NORTH CAROLINA
State Board of Education
Department of Public Instruction

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, 2025
DPI Chronological Schedule, 2025-2026

STATE BOARD OF EDUCATION

STATE BOARD OF EDUCATION VISION
Every public school student in North Carolina will be empowered to accept academic challenges, prepared to pursue their chosen path after graduating high school, and encouraged to become lifelong learners with the capacity to engage in a globally-collaborative society.

STATE BOARD OF EDUCATION MISSION
The mission of the North Carolina State Board of Education and the North Carolina Superintendent of Public Instruction is to use their constitutional authority to guard and maintain the right to a public education for every student in North Carolina and to support public school units in providing every student an excellent education that prepares them for success in their next phase of life.

ERIC DAVIS, Chair
Charlotte – At-Large

ALAN DUNCAN, Vice Chair
Greensboro – Piedmont-Triad Region

RACHEL HUNT, Lieutenant Governor
Charlotte – Ex Officio

BRAD BRINER, State Treasurer
Chapel Hill – Ex Officio

MAURICE "MO" GREEN, Superintendent
Greensboro – Secretary to the Board

JILL CAMNITZ
Greenville – Northeast Region

REGINALD KENAN
Rose Hill – Southeast Region

VACANT
North Central Region

OLIVIA OXENDINE
Pinehurst – Sandhills Region

VACANT
Southwest Region

JOHN BLACKBURN
Linville – Northwest Region

DR. JANET MASON
Forest City – Western Region

J. WENDELL HALL
Ahoskie – At-Large

CATTY MOORE
Monroe – At-Large

The above State Board of Education information is a record of the board members at the time of this document's approval for publication. For the current list of State Board Members, Vision and Mission Statements, go to www.dpi.nc.gov/about-dpi/state-board-education.

NC DEPARTMENT OF PUBLIC INSTRUCTION

Maurice "Mo" Green, State Superintendent / 301 N. Wilmington Street, Raleigh, North Carolina 27601

In compliance with federal law, the NC Department of Public Instruction administers all state-operated educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.

Inquiries or complaints regarding discrimination issues should be directed to:
Thomas Tomberlin, Senior Director, Educator Preparation, Licensure, and Performance, NCDPI
6301 Mail Service Center, Raleigh, NC 27699-6301 / Phone: (984) 236-2114

Visit us on the Web: www.dpi.nc.gov

0925

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 15th 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 the development and implementation of school mental health plans. This was accompanied by communications via PSU email groups and designated PSU contacts, as well as DPI listservs and the DPI Weekly Top Ten. 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 23 questions and upload a copy of their school mental health plan, including a suicide risk referral protocol and a training plan. There are 347 PSUs, including traditional LEAs (115), charter schools (225), and regional/laboratory (7) schools. All except one traditional LEAs, and 196 charter schools responded, as well as 6 regional/laboratory schools. All of the data presented includes the regional/lab responses with charter school data. Data from the 23 questions is summarized below.

Data Sources

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

Answer Choices	**# of PSU's**	**% of PSU's**
YRBS (Youth Risk Behavior Survey)	88	28
Annual School Health Services Report	124	39
Student Information System Data	221	70
Say Something App Data	217	69
SHAPE (School Health Assessment and Performance Evaluation)	147	47
ECATS MTSS Early Warning System Data	163	52
FAM-S (Facilitated Assessment of MTSS - School Level)	181	57
District Report Card Data	194	61
Racial Equity Report Card Data	49	16
Other	115	36

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 were decreases between years 4 and 5 in the data sources that the PSUs report using. The most noticeable differences in data sources are presented in the table below.

Data Source Used	Year 4	Year 5	Difference
Student Information System	264	221	- 43
District Report Card Data	208	194	+14
FAM-S (Facilitated Assessment of MTSS - School Level)	193	181	-12
Youth Risk Behavior Survey (YRBS)	99	88	-11

Universal Promotion

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	310	98
No	5	2

Trends in Universal Promotion

PSUs identified strategies for the universal promotion of mental and social-emotional wellness and prevention, which are summarized into ten categories as shown below.

1-Schoolwide SEL Curriculum Integration

Trend: Most PSUs implement structured, evidence-based SEL curricula across grade levels to build core competencies (self-awareness, self-management, social awareness, relationship skills, responsible decision-making).

- **Examples:**
    - Second Step curriculum for K–8, integrated into daily routines and advisory periods.
    - Character Strong and Capturing Kids' Hearts for Tier 1 universal instruction.
    - Responsive Classroom practices (morning meetings, closing circles).
    - 7 Mindsets and Positivity Project embedded in school culture.

2-Morning Meetings, Advisory, and Community Circles

Trend: Daily or weekly structured time for relationship-building, emotional check-ins, and SEL skill practice.

- **Examples:**
    - Morning meetings in all classrooms to promote belonging and emotional regulation.
    - Advisory programs with SEL lessons and service projects (grades 6–12).
    - Community circles and restorative circles are integrated monthly.

3-Mental Health Awareness and Prevention Campaigns

Trend: Schools normalize mental health conversations through awareness weeks, posters, and family engagement.

- **Examples:**
    - Mental Health Awareness Week and wellness events.
    - Red Ribbon Week and Bullying Prevention Week.
    - Parent workshops on SEL and mental health strategies.

4-Positive Behavior Frameworks (PBIS & MTSS)

Trend: Universal behavior supports tied to SEL and mental wellness, often within MTSS.

- **Examples:**
    - PBIS Rewards systems promoting positive behaviors.
    - MTSS frameworks integrating SEL and mental health supports.
    - Behavior expectations reinforced through schoolwide matrices.

5-Restorative Practices and Inclusive School Culture

Trend: Emphasis on repairing harm, building community, and reducing punitive discipline.

- **Examples:**
    - Restorative circles and peer mediation programs.
    - Affinity groups and diversity/inclusion initiatives.
    - Social contracts in classrooms to foster accountability.

6-Universal Screeners and Data-Driven Supports

Trend: Use of tools to identify SEL and mental health needs early.

- **Examples:**
    - Panorama Wellness Surveys and Devereux Student Strengths Assessment (DESSA).
    - Signs of Suicide screening at middle/high school levels.
    - Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) and Student Risk Screening Scale (SRSS) for social-emotional risk identification.

7-Staff Training and Adult SEL

Trend: Professional development for educators on trauma-informed practices, mental health first aid, and SEL integration.

- **Examples:**
    - Youth Mental Health First Aid training for all staff.
    - Collaborative for Academic, Social, and Emotional Learning (CASEL) 3 Signature Practices PD.
    - Ongoing trauma-informed and culturally responsive training.

8-Technology and Digital Supports

Trend: Digital platforms for SEL and mental health support.

- **Examples:**
    - Alongside Mental Health app for secondary students.
    - Hazel Health telehealth counseling.
    - Satchel Pulse and Navigate360 for SEL lessons and monitoring.

9-Character Education and Virtue-Based Programs

Trend: Integration of character-building into SEL and school culture.

- **Examples:**
    - Moral Focus curriculum and Book of the Month clubs.
    - Character Counts! and Choose Love programs.
    - Monthly virtue themes and recognition assemblies.

10-Family and Community Engagement

Trend: Partnerships and events to extend SEL and mental health supports beyond school.

- **Examples:**
    - Parent SEL nights and newsletters.
    - Collaboration with local mental health agencies.
    - Community-based programs like YMCA and Voices Together.

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 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	181	58
Somewhat addressed	127	40
Not addressed	7	2

When asked about the prior year's compliance for universal promotion, there were some differences from year 4 to year 5, as shown below.

Universal Promotion	Year 4	Year 5	Difference
Fully addressed	163	181	+18
Somewhat addressed	160	127	-33
Not addressed	6	7	+1

Training Program

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	305	97	10	3
Suicide Prevention	305	97	10	3
Substance Abuse	284	90	31	10
Teenage Dating Violence	263	83	52	17
Child Sexual Abuse Prevention	302	96	13	4
Sex Trafficking Prevention	293	93	22	7
Adult Social Emotional Learning/Mental Wellness *(Not legislated)*	265	84	50	16

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 5 compared to year 4.

Required Topics	Year 4 Not Addressed	Year 5 Not Addressed	Difference
Youth Mental Health	6	10	+4
Suicide Prevention	8	10	+2
Substance Abuse	29	31	+2
Teenage Dating Violence	66	52	-14
Child Sexual Abuse Prevention	16	13	-3
Sex Trafficking Prevention	28	22	-6
Adult Social Emotional Learning/Mental Wellness	60	50	-10

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 2024-2025 school year?

Answer Choices	# of PSUs	% of PSUs
Fully addressed	224	71
Somewhat addressed	86	27
Not addressed	5	2

When asked about the prior year's compliance for training programs, there were some differences from year 4 to year 5, as shown below.

Training Program	Year 4	Year 5	Difference
Fully addressed	193	224	+31
Somewhat addressed	126	86	-40
Not addressed	10	5	-5

Physical Activity

6- Does your 2025-2026 plan include incorporating the required number of minutes of physical activity into the school day?

This is the first year in the school mental health plan reporting that PSUs were asked to plan how they will incorporate the required physical activity into the school day.

	Yes		No	
	# of PSUs	% of PSUs	# of PSUs	% of PSUs
Incorporate Physical Activity	227	88	38	12

Common strategies included:

- Daily Recess: Scheduled for all K–8 students, often 30 minutes or more, and access to outdoor fitness areas and sports courts.
- Physical Education Classes: Weekly or daily PE for all grade levels; high school includes health/PE courses.
- Movement Breaks: Classroom energizers, brain breaks, and gesture-based activities integrated into lessons.
- Morning and Lunch Activities: Examples include "Jumpstart" movement sessions, open gym, and outdoor time.
- Integrated Movement: Kinesthetic learning, yoga, mindfulness, and gallery walks embedded in instruction.

Notes and challenges:

- Smaller schools may struggle to provide daily PE due to staffing limitations.
- Virtual schools incorporate movement breaks and PE within the online curriculum.
- Some schools plan to formalize physical activity in future mental health plans.

Early Intervention

7- 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	311	99	4	1
Annual review of the PSU's policies, procedures, and/or practices for crisis intervention	307	97	8	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	307	97	8	3
Annual review of the PSU's discipline policies and practices	304	97	11	3
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	299	95	16	5
Inclusion of PSU in the local community emergency preparedness plan	284	90	31	10

8- To what extent did your PSU address early intervention for mental and social-emotional health in the 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	195	62
Somewhat addressed	115	36
Not addressed	5	2

Trends for Early Intervention

When asked about the prior year's compliance for early intervention, there were some differences from year 4 to year 5, as shown below.

Early Intervention	**Year 4**	**Year 5**	**Difference**
Fully addressed	163	195	+32
Somewhat addressed	160	115	-45
Not addressed	6	5	-1

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. **Universal Screening & Data Monitoring**
   Schools use universal screening tools such as Panorama, DESSA, and SAEBRS to identify students at risk early and monitor progress over time.

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**
   Staff receive training in Youth Mental Health First Aid and trauma-informed practices to recognize early warning signs and respond appropriately.

4. **Family & Community Partnerships**
   Schools engage families through workshops, newsletters, and partnerships with community mental health agencies to strengthen early support.

5. **Proactive School Climate Initiatives**
   Proactive school climate initiatives, including restorative practices and peer mentoring programs, help prevent issues before they escalate.

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. **Inconsistent Implementation**
   Inconsistent implementation of SEL and MTSS practices across schools reduces the effectiveness of universal prevention strategies.

3. **Stigma & Awareness**
   Stigma around mental health among students and families discourages help-seeking and open communication.

4. **Training & Time Constraints**
   Competing priorities and limited time for staff training make it difficult to fully integrate SEL and mental health practices.

5. **Technology Access**
   Technology access issues, such as a lack of devices or connectivity, create barriers to using digital mental health platforms.

Access to Services

9- 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	302	96	13	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	297	94	18	6
Formalized protocols for transitioning students to school following acute/residential mental health treatment	272	86	43	14

10- 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 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	173	55
Somewhat addressed	130	41
Not addressed	12	4

Trends for Access to Services

When asked about the prior year's compliance with access to services, there were some differences from year 4 to year 5, as shown below.

Transition Protocol	Year 4	Year 5	Difference
Fully addressed	166	173	+7
Somewhat addressed	147	130	-17
Not addressed	16	12	-4

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**
    - Many schools have MOUs with mental health providers, hospitals, and counseling agencies to deliver services on campus or through telehealth.
2. **School-Based Mental Health Services**
    - Co-located providers and contracted agencies offer therapy during school hours; some districts added new providers to ensure full coverage.
3. **Re-Entry and Transition Protocols:**
    - Several schools have protocols or checklists for students returning from acute or residential treatment, including multidisciplinary team meetings and individualized plans.
4. **Referral and Coordination Systems**
    - Schools use structured referral pathways, release-of-information agreements, and follow-up meetings to maintain continuity of care.

5. **Collaborative Teams**
    - Multidisciplinary teams (counselors, social workers, administrators, parents) meet regularly to plan and monitor student transitions.
6. **Training and Documentation**
    - Staff trained in SBIRT, crisis response, and threat assessment; some districts adopted documentation platforms for streamlined communication.
7. **Warm Hand-Offs**
    - Practices to ensure smooth transitions between grade levels and between school and community services.

Challenges and Gaps:

1. **Lack of Formalized Protocols**
    - Many schools handle transitions on a case-by-case basis; formal re-entry plans are still in development.
2. **Inconsistent Follow-Through**
    - Community partners sometimes fail to maintain high-quality or timely communication.
3. **Limited Access to Services**
    - Rural areas and small schools report shortages of mental health providers and poor regional mental health infrastructure.
4. **Communication Barriers**
    - Difficulty obtaining timely information from families or external agencies about student discharge from treatment.
5. **Staffing Constraints**
    - Resignations and limited personnel reduce capacity for referrals and continuity of care.

6. **Funding Uncertainty**
    - Reliance on grants or temporary funding for school-based mental health services creates sustainability concerns.
7. **Reactive vs. Proactive Approach**
    - Some schools acknowledge that current practices feel reactive rather than systematic.

Staffing Ratios

11- 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	210	67
No	105	33

12- 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 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	125	40
Somewhat addressed	122	39
Not addressed	68	21

Trends for Staffing Ratios

When asked about the prior year's compliance with staffing ratios, there were some differences from year 4 to year 5, as shown below.

Transition Protocol	Year 4	Year 5	Difference
Fully addressed	111	125	+14
Somewhat addressed	158	122	-36
Not addressed	60	68	+8

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**
    - Persistent budget constraints at the state and local levels prevent hiring additional licensed support staff.
    - Heavy reliance on temporary grants (e.g., ESSER, Stronger Connections, SBMH) creates instability when funding ends.
    - State allotment formulas do not align with national ratio recommendations, leaving districts under-resourced.
2. **Workforce Shortages**
    - Difficulty finding qualified candidates for specialized roles such as school psychologists, social workers, and nurses.
    - Competition with the private sector and community agencies offering higher pay reduces applicant pools.
    - Rural and small districts face additional challenges in attracting and retaining licensed professionals.

3. **Sustainability and Retention**
    - Positions funded through short-term grants or internships lack long-term stability.
    - High turnover and vacancies disrupt continuity of services and increase workload for remaining staff.
    - Limited incentives and career pathways for specialized instructional support personnel hinder retention.

13- 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)	76	21
Local Mental Health Service Provider	222	61
Other	64	18

14- 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 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	181	57
Somewhat addressed	91	29
Not addressed	43	14

Trends for Establishing MOUs

When asked about the prior year's compliance with establishing MOUs, there were some differences from year 4 to year 5 as shown below.

Establishing MOUs	Year 4	Year 5	Difference
Fully addressed	169	181	+12
Somewhat addressed	110	91	-19
Not addressed	50	43	-7

Slight differences exist in the number of referral sources secured from year 4 to year 5, with the most gains in PSUs who were able to secure more MOUs with a local mental health provider.

Establishing MOUs	Year 4	Year 5	Difference
Local Management Entity/Managed Care Organization (LME/MCO)	77	76	-1
Local Mental Health Service Provider	214	222	+8
Other	65	64	-1

Summary of MOU Responses

- Many PSUs have formal MOUs with mental health providers (e.g., Hazel Health, Atrium Health, Kintegra Health) to deliver school-based therapy, telehealth, and specialized services.
- MOUs often cover multiple supports, including counseling, occupational therapy, substance abuse services, and crisis intervention.
- Several schools embed MOUs in their mental health plans and conduct annual reviews to clarify roles, expectations, and data-sharing protocols.
- Expansion of MOUs is a common goal, but some schools rely on informal partnerships or case-by-case agreements due to resource limitations.

- Challenges include incomplete or pending MOUs, provider shortages (especially in rural areas), funding constraints, and inconsistent follow-through from external agencies.

Stakeholder Engagement

15- 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	261	83
Families	284	90
Community Service Providers	286	91
County/City Agencies	190	60
Faith-Based Organizations	165	52
Professional Associations	125	40
University/College	131	42
Other (please specify)	19	6

16- 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 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	172	55
Somewhat addressed	138	44
Not addressed	5	2

Trends in Stakeholder Engagement

When asked about the prior year's compliance with stakeholder engagement, there were some differences from year 4 to year 5, as shown below.

Stakeholder Engagement	Year 4	Year 5	Difference
Fully addressed	148	172	+24
Somewhat addressed	174	138	-36
Not addressed	7	5	-2

Significant differences exist in the number of stakeholders engaged with the PSU from year 4 to year 5, with the most gains in PSUs that were able to engage professional associations, faith-based organizations, and colleges/universities.

Stakeholder Engagement	Year 4	Year 5	Difference
Students	270	261	-9
Families	289	284	-5
Community Service Providers	293	286	-7
County/City Agencies	203	190	-13
Faith-Based Organizations	158	165	+7
Professional Associations	108	125	+17
University/College	126	131	+5
Other	17	19	+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.
4. A video, produced in accordance with G.S. 115C-105.57(c)(2a), shown to students no more than five days after the first day of the school year (*This was added in 2024*).

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

17- 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	231	73
No	84	27

18- To what extent did your PSU address displaying signs of abuse in a high-traffic area of all 6-12 schools in the 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	200	63
Somewhat addressed	52	17
Not addressed	63	20

19- 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	228	72
Electronic document	80	25
Handbook document	46	15
Other	65	20

20- To what extent did your PSU address providing a signs of abuse document to students in grades 6-12 in the 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	177	56
Somewhat addressed	86	27
Not addressed	52	17

21- Does your plan include showing the Protecting Our Students video to every student in grades 6-12 in the 2025-2026 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Yes	249	80
No	64	20

22- To what extent did your PSU address showing the Protecting Our Students video to all 6-12 students in the 2024-2025 school year?

Answer Choices	**# of PSUs**	**% of PSUs**
Fully addressed	157	50
Somewhat addressed	53	17
Not addressed	104	33

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 4 to year 5 as shown below.

Signs of Abuse Display	Year 4	Year 5	Difference
Fully addressed	158	200	+42
Somewhat addressed	107	52	-55
Not addressed	64	63	-1

When asked about the prior year's compliance with a signs of abuse **document,** there were some differences from year 4 to year 5 as shown below.

Signs of Abuse Document	Year 4	Year 5	Difference
Fully addressed	161	177	+16
Somewhat addressed	105	86	-19
Not addressed	63	52	-11

Identified Needs

In addition to the above questions, all PSUs were asked an open-ended question. The summary of the top 6 responses, ranked from the most referenced, is below.

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

1. Funding and Staffing

- Need for sustainable funding to hire additional licensed mental health professionals (counselors, social workers, psychologists, nurses).
- Requests for improved student-to-staff ratios and support for grant opportunities.
- Advocacy for state-level funding and allotments to meet recommended ratios.

2. Professional Development

- Ongoing, evidence-based training in trauma-informed practices, suicide prevention, SEL integration, and compliance requirements.
- State-provided PD modules and advanced workshops for specialized staff.
- Requests for consistent statewide training to ensure alignment across districts.

3. Community Partnerships and MOUs

- Strengthening partnerships with local mental health agencies and crisis providers.
- Formalizing MOUs for referrals, treatment, and continuity of care.
- Assistance in connecting with vetted providers and expanding access to telehealth services.

4. Resources and Compliance Tools

- Access to updated videos (*Protecting Our Students*), posters, and handouts.
- Templates and checklists for compliance documentation and reporting.
- Guidance on operationalizing new reporting categories and reducing redundancy.

5. Data Systems and Technical Support

- Streamlined tools for tracking interventions, referrals, and outcomes.
- Integration of mental health data with academic systems for better monitoring.
- State-provided dashboards or templates to simplify compliance reporting.

6. Family and Community Engagement

- Parent education resources and culturally responsive materials.
- Strategies to reduce stigma and increase family participation in mental health initiatives.
- Support for community-based programs and wraparound services.

III. Plan Compliance

There were a total of 347 PSUs required to report. With the extended outreach, all but one traditional LEAs reported. There were 29 of 225 active charter schools that did not report. There was 1 of 7 regional/lab schools that did not report. Continued outreach and technical assistance are 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).)