

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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SENATE BILL 476
Education/Higher Education Committee Substitute Adopted 4/10/19
House Committee Substitute Favorable 7/10/19
Corrected Copy 7/16/19
Proposed Conference Committee Substitute S476-PCCS35410-TC-10

Short Title: School-Based Mental Health.

(Public)

Sponsors:

Referred to:

April 3, 2019

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE THE STATE BOARD OF EDUCATION TO ADOPT A
3 SCHOOL-BASED MENTAL HEALTH POLICY AND TO REQUIRE K-12 SCHOOL
4 UNITS TO ADOPT AND TO IMPLEMENT A SCHOOL-BASED MENTAL HEALTH
5 PLAN THAT INCLUDES A MENTAL HEALTH TRAINING PROGRAM AND A
6 SUICIDE RISK REFERRAL PROTOCOL.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.(a)** Chapter 115C of the General Statutes is amended by adding a new
9 Article to read:

10 "Article 25B.

11 "Mental Health Needs of Student.

12 **"§ 115C-376.5. School-based mental health plan required.**

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

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

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

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

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

29 a. Youth mental health.

30 b. Suicide prevention.

31 c. Substance abuse.

32 d. Sexual abuse prevention.

33 e. Sex trafficking prevention.



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1 f. Teenage dating violence.

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

5 a. Guidelines on the identification of students at risk of suicide.

6 b. Procedures and referral sources that address actions that should be
7 taken to address students identified in accordance with this
8 subdivision.

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

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

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

16 (d) Training and Protocol Requirements. – Each K-12 school unit shall provide its
17 adopted mental health training program and suicide risk referral protocol to school personnel at
18 no cost to the employee. Employees shall receive an initial mental health training of at least six
19 hours and subsequent mental health trainings of at least two hours. The initial mental health
20 training shall occur within the first six months of employment. Subsequent mental health
21 trainings shall occur in the following school year and annually thereafter. In the discretion of the
22 K-12 school unit, the initial mental health training may be waived in the event the employee
23 completed an initial mental health training at another K-12 school unit. School personnel may
24 meet mental health training requirements in any of the following ways:

25 (1) Electronic delivery of instruction.

26 (2) Videoconferencing.

27 (3) Group, in-person training.

28 (4) Self-study.

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

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

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

47 (h) Limitation of Civil Liability. – No governing body of a K-12 school unit, nor its
48 members, employees, designees, agents, or volunteers, shall be liable in civil damages to any
49 party for any loss or damage caused by any act or omission relating to the provision of,
50 participation in, or implementation of any component of a school-based mental health plan,
51 mental health training program, or suicide risk referral protocol required by this section, unless

1 that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing.
2 Nothing in this section shall be construed to impose any specific duty of care or standard of care
3 on a K-12 school unit."

4 **SECTION 1.(b)** G.S. 115C-75.9 is amended by adding a new subsection to read:

5 "(n) School-Based Mental Health Plan Required. – An innovative school shall adopt a
6 school-based mental health plan, including a mental health training program and suicide risk
7 referral protocol, in accordance with G.S. 115C-376.5."

8 **SECTION 1.(c)** G.S. 115C-218.75 is amended by adding a new subsection to read:

9 "(h) A charter school shall adopt a school-based mental health plan, including a mental
10 health training program and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

11 **SECTION 1.(d)** G.S. 115C-238.66 is amended by adding a new subdivision to read:

12 "(16) School-based mental health plan required. – A regional school shall adopt a
13 school-based mental health plan, including a mental health training program
14 and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

15 **SECTION 1.(e)** G.S. 116-239.8(b) is amended by adding a new subdivision to read:

16 "(18) School-based mental health plan required. – A laboratory school shall adopt a
17 school-based mental health plan, including a mental health training program
18 and suicide risk referral protocol, in accordance with G.S. 115C-376.5."

19 **SECTION 1.(f)** Section 6(d) of S.L. 2018-32 is amended by adding a new
20 subdivision to read:

21 "(16a) Article 25B, Mental Health Needs of Students."

22 **SECTION 1.(g)** The State Board of Education shall adopt a school-based mental
23 health policy, including a model mental health training program and model suicide risk referral
24 protocol, in accordance with this act no later than December 1, 2020. The school-based mental
25 health policy shall effectuate the recommendations of the May 31, 2018, report of the
26 Superintendent's Working Group on Student Health and Well-Being pursuant to Section 4 of S.L.
27 2017-57 to the extent those recommendations are consistent with this act and current State law.
28 The model mental health training program and model suicide risk referral protocol incorporated
29 in that policy shall meet the requirements developed by the Superintendent's Working Group on
30 Health and Well-Being in its October 15, 2018, report pursuant to Section 5 of S.L. 2018-32. The
31 Superintendent of Public Instruction shall ensure that a copy of the school-based mental health
32 policy adopted by the State Board in accordance with this act is made available to each K-12
33 school unit by December 31, 2020. Each K-12 school unit shall adopt a school-based mental
34 health plan that incorporates the State Board policy, including a mental health training program
35 and suicide risk referral protocol, no later than July 1, 2021.

36 **SECTION 2.** This act is effective when it becomes law. Notwithstanding
37 G.S. 115C-376.5(d), as enacted by this act, school personnel required to complete the training
38 and employed in a K-12 school unit as of the effective date of this act shall complete their initial
39 mental health training by the end of the 2021-2022 school year.