

## Age of Consent in the U.S.

### Behavioral and Mental Health

Updated 3.21.25

State	Behavioral Health Consent
Alabama	<u>14</u>
Alaska	<u>18</u>
Arizona	<u>18</u>
Arkansas	<u>16</u>
California	<u>12</u>
Colorado	<u>12</u>
Connecticut	Any age
Delaware	<u>14</u>
Florida	<u>13</u>
Georgia	<u>16</u>
Hawaii	<u>14</u>
Idaho	<u>18</u>
Illinois	<u>12</u>
Indiana	<u>18</u>
Iowa	<u>18</u>
Kansas	<u>14</u>
Kentucky	<u>16</u>
Louisiana	<u>18</u>
Maine	<u>18</u>
Maryland	<u>12</u>
Massachusetts	<u>16</u>
Michigan	<u>14</u>
Minnesota	<u>16</u>
Mississippi	<u>15</u>
Missouri	<u>18</u>
Montana	<u>16</u>
Nebraska	<u>18</u>
Nevada	<u>12</u>
New Hampshire	<u>16</u>
New Jersey	<u>16</u>
New Mexico	<u>16</u>
New York	<u>16</u>
North Carolina	<u>18</u>
North Dakota	<u>18</u>
Ohio	<u>14</u>
Oklahoma	<u>16</u>
Oregon	<u>14</u>
Pennsylvania	<u>14</u>
Rhode Island	<u>18</u>
South Carolina	<u>16</u>
South Dakota	<u>18</u>
Tennessee	<u>16</u>
Texas	<u>18</u>

State	Behavioral Health Consent
Utah	<u>18</u>
Vermont	<u>14</u>
Virginia	<u>14</u>
Washington	<u>13</u>
West Virginia	<u>18</u>
Wisconsin	<u>14</u>
Wyoming	<u>18</u>

# Suicide Data: United States

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (February 2022).

**45,979 Americans** died by suicide making it the **12th leading cause of death**.



- **3rd** leading cause of death for ages 10-19
- **2nd** leading cause of death for ages 20-34
- **4th** leading cause of death for ages 35-44
- **Over one third** of people who died by suicide were 55 or older



**10%** of adult Americans have thought about suicide.  
**1.2 million** Americans attempted suicide.

**54%** of Americans have been affected by suicide in some way.

Men died by suicide **3.9x** more often than females.

Females were **1.8x** more likely to attempt suicide.

**54%** of firearm deaths were suicides.

**53%** of all suicides were by firearms.

In 2019, the suicide rate was **1.5x higher for Veterans** than for non-Veteran adults over the age of 18.



**90%** of those who died by suicide had a **diagnosable mental health condition** at the time of their death.

**46%** of Americans ages 18+ living with a mental health condition received treatment in the past year.

**72%** of communities in the United States did not have enough mental health providers to serve residents in 2021, according to federal guidelines.



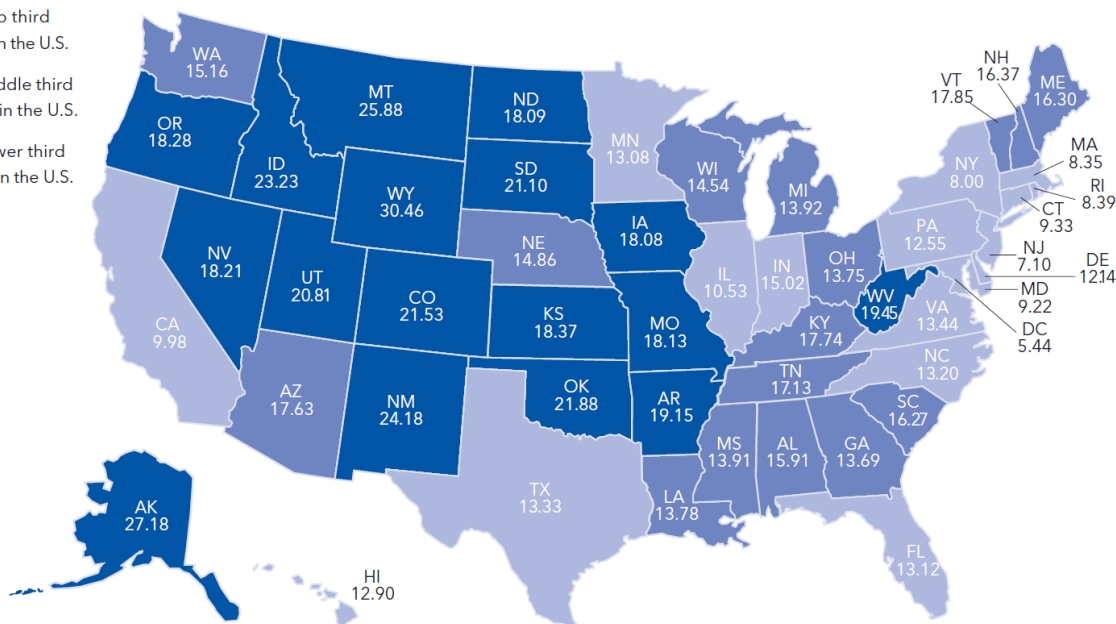
See full list of citations at [afsp.org/statistics](https://afsp.org/statistics).

[afsp.org/statistics](https://afsp.org/statistics)



# Suicide Data: United States

- States in the top third of suicide rates in the U.S.
- States in the middle third of suicide rates in the U.S.
- States in the lower third of suicide rates in the U.S.



See full list of citations at [afsp.org/statistics](https://afsp.org/statistics).

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# School Mental Health

## REPORT CARD

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# Emphasize Early Intervention

Early intervention is key to helping youth before their problems become more serious. Research shows that the earlier a person gets effective support, the better the outcomes. One of the best ways to spot problems early is to provide school mental health screenings. Just as early identification of vision challenges can lead to the simple but life-changing intervention of glasses, the early identification of mental health struggles can lead to life-changing or even life-saving support for a young person with challenges.

Other policies also play critical roles in early intervention, including requiring an MTSS framework for school mental health services; promoting family and caregiver engagement; and providing safe ways for students to report concerns and get support from mental health professionals.

## Policy Recommendations

- **Require every school district to adopt an MTSS or Positive Behavioral Interventions & Supports framework for delivering school mental health services to students**
- **Facilitate safe means for reporting mental health concerns, such as through a digital platform**
- **Provide annual mental health screenings**
- **Engage families and caregivers in supporting youth mental health**

## State Examples

## Emphasize Early Intervention

### MTSS Framework



**CALIFORNIA** AB 2711 (2024) ensures that students who voluntarily disclose substance use to seek help are protected from suspension or expulsion, promoting a supportive approach over punitive measures. This bill aligns with MTSS to create safer school environments and encourage early intervention for students' mental health and substance use concerns.



**MICHIGAN** SB 0568 (2024) promotes the MTSS framework across schools to provide structured support for students' academic and mental health needs. The legislation also emphasizes professional development for school staff to effectively deliver these tiered services.



**VIRGINIA** HB 6001 (2023) ensures that all school districts implement the MTSS framework for mental health services. Additionally, the Virginia Tiered System of Supports includes family engagement and universal mental health screenings as part of its approach to school-based mental health.

### Safe Reporting



**DELAWARE** developed an app, Safe DE, for students, families, and school staff that includes a crisis text line and mental health education and resources. The app enables students to confidentially voice a concern or ask for help for themselves or others.



**WASHINGTON** HB 1580 (2023) establishes a children's crisis response system with a digital component to report concerns, improve access to mental health support, and facilitate rapid response to students in crisis.

## State Examples

## Emphasize Early Intervention

### Mental Health Screenings



**COLORADO** [HB 23-1003](#) (2023) creates a mental health screening program available to public schools serving grades 6–12. The legislation requires use of an evidence-based screening tool and specifies responses related to screening results.



**LOUISIANA** [HB 353](#) (2023) requires the Department of Education to develop a pilot program in three school systems to implement trauma-informed mental health screenings and provide related mental health services.

### Family and Caregiver Engagement



**MINNESOTA** Providers may use funding from [school-linked mental health grants](#) to support families in meeting their child's needs, including navigating health care, social service, and juvenile justice systems.

### Additional Resources

States can also leverage existing resources to support families and caregivers as they look to improve their child's wellbeing. For example, the National Council for Mental Wellbeing provides [Youth Mental Health First Aid](#) courses for adults, and NAMI offers a [free education program](#), available in-person and online, for parents and caregivers of youth experiencing mental health conditions.

## State Spotlight on Supporting School Safety and Crisis Response in Utah

SafeUT is an app designed to help keep schools and students safe. It allows students, families, caregivers, and educators to submit confidential tips on concerns like bullying, school safety threats, and violence. Tips are triaged by trained professionals who alert school administrators and others, as necessary. It also has chat and phone call features that allow users to speak with a master's level counselor or connect with the Utah Crisis Line (with the same staff as the 988 Suicide & Crisis Lifeline) for a wide range of concerns, such as self-harm, life challenges, and drug and alcohol problems. All services are provided at no cost, 24/7, every week of the year.

Established in 2015 through **UTAH SB 175**, SafeUT is nationally recognized for its effectiveness in saving lives and de-escalating potential school threats by having mental health professionals, rather than law enforcement, respond first.

### SafeUT's Impact in 2023

**885,519+**  
**students**  
with access to the app

**30,503 total chats**  
started with SafeUT  
counselors

**9,204 total tips**  
submitted from K-12  
and higher education,  
including parents/  
guardians and educators

# Improve Connections to Mental Health Services

While school-based professionals are critical to support students with low to moderate mental health concerns, it is also important for districts to coordinate linkages with the community when a student needs more intensive and specialized services. For example, a student might be dealing with an eating disorder, but there might not be a trained specialist in the district. However, through a connection made by a district mental health coordinator, the student can be connected to an expert provider in the community or via telehealth.

Additionally, states may find it helpful to create dedicated positions within the state to facilitate coordination between the state education agency, Medicaid agency, and other child-serving agencies to support the implementation of effective school mental health programs. Dedicated state-level staff can also help provide guidance to districts on ways to enhance school-linked services and improve connections to community-based care.

## Policy Recommendations

- **Implement school-linked telemental health programs to supplement school-based services or provide access in under-staffed schools**
- **Facilitate school-linked mental health programs that provide access to community mental health professionals on school grounds**
- **Require school-based health centers to provide onsite mental health expertise or access to mental health services via telemental health**
- **Fund school or school district coordinators to facilitate school, community, and family connections**
- **Fund state-level positions to coordinate across agencies and support local education agencies in implementing school mental health programs**

## State Examples

## Improve Connections to Mental Health Services

### School-Linked Telemental Health Programs



**COLORADO** [SB 24-001](#) (2024) makes permanent the “I Matter” program, which offers free telemental health services to Colorado youth.



**TEXAS** [SB 11](#) (2019) establishes telemental health services for at-risk children and youth through the Texas Child Health Access Through Telemedicine (TCHAT) program. The program supports local school districts in identifying and assessing mental health needs and providing access to services.



**WASHINGTON** [SB 5187](#) (2023) funded a pilot program for rural school districts to provide students with access to mental health professionals using telemedicine. Aimed at addressing geographic barriers and workforce shortages, this program also allowed funding to be used for copays or fees for telemedicine visits if not covered by a student’s public or private insurance.

### School-Linked Community Mental Health Services



**FLORIDA** [HB 5101](#) (2024) requires school districts to create mental health programs with direct hires and partnerships with local mental health providers, focusing on early identification and support for students in need.



**VIRGINIA** [SB 1043](#) (2023) directs the Department of Education to create a model memorandum of understanding between school boards and community mental health services providers that sets parameters for the provision of mental health services for students.

## State Examples

## Improve Connections to Mental Health Services

### School-Based Health Centers



**CALIFORNIA** offers a grant program to help school-based health centers provide mental health services.



**MARYLAND** allows for Medicaid reimbursement of mental health services provided through school-based health centers.

### School-Based Mental Health Coordinators



**ALABAMA** HB 123 (2022) mandates each school district and independent school system to employ a mental health service coordinator.



**FLORIDA** HB 899 (2022) requires each district school board to identify a mental health coordinator responsible for overseeing the coordination, communication, and implementation of student mental health policies and procedures.



**MARYLAND** SB 1265 (2018) requires each school district to appoint a mental health service coordinator to collaborate with local providers, social services, and other entities that provide mental health services.



**NORTH DAKOTA** SB 2149 (2019) directs each school district to designate a behavioral health resource coordinator. The state also established the Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center in 2021 to help school resource coordinators better support students, families, school staff, and communities.

## State Examples

## Improve Connections to Mental Health Services

### State Mental Health Coordinators



**ILLINOIS** [SB 724](#) (2023) establishes a Children’s Behavioral Health Transformation Officer to lead interagency efforts to support youth with complex mental health needs.



**MISSOURI** [HB 2002](#) (2024) provides funding for a state-level school-based mental health coordinator.

## Addiction treatment for kids and teenagers lags far behind demand

Caitlin Owens : 6-7 minutes : 10/24/2023

An alarming rise in [overdose deaths](#) among children and teenagers is colliding with an inadequate [pediatric mental health system](#) — including a lack of addiction treatment.

**Why it matters:** Limited treatment options and coverage gaps mean that many kids aren't getting needed care that could help prevent them from developing a deeper and potentially deadly addiction.

**By the numbers:** Pediatric opioid deaths began to spike with the rise in fentanyl availability in the mid-2010s.

- Median monthly overdose deaths among adolescents ages 10-19 increased by 109% between the second half of 2019 and the second half of 2021, [according to Centers for Disease Control and Prevention data](#) from last year. Deaths involving illicitly manufactured fentanyl increased by 182%.

**The big picture:** Opioid misuse is only one factor in a growing mental health crisis among children that was exacerbated by the pandemic, prompting children's health advocacy organizations to [declare a national state of emergency](#) two years ago.

- The national drug overdose crisis has also worsened since the beginning of the pandemic, with more than 100,000 Americans dying each year.
- Only a small portion of those deaths involve children and teenagers. But experts say it can be especially difficult to find treatment options for this group.
- When it comes to substance addiction, "most of the resources in this country have been geared towards adults," said Matthew Cook, CEO of the Children's Hospital Association.
- "We have a shortage of trained clinicians, whether they're physicians, social workers or other clinicians, who can help identify these issues and then treat these issues in kids."

**Between the lines:** Treatment options are often restricted by the availability of providers — including the availability of providers who take a child's insurance.

- As of last year, more than half of U.S. children are covered through Medicaid — which generally pays less than commercial insurance — or the Children's Health Insurance Program, [per the Department of Health and Human Services](#).
- "Medicaid can't make providers appear out of thin air," said Lindsey Browning, director of Medicaid programming at the National Association of Medicaid Directors, pointing to workforce shortages.

- State Medicaid programs generally offer more comprehensive behavioral health benefits for kids than private insurance does, Browning said. But health care providers have long complained about Medicaid reimbursement rates being too low, and some don't accept it.
- "You can't make somebody take Medicaid," Browning said.

**What's happening:** Kids who need substance use care usually go to the ER — but instead of being moved to the appropriate setting or bed, they sometimes stay there, Cook said.

- "What you see is a delay in care, and perhaps an [inability] to arrange that care."

**Zoom in:** Sivabalaji Kaliamurthy, director of the addiction clinic at Children's National, said he is one of the few pediatric addiction specialists in the greater Washington, D.C., area, which includes parts of Maryland and Virginia.

- Children struggling with fentanyl use tend to enter the health care system following an overdose, to ask for help or seek care for a health condition related to use, he said.
- Kaliamurthy runs an outpatient treatment clinic, but he said that some children need more intensive treatment. In the D.C. area, he said, there are no residential treatment programs for kids that take Medicaid, and just a few accept private insurance.
- "I have a lot of kids who are struggling, and it's hard because I don't have a lot of treatment options for them ... it's hard for me to motivate them to go to rehab when that option doesn't exist," Kaliamurthy told Axios.
- "Some of these kids, my goal is to keep them safe until they're 18 so they can access the adult treatment," he added.

**But treatment shortages** extend beyond residential treatment.

- "We don't have enough people trained to take care of young people with opioid use disorders, and we don't necessarily have the right people trained," said Sharon Levy, chief of the division of addiction medicine at Boston Children's Hospital.
- Levy runs a clinical outpatient program and also advises primary care physicians on how to provide substance abuse care for kids.
- Although residential care is "a very important part of the treatment system," she said, "it's really hard to get kids and families to accept residential treatment, in my experience."
- "I think the only way we'll really solve this problem is if addiction medicine specialists pair with physicians who care for young people," she added.

**And despite expert recommendations**, evidence suggests that children are much less likely than adults to receive effective medications treating opioid use disorder.

- In 2021, only 11% of children and adolescent Medicaid enrollees with opioid use disorder received medication treatment, compared with 70% of enrollees between the ages of 19 and 44, according to [an HHS internal watchdog report](#).

- "I'm not arguing that every young person with an addiction should be on Suboxone, but if you're using intravenous drugs at 16, including heroin or now fentanyl ... even 10 years ago it was still recommended as a course of treatment, but it's relatively infrequently accessed," said Jeffrey Wilson, a psychiatrist at Children's Hospital of The King's Daughters in southeastern Virginia.

**The bottom line:** "In adult addiction medicine, really what you're doing is managing a chronic disorder, for the most part," Levy said.

- "But for younger people for whom there's potentially more opportunity for recovery, if we get in and treat younger people, we really have the potential to change a life course."

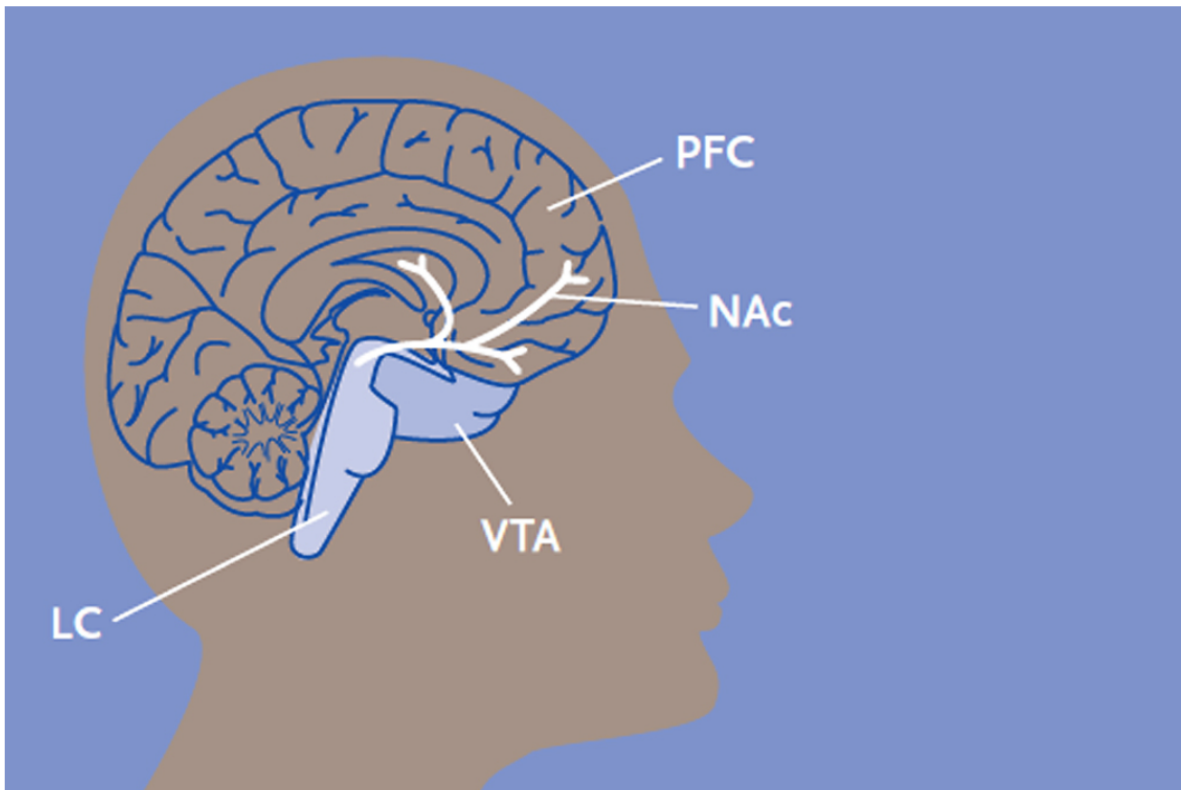
# The Science of Opioid Use Disorder

Joshua Sonkiss, MD

Anchorage Community Mental  
Health Services

February 13, 2017

## The reward circuit



Kosten TR. The neurobiology of opioid dependence: implications for treatment. Sci Pract Perspect. 2002 Jul;1(1):13-20

Anchorage Community Mental Health Services | Joshua Sonkiss MD



## MESA FY2025 – FY2045

Long-Term Forecast of Medicaid  
Enrollment and Spending in Alaska

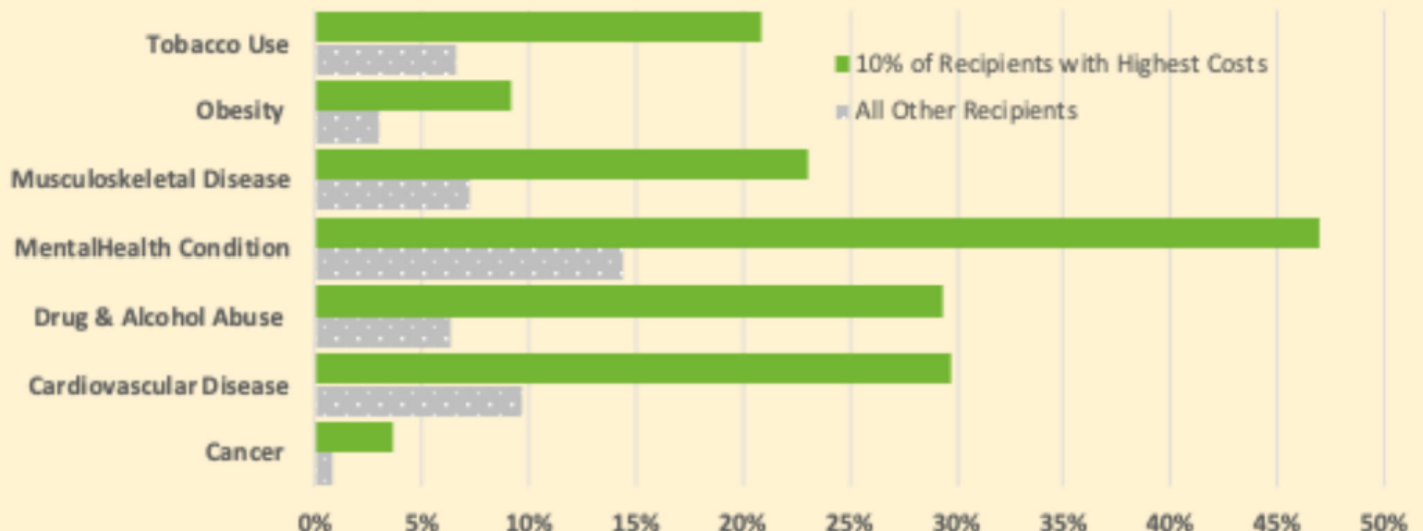
March 3, 2025



## High-Cost Recipients & Chronic Conditions

The 10% of Medicaid recipients with highest costs are much more likely to have one or more diagnosed chronic conditions.

### Proportion of Recipients Diagnosed with Certain Chronic Conditions, FY2024





### Prevention & Early Intervention

- Increase access to school-based Medicaid services in progress
- Increase youth utilization of call center for prevention in progress
- Systems navigation for parent and families



### Outpatient Supports

- Improve claims processing in progress
- Implement behavioral health organization in progress
- Increase federal funding for youth-focused initiatives in progress



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### Crisis & Subacute Care

- Improve crisis continuum services in progress
  - Expand mobile crisis teams
  - Bolster crisis stabilization and short-term residential services
- Increase youth suicide prevention efforts in progress



### Residential & Inpatient Services

- Improve care pending hospital transfers
- Add long-term residential care for specialized populations
- Expand therapeutic treatment homes in progress



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