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, 2022
DPI Chronological Schedule, 2021-2022

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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 set forth in NC Session Law 2020-7, section (f) where it 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/reports submitted
III. Trends identified in comparison to last years' report
IV. Plan Compliance on reports received
V. 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 15 rather than having to complete an additional separate report. Charter Schools, which are not required to complete the HAC report but are required to submit the School Mental Health Plan, have been provided the option to skip directly to the School Mental Health Plan reporting component.

Prior to opening the reporting portal, numerous resources were developed to support PSUs in their development and implementation of school mental health plans, accompanied with communications via PSU email groups and designated PSU contacts, DPI listservs, and the DPI Weekly Top 10. The support resources and additional information are available on the NC Healthy Schools School Mental Health Policy webpages (or nchealthyschools.org).

Review of the school mental health plans began on September 15th, 2022. On that date, there were approximately 191 of 332 PSUs who had submitted their report and plan into the submission portal. Personalized outreach commenced to assist the remaining PSUs with compliance. Upon further review of the plan submissions, additional outreach was initiated due to partial omissions of the required plan components. PSUs received phone calls and emails notifying them of items that were missing or incomplete, with instructions on how to re-submit and include the required components. Outreach,

follow-up, and technical assistance was provided through October 17th, 2022 to assist PSUs with compliance. The findings of this review reflect submissions and re-submissions made through October 17th, 2022.

II. Findings

The School Mental Health Policy Report prompted PSUs to answer 15 questions and upload a copy of their school mental health plan, including a suicide risk referral protocol and a training plan. There are 332 PSUs including traditional LEAs (115), charter schools (207), and regional/laboratory (10) schools. All traditional LEAs, and 206 charter schools responded, as well as 9 regional/laboratory schools. All of the data presented includes the regional/lab responses with charter school data. Data from the 15 questions is summarized below.

What data sources did you use to help identify priorities?

Answer Choices	% of PSUs	# of PSUs
YRBS (Youth Risk Behavior Survey)	25.45%	84
Annual School Health Services Report	27.88%	92
PowerSchool Data	75.45%	249
Say Something App Data	57.27%	189
SHAPE (School Health Assessment and Performance Evaluation)	53.33%	176
ECATS MTSS Early Warning System Data	43.94%	145
FAM-S (Facilitated Assessment of MTSS - School Level)	48.79%	161
District Report Card Data	51.21%	169
Racial Equity Report Card Data	16.36%	54
Other	36.36%	120
Answered		**330**

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	98.79%	326
No	1.21%	4
Answered		**330**

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 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	43.33%	143
Somewhat addressed	54.55%	180
Not addressed	2.12%	7
Answered		**330**

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		Total
	% of PSUs	# of PSUs	% of PSUs	# of PSUs	
Youth Mental Health	95.76%	316	4.24%	14	330
Suicide Prevention	96.97%	320	3.03%	10	330
Substance Abuse	89.09%	294	10.91%	36	330
Teenage Dating Violence	83.94%	277	16.06%	53	330
Child Sexual Abuse Prevention	92.73%	306	7.27%	24	330
Sex Trafficking Prevention	93.03%	307	6.97%	23	330
Adult Social Emotional Learning/Mental Wellness	84.55%	279	15.45%	51	330

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 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	57.58%	190
Somewhat addressed	39.39%	130
Not addressed	3.03%	10
Answered		**330**

Does your plan address early intervention for mental and social-emotional health, including:

	Yes		No		Total
	% of PSUs	# of PSUs	% of PSUs	# of PSUs	
Processes for identifying students who are experiencing and/or are at risk of developing SEL and/or mental health issues at school	97.88%	323	2.12%	7	330
Annual review of the PSU's policies, procedures, and/or practices for crisis intervention	96.67%	319	3.33%	11	330
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	96.36%	318	3.64%	12	330
Annual review of the PSU's discipline policies and practices	95.76%	316	4.24%	14	330
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	92.73%	306	7.27%	24	330
Inclusion of PSU in the local community emergency preparedness plan	83.33%	275	16.67%	55	330

To what extent did your PSU address early intervention for mental and social-emotional health in the 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	45.76%	151
Somewhat addressed	51.82%	171
Not addressed	2.42%	8
Answered		**330**

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		Total
	% 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	96.36%	318	3.64%	12	330
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	91.21%	301	8.79%	29	330
Formalized protocols for transitioning students to school following acute/residential mental health treatment	81.82%	270	18.18%	60	330

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 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	43.03%	142
Somewhat addressed	51.52%	170
Not addressed	5.45%	18
Answered		**330**

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	79.70%	263
No	20.30%	67
Answered		**330**

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 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	40.0%	132
Somewhat addressed	47.27%	156
Not addressed	12.73%	42
Answered		**330**

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
None of the above	16.36%	54
Local Management Entity/Managed Care Organization (LME/MCO)	20.91%	69
Local Mental Health Service Provider	66.67%	220
Other	17.58%	58
Total		**401**

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 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	48.48%	160
Somewhat addressed	36.67%	121
Not addressed	14.85%	49
Answered		**330**

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	74.24%	245
Families	86.36%	285
Community Service Providers	85.45%	282
County/City Agencies	59.39%	196
Faith-Based Organizations	43.03%	142
Professional Associations	31.52%	104
University/College	32.73%	108
Other (please specify)	5.45%	18
Total		**1380**

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 2021-2022 school year?

Answer Choices	% of PSUs	# of PSUs
Fully addressed	40.0%	132
Somewhat addressed	57.58%	190
Not addressed	2.42%	8
Answered		**330**

III. Trends

A review of the data from this 2022 school year compared to last school years' data reveled some positive and negative differences. This is only year 2 of implementation for all PSUs so there is limited data on trends, however some of the difference in data from Year 1 to Year 2 is highlighted in the subsections below. It is important to note that there are an additional 4 charter schools and 1 lab school added in this Year 2 data, and 1 traditional LEA was closed. In Year 1 we had 319 total PSUs report, and this Year 2 report has 330 total PSUs.

Data Sources

PSUs were asked to consider data sources to determine the needs and strengths of their social emotional and mental health supports. The most widely used data source reported for in years one and two is PowerSchool data. There was a significant increase in the use of the Say Something App and the use of multi-tiered system of supports (MTSS) early warning system data as well as the annual school health services report.

**Number of PSUs reflected in the chart below.*

Data Source	Year 1 (2021)	Year 2 (2022)	Difference
PowerSchool	232	249	**+17**
Say Something App	145	189	**+44**
ECATS MTSS Early Warning System	121	145	**+24**
Annual School Health Services Report	78	92	**+14**

Universal Promotion

PSUs were asked if their plan addresses universal promotion of mental and social-emotional wellness and prevention through core instruction, curriculum, and school environment. In year 1 there was only one PSU that reported no. In year 2 there are 4 PSUs who reported no to this question.

Training Program

It was required that PSUs 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 trainings of at least two hours. There are some increases in the number of PSUs whose plan does not address these trainings.

**Number of PSUs reflected in the chart below.*

Training	Year 1 Reporting Not Addressed	Year 2 Reporting Not Addressed	Difference
Youth Mental Health	9	14	**+5**
Suicide Prevention	8	10	**+2**
Substance Abuse	38	36	**-2**
Teenage Dating Violence	56	53	**-3**
Child Sexual Abuse Prevention	21	24	**+3**
Sex Trafficking Prevention	22	23	**+1**
Adult Social Emotional Learning/Mental Wellness (Not Legislated)	46	51	**+5**

Early Intervention

Efforts to intervene early to address and mental health and wellness were recorded in this section of PSUs plans. The action step referenced most often in Year 1 and Year 2 by PSUs was universal screeners and processes for identifying students who are experiencing and/or are at risk of developing mental health issues at school. The only other significant change in this section was an approximately 2% increase in annual review of crisis intervention policies, practices, and personnel and discipline policies, practices, and personnel.

Access to Care, Transitions, and MOUs

PSUs were asked about protocols related to the treatment, referral, re-entry, and transitions processes for mental health related illness. PSUs reported an approximately 6% decrease in addressing strategies to improve transitions between and within school and community-based services. The other areas in this category did not see any significant changes.

PSUs were also asked to about with whom they have a memorandum of understanding with related to mental health services. The most significant change in this section was the development of MOUs among local mental health service providers. It was also a decrease in the number of PSUs who had no MOUs in place from Year 1 to Year 2.

**Number of PSUs reflected in the chart below.*

MOU In Place	Year 1 (2021)	Year 2 (2022)	Difference
None of the above	76	54	**-22**
Local Management Entity/Managed Care Organization (LME/MCO)	72	69	**-3**
Local Mental Health Service Provider	180	220	**+40**
Other	48	58	**+10**

Staffing Ratios

This section encourages PSUs to make plans to build infrastructure by increasing the number of specialized instructional support personnel within their district. These personnel include school counselors, school nurses, school psychologists, school social workers, and school occupational therapists. There were positive gains in the number of PSUs addressing staffing ratios in their plans.

**Number of PSUs reflected in the chart below.*

Addressed in Plan	Year 1 (2021)	Year 2 (2022)	Difference
Yes	240	263	**+23**
No	79	67	**-12**

Stakeholder Engagement

This section encourages PSUs to make connections to stakeholders to build school, family, and community partnerships to advance their mental health goals. In all categories of stakeholders, PSUs reported increases. The most significant increase was engagement with our institutions of higher education.

**Number of PSUs reflected in the chart below.*

Stakeholders Engaged	Year 1 (2021)	Year 2 (2022)	Difference
Students	238	245	**+7**
Families	275	285	**+10**
Community Service Providers	276	282	**+6**
County/City Agencies	177	196	**+19**
Faith-Based Organizations	137	142	**+5**
Professional Associations	87	104	**+17**
University/College	88	108	**+20**
Other	21	18	**-3**

Identified Needs

PSU were also asked what supports they need to improve compliance with the school mental health policy and improve outcomes. This was an open-ended question; therefore, the top reported responses have been summarized and listed below.

- More comprehensive training on the policy and the legislated topics with funding to adequately do so
- Additional permanent counselors, social workers, and nurses
- System for tracking interventions and outcomes
- Assistance securing MOUs
- More mental health community providers
- Consistent funding
- Stronger parent engagement
- Resources for substance abuse and teen dating violence

IV. Plan Compliance

With the extended outreach, all traditional LEAs uploaded something into the reporting portal. Approximately 50% of traditional LEAs omitted a required portion of the plan when reporting and are continuing to submit all of the required plan components.

All but one charter school reported and uploaded something into the portal. Approximately 60% of charters omitted a required portion of the plan when reporting and are continuing to submit all of the required plan components.

All but one regional and lab school reported and uploaded something into the portal, and they are all continuing to submit required plan components.

For questions/concerns, please contact:

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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.

(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).)