

**NORTH CAROLINA STATE BOARD OF EDUCATION
Policy Manual**

Item	Description
Policy Title	School-Based Mental Health Policy
Policy Category	Student Health Issues (SHLT)
Policy ID	SHLT -
Policy Date	
Previous Policy Dates	
Statutory Reference	SL 2019-245, SL 2020-7
Administrative Procedures Act (APA)	

Definitions:

I. Local School Mental Health (SMH) Improvement Plan

Each K-12 public school unit (PSU) shall adopt and implement a plan for promoting student mental health and well-being and for assessing and improving upon the effectiveness of supports for the mental and social-emotional health and substance use needs of its students and staff by July 1, 2021. PSUs are encouraged to conduct a mental and social-emotional health and substance use needs assessment and resource mapping to inform plan development. The plan shall provide for stakeholder engagement to achieve a coordinated system of support in the school and community for students and their families.

A. Summary of SMH Improvement Plan Components

The plan must address a continuum of mental and social-emotional health supports and services that consists of the following elements:

- (1) universal promotion of mental and social-emotional wellness and prevention through core instruction, curriculum, and environment; this includes a mental health training program and a suicide risk referral protocol that:
 - a. are consistent with the model program and risk referral program described below
 - b. are provided at no cost to employees
 - c. include at least six hours of content for initial training occurring within first six months of employment; PSUs may waive the initial training requirement for a new employee who completed such training at another PSU within the previous twelve months
 - d. include annual subsequent training of at least two hours
- (2) early intervention for mental and social-emotional health as part of the PSU's intervention system
- (3) referral, treatment, and re-entry, as further described below

- (4) a suicide risk referral protocol that is provided to school personnel who work directly with students (teachers, instructional support personnel, principals, and assistant principals; this term may also include, in the discretion of the PSU other school employees who work directly with students) in grades 6-12 (required) and K-5 (recommended) 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

B. Details of SMH Improvement Plan Components

(1) Universal Prevention through Core Instruction, Curriculum, and Environment

Universal prevention efforts focus on promoting a socially and emotionally healthy school environment for all students and staff. The PSU 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 teams designated by the PSU for this purpose.

PSUs are strongly encouraged to include the following core/universal strategies in their plans, in addition to other strategies:

- a. Integrating social and emotional learning strategies across the curriculum and within the entire school environment in alignment with the NC Standard Course of Study.
- b. 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.
- c. Improving staffing ratios for licensed specialized instructional support personnel such as school counselors, school nurses, school psychologists, school social workers, and school occupational therapists to improve student access to school health professionals.
- d. Incorporating resources provided through staff mental health and wellness initiatives such as adult social-emotional learning and Employee Assistance Programs (EAPs).

(2) Early Intervention for Mental and Social-Emotional Health and Wellness as Part of the PSU's Intervention System

Systems of early intervention focus on assisting students who are experiencing issues at school or who are otherwise identified as at risk for mental and social-emotional health or substance use issues. The PSU 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. PSUs are encouraged to include all of the following strategies:

- a. Annual review of the PSU's policies, procedures, and/or practices for crisis intervention.
- b. 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.
- c. Annual review of the PSU's discipline policies and practices.

- d. 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.
- e. Inclusion of PSU in the local community emergency preparedness plan.

(3) Referral, Treatment, and Re-Entry

To facilitate student access to, and transition within and between, school and community-based mental health and substance use services, PSUs are encouraged to include in their plans:

- a. 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.
- b. 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.
- c. Formalized protocols for transitioning students to school following acute/residential mental health treatment.

Nothing in this section shall be construed to impose an additional duty on a PSU to provide referral, treatment, follow-up, or other mental health and suicide prevention services to students of the PSU or otherwise impose duties outside of school personnel's scope of practice as school providers.

(4) Memorandum of Understanding (MOU)

In addition, each PSU shall offer to enter into a memorandum of understanding (MOU) with the Local Management Entity/Managed Care Organization (LME/MCO), and/or, to the extent deemed appropriate by the PSU, with local mental health and substance use providers serving the geographic area in which the PSU 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 PSUs 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.

(5) Suicide Risk Referral Protocol

To ensure timely and effective response to suicide threats, PSUs will adopt a suicide risk referral protocol that is provided to school personnel who work with students in grades 6-12 (required) and K-5 (recommended) and includes 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.

(6) Stakeholder Engagement

Each PSU 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 and social-emotional health and substance use supports and services for students.

(7) Liability

No governing body of a PSU, 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 policy, 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 PSU.

(8) Reporting to DPI

By September 15 of each year, each PSU will report to DPI on:

- a. content of the school-based mental health plan adopted in the unit, including the mental health training program and suicide risk referral protocol, and
- b. prior school year compliance with requirements of this policy

(9) Timeline

Development of the PSU plan for assessing and improving upon the effectiveness of supports for the mental and social-emotional health or substance use needs of its student population, including plans for staff training, will occur during the 2020-21 school year. By July 1, 2021, each PSU shall:

- a. adopt the plan for promoting student mental health and well-being
- b. begin implementation of said plan
- c. commence school mental and social-emotional health and substance use training program within the framework of externally-sourced professional development and technical assistance and/or as part of required professional development offered by the PSU.

The plan must be approved by the local governing board and reviewed at least every five years, starting August 1, 2025.

II. DPI Provision of Model School Mental Health Training Program

A. School Mental Health Training Program Contents

(1) Development of Training Program

In consultation with other relevant State departments and stakeholders (including, but not limited to, students, families, superintendents, principals, and PSU personnel), DPI will develop a model mental health training program for K-12 PSUs that is provided to school personnel who work with students in grades K-12 and address the following topics:

- a. Youth mental health
- b. Suicide prevention
- c. Substance abuse
- d. Teenage dating violence, and in accordance with SL 2019-245,
- e. Child sexual abuse prevention
- f. Sex trafficking prevention:

for (e) and (f), school personnel who work directly with students in grades K-12 must participate in education and awareness training related to, including, but not limited to:

- i. best practices from the field of prevention
- ii. the grooming process of sexual predators
- iii. the warning signs of sexual abuse and sex trafficking
- iv. how to intervene when sexual abuse or sex trafficking is suspected or disclosed,
- v. legal responsibilities for reporting sexual abuse or sex trafficking, and available resources for assistance.

This child sexual abuse and sex trafficking training may be provided by local nongovernmental organizations with expertise in these areas, local law enforcement officers, or other officers of the court. All school personnel who work with students in grades K-12 shall receive two hours of child sexual abuse and sex trafficking training in even-numbered years beginning in 2020.

B. School Mental Health Training Program Implementation

DPI will support all PSUs by creating and helping implement a state-wide training and monitoring plan. Tools, resources, technical assistance, and professional learning materials will be made available to support local implementation of this policy.

(1) Target Audience for School Mental Health Training

The mental and social-emotional health and substance use training plan will target **teachers, instructional support personnel, principals, and assistant principals**; it may also include, in the discretion of the PSU, **other school employees who work directly with students in grades K-12**. A recommended package of professional learning specific to specialized instructional support personnel will also be offered. These training requirements shall not apply to employees who are anticipated to have minimal or no direct student contact.

(2) Modes of Delivery for School Mental Health Training

DPI will ensure training programs/materials are accessible via: electronic delivery of instruction, videoconferencing, group, in-person training, and/or self-study platforms. Training may be provided by local nongovernmental organizations with expertise in these areas, LME-MCOs, institutes of higher education, licensed providers, professional learning vendors, local law enforcement officers, or other officers of the court. Low- or no-cost options and training programs/materials that align with the [National School Mental Health Curriculum](#) will be prioritized.

(3) Annual PSU Reporting to DPI

DPI will develop a submission, review, and response protocol for the PSU reports due each September 15. Efforts will be made to embed/align this reporting requirement with other related submissions.

(4) DPI Five-Year SMH Policy Review Cycle

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 data-

informed and evidence-based 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 PSUs. PSUs shall update their adopted school-based mental health plan in accordance with any updates provided by the State Board.

(5) Monitoring and Compliance

DPI may audit PSUs at appropriate times to ensure compliance with the requirements of this policy. DPI will report the information it receives from annual PSU reports and audit findings to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services by December 15 of each year.