



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, 2023
DPI Chronological Schedule, 2023-2024

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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 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
- III. Trends identified in the review of school mental health plans submitted
- IV. Plan Compliance data on public school units who did and did not submit complete school mental health plans
- 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 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 their development and implementation of school mental health plans, accompanied by 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](#).

II. Findings

The School Mental Health Policy Report prompted PSUs to answer 20 questions and upload a copy of their school mental health plan, including a suicide risk referral protocol and a training plan. There are 336 PSUs including traditional LEAs (115), charter schools (211), and regional/laboratory (10) schools. All traditional LEAs, and 203 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 20 questions is summarized below.

What data sources did you use to help identify priorities?

<i>Answer Choices</i>	# of PSU's	% of PSU's
YRBS (Youth Risk Behavior Survey)	111	35.36
Annual School Health Services Report	109	34.71
PowerSchool Data	270	84.99
Say Something App Data	199	63.38
SHAPE (School Health Assessment and Performance Evaluation)	153	48.73
ECATS MTSS Early Warning System Data	160	50.96
FAM-S (Facilitated Assessment of MTSS - School Level)	177	56.37
District Report Card Data	188	59.87
Racial Equity Report Card Data	69	21.97
Other	104	33.12
<i>Total Answered</i>	314	

Does your plan address universal promotion of mental and social-emotional wellness and prevention through core instruction, curriculum, and school environment?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Yes	309	98
No	5	2
<i>Total Answered</i>	314	

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 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	145	46
Somewhat addressed	163	52
Not addressed	6	2
<i>Total Answered</i>	314	

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?

<i>Topics</i>	Yes		No	
	# of PSUs	% of PSUs	# of PSUs	% of PSUs
Youth Mental Health	304	96	11	4
Suicide Prevention	304	97	10	3
Substance Abuse	286	91	28	9
Teenage Dating Violence	253	81	61	19
Child Sexual Abuse Prevention	294	94	20	6
Sex Trafficking Prevention	278	89	36	11
Adult Social Emotional Learning/Mental Wellness	264	84	51	16

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 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	176	56
Somewhat addressed	129	41
Not addressed	9	3
<i>Answered</i>	314	

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	308	98	6	2
Annual review of the PSU's policies, procedures, and/or practices for crisis intervention	305	97	9	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	301	96	13	4
Annual review of the PSU's discipline policies and practices	301	96	13	4
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	292	93	22	7
Inclusion of PSU in the local community emergency preparedness plan	270	86	44	14

To what extent did your PSU address early intervention for mental and social-emotional health in the 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	157	50
Somewhat addressed	154	49
Not addressed	3	1
<i>Answered</i>	314	

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	301	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	292	93	22	7
Formalized protocols for transitioning students to school following acute/residential mental health treatment	254	81	60	19

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 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	154	49
Somewhat addressed	151	48
Not addressed	9	3
<i>Answered</i>	314	

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?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Yes	232	74
No	82	26
<i>Answered</i>	314	

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 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	107	34
Somewhat addressed	163	52
Not addressed	44	14
<i>Answered</i>	314	

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?

<i>Answer Choices</i>	# of PSUs	% of PSUs
None of the above	N/A	N/A
Local Management Entity/Managed Care Organization (LME/MCO)	85	25
Local Mental Health Service Provider	196	58
Other	58	17

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 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	170	54
Somewhat addressed	107	34
Not addressed	37	12
<i>Answered</i>	314	

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?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Students	250	79.96
Families	277	88.21
Community Service Providers	274	87.26
County/City Agencies	197	62.74
Faith-Based Organizations	144	45.86
Professional Associations	110	35.03
University/College	114	36.61
Other (please specify)	19	6.05

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 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	135	43
Somewhat addressed	173	55
Not addressed	6	2
<i>Answered</i>	314	

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.

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

Do you have a signs of abuse display in a high-traffic area of every school that has grades 6-12?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Yes	162	52
In Process	111	35
No	41	13

To what extent did your PSU address displaying signs of abuse in a high-traffic area of all 6-12 schools in the 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	136	43
Somewhat addressed	105	34
Not addressed	73	23
<i>Answered</i>	314	

**How do you plan to distribute the signs of abuse document to students in grades 6-12?
(Select all that apply.)**

<i>Answer Choices</i>	# of PSUs	% of PSUs
Paper document	225	72
Electronic document	82	26
Other	57	18
Handbook document	51	16

To what extent did your PSU address providing a signs of abuse document to students in grades 6-12 in the 2022-2023 school year?

<i>Answer Choices</i>	# of PSUs	% of PSUs
Fully addressed	117	37
Somewhat addressed	121	39
Not addressed	76	24
<i>Answered</i>	314	

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

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

- 1. Consistent funding to carry out all components of this legislation**
- 2. Additional permanent school counselors, social workers, and nurses**
- 3. Additional free & comprehensive training options for staff**
- 4. Access to more community mental health providers & assistance in securing MOUs**
- 5. Ability and funding to hire a school-based clinician (or access to co-located service providers) to cover intensive mental health needs**
- 6. A better system for electronic data collection, tracking, and monitoring student wellness and outcomes**
- 7. More time & opportunity to attend relevant professional development**

III. Trends

A review and analysis of the uploaded files that PSUs submitted provided additional information about each PSUs understanding of school mental health, where they are in the continuum of care, what supports are already in place, and what efforts are needed to advance their school mental health plans and supports. A review of the data from this 2023 school year compared to last school years' 2022 data revealed mostly positive differences. However, there were some discrepancies in what PSUs reported including in their plans and what was actually found in their plans upon review. The trends identified from the uploaded plans have been categorized into plan components and explained in greater detail in the following sections.

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 are increases between years 2 and 3 of data sources that the PSUs report using. The biggest increases in data sources used can be found in the table below.

Data Source Used	Year 2	Year 3	Difference
Powerschool	249	270	+ 21
Say Something App	189	199	+10
ECATS MTTTS Early Warning System	145	160	+15
Annual School Health Services Report	92	109	+17

Identified Needs

Based on the data sources and assessments used to determine strengths and needs, PSUs identified their areas of need. While the majority of plans identified needs, there were several PSUs that did not. Among those that did, the top five needs that arose among both traditional LEAs and Charters are listed below:

1. Staff development focused on SEL/SMH support
2. Systematic screening to identify students at-risk (MH)
3. Consistent and uniformed record keeping of mental health services provided and outcomes
4. Implementation of core SEL/services
5. Increased community partnerships/involvement in MH services

Existing Prevention and Universal Promotion

PSUs were asked to describe existing social emotional learning/ mental health prevention initiatives. There were a wide variety of initiatives in this section of their plans. The most common prevention initiatives found among PSUs in year 3 were Multi-Tiered System of

Support (MTSS), Positive Behavior Intervention System (PBIS), SEL practices, Character Education, and Restorative Practices.

One small but negative increase that we have seen in year 3 is an increase in schools that report not addressing universal promotion in their plans, with 5 schools reporting no compared to 4 schools in year 2.

Building Infrastructure

This section encourages PSUs to make connections to sustainability and mitigation. PSUs listed action steps that support the SEL/MH infrastructure that they either have in place or are currently setting in place. The most referenced steps among both traditional LEAs and Charter schools are expanding networks of community partners and increasing SISP, with over 60% of LEAs and over 50% of Charters referencing these. Also referenced among both groups are schoolwide SEL implementation and entering into MOU.

Training Program

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 schools did address more topics in their training plans in year 3 compared to year 2.

Required Topics	Year 2 Not Addressed	Year 3 Not Addressed	Difference
Youth Mental Health	14	11	-3
Suicide Prevention	10	10	0
Substance Abuse	36	28	-8
Teenage Dating Violence	53	61	+8
Child Sexual Abuse Prevention	24	20	-4
Sex Trafficking Prevention	23	36	+13
Adult Social Emotional Learning/Mental Wellness	51	51	0

Academic Alignment

Most schools referenced using the DPI Social and Emotional Learning Standards Mapping Document to assist them in aligning SEL with academic objectives with the goal of greater integration, a positive increase from past years. There were 95% of traditional LEAs and 86% of charters that referenced using the DPI Social and Emotional Learning Standards Mapping Document. PSUs also mentioned the Healthful Living Standards and the Guidance Essential Standards as a method to better align SEL with academic instruction.

Evaluation

This section asked PSUs to indicate how they would evaluate their SEL and mental health prevention efforts. The top responses among both traditional LEAs and charters were to use a mental health screening tool, and analyze specialized instructional support documentation/referrals. Other commonly referenced data sources for evaluation include SHAPE, MTTTS, Panorama, and student surveys.

Early Intervention

Efforts to intervene early to address SEL and mental health were recorded in this section of PSUs plans. Top responses were similar among traditional LEAs and charters, and are displayed in the table below.

Early Intervention Action	LEAs Reporting	Charters Reporting
SISP identify risks	93%	91%
Policy review (local)	86%	85%
Acute intervention/crisis response	82%	87%
Emergency preparedness planning	81%	78%

Treatment, Referral, and Re-Entry

PSUs were asked about protocols related to the treatment, referral, and re-entry process for mental health-related illness. The top three responses among both traditional LEAs and charters are listed below:

1. Develop re-entry protocols
2. Improve access to school-based and community-based services for students and their families
3. Improve transitions between and within the school and community-based services

IV. Plan Compliance

With the extended outreach, all traditional LEAs uploaded, and 203 charter schools uploaded something into the reporting portal. Eight charter schools did not comply. Nine regional/lab schools uploaded a school-based mental health plan into the reporting portal. One regional/lab school did not comply.

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).)