



Public Schools of North Carolina
State Board of Education
Department of Public Instruction

Report to the North Carolina General Assembly and State Board of Education

Recommendations from the
Superintendent's Working Group on
Student Health and Well-Being

*Session Law 2017, HB 155, Part IV, Section
4.(a)*

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NC DEPARTMENT OF PUBLIC INSTRUCTION

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Summary

In 2017, several training initiatives were considered by lawmakers and policymakers to ensure that every educator in North Carolina could be trained to recognize and seek support for students in need of mental health services. For example, [SHLT-003](#) is the School-Based Mental Health Initiative policy that was adopted on April 7, 2017 (S.L. 2017-157 delays implementation until October 1, 2018). It requires school personnel that have contact with students to have 6 hours of training and subsequent training every three years on mental health issues. LEAs and charters would adopt a plan for universal prevention, early intervention services, and referral, treatment, and re-entry. Because this is policy and not law, it does not provide immunity protection for staff. Another initiative was the suicide training prevention protocol suggested in [H285, 4th edition](#), that passed the House and would require two hours of training on suicide prevention for all school personnel who interface with students in grades 6-12 every other year. The proposed legislation provides criteria for training and links with school protocols, and it provides immunity protection only for this training.

The types of trainings proposed in legislation and policy are important and effective strategies in promoting student safety and well-being; consideration should be given for limiting the burden of implementation to schools where possible.

Legislative Directive

PART IV, Section 4.(a) of S.L. 2017-157 directed the Superintendent of Public Instruction to convene a working group to study effective and positive intervention measures or policy changes to address risky behaviors and encourage student health and mental health. The group shall be comprised of personnel from the Department of Public Instruction with expertise in student health issues, including mental health, as well as personnel from the Department of Health and Human Services, Division of Public Health, along with other representatives from various public and private stakeholder groups as well as representatives from local administrative units and charter schools. The Superintendent would report on the working group's findings and recommendations to the State Board of Education and the Joint Legislative Education Oversight Committee.

Members of the Superintendent's Working Group on Student Health and Well-Being

- Caroline Daily, Teacher, Johnston County Public Schools; Chair of Commission
- Michelle Guarino, Gang Free NC & Director of Program Development and Faculty, Social Work Department, North Carolina State University
- Steven Walker, General Counsel & Policy Director, Office of Lieutenant Governor
- Walker Wilson, Assistant Sec for Policy, NC DHHS
- Ann Nichols, School Health Nurse Consultant, NC DHHS
- Dr. Frank Addonizio, Director of Clinical Services, Holly Hill Hospital
- Leanne Winner, Director of Government Relations, NC School Boards Association
- Lee Teague, Teague Advocacy Group
- Bill Hussey, Director of Exceptional Children Services, NCDPI
- Susan Robinson, Mental Health Program Manager/Planner, NC DHHS/DMHDDSAS
- Rachel Johnson, Statewide Administrator, Children with Complex Needs, NC DMHDDSAS
- Drew Pledger, Social Worker, Wake County Public Schools
- Racheal Gliniak, North Piedmont Regional Representative, NC School Psychologist Association
- Dr. Jim Deni, Professor of Psychology, Appalachian State University
- Lindalyn Kakadelis, member of the NC Charter School Advisory Board, The Roger Bacon Academy
- Ashley Perkinson, Perkinson Law Firm, NC Child
- Kym Martin, Executive Director of NC Center for Safer Schools
- Greta Metcalf, Chief Officer of Community Engagement, Meridian Health Services
- Charles Miller, Chief Deputy, Brunswick County Sheriff's Office
- Kathy Boyd, Senior Staff Attorney, NC School Boards Association
- Terri Grant, State System of Care Coordinator, DMH/DD/SAS
- J'taime Lyons, Student Supports Specialist, Communities in Schools NC
- Valerie Nasser, Military Liaison Counselor, Craven County Schools

Summary of Discussions

The Superintendent's Working Group on Student Health and Well-Being reviewed their role in serving North Carolina's students and reviewed other initiatives/programs/organizations doing similar work in student health and well-being in North Carolina. The group also discussed the importance of effective training programs for teachers to include general mental health, suicide prevention, substance abuse and sexual abuse/sex trafficking. In terms of training programs, the group felt that any training solutions should be broad enough to respect differences across school districts, and schools should have the tools, resources, and engage partners to find services and refer, not serve as actual mental-health clinics. Solutions should also include a structure that allows communications from all stakeholders and create a full continuum of supports and system of care approach.

Recommendations

#	Recommendation
1	Keeping in line with SHLT-003 School Based Mental Health Initiative, each LEA and charter school should develop a plan to promote mental health, safety, wellness, and success of students and their families through a coordinated continuum system of services and supports. This plan must include a plan for licensed/certified personnel to receive training on various issues, including but not limited to: general mental health, suicide prevention, substance use, and sexual abuse and sex trafficking of minors.
2	Trainings should be conducted within the first six months of employment, preferably during pre-service. Initial trainings must cover the following issues, but are not limited to these issues: student mental health, sexual abuse and sex trafficking at least every four years, and suicide prevention at least every two years.
3	The Department of Public Instruction, in consultation with DHHS subject matter experts, should put together a menu of training options from which school districts may choose. Details of each option must include, but not be limited to: topic, duration of training, and cost of training, if any.
4	Training options provided by the Department of Public Instruction shall be offered online and may be offered face-to-face through universities, local management entities/managed care organizations, or licensed providers.
5	It is recommended the General Assembly legislate immunity protection of staff and schools.
6	Opportunities should be explored for institutions of higher education to develop coursework as a part of their educator preparation programs to address student mental health, behavioral health and well-being. This will enable educators to receive some basic instruction prior to becoming a licensed educator in the K-12 system.
7	To improve coordination and access to early intervention, treatment, Memorandums of Agreement should be established between DHHS (Division of Medical Assistance and Division of Mental Health, Developmental Disabilities and Substance Abuse Services), Department of Public Instruction, Local Management Entities and Managed Care Organizations and public schools to ensure coordination of funding and services for students with behavioral health care needs. This will serve to reduce barriers to access.
8	The Working Group recommends the General Assembly continue to work towards the goal of increasing the number of school support personnel, including school nurses, school counselors, school social workers, and school psychologists, to ensure and improve the continuum of support to meet the social and emotional needs of students and early intervention and care for students with specific social, emotional, and mental needs. Additionally, this Group supports license reciprocity for school psychologists.

Draft Proposed Legislation

A BILL TO BE ENTITLED AN ACT TO PROVIDE FOR A TRAINING PROGRAM ON YOUTH SUICIDE AWARENESS AND PREVENTION AND OTHER ISSUES OF STUDENT MENTAL HEALTH AND A RISK REFERRAL PROTOCOL FOR SCHOOL PERSONNEL.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 115C-5 is amended by adding a new subdivision to read:

"(11) The term "public school unit" means a local school administrative unit, charter school, regional school, or lab school."

SECTION 2. Article 25A of Chapter 115C of the General Statutes is amended by adding a new section to read:

"§ 115C-375.10. Youth mental health and suicide awareness and prevention training and suicide risk referral protocol for school personnel.

(a) State Board Training Program and Protocol. – The State Department of Public Instruction, in consultation with the Department of Health and Human Services, Division of Public Health, shall develop a mental health training program and a model suicide risk referral protocol for public school units to provide to school personnel as part of the public school unit's plan required by subsection (d) of this section. Trainings shall address the topics of: mental health, suicide prevention, substance use, sexual abuse prevention, and sex trafficking prevention. Trainings shall be (i) evidence-based or evidence-informed with respect to contents and format shown to yield effective prevention outcomes according to subject matter experts; (ii) formatted to enable employees to satisfy all training requirements through electronic delivery of instruction, videoconferencing, group in-person training, and/or self-study; and (iii) formatted to address one or more of the required topics within a time frame consistent with best practices. Resources shall also include a model risk referral protocol that provides guidelines to public school units on identification of students at risk of suicide or may be suspected of being victims of child abuse, neglect, sexual abuse or sex trafficking, along with procedures and referral sources that address actions that can or must be taken to address those identified as being at risk or suspected victims. The State Department of Public Instruction shall determine the content standards and curriculum for the training and shall periodically review and update training programs and protocol as necessary.

(b) Training and Protocol Requirements. – Each public school unit shall provide the training programs and referral protocols described in subsection (a) of this section to all licensed personnel who work directly with students in grades kindergarten through 12, unless a locally developed plan that meets the requirements of subsection (c) of this section is being utilized. An employee's initial training shall cover each topic addressed in subsection (a) and shall consist of no more than six hours of training. After initial training is completed, all employees subject to the training shall receive two hours of training annually. Annual training must address one or more of the topics required in subsection (a) and must address suicide prevention no less than every two years and sexual abuse and sex trafficking no less than every four years. Each board of a public school unit shall require licensed school employees who work directly with students in grades kindergarten through 12 to complete the initial mental health training program within six

calendar months of employment with that board and to meet the annual training requirement every year thereafter while employed with that board. A board of a public school unit may waive the initial training requirement for a new licensed employee if the employee completed the initial training required by this subsection at another public school unit. This subsection shall not limit the discretion of the board of a public school unit to offer or require mental health training, including but not limited to suicide awareness and prevention and referral protocol training, for any employee to whom the training requirements of this subsection do not otherwise apply.

(c) Locally Developed Training and Risk Referral Protocols. – A board of a public school unit may comply with the suicide awareness and prevention training, suicide risk referral protocol, and other mental health training requirements of this section by developing a local training plan that meets the requirements set out in subsection (b) and meets the content standards for the training established by the State Department of Public Instruction. A board of a public school unit that develops a local training plan under this subsection shall notify the State Board of Education of its intent to provide locally-developed training.

(d) Local Plan of Support. – Each public school unit shall develop and implement a plan for promoting student mental health and well-being. The plan must be developed in accordance with a framework established by the State Board of Education for school-based mental health and must include the mental health training program and suicide risk referral protocol required by this section. Notwithstanding any State Board of Education guideline or policy to the contrary, no public school unit shall be required to provide any specific training, supports, or services, whether direct or indirect, for mental health or substance use disorders, beyond what is required by this section or other State or federal law. This subsection shall not limit the discretion of the board of a public school unit to offer or provide training, supports, or services for mental health or substance use disorders beyond what is otherwise required by this section or other State or federal law. Further, nothing in this subsection shall preclude the State Board of Education from recommending specific practices or strategies for public school units to consider when developing the local plan of support.

(e) Audits. – The Department of Public Instruction may periodically randomly audit public school units to ensure compliance with the mandatory training and activities for suicide awareness and prevention required by this section for licensed employees who work directly with students. The Department may also audit a public school unit if the Department has reason to believe the public school unit is not in compliance with those requirements. The Department of Public Instruction shall report on the results of any audits by December 15 annually to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Education Oversight Committee.

(f) Limitations. – Notwithstanding the requirements in subsections (b) or (d) of this section, nothing in this section or in the State Board of Education framework for local plans of support referenced in subsection (d) of this section shall be construed to impose any obligation or responsibility on public school units to provide referral, treatment, follow-up, or other services for mental health or substance use disorders, or any such services related to identification of students at-risk of suicide and suicide prevention procedures specifically, beyond what may be required by other State law or federal law.

(g) Liability. – No board of a public 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 any plan, referral protocol, or training program 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."

SECTION 3. G.S. 115C-218.75 is amended by adding a new subsection to read:

"(g) Youth Mental Health and Suicide Awareness and Prevention Training and Suicide Risk Referral Protocol. – A charter school is subject to and shall comply with all requirements of G.S. 115C-375.10."

SECTION 4. G.S. 115C-238.66 is amended by adding a new subdivision to read:

"(14) Youth Mental Health and Suicide Awareness and Prevention Training and Suicide Risk Referral Protocol. – A regional school is subject to and shall comply with all requirements of G.S. 115C-375.10."

SECTION 5. G.S. 116-239.8 is amended by adding a new subdivision to read:

"(17) Youth Mental Health and Suicide Awareness and Prevention Training and Suicide Risk Referral Protocol. – A lab school is subject to and shall comply with all requirements of G.S. 115C-375.10. For purposes of G.S. 115C-375.10, a lab school shall be a public school unit."

SECTION 6. The State Board of Education shall amend its School-Based Mental Health Initiative policy, SHLT-003, to the extent it is inconsistent with this Act and such policy shall provide the framework for school-based mental health required by subsection (d) of this section.

SECTION 7. This act is effective when it becomes law and applies beginning with the 2018-2019 school year. All licensed employees of a public school unit who work directly with students in grades kindergarten through 12 and who were employed by that public school unit on or before the first day of the 2018-2019 school year shall receive the initial mental health training required by this section no later than the last day of the 2018-2019 school year.