

According to the latest data from the Centers for Disease Control and Prevention (CDC, 2026), suicide was the second leading cause of death for children and teens aged 10–19 years in 2024. According to the 2023 Youth Risk Behavior Survey, in the 12 months preceding the survey, 1 in 5 high school students (20%) in the U.S. reported having seriously considered attempting suicide, 1 in 6 students (16%) made a plan about how they would attempt suicide, and almost 1 in 10 students (9%) reported having attempted suicide (CDC, 2026).

These statistics point to a serious, yet preventable public health problem. Ninety percent of young people who died by suicide had a mental health condition at the time of their deaths, although often these conditions were untreated, under-treated, or undiagnosed (CDC, 2018). In fact, just over half (51%) of people who died by suicide had not been identified as having had a mental health condition despite the co-occurrence of mental health conditions and suicide (CDC, 2026). This highlights the need for more awareness and education. While most people with mental health conditions do not engage in suicidal behavior, treating underlying mental health conditions is a key component of suicide prevention, as is connecting people at acute risk with a health professional who has been trained to provide suicide-specific treatment to help people better manage suicidal ideation and behavior.

The first onset of mental illness typically occurs in childhood or adolescence. Children and teens spend a significant amount of their young lives in school; schools, administrators, and peers have an important role to play in identifying students who are showing signs of deteriorating mental health or suicide risk, intervening with students presenting acute risk or who attempt suicide, and responding to suicide deaths within the school community. This includes school plans for prevention, intervention, and postvention as well as ensuring students have access to information, resources, and services related to suicide prevention.

The updated *National Strategy for Suicide Prevention* ("*National Strategy*", 2024) asserts **all community-based organizations, including schools, can take an active role in preventing suicide** and creating spaces where young people can thrive; and that schools and other youth-serving spaces are important locations for upstream prevention (U.S. Department of Health and Human Services (HHS), 2024).

School Policies and Personnel Training

Prevention: There are 2 key tasks for schools in preventing youth suicide: (1) Identify students at elevated risk for suicidal thoughts and behaviors or deteriorating mental health; and (2) Work with parents and guardians to ensure students at elevated risk are assessed and evaluated by a mental health professional (within or outside the school setting), according to school protocol or policy.

School personnel that interact with students daily are in a prime position to recognize the signs of mental health conditions and suicide risk and make appropriate referrals for help. To be able to do this, personnel will need effective training to acquire the necessary skills and confidence to intervene with youth at risk; mandated training is one way to ensure that all school personnel have a baseline understanding of suicide risk and the referral process.

Prevention efforts cannot be done in isolation. Preventive approaches, like training school personnel to identify risk factors and warning signs, should be built on a foundation that also responds to two serious issues currently facing schools – students at high risk of suicide and a death by suicide in the school community. With intervention and postvention policies in place to ensure students at risk receive appropriate services and that suicides in the school community are addressed safely, preventive approaches such as staff training will be even more likely to prevent suicide. Therefore, it is imperative that schools adopt comprehensive policies and procedures on suicide prevention, intervention, and postvention to support personnel and to provide them with a clear roadmap, accessible year-round, for how to prevent, intervene in, and respond to student suicidal behavior.

Intervention: Comprehensive policies and procedures that incorporate methods of suicide intervention in addition to preventive measures will ensure that educators have guidance around and are supported in intervening with students at high risk for suicide or who attempt suicide at school. With a comprehensive intervention policy in place, educators will be empowered to intervene appropriately and confusion over educator roles and the referral process will be avoided. Many schools cannot directly provide mental health services for students at risk, nor should teachers be taking on that role. Therefore, it is important that in-school and community mental health service providers to whom students can be referred are identified during the development of school policy and that these service providers and parents and guardians be involved while developing intervention protocols. It is also critical to ensure that the mental health service providers receiving said referrals have been trained in suicide assessment, treatment, and management.

Postvention: The term "postvention" refers to the coordinated school response following a suicide death in the school community. Suicide in a school community is tremendously sad, often unexpected, and can leave a school with many uncertainties about what to do next. Faced with students struggling to cope and a community struggling to respond, schools need concrete, pragmatic guidance on how to support both students and staff – *before* a crisis occurs. A comprehensive school policy that incorporates methods of postvention will ensure that educators know how to respond safely when a suicide occurs in the school community, avoiding suicide contagion or "copycat" suicides, and that educators are equipped to support affected students and their families as well as fellow school staff. Research shows that effective postvention support can contribute toward overall preventive efforts. The updated *National Strategy* specifically calls on school personnel and other community leaders as having a role to play in helping to inform, improve, expand, and carry out postvention and community response protocols and programs (HHS, 2024).

Student Education and Access to Resources

Suicide Prevention and Mental Health Education: Identification of suicidal ideation and behaviors and access to assessment and intervention resources are key to preventing suicide in young people. Trained school personnel form an integral support system for students at risk of suicide, and students' peers can play an important role in recognizing warning signs, encouraging help seeking, and providing connections to supportive adults. In addition, education about mental health conditions and suicide prevention can play a vital role in destigmatizing symptoms and treatment. Peer education models, such as the *Sources of Strength* program implemented in states like Georgia, New York, and North Dakota, have successfully changed student attitudes and behaviors around suicide and seeking help (Wyman, et al., 2023). Suicide prevention education curriculum is available from a variety of national programs, such as the National Council for Mental Wellbeing's *Teen Mental Health First Aid* and the American Foundation for Suicide Prevention (AFSP)'s *Its Real: Teens and Mental Health* programs.

Reducing Stigma and Increasing Knowledge of Services: While the reasons behind thoughts of suicide are complex, help and services are available, and students should be able to easily access them. However, stigma surrounding thoughts of suicide and mental health services can prevent youth from connecting with these vital resources. Recently, two approaches to reduce stigma and connect middle and high school students with resources have grown in popularity, including more widespread promotion of available crisis hotlines and allowing excused absences for mental health.

Providing students with the 988 Suicide & Crisis Lifeline and other crisis line numbers serves to increase awareness and reduce stigma about seeking help. Through crisis lines, counselors can engage callers to de-escalate a crisis (Gould et al., 2016). Crisis counselors may collaborate with emergency services, crisis contact centers, and other third parties to reduce access to lethal means, create a safety plan with the caller, and connect the caller to additional resources. In one study, crisis counselors were able to use these strategies to keep 76.4% of callers safe (Gould et al., 2016). In fact, Vibrant Emotional Health found that 98% of calls are de-escalated (Vibrant, 2024). By listing crisis line numbers like 988 in easy to see places, like a student identification card, schools can help increase the likelihood that those numbers are used during a suicidal or mental health crisis. Inclusion of crisis line numbers on student IDs, in student handbooks, and posted conspicuously in schools also helps to increase knowledge and acceptability of these resources.

Allowing students to be excused from school to attend to their mental health can increase transparency, reduce stigma, and encourage help-seeking behaviors. It also helps to create a school culture where mental health is seen and treated as an important part of overall health and empowers students to prioritize mental wellness. Many schools still have policies that penalize students for "unexcused" absences, and not including mental health as an allowable absence leads to dishonesty about absences and increased stigma toward mental health symptoms. On the other hand, allowing for mental health absences can open conversations between students, parents and guardians, and administrators and empower students to recognize when they should take time to care for their mental health. This also better equips the entire school community to identify students at risk of suicide.

Advocacy Efforts & Model Legislation

State Advocacy: AFSP recognizes that adoption of comprehensive school suicide prevention, intervention, and postvention policies and mandating related student education and school personnel training are crucial steps toward reducing youth suicide attempts and deaths. Other legislative approaches as discussed in this brief are also showing promise, including more widespread promotion of the 988 Suicide & Crisis Lifeline and allowing for excused mental health absences. Promoting adoption of these laws across the U.S. is therefore a top public policy priority for AFSP.

Many states that currently mandate suicide prevention training for school personnel achieved this through adopting a bill titled *The Jason Flatt Act*, the hallmark piece of legislation for the nonprofit organization, the Jason Foundation, Inc. (JFI). In most states, the *Jason Flatt Act* mandates 2 hours of suicide prevention training for school personnel. For states without plans for a *Jason Flatt Act*, AFSP developed **Model Legislation on Suicide Prevention in Schools** for use by advocates who would like to propose this type of legislation to their own state lawmakers. See page 8 of this document for the full model. The model was last updated in 2024.

Federal Advocacy: At the federal level, AFSP advocates for policies and funding that strengthen suicide prevention and mental health supports in K-12 schools. This includes support for grant programs administered by the Department of Education and the Substance Abuse and Mental Health Services Administration (SAMHSA) that help schools implement evidence-based prevention programs, train school personnel, and connect students with behavioral health services. AFSP also advocates for policies that increase awareness of the 988 Suicide & Crisis Lifeline, and improve schools' ability to identify and respond to students at risk of suicide.

Training Resources

Every state has some form of suicide prevention training or awareness program available. However, the availability and accessibility of these programs vary. AFSP's Model Legislation on Suicide Prevention in Schools and the *Jason Flatt Act* are both worded to allow flexibility within states to choose the training programs that will best fit the educational environment(s) within their state.

AFSP offers several resources for schools that may be used to implement existing laws or to offset the cost of proposed legislation, or "fiscal note." This includes, but is not limited to, AFSP's *More than Sad*, *It's Real: Teens and Mental Health,* and *Signs Matter* programs, and the jointly released *Model School District Policy on Suicide Prevention*. Details can be found online at afsp.org/education. All resources are offered either as a free download online or through local AFSP chapters, which currently serve all 50 states, Washington, D.C., and Puerto Rico. Find your local chapter online at afsp.org/chapters.

State Laws

See statute citations for all laws here.

State Mandated ANNUAL Training for School Personnel (12 states): Delaware, Georgia, Hawaii, Idaho, Iowa, Kansas, Maryland, Nebraska, New Hampshire, North Carolina, Rhode Island, and Tennessee mandate annual suicide prevention training for school personnel.

State Mandated Training for School Personnel, NOT ANNUAL (26 states, plus D.C.): Alaska, Arizona, Arkansas, Colorado (coaches only), Connecticut, D.C., Illinois, Indiana, Kentucky, Maine, Massachusetts, Minnesota, Mississippi, Montana, Nevada, New Jersey, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Virginia, Washington, West Virginia, and Wyoming mandate training in suicide prevention for school personnel but do not specify that the training must be annual.

State Encourages Training for School Personnel (12 states): Alabama, California, Colorado, Florida, Indiana, Louisiana, Michigan, Missouri, New York, North Dakota, Oregon, and Wisconsin have laws in place that encourage suicide prevention training for school personnel. In some states, this means the provision of access to training as an option for professional development. In others, structures are put in place by the legislature to provide for the training, but school personnel are not required to make use of those training options. The state may allow grant funding to be used for suicide prevention training, but not require it, or the state may require training "subject to appropriation" without continually appropriating those funds.

School Policies and/or Programs on Suicide Prevention, Intervention, and Postvention (required in 27 states, plus D.C.): Alabama, California, Connecticut, Delaware, D.C., Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Mississippi, Missouri, Montana, Nevada, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, and Washington require school suicide prevention, intervention, and postvention policies and/or suicide prevention programming statewide; eight other states (Louisiana, Maryland, Massachusetts, New Jersey, New York, Texas, Virginia, and Wisconsin) encourage such policies and/or programming.

Reporting Suicide Risk to Parents/Guardians and/or Administrators (required in 6 states): Kansas, New Jersey, Oklahoma, Texas, Utah, and Virginia require school personnel and/or other professionals to report to school administration and/or parents or guardians when they believe a student may be at risk for suicide.

Student Education on Suicide Prevention and/or Mental Health (required in 23 states):

Suicide Awareness and Prevention Education – required (15 states): Colorado, Connecticut, Illinois, Kentucky, Maine, Nevada, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Texas, Vermont, Washington, West Virginia, and Wisconsin require that students receive education on suicide awareness and prevention. Many require that this occur as part of the health curriculum. Ten states

(Colorado, Connecticut, Illinois, Maine, New Hampshire, Pennsylvania, Rhode Island, Texas, Vermont, and Washington) also include mental health in these requirements.

Mental Health Education (only) – required (8 states): Arizona, California, Florida, Minnesota, Missouri, New York, South Carolina, and Virginia require that student health curricula include information about mental health. These states do not mandate inclusion of specific information on suicide prevention, warning signs, or resources; California and Minnesota encourage inclusion of suicide prevention content.

Suicide Prevention and/or Mental Health Education – encouraged (5 states): Alabama, Louisiana, Maryland, Michigan, and Oklahoma encourage school districts to educate students on suicide prevention and/or mental health.

Student IDs include 988 Suicide and Crisis Lifeline/Other Crisis Lines (required in 32 states)

Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, West Virginia, and Wisconsin require that the 988 Suicide & Crisis Lifeline, the Crisis Text Line (text TALK to 741-741), or other local crisis line numbers be visible on student identification cards for middle schoolers and/or high schoolers. Virginia's requirement is inclusive of grades K-12. Kansas and Massachusetts encourage inclusion of 988 on student IDs but don't require it.

Allowance for Excused Mental Health Absences (required in 12 states)

Arizona, California, Colorado, Connecticut, Illinois, Louisiana, Maine, Nevada, Oregon, Utah, Virginia, and Washington require schools to excuse absences specifically related to a student's mental health; Kentucky allows but does not require school boards to excuse student absences for mental or behavioral health reasons. (In other states, schools may choose to accept notes from mental health providers or excuse absences due to a student's mental health, but there is no law protecting the ability for a student to use ongoing mental health struggles as a reason for missed school.)

Suicide Prevention Certified Schools (2 states)

Florida (Fla. Stat. Ann. § 1012.583) and **Louisiana** (La. Rev. Stat. Ann. § 17:282.4) designate schools that offer suicide prevention training/programming per statute as "Suicide Prevention Certified Schools."

Florida Suicide Prevention Certified Schools by District

Louisiana 2024-2025 Suicide Prevention Certified Schools

Contact Us

Contact the AFSP Policy & Advocacy office at advocacy@afsp.org.

Learn more about AFSP's policy priorities and advocacy efforts at afsp.org/advocacy.

(1) Beginning in the *YEARS* school year, the State *Board/Department* of Education shall adopt rules to require that all school personnel receive at least 2 hours of suicide awareness and prevention training each year*. This training shall be provided within the framework of existing in-service training programs offered by the State *Board/Department* of Education or as part of required professional development activities.

(2) The State *Board/Department* of Education shall, in consultation with *state agency/coalition charged with coordinating state suicide prevention activities, other stakeholders*, *and suicide prevention experts,* develop a list of approved training materials to fulfill the requirements of this section.

(a) Approved materials shall include training on how to identify appropriate mental health services and suicide prevention resources within the school and in the larger community, and when and how to refer youth and their families to those services and resources.

(b) Approved materials may include programs that can be completed through self-review of suitable suicide prevention materials.

(3)

(a) Each school district shall adopt a policy on student suicide prevention. Such policies shall be developed in consultation with school and community members, school employed mental health professionals, and suicide prevention experts, and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(b) To assist school districts in developing policies for student suicide prevention, the State *Board/Department* of Education shall develop and maintain a model policy to serve as a guide for school districts in accordance with this section.

(4)

(a) Each school district shall offer to students in *grades as determined*, in core classes or as part of the health education curriculum, instruction on:

1. mental health, including the symptoms of mental health conditions and substance use disorders, impacts on individuals and families, how to repair negative attitudes about and perceptions of those conditions, available treatments, how to seek help for self and peers, and school- or community-based programs and resources outside of the classroom;

2. suicide awareness and prevention, including recognizing factors that contribute to risk and warning signs, available effective treatments, lethal means safety, how to seek help for self and peers, and school- or community-based programs and resources outside of the classroom.

(b) All schools serving students in *grades as determined* shall post in a conspicuous location in the school building and include on all physical and virtual student identification cards

contact information for the 988 Suicide & Crisis Lifeline and may include contact information for the Crisis Text line (741-741) and other local crisis response services.

(c) The State *Board/Department* of Education shall post online and update annually a list of recommended resources and age-appropriate educational materials on mental health literacy and suicide awareness and prevention, including information on how to access the 988 & Suicide Crisis Lifeline and other available crisis response services.

(6)

(a) The State *Board/Department* of Education shall identify an absence due to the mental or behavioral health of a student as an excused absence.

(b) The State *Board/Department* may adopt guidelines and rules for the purposes of this section, including determining what constitutes an absence due to the mental or behavioral health of a student.

(7)

(a) No person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of the provisions of this section or resulting from any training, or lack thereof, required by this section.

(b) The training, or lack thereof, required by the provisions of this section shall not be construed to impose any specific duty of care.

*NOTE: In those states where the legislature must amend section (1) to require training less often, for example, once every 5 years, or that remove a frequency requirement entirely, a new section will be added that states:

The State *Board/Department* of Education shall adopt rules to require that all newly employed school personnel receive at least 2 hours of suicide awareness and prevention training within 12 months of their date of hire.

State Statute Citations

State Mandated ANNUAL Training for School Personnel (12 states)

State	Statute (Law) Citation
DE	Del. Code Ann. tit. 14, § 4162 Del. Code Ann. tit. 14, § 4165
GA	Ga. Code Ann. § 20-2-779.1 Ga. Code Ann. § 37-1-27
HI	Haw. Rev. Stat. Ann. § 302A-856 Haw. Rev. Stat. Ann. § 302D-36
ID	Idaho Code § 33-136
IA	Iowa Code § 279.70
KS	Kan. Stat. Ann. § 72-6284
MD	Md. Code Ann., Educ. § 6-122 Md. Code Ann., Educ. § 6-704.1
NE	Neb. Rev. Stat. Ann § 79-2146
NH	N.H. Rev. Stat. Ann. § 193-J:2
NC	N.C. Gen. Stat. § 115C-376.5
RI	R.I. Gen. Laws Section 16-21.7-2
TN	Tenn. Code Ann. § 49-6-3004 Tenn. Code Ann. § 49-6-1901

State Mandated Training for School Personnel, NOT ANNUAL (26 states, plus D.C.)

State	Statute (Law) Citation
AK	Alaska Stat. § 14.30.362
AZ	Ariz. Rev. Stat. § 15-120 Ariz. Rev. Stat. § 15-218 Ariz. Rev. Stat. § 15-1656
AR	Ark. Code Ann. § 6-17-708 Ark. Code Ann. § 6-17-709
CT	Conn. Gen. Stat. § 10-220a Conn. Gen. Stat. § 10-145a Conn. Gen. Stat. § 10-145o Conn. Gen. Stat. § 10-222j
CO	2026 Colo. Ch. 105 , 2026 Colo. SB. 60
DC	D.C. Code § 7-1131.17
IL	IL 105 Ill. Comp. Stat. 5/Art. 10
IN	Ind. Code Ann. § 20-28-5-12.3 Ind. Code Ann. § 20-28-5-12.5
KY	Ky. Rev. Stat. § 156.095 Ky. Rev. Stat. § 156.553
ME	Me. Rev. Stat. tit. 20-A, § 4502(5-B)
MA	Mass. Ann. Laws ch. 71, § 95 Mass. Ann. Laws ch. 69, § 1L

(Nonannual training, cont.)

MN	Minn. Stat. Ann. § 122A.187, subd. 6
MS	Miss. Code Ann. § 37-3-103 Miss. Code Ann. § 37-3-101 Miss. Code Ann. § 37-3-83
MT	Mont. Code Ann. § 20-7-1310
NV	Nev. Rev. Stat. Ann. § 388.1323 Nev. Rev. Stat. Ann. § 388.1342 Nev. Rev. Stat. Ann. § 388.2565 Nev. Rev. Stat. Ann. § 439.511 Nev. Rev. Stat. Ann. § 439.513
NJ	N.J. Stat. § 18A:6-112 N.J. Stat. § 18A:6-111 N.J. Stat. § 18A:6-44.4
OH	Ohio Rev. Code Ann. § 3319.073
OK	Okla. Stat. tit. 70, § 24-100.7
PA	24 Pa. Stat. Ann. § 15-1526 24 Pa. Stat. Ann. § 13-1310-B
SC	S.C. Code Ann. § 59-26-110
SD	S.D. Codified Laws § 13-42-71
TX	Tex. Educ. Code § 21.451 Tex. Educ. Code § 21.044 Tex. Educ. Code § 38.351
UT	Utah Code Ann. § 53G-9-704
VA	Va. Code Ann. § 22.1-298.1 Va. Code Ann. § 22.1-298.6
WA	Wash. Rev. Code Ann. § 28A.410.226 Wash. Rev. Code Ann. § 28A.410.035 Wash. Rev. Code Ann. § 28A.310.500 Wash. Rev. Code Ann. § 28A.300.288 Wash. Rev. Code Ann. § 28A.320.290
WV	W. Va. Code § 18-2-40 W. Va. Code § 18A-3-2b
WY	Wyo. Stat. Ann. § 21-3-110 Wyo. Stat. Ann. § 21-2-202

State Encourages Training for School Personnel (12 states)

State	Statute (Law) Citation
AL	Ala. Code § 16-28B-8
CA	Cal. Educ. Code § 215 Cal. Educ. Code § 216 Cal. Educ. Code § 218.3 Cal. Educ. Code § 49604
CO	Colo. Rev. Stat. § 22-60.5-110
FL	Fla. Stat. Ann. § 14.2019 and Fla. Stat. Ann. § 1012.583
IN	Ind. Code Ann. § 12-21-5-5
LA	La. Rev. Stat. Ann. § 17:437.1
MI	Mich. Comp. Laws Serv. § 380.1171
MO	Mo. Rev. Stat. § 170.047
NY	N.Y. Mental Hyg. Law § 41.49
ND	N.D. Cent. Code § 15.1-07-34
OR	Or. Rev. Stat. Ann. § 339.343
WI	Wis. Stat. Ann. § 115.365

School Policies and/or Programs on Suicide Prevention, Intervention, and Postvention (required in 27 states, plus D.C.)

State	Statute (Law) Citation
Required	
AL	Ala. Code § 16-28B-8
CA	Cal. Educ. Code § 215 Cal. Educ. Code § 217 Cal. Educ. Code § 218 Cal. Educ. Code § 234.6
CT	Conn. Gen. Stat. § 10-221
DE	Del. Code Ann. tit. 14, § 4165
DC	D.C. Code § 38-2602 D.C. Code § 7-1131.1
GA	Ga. Code Ann. § 20-2-779.1
HI	Haw. Rev. Stat. Ann. § 302D-36
ID	Idaho Code § 33-136
IL	105 Ill. Comp. Stat. Ann. 5/2-3.166
IN	Ind. Code Ann. § 10-21-1-10 Ind. Code Ann. § 10-21-1-14 Ind. Code Ann. § 20-26-5-34.4
IA	Iowa Code § 256.7
KS	Kan. Stat. Ann. § 72-6284
LA	La. Rev. Stat. Ann. § 17:282.4
ME	Me. Rev. Stat. tit. 34-B, § 3007

(School Policies and/or Programs, cont.)

MS	Miss. Code Ann. § 37-3-101
MO	Mo. Rev. Stat. § 170.048
MT	Mont. Code Ann. § 20-7-1310
NV	Nev. Rev. Stat. Ann. §§ 388.229 – 388.266 Nev. Rev. Stat. Ann. §§ 394.168 – 394.1699
NH	N.H. Rev. Stat. Ann. § 193-J:2 N.H. Rev. Stat. Ann. § 186:11
NY	N.Y. Educ. Law § 2801-a N.Y. Mental Hyg. Law § 41.49
NC	N.C. Gen. Stat. § 115C-376.5 N.C. Gen. Stat. § 115C-150.12C N.C. Gen. Stat. § 115C-218.75 N.C. Gen. Stat. § 115C-238.66
OK	Okla. Stat. tit. 70, § 24-159
OR	Or. Rev. Stat. Ann. § 339.341 Or. Rev. Stat. Ann. § 339.343
PA	24 Pa. Stat. Ann. § 15-1526 24 Pa. Stat. Ann. § 13-1302-A
RI	R.I. Gen. Laws Section 16-21.7-3 R.I. Gen. Laws Section 16-22-14
TN	Tenn. Code Ann. § 49-6-1902
UT	Utah Code Ann. § 53G-9-702
WA	Wash. Rev. Code Ann. § 28A.320.127 Wash. Rev. Code Ann. § 28A.320.1271
Encouraged	
LA	La. Rev. Stat. Ann. § 17:282.4 La. R.S. § 17:3996
MD	Md. Code Ann., Educ. §§ 7-501 to 7-506
MA	Mass. Ann. Laws ch. 6A, § 16DD
NJ	N.J. Stat. § 30:9A-13
NY	N.Y. Mental Hyg. Law § 41.49
TX	Tex. Educ. Code § 38.351
VA	Va. Code Ann. § 22.1-298.6 Va. Code Ann. § 22.1-272.1
WI	Wis. Stat. Ann. § 115.365 Wis. Stat. Ann. § 115.366

Reporting Suicide Risk to Parents/Guardians and/or Administrators (required in 6 states)

State	Statute (Law) Citation
KS	Kan. Stat. Ann. § 72-6316
NJ	N.J. Stat. § 30:9A-24 N.J. Stat. § 18A:6-112
OK	Okla. Stat. tit. 70, § 24-100.7
TX	Tex. Educ. Code § 11.252 Tex. Educ. Code § 38.351
UT	Utah Code Ann. § 53G-9-604
VA	Va. Code Ann. § 22.1-272.1

Student Education on Suicide Prevention and/or Mental Health (required in 23 states)

Suicide Awareness and Prevention Education – required (15 states):

State	Statute (Law) Citation
CO	Colo. Rev. Stat. § 22-7-1005 Colo. Rev. Stat. § 22-2-127.9
CT	Conn. Gen. Stat. § 10-16b
IL	105 Ill. Comp. Stat. Ann. 5/27-1015
KY	Ky. Rev. Stat. § 158.039
ME	34-B ME Rev Stat § 3007 and 20-A ME Rev Stat § 4723
NV	Nev. Rev. Stat. Ann. § 389.021
NH	N.H. Rev. Stat. Ann. § 193-J:2 N.H. Rev. Stat. Ann. § 186:11
NJ	N.J. Stat. § 18A:6-113 N.J. Stat. § 18A:6-111 N.J. Stat. § 30:9A-13
PA	24 Pa. Stat. Ann. § 15-1526 24 Pa. Stat. Ann. § 13-1302-A 24 Pa. Stat. Ann. § 13-1306-B 24 Pa. Stat. Ann. § 13-1309-B
RI	R.I. Gen. Laws Section 16-21.7-2 R.I. Gen. Laws Section 16-22-4
TX	Tex. Educ. Code § 28.002
VT	Vt. Stat. Ann. tit. 16, § 131
WA	Wash. Rev. Code Ann. § 28A.230.095 Wash. Rev. Code Ann. § 28A.300.288
WV	W. Va. Code § 18-2-40
WI	Wis. Stat. Ann. § 118.01

Mental Health Education (only) – required (8 states):

State	Statute (Law) Citation
AZ	Ariz. Rev. Stat. § 15-701.03
CA	Cal. Educ. Code § 49428.15 Cal. Educ. Code §§ 51925 to 51929 Cal. Educ. Code § 216
FL	Fla. Stat. Ann. § 1003.42 FL Admin. Code R. 6A-1.094124
MN	Minn. Stat. Ann. § 120B.21
MO	Mo. Rev. Stat. § 170.307 Mo. Rev. Stat. § 170.020
NY	N.Y. Educ. Law § 804
SC	S.C. Code Ann. § 59-32-30
VA	Va. Code Ann. § 22.1-207

Suicide Prevention and/or Mental Health Education – encouraged (5 states):

State	Statute (Law) Citation
AL	Ala. Code § 16-28B-8
LA	La. Rev. Stat. Ann. § 17:282.4
MD	Md. Code Ann., Educ. § 7-504
MI	Mich. Comp. Laws Serv. § 380.1171
OK	Okla. Stat. tit. 70, § 24-100.7

Student IDs include 988 Suicide and Crisis Lifeline/Other Crisis Lines (required in 32 states)

State	Statute (Law) Citation
Required	
AZ	Ariz. Rev. Stat. § 15-160
AR	Ark. Code Ann. § 6-18-113
CA	Cal. Educ. Code § 215.5
CO	Colo. Rev. Stat. § 22-1-136
CT	Conn. Gen. Stat. § 10-222x
DE	Del. Code Ann. tit. 14, § 4144
FL	FL Stat. Ann. § 1008.386
GA	Ga. Code Ann. § 20-2-779.5
IL	105 Ill. Comp. Stat. Ann. 5/10-20.81
IN	Ind. Code Ann. § 20-26-5-40
IA	Iowa Code § 279.70A
KY	Ky. Rev. Stat. § 158.038
LA	La. Rev. Stat. Ann. § 17:282.4
ME	Me. Rev. Stat. tit. 20-A, § 13

(988 on Student IDs, cont.)

MD	Md. Code Ann., Educ. § 7-431
MI	Mich. Comp. Laws Serv. § 380.1893
MN	Minn. Stat. Ann. § 121A.35
MO	Mo. Rev. Stat. § 170.048
NE	Neb. Rev. Stat. Ann § 79-538
NV	Nev. Rev. Stat. Ann. § 388.1335
NH	N.H. Rev. Stat. Ann. § 193-J:2-a
NJ	N.J. Stat. § 18A:6-113.1
OH	Ohio Rev. Code Ann. § 3313.473
OK	Okla. Stat. tit. 70, § 24-100.10
RI	R.I. Gen. Laws Section 16-21.7-5
SC	S.C. Code Ann. § 59-1-375
TN	Tenn. Code Ann. § 49-6-1904
TX	Tex. Educ. Code § 38.353
VA	Va. Code Ann. § 22.1-287.05
WA	Wash. Rev. Code Ann. §28A.210.400
WV	W. Va. Code § 18-2-40b
WI	Wis. Stat. Ann. § 118.169
Encouraged	
KS	Kan. Stat. Ann. § 75-5970
MA	Mass. Ann. Laws ch. 6A, § 16EE

Allowance for Excused Mental Health Absences (required in 12 states)

State	Statute (Law) Citation
AZ	Ariz. Rev. Stat. § 15-807
CA	Cal. Educ. Code § 48205
CO	Colo. Rev. Stat. § 22-33-104
CT	Conn. Gen. Stat. § 10-198f
IL	105 Ill. Comp. Stat. Ann. 5/26-1 105 Ill. Comp. Stat. Ann. 5/26-2a
LA	La. Rev. Stat. Ann. § 17:226
ME	Me. Rev. Stat. tit. 20-A, § 5001-A
NV	Nev. Rev. Stat. Ann. § 392.050
OR	Or. Rev. Stat. Ann. § 339.065
UT	Utah Code Ann. § 53G-6-201
VA	Va. Code Ann. § 22.1-254
WA	Wash. Rev. Code Ann. § 28A.300.046
Encouraged	
KY	Ky. Rev. Stat. § 159.035

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