



# HOUSE BILL 894: Veterans/Health Care/Youth Suicide Prevention.

2017-2018 General Assembly

<b>Committee:</b>	House Appropriations	<b>Date:</b>	June 27, 2017
<b>Introduced by:</b>	Reps. Szoka, Lewis, Dollar, Dobson	<b>Prepared by:</b>	Committee Staff
<b>Analysis of:</b>	PCS to First Edition H894-CSMU-7		

**OVERVIEW:** *Part I of the Proposed Committee Substitute (PCS) would require the Department of Health and Human Services (DHHS) and the Department of Military and Veterans Affairs (DMVA) to develop a pilot program in Cumberland County to provide health care services to veterans. Part II of the PCS would provide for a training program on youth suicide awareness and prevention and a risk referral protocol for school personnel.*

**BILL ANALYSIS:** Part I of this bill would require DHHS and DMVA, in coordination with Community Care of North Carolina and Maxim Healthcare Services, to develop a two-year pilot program in Cumberland County to provide health care services to veterans.

The pilot program would consist of two initiatives:

- A health care initiative to provide to veterans increased health care resources through the care coordination efforts of community health workers.
- A workforce initiative to recruit and train unemployed and underemployed veterans as community health workers for the pilot program's health care initiative.

The PCS would additionally require that by March 1, 2018, DHHS and DMVA submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the departments' planning activities for the pilot program. The PCS also removes a termination date of the pilot program, a comprehensive evaluation requirement, and language appropriating funds for the pilot program.

The PCS also adds Part II, which is based on the Fourth Edition of House Bill 285. Part II would require that a training program on youth suicide awareness and prevention and risk referral for school personnel be established as follows:

- **SBOE Training Program and Protocol:** The SBOE, in consultation with the Division of Public Health in the Department of Health and Human Services, would develop, review, and update periodically, a youth suicide awareness and training program (training program) and a model risk referral protocol (model protocol) for public school units.
- **Training and Protocol Requirements:** Public school units could comply by using the SBOE Program or a local plan meeting specific requirements (see below) to provide training for all school personnel working directly with students in grades six through 12. The training program would be provided at no cost to the school employee initially within 12 months of employment and every 2 years thereafter, and include least 2 hours of evidence-informed instruction to increase awareness of suicide, risk factors and signs, and information for referral to resources and support.

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# House PCS 894

Page 2

- **Local Developed Training and Risk Referral Protocols:** Public school units could comply with the training program and model protocol requirements by developing a local plan that includes, at a minimum, the criteria identified in G.S. 115C-375.10(c)(1) and (c)(2), respectively.
- **Audits:** The Department of Public Instruction would periodically randomly audit public school units to ensure compliance with the training program and model protocols. The Department could also audit a public school unit if the Department has reason to believe the public school unit is not in compliance. The Department would report on the result of the audits by December 15 annually to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Education Oversight Committee.
- **Limitations and Liability:** The training and risk referral protocols would not create an obligation on public school units related to suicide prevention beyond what is required by other State or federal law. No board of a public school unit, nor their members, employees, designees, agents, or volunteers, would be liable in civil damages to any party for any act or omission of an act relating to the training program or protocol, unless that act or omission amounted to gross negligence, wanton conduct, or intentional wrongdoing.
- **Application:** The requirements of the act would apply to local school administrative units, charter schools, regional schools, and laboratory schools.

**EFFECTIVE DATE:** The PCS would become effective when it becomes law. Part II of the PCS would apply beginning with the 2018-2019 school year.

*\*David Unwin, Staff Attorney in the Bill Drafting Division, and Kara McCraw, Staff Attorney in the Legislative Analysis Division, substantially contributed to this summary.*