Report to the North Carolina General Assembly

School-Based Mental Health Plans and Compliance Report

Session Law 2020-7/Senate Bill 476

Date Due: December 15, 2024
DPI Chronological Schedule, 2023-2024

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REPORT TO THE NC GENERAL ASSEMBLY:
SCHOOL-BASED MENTAL HEALTH PLANS AND COMPLIANCE REPORT
Senate Bill 476. Session Law 2020-7.

Background

This report meets the legislative requirement outlined in NC Session Law 2020-7, section (f) which states "By September 15 of each year, each K-12 school unit shall report to the Department of Public Instruction on (i) the content of the school-based mental health plan adopted in the unit, including the mental health training program and suicide risk referral protocol, and (ii) prior school year compliance with requirements of this section. The Department of Public Instruction may also audit K-12 school units at appropriate times to ensure compliance with the requirements of this section. The Department shall report the information it receives pursuant to this subsection to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services by December 15 of each year."

This report includes the following:

I. Methodology for collecting required school mental health plans and hyperlinked related resources provided to public school units

II. Findings of the review of school mental health plans submitted

    a. Trends identified in the review of school mental health plans

III. Plan Compliance data on public school units that did and did not submit complete school mental health plans

IV. Appendix - Text of Senate Bill 476. Session Law 2020-7 § 115C-376.5. School-based mental health plan required

I. Methodology

The NC Healthy Schools & Specialized Instructional Support Section at the NC Department of Public Instruction (DPI) incorporated reporting requirements of Session Law 2020-7 and State Board of Education Policy SHLT-003 into the annual reporting of the Healthy Active Children (HAC) report already required in State Board of Education Policy SHLT-000. In doing so, public school units (PSUs) add to a pre-existing report with the same due date of September 15 rather than having to complete an additional separate report. Charter Schools, which are not required to

complete the HAC report but must submit the School Mental Health Plan, have been provided the option to skip directly to the School Mental Health Plan reporting component. Before opening the reporting portal, numerous resources were developed to support PSUs in their development and implementation of school mental health plans, accompanied by communications via PSU email groups and designated PSU contacts, DPI listservs, and the DPI Weekly Top 10. The support resources and additional information are available on the NC Healthy Schools' School Mental Health Policy webpages.

II. Findings

The School Mental Health Policy Report prompted PSUs to answer 20 questions and upload a copy of their school mental health plan, including a suicide risk referral protocol and a training plan. There are 336 PSUs including traditional LEAs (115), charter schools (211), and regional/laboratory (10) schools. All traditional LEAs, and 203 charter schools responded, as well as 9 regional/laboratory schools. All of the data presented includes the regional/lab responses with charter school data. Data from the 20 questions is summarized below.

1- What data sources did you use to help identify priorities?

Answer Choices	**# of PSU's**	**% of PSU's**
YRBS (Youth Risk Behavior Survey)	99	30
Annual School Health Services Report	121	37
PowerSchool Data	270	82
Say Something App Data	224	68
SHAPE (School Health Assessment and Performance Evaluation)	162	49
ECATS MTSS Early Warning System Data	163	50
FAM-S (Facilitated Assessment of MTSS - School Level)	197	60
District Report Card Data	213	65
Racial Equity Report Card Data	72	22
Other	132	40
Total Answered	329	

Trends in Data Sources

PSUs were asked to consider data sources to determine the needs and strengths of their social emotional and mental health supports. Overall, there are increases between years 3 and 4 of data sources that the PSUs report using. The biggest increases in data sources used can be found in the table below.

Data Source Used	Year 3	Year 4	Difference
Say Something App	199	224	+25
District Report Card Data	188	213	+25
FAM-S (Facilitated Assessment of MTSS - School Level)	177	197	+20
Annual School Health Services Report	109	121	+12

2- Does your plan address universal promotion of mental and social-emotional wellness and prevention through core instruction, curriculum, and school environment?

Answer Choices	**# of PSUs**	**% of PSUs**
Yes	323	98
No	6	2
Total Answered	329	

Trends in Universal Promotion

PSUs identified the strategies for the universal promotion of mental and social-emotional wellness and prevention, and they are summarized into 8 categories as seen below.

1-Curriculum Implementation:

- Utilization of evidence-based SEL curriculums like *Second Step*, *CharacterStrong*, *Fly Five*, and *Leader in Me* for holistic development.
- Integration of SEL lessons into daily schedules, including morning meetings, advisory periods, and core subjects (e.g., ELA, Social Studies, Health).
- Schoolwide initiatives like *Responsive Classroom* and *Positive Behavior Intervention and Support (PBIS)* frameworks.

2-Staff Training and Professional Development:

- Annual training on restorative practices, mental health referral policies, and child abuse prevention.
- Workshops focused on trauma-informed practices, de-escalation, and relational interventions like *Trust-Based Relational Intervention (TBRI)*.
- Regular refresher courses on restorative practices for new and returning staff.

3-Targeted Student Support:

- Daily SEL checks and one-on-one or group counseling sessions.
- Small group interventions for anxiety, depression, and conflict resolution.
- Use of screening tools like *Panorama Surveys* and *DESSA* to identify needs.

4-Schoolwide and Community Engagement:

- Events like *Bullying Prevention Month*, *Kindness Week*, and *Red Ribbon Week* to foster community awareness.
- Peer mentoring programs (e.g., *SAVE Clubs*, *Sources of Strength*).
- Partnerships with local organizations for mental health services and resilience training.

5-Preventative and Proactive Practices:

- Restorative justice circles and conflict resolution programs.
- Proactive initiatives such as compatibility partnerships and compassionate conversation starters.

- Resources provided to families, including SEL guides and access to curriculum tools.

6-Student Recognition and Encouragement:

- Programs like *Star Student of the Month*, *School Awards*, and weekly assemblies promoting positive behavior and emotional well-being.

7-Innovative Programs and Schedules:

- Designated SEL time during the school day (e.g., *Touch Base Tuesday*, intervention periods).
- Expansion of day treatment programs and co-located mental health services.
- Embedded SEL into extracurricular activities and seminars.

8-Integration of Technology and Resources:

- Apps and digital tools for anonymous reporting and peer support (e.g., *Say Something App*).
- Online SEL resources are accessible for students and families.

3- To what extent did your PSU address universal promotion of mental and social-emotional wellness and prevention through core instruction, curriculum, and school environment in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	163	50
Somewhat addressed	160	49
Not addressed	6	2
Total Answered	329	

When asked about the prior year's compliance for universal promotion, there were some differences from year 3 to year 4 as shown below.

Universal Promotion	Year 3	Year 4	Difference
Fully addressed	145	163	+18
Somewhat addressed	163	160	-3
Not addressed	6	6	0

4- Does your plan include a mental health training program provided to school employees addressing the topics listed below, including at least six hours of content for initial training occurring within the first six months of employment and annual subsequent training of at least two hours?

	Yes		No	
Topics	**# of PSUs**	**% of PSUs**	**# of PSUs**	**% of PSUs**
Youth Mental Health	323	98	6	2
Suicide Prevention	321	98	8	2
Substance Abuse	300	91	29	9
Teenage Dating Violence	263	80	66	20
Child Sexual Abuse Prevention	313	95	16	2
Sex Trafficking Prevention	301	91	28	9
Adult Social Emotional Learning/Mental Wellness	269	82	60	18

Trends for Training Programs

PSUs were required to submit a training plan that included the legislated 6 training topics and a minimum of 6 hours of training in the initial training and subsequent training of at least two hours. While there are a few increases in topics that were not addressed, most PSUs did address more topics in their training plans in year 4 compared to year 3.

Required Topics	Year 3 Not Addressed	Year 4 Not Addressed	Difference
Youth Mental Health	11	6	-5
Suicide Prevention	10	8	-2
Substance Abuse	28	29	+1
Teenage Dating Violence	61	66	+5
Child Sexual Abuse Prevention	20	16	-4
Sex Trafficking Prevention	36	28	-8
Adult Social Emotional Learning/Mental Wellness	51	60	+9

5- To what extent did your PSU address mental health training programs provided to school employees addressing the topics of youth mental health, suicide prevention, substance abuse, teenage dating violence, child sexual abuse prevention, sex trafficking prevention, and adult social-emotional learning/mental wellness in the 2023-2024 school year?

Answer Choices	# of PSUs	% of PSUs
Fully addressed	193	59
Somewhat addressed	126	38
Not addressed	10	3
Answered	329	

When asked about the prior year's compliance for training programs, there were some differences from year 3 to year 4 as shown below.

Training Program	Year 3	Year 4	Difference
Fully addressed	176	193	+17
Somewhat addressed	129	126	-3
Not addressed	9	10	+1

6- Does your plan address early intervention for mental and social-emotional health, including:

	Yes		No	
	# of PSU's	% of PSU's	# of PSU's	% of PSU's
Processes for identifying students who are experiencing and/or are at risk of developing SEL and/or mental health issues at school	326	99	3	1
Annual review of the PSU's policies, procedures, and/or practices for crisis intervention	318	97	11	3
Identification of methods for strengthening the PSU's response to mental and social-emotional health and substance use concerns in the school setting, including the role of crisis intervention teams	314	95	15	5
Annual review of the PSU's discipline policies and practices	323	98	6	2
Identification of strategies to avoid over-reliance on suspension or expulsion in the discipline of students with identified mental and social-emotional health or substance use concerns	317	96	12	4
Inclusion of PSU in the local community emergency preparedness plan	289	88	40	12

7- To what extent did your PSU address early intervention for mental and social-emotional health in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	163	50
Somewhat addressed	160	49
Not addressed	6	2
Answered	329	

Trends for Early Intervention

When asked about the prior year's compliance for early intervention, there were some differences from year 3 to year 4 as shown below.

Early Intervention	Year 3	Year 4	Difference
Fully addressed	157	163	+6
Somewhat addressed	154	160	-6
Not addressed	3	6	+3

Additionally, PSUs identified what early intervention strategies and barriers exist, and the summary of the top five responses in each category is listed below.

Top 5 Strategies for Early Intervention in Mental and Social-Emotional Health:

1. **Integration of Social-Emotional Learning (SEL) Programs**:
   Many schools have implemented SEL curricula and character education to foster positive classroom environments, emotional intelligence, and responsible behavior. Programs like Conscious Discipline and Caring Schools Communities are common.

2. **Utilization of Multi-Tiered Systems of Support (MTSS)**:
   Schools are leveraging MTSS frameworks to identify at-risk students, provide tiered interventions, and monitor progress effectively. MTSS has been instrumental in aligning data analysis with intervention planning.

3. **Staff Training and Professional Development**:
   Training programs like QPR (Question, Persuade, Refer), PREPaRE crisis response, and mental health protocol training help staff identify and address student needs early. Ongoing professional development equips educators with the tools to respond effectively.

4. **Implementation of Universal Screeners**:
   Universal screening tools (e.g., BIMAS-2™, DESSA-mini) are being used to monitor students' social-emotional and behavioral health, enabling proactive interventions based on data-driven insights.

5. **Partnerships with Community Resources**:
   Collaborations with local mental health providers, teletherapy services, and community emergency preparedness teams support schools in addressing student needs beyond the school environment.

Top 5 Barriers to Effective Early Intervention:

1. **Staffing Challenges**:
   High staff turnover, shortages of mental health professionals, and limited capacity hinder the ability to provide consistent and accessible services.

2. **Legislative and Policy Constraints**:
   New regulations, such as active parental consent for screenings under the Parent's Bill of Rights, have delayed or limited the scope of interventions.

3. **Lack of Community Resources**:
   Schools in rural areas face difficulty accessing external mental health services due to geographical and logistical limitations.

4. **Communication Gaps**:
   Ineffective collaboration between teachers, administrators, and support staff has been identified as a barrier to coordinated intervention efforts.

5. **Resource and Funding Limitations**:
   Insufficient resources to expand SEL programs, train staff, and address systemic gaps in service delivery have created delays and inconsistencies.

8- Does your plan address how students in need will access and transition within and between school and community-based mental health and substance use services, including:

	Yes		No	
	# of PSUs	% of PSUs	# of PSUs	% of PSUs
Strategies to improve access to school and community-based services for students and their families, e.g., by establishing arrangements for students to have access to licensed mental health professionals at school	315	96	14	4
Strategies to improve transitions between and within school and community-based services, e.g., through the creation of multi-disciplinary teams to provide referral and follow-up services to individual students	308	94	21	6
Formalized protocols for transitioning students to school following acute/residential mental health treatment	284	86	45	14

9- To what extent did your PSU address how students in need will access and transition within and between school and community-based mental health and substance use services in the 2023-2024 school year?

Answer Choices	# of PSUs	% of PSUs
Fully addressed	154	49
Somewhat addressed	151	48
Not addressed	9	3
Answered	329	

Trends for Transition Protocols

When asked about the prior year's compliance with transition protocols, there were some differences from year 3 to year 4 as shown below.

Transition Protocol	Year 3	Year 4	Difference
Fully addressed	154	166	+12
Somewhat addressed	151	147	-4
Not addressed	9	16	+7

PSUs were able to identify key practices and challenges for transitioning students requiring mental health services between school & community-based supports. The summary of responses is listed below.

Key Efforts and Practices:

1. **Partnerships with Local Providers**:
   - Collaboration with community mental health agencies is frequently mentioned.
   - Memorandums of Understanding (MOUs) are used to formalize these relationships and improve access to services.
2. **School-Based Mental Health Services**:
   - Many schools provide on-site mental health services or transportation to community facilities.
   - Some have co-located services, with providers serving multiple schools.
3. **Re-Entry and Transition Protocols**:
   - Various districts report having re-entry documents or plans for students transitioning back after residential treatment or mental health crises.
   - Efforts to improve communication during transitions, such as "warm hand-offs" and follow-up protocols (e.g., 30, 60, 90-day check-ins), are highlighted.

4. **Staff Training and Support**:
    - Training sessions on best practices for re-entry are conducted, emphasizing consistent processes for returning students.
5. **Data and Monitoring**:
    - Dashboards and frameworks are being developed to track service use and student transitions.

Challenges and Gaps:

1. **Staffing Issues**:
    - Staff turnover and limited availability of mental health professionals impede service delivery and protocol consistency.
    - Small schools face difficulties coordinating with external providers due to limited resources.
2. **Parental Permissions and Privacy**:
    - Lack of parental consent often limits school involvement in discharge planning or receiving treatment updates.
3. **Lack of Formalized Protocols**:
    - Many schools are still developing or improving standardized procedures for transitions and re-entries.
    - Transition plans for students returning from residential treatment are frequently cited as incomplete or inconsistent.
4. **Resource Limitations**:
    - Rural and underserved communities struggle with a lack of accessible mental health services.
    - Substance abuse services are identified as a particular gap.
5. **Communication and Coordination**:
    - Schools report challenges in staying informed about students' external mental health care due to poor communication with providers.

10- Does your plan address improving staffing ratios for licensed specialized instructional support personnel such as school counselors, school nurses, school psychologists, school social workers, and school occupational therapists?

Answer Choices	**# of PSUs**	**% of PSUs**
Yes	220	67
No	109	33
Answered	329	

11- To what extent did your PSU address improving staffing ratios for licensed specialized instructional support personnel such as counselors, school nurses, school psychologists, school social workers, and school occupational therapists in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	111	34
Somewhat addressed	158	48
Not addressed	60	18
Answered	329	

Trends for Staffing Ratios

When asked about the prior year's compliance with staffing ratios, there were some differences from year 3 to year 4 as shown below.

Transition Protocol	Year 3	Year 4	Difference
Fully addressed	107	111	+4
Somewhat addressed	163	158	-5
Not addressed	44	60	+16

PSU's identified their challenges with their staffing ratios for specialized instructional support. The summary of the top three responses is below.

Top 3 Challenges to Increasing Staffing Ratios:

1. **Inadequate Funding**
    - Limited or reduced budgets are the primary barrier, with many districts unable to sustain or expand staffing without external funding (e.g., grants or federal relief like ESSER funds).
    - The expiration of ESSER funds has led to a decrease in positions, particularly for nurses, counselors, and social workers.
2. **Workforce Shortages**
    - Positions, especially for school psychologists and specialized instructional support personnel (SISP), remain hard to fill due to a lack of qualified candidates or workforce interest in these roles.
3. **Reliance on Temporary or External Support**
    - Many districts are turning to contracts with third-party providers or temporary grant-funded positions to meet student needs, which are not sustainable in the long term without additional permanent funding.

12- With what mental health and substance use providers does your PSU have a Memorandum of Understanding (MOU) regarding respective roles and relationships on coordination of referral, treatment, and follow-up for individual students in need of services?

Answer Choices	**# of PSUs**	**% of PSUs**
Local Management Entity/Managed Care Organization (LME/MCO)	77	29
Local Mental Health Service Provider	214	80
Other	65	24

13- To what extent did your PSU address establishing/maintaining Memorandums of Understanding (MOUs) with mental health and substance use providers regarding respective roles and relationships on coordination of referral, treatment, and follow-up for individual students in need of services in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	169	51
Somewhat addressed	110	33
Not addressed	50	15
Answered	329	

Trends for Establishing MOUs

When asked about the prior year's compliance with establishing MOUs, there were some differences from year 3 to year 4 as shown below.

Establishing MOUs	Year 3	Year 4	Difference
Fully addressed	170	169	-1
Somewhat addressed	107	110	+3
Not addressed	37	50	+13

Significant differences exist in the number of referral sources secured from year 3 to year 4, with the most gains in PSUs who were able to secure more MOUs with a local mental health provider.

Establishing MOUs	Year 3	Year 4	Difference
Local Management Entity/Managed Care Organization (LME/MCO)	85	77	-8
Local Mental Health Service Provider	196	214	+18
Other	58	65	+7

14- In addition to school personnel, which of the following stakeholders are engaged in your goal of building school, family, and community partnerships to create and sustain coordinated mental and social-emotional health and substance use supports and services for students?

Answer Choices	**# of PSUs**	**% of PSUs**
Students	277	84
Families	296	90
Community Service Providers	298	91
County/City Agencies	205	62
Faith-Based Organizations	160	49
Professional Associations	109	33
University/College	129	39
Other (please specify)	17	5

15- To what extent did your PSU address engaging stakeholders in your goal of building school, family, and community partnerships to create and sustain coordinated mental and social-emotional health and substance use supports and services for students in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	148	45
Somewhat addressed	174	53
Not addressed	7	2
Answered	329	

Trends in Stakeholder Engagement

When asked about the prior year's compliance with stakeholder engagement, there were some differences from year 3 to year 4 as shown below.

Stakeholder Engagement	Year 3	Year 4	Difference
Fully addressed	135	148	+13
Somewhat addressed	173	174	+1
Not addressed	6	7	+1

Significant differences exist in the number of stakeholders engaged with the PSU from year 3 to year 4, with the most gains in PSUs who were able to engage students, families, and community service providers.

Stakeholder Engagement	Year 3	Year 4	Difference
Students	250	277	+27
Families	277	296	+22
Community Service Providers	274	298	+24
County/City Agencies	197	205	+8
Faith-Based Organizations	144	160	+16
Professional Associations	110	109	-1
University/College	114	129	+15
Other	19	17	-2

SL 2021-132/SB 693 PART VI.

Require Public Schools to Provide Students with Information and Resources on Child Abuse and Neglect, Including Sexual Abuse

On September 1, 2021, Senate Bill 693 was signed into Session Law 2021-132, effective immediately. This law prompted a revision to State Board of Education Policy SHLT-003 to support public school units (PSUs) in the implementation of the requirements of the law. This includes traditional PSUs, charter schools, laboratory schools, and high schools under the control of The University of North Carolina. Among other requirements related to child welfare, this legislation requires the following of PSUs:

1. A document with information on child abuse and neglect, including age-appropriate information on sexual abuse, must be provided by PSUs to students in grades six through 12 at the beginning of each school year;
2. A display be posted in visible, high-traffic areas throughout each public secondary school;
3. The document and display shall include, at a minimum, the following information:
    a. Likely warning signs indicating that a child may be a victim of abuse or neglect, including age-appropriate information on sexual abuse.
    b. The telephone number used for reporting abuse and neglect to the department of social services in the county in which the school is located
    c. A statement that information reported pursuant to sub-subdivision b. shall be held in the strictest confidence, to the extent permitted by law,
    d. Available resources developed pursuant to G.S. 115C-105.51, including the anonymous safety tip line application.

The following questions were added to the reporting portal this year due to this legislation being merged into the School Mental Health Policy.

16- Do you have a signs of abuse display in a high-traffic area of every school that has grades 6-12?

Answer Choices	**# of PSUs**	**% of PSUs**
Yes	187	57
In Process	95	29
No	47	14

17- To what extent did your PSU address displaying signs of abuse in a high-traffic area of all 6-12 schools in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	158	48
Somewhat addressed	107	33
Not addressed	64	19
Answered	329	

18- How do you plan to distribute the signs of abuse document to students in grades 6-12? (Select all that apply.)

Answer Choices	**# of PSUs**	**% of PSUs**
Paper document	233	71
Electronic document	91	28
Handbook document	58	18
Other	60	18

19- To what extent did your PSU address providing a signs of abuse document to students in grades 6-12 in the 2023-2024 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	161	49
Somewhat addressed	105	32
Not addressed	63	19
Answered	329	

Trends in Signs of Abuse Materials

When asked about the prior year's compliance with a signs of abuse **display,** there were some differences from year 3 to year 4 as shown below.

Signs of Abuse Display	Year 3	Year 4	Difference
Fully addressed	136	158	+22
Somewhat addressed	105	107	+2
Not addressed	73	64	-9

When asked about the prior year's compliance with a signs of abuse **document,** there were some differences from year 3 to year 4 as shown below.

Signs of Abuse Document	Year 3	Year 4	Difference
Fully addressed	117	161	+44
Somewhat addressed	121	105	-16
Not addressed	76	63	-13

In addition to the above questions, all PSUs were asked an open-ended question. The summary of responses ranked from the most referenced is below.

20- What supports does your PSU need to improve compliance with the School Mental Health Policy and improve outcomes for students?

Increased Funding:

- Funding for more mental health professionals (counselors, social workers, psychologists, behavioral aides, and nurses) to reduce student-to-staff ratios.
- Grants for SEL materials, intervention manuals, and trauma-informed training.
- Resources for economically disadvantaged students to access mental health support.

Enhanced Training and Professional Development:

- Free, comprehensive training that covers all compliance requirements, with options for specialized workshops on crisis intervention, trauma-informed practices, and SEL.
- More impactful training opportunities for new staff and ongoing professional development for existing staff.

Streamlined Compliance and Resource Access:

- A straightforward checklist for compliance with the School Mental Health Policy.
- Clearer processes and documentation for effective data collection, monitoring, and reporting on mental health outcomes.

Stronger Community and Agency Partnerships:

- Strengthened MOUs and partnerships with local mental health agencies for crisis intervention and support.
- Access to regional mental health service networks, particularly in underserved areas, to support schools and families.
- Expanded collaboration with community support agencies and local emergency services to enhance crisis planning and response.

Parent and Family Engagement:

- More mental health and SEL workshops for parents to promote a collaborative approach.
- Distribution of abuse warning signs and mental health resources through handbooks and community events.

Expanded SEL Curriculum and School-Based Mental Health Programs:

- Establishment of SEL committees within schools to oversee compliance and improve student outcomes.
- School-based therapy options, including telehealth, to support students with limited community access.
- Resources for implementing SEL across K-12 to build supportive school environments.

Ongoing Assessment and Improvement:

- Tools for continual assessment and data collection to monitor mental health trends and intervention effectiveness.
- Consistent needs assessments across grade levels to ensure targeted support.

III. Plan Compliance

There were a total of 334 PSUs required to report. With the extended outreach, all but two traditional LEAs reported. There were 7 of 209 active charter schools that did not report. There were 4 of 10 regional/lab schools that did not report. Continued outreach and technical assistance is provided to bring PSUs into full compliance.

IV. APPENDIX

SCHOOL-BASED MENTAL HEALTH PLAN REQUIRED
Senate Bill 476. Session Law 2020-7.

§ 115C-376.5. School-based mental health plan required.

(a) Definitions. – The following definitions shall apply in this section:

(1) K-12 school unit. – A local school administrative unit, a charter school, a regional school, an innovative school, or a laboratory school.

(2) School personnel. – Teachers, instructional support personnel, principals, and assistant principals. This term may also include, in the discretion of the K-12 school unit, other school employees who work directly with students in grades kindergarten through 12.

(b) School-Based Mental Health Policy. – The State Board of Education shall adopt a school-based mental health policy that includes (i) minimum requirements for a school-based mental health plan for K-12 school units and (ii) a model mental health training program and model suicide risk referral protocol for K-12 school units. Consistent with this section, the model mental health training program and model suicide risk referral protocol shall meet all of the following requirements:

(1) The model mental health training program shall be provided to school personnel who work with students in grades kindergarten through 12 and address the following topics:

a. Youth mental health.
b. Suicide prevention.
c. Substance abuse.
d. Sexual abuse prevention.
e. Sex trafficking prevention.
f. Teenage dating violence.

(2) The model suicide risk referral protocol shall be provided to school personnel who work with students in grades six through 12 and provide both of the following:

a. Guidelines on the identification of students at risk of suicide.
b. Procedures and referral sources that address actions that should be taken to address students identified in accordance with this subdivision.

(c) School-Based Mental Health Plan. – Each K-12 school unit shall adopt a plan for promoting student mental health and well-being that includes, at a minimum, the following:

(1) Minimum requirements for a school-based mental health plan established by the State Board of Education pursuant to subsection (b) of this section.

(2) A mental health training program and a suicide risk referral protocol that are consistent with the model programs developed by the State Board of Education pursuant to subsection (b) of this section.

(d) Training and Protocol Requirements. – Each K-12 school unit shall provide its adopted mental health training program and suicide risk referral protocol to school personnel at no cost to the employee. Employees shall receive an initial mental health training of at least six hours and subsequent mental health trainings of at least two hours. The initial mental health training shall occur within the first six months of employment. Subsequent mental health

trainings shall occur in the following school year and annually thereafter. In the discretion of the K-12 school unit, the initial mental health training may be waived in the event the employee completed an initial mental health training at another K-12 school unit. School personnel may meet mental health training requirements in any of the following ways:

(1) Electronic delivery of instruction.
(2) Videoconferencing.
(3) Group, in-person training.
(4) Self-study. G.S. 115C-376.5 Page 2

(e) Review and Update. – Beginning August 1, 2025, and every five years thereafter, the Superintendent of Public Instruction shall review the State Board of Education's minimum requirements for a school-based mental health plan, model mental health training program, and model suicide risk referral protocol and recommend any needed changes to the State Board of Education. The State Board shall update its policies to reflect those recommendations and publish the updates to K-12 school units. A K-12 school unit shall update its adopted school-based mental health plan in accordance with any updates provided by the State Board.

(f) Reporting; State Audit. – By September 15 of each year, each K-12 school unit shall report to the Department of Public Instruction on (i) the content of the school-based mental health plan adopted in the unit, including the mental health training program and suicide risk referral protocol, and (ii) prior school year compliance with requirements of this section. The Department of Public Instruction may also audit K-12 school units at appropriate times to ensure compliance with the requirements of this section. The Department shall report the information it receives pursuant to this subsection to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services by December 15 of each year.

(g) No Duty. – Nothing in this section shall be construed to impose an additional duty on a K-12 school unit to provide referral, treatment, follow-up, or other mental health and suicide prevention services to students of the K-12 school unit.

(h) Limitation of Civil Liability. – No governing body of a K-12 school unit, nor its members, employees, designees, agents, or volunteers, shall be liable in civil damages to any party for any loss or damage caused by any act or omission relating to the provision of, participation in, or implementation of any component of a school-based mental health plan, mental health training program, or suicide risk referral protocol required by this section, unless that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing. Nothing in this section shall be construed to impose any specific duty of care or standard of care on a K-12 school unit. (2020-7, s. 1(a).)