

## School-Based Mental Health Initiative

Item	Description
Policy Title	School-Based Mental Health Initiative
Policy Category	Student Health Issues (SHLT)
Policy ID	SHLT-003
Policy Date	2017-04-07

(1) Each Local Education Agency (LEA)/charter school shall develop and implement a plan for assessing and improving upon the effectiveness of existing supports for the mental health and substance use needs of its student population. The plan must address a continuum of services that consists of the following elements: (i) universal prevention; (ii) early intervention services; and (iii) referral, treatment, and re-entry, as further described below. The plan shall provide for stakeholder engagement to achieve a coordinated system of support in the school and community for students and their families. The plan must be approved by the local governing board and reviewed at least every three years.

### (a) Universal Prevention

Universal prevention efforts focus on promoting a socially and emotionally healthy school environment for all students and staff. The LEA/charter school plan must describe existing preventative initiatives, if any, and identify strategies as needed for improving upon current prevention efforts. These efforts may be accomplished through use of existing resources such as the Multi-Tiered System of Support (MTSS), School Health Advisory Council, or other team designated by the LEA/charter school for this purpose.

LEAs/charter schools are encouraged to include the following strategies in their plans as needed. The plan may also include other strategies.

- 1) Integrating social and emotional learning strategies across the curriculum and within the entire school environment, including, but not limited to the integration of the North Carolina Guidance Essential Standards and the Healthful Living Essential Standards.
- 2) Incorporating evaluation of understanding and use of social and emotional well-being learning strategies in classroom/school management into the annual performance appraisal of teachers and administrators.
- 3) Improving staffing ratios for licensed specialized instructional support personnel such as school counselors, school nurses, school psychologists, and school social workers, to improve student access to school health professionals.
- 4) Incorporating resources provided through staff mental health and wellness initiatives such as Employee Assistance Programs (EAPs).

### (b) Early Intervention

Systems of early intervention focus on assisting students who are experiencing issues at school or who are otherwise identified as at risk for mental health or substance use issues. The LEA/charter school plan shall describe existing systems of early intervention, if any, and identify strategies as needed for improving upon those systems in order to improve outcomes for students. The plan shall include at least all of the following strategies.

- 1) Annual review of the LEA/charter school's policies, procedures, and/or practices for crisis intervention.
- 2) Identification of methods for strengthening the LEA/charter school's response to mental health and substance use concerns in the school setting, including the role of crisis intervention teams.
- 3) Annual review of the LEA/charter school's discipline policies and practices.
- 4) Identification of strategies to avoid over-reliance on suspension or expulsion in the discipline of students with identified mental health or substance use concerns.
- 5) Seek inclusion of the LEA (and its schools)/charter school in the local community emergency preparedness

plan.

(c) Referral, Treatment, and Re-Entry

To facilitate student access to, and transition within and between, school and community-based mental health services, LEAs/charter schools are encouraged to include in their plans:

- 1) Strategies to improve access to school and community-based services for students and their families, such as by establishing arrangements for students to have access at school to licensed mental health professionals.
- 2) Strategies to improve transitions between and within school and community-based services, such as through the creation of multi-disciplinary teams to provide referral and follow-up services to individual students.
- 3) Formalized protocols for transitioning students to school following acute/residential mental health treatment.

In addition, each LEA/charter school shall offer to enter into a memorandum of understanding (MOU) with the Local Management Entity/Managed Care Organization (LME/MCO), and, to the extent deemed appropriate by the LEA/charter school, with local mental health and substance use providers serving the geographic area in which the LEA/charter school is located. The MOU should address the parties' respective roles and relationships and how the parties will coordinate referral, treatment, and follow-up to individual students. This requirement is not intended to impose on LEAs/charter schools any obligation or responsibility to provide, or liability for failure to provide, referral, treatment, follow-up, or other services beyond those already required by state or federal law.

(d) Stakeholder Engagement

Each LEA/charter school plan shall provide for engagement of relevant stakeholders, including families, students, community providers, and cross-system partners (e.g., county agencies, faith-based organizations, professional associations, etc.), with the goal of building school, family, and community partnerships to create and sustain coordinated mental health and substance use supports and services for students.

(2) DPI shall consult with other relevant State departments and stakeholders (including, but not limited to, superintendents, principals, LEA personnel, and charter school personnel) to develop and provide guidance, technical assistance, and materials at no cost to LEA and charter schools to support implementation of this policy on School Mental Health.

(3) DPI will support all LEAs and charter schools by creating and helping implement a state-wide training plan.

(a) The training plan will provide for all LEA and charter school personnel, including licensed/certified personnel to receive mental health and substance use awareness training within the first six months of employment and at least every three years thereafter. Licensed and certified personnel will also receive prevention, and early intervention training. These training requirements shall not apply to employees who are anticipated to have minimal or no direct student contact.

(b) DPI will provide face-to-face and online professional learning materials with content developed in conjunction with the LEAs and charter schools, to address ongoing and relevant issues.

(c) The initial training for LEA and charter school personnel must meet standards for content and delivery established by DPI in the state-wide plan and shall require no more than six hours to complete. For the subsequent training required at three-year intervals, LEAs and charter schools will have flexibility to determine the level and content (e.g., initial or refresher) as well as the length of the training and when and how the training will be provided. LEAs are encouraged to use this flexibility to minimize the impact of training requirements on classroom and school operations.

(d) An LEA or charter school may waive the initial training requirement for a new employee who completed such training at another LEA or charter school within the previous twelve months. In such case, the employee must be placed on a three-year training cycle commencing with the date of the employee's initial training in the previous LEA or charter school.

(e) The training requirements of this policy should not be construed to impose a specific duty or standard of care toward any person

(4) Development of the LEA plan for assessing and improving upon the effectiveness of existing supports for the mental health and substance use needs of its student population, including plans for staff training, will occur during the 2017-2018 school year. In the 2018-2019 school year

(a) LEA plan implementation and three-year review cycle will commence; and,

(b) School Mental Health training shall be provided to LEAs by DPI within the framework of existing professional development and technical assistance offered or as part of required professional development offered by the LEA.

Development of the charter school plan for assessing and improving upon the effectiveness of existing supports for the mental health and substance use needs of its student population, including plans for staff training, will occur during the 2018-2019 school year. Beginning in 2019-2020



plan.

(c) Referral, Treatment, and Re-Entry

To facilitate student access to, and transition within and between, school and community-based mental health services, LEAs/charter schools are encouraged to include in their plans:

- 1) Strategies to improve access to school and community-based services for students and their families, such as by establishing arrangements for students to have access at school to licensed mental health professionals.
- 2) Strategies to improve transitions between and within school and community-based services, such as through the creation of multi-disciplinary teams to provide referral and follow-up services to individual students.
- 3) Formalized protocols for transitioning students to school following acute/residential mental health treatment.

In addition, each LEA/charter school shall offer to enter into a memorandum of understanding (MOU) with the Local Management Entity/Managed Care Organization (LME/MCO), and, to the extent deemed appropriate by the LEA/charter school, with local mental health and substance use providers serving the geographic area in which the LEA/charter school is located. The MOU should address the parties' respective roles and relationships and how the parties will coordinate referral, treatment, and follow-up to individual students. This requirement is not intended to impose on LEAs/charter schools any obligation or responsibility to provide, or liability for failure to provide, referral, treatment, follow-up, or other services beyond those already required by state or federal law.

(d) Stakeholder Engagement

Each LEA/charter school plan shall provide for engagement of relevant stakeholders, including families, students, community providers, and cross-system partners (e.g., county agencies, faith-based organizations, professional associations, etc.), with the goal of building school, family, and community partnerships to create and sustain coordinated mental health and substance use supports and services for students.

(2) DPI shall consult with other relevant State departments and stakeholders (including, but not limited to, superintendents, principals, LEA personnel, and charter school personnel) to develop and provide guidance, technical assistance, and materials at no cost to LEA and charter schools to support implementation of this policy on School Mental Health.

(3) DPI will support all LEAs and charter schools by creating and helping implement a state-wide training plan.

(a) The training plan will provide for all LEA and charter school personnel, including licensed/certified personnel to receive mental health and substance use awareness training within the first six months of employment and at least every three years thereafter. Licensed and certified personnel will also receive prevention, and early intervention training. These training requirements shall not apply to employees who are anticipated to have minimal or no direct student contact.

(b) DPI will provide face-to-face and online professional learning materials with content developed in conjunction with the LEAs and charter schools, to address ongoing and relevant issues.

(c) The initial training for LEA and charter school personnel must meet standards for content and delivery established by DPI in the state-wide plan and shall require no more than six hours to complete. For the subsequent training required at three-year intervals, LEAs and charter schools will have flexibility to determine the level and content (e.g., initial or refresher) as well as the length of the training and when and how the training will be provided. LEAs are encouraged to use this flexibility to minimize the impact of training requirements on classroom and school operations.

(d) An LEA or charter school may waive the initial training requirement for a new employee who completed such training at another LEA or charter school within the previous twelve months. In such case, the employee must be placed on a three-year training cycle commencing with the date of the employee's initial training in the previous LEA or charter school.

(e) The training requirements of this policy should not be construed to impose a specific duty or standard of care toward any person

(4) Development of the LEA plan for assessing and improving upon the effectiveness of existing supports for the mental health and substance use needs of its student population, including plans for staff training, will occur during the 2017-2018 school year. In the 2018-2019 school year

(a) LEA plan implementation and three-year review cycle will commence; and,

(b) School Mental Health training shall be provided to LEAs by DPI within the framework of existing professional development and technical assistance offered or as part of required professional development offered by the LEA.

Development of the charter school plan for assessing and improving upon the effectiveness of existing supports for the mental health and substance use needs of its student population, including plans for staff training, will occur during the 2018-2019 school year. Beginning in 2019-2020

- (c) Charter school plan implementation and three-year review cycle will commence; and
- (d) School Mental Health training shall be provided to charter schools by DPI within the framework of existing professional development and technical assistance offered or as part of required professional development offered by the charter school.