

SENATE BILL 476: School-Based Mental Health.

2019-2020 General Assembly

Committee: Senate Education/Higher Education
Introduced by: Sens. Horner, Tillman, Ballard
Analysis of: Conference Committee Substitute

Date: May 27, 2020
Prepared by: Kara McCraw*
Committee Counsel

(S476-CCSTC-10)

OVERVIEW: The Conference Committee Substitute (CCS) for Senate Bill 476 removes the requirement that the State Board of Education (SBE) study competency-based assessments as that was enacted in S.L. 2019-212. The CCS directs the SBE to adopt a school-based mental policy and directs K-12 school units to adopt and implement a school-based mental plan that includes a mental health training program and a suicide risk referral protocol. The CCS also clarifies that the requirements for the school-based mental health plans apply to the Renewal School System.

BILL ANALYSIS:

SBE Policy on School-Based Mental Health

The CCS directs the SBE to adopt a school-based mental health policy that contains the following for K-12 school units:

- Minimum requirements for a school-based mental health plan.
- A model mental health training program and model suicide risk referral protocol.

"K-12 school units" are local school administrative units, charter schools, regional schools, innovative schools, and laboratory schools.

The model mental health training program must be provided to school personnel who work with students in grades kindergarten through 12 and must address the following topics: youth mental health; suicide prevention; substance abuse; sexual abuse prevention; sex trafficking prevention; and teenage dating violence.

The model suicide risk referral protocol must be provided to school personnel who work with students in grades 6 through 12 and must include guidelines on identifying students at risk of suicide and procedures and referral sources that address the actions that should be taken.

The State Board of Education is directed to adopt the school-based mental health policy by December 1, 2020 and it must effectuate the recommendations of the May 31, 2018 report of the Superintendent's Working Group on Health and Well-Being pursuant to Section 4 of S.L. 2017-57 to the extent those recommendations are consistent with this act and current State law. The model mental health training program and model suicide risk referral protocol incorporated in the policy must meet the requirements developed by the Superintendent's Working Group on Health and Well-Being in its October 15, 2018 report required by Section of 5 of S.L. 2018-32. The policy must be made available to each K-12 school unit by December 31, 2020.

Karen Cochrane-Brown Director



Legislative Analysis Division 919-733-2578 Page 2

School-Based Mental Health Plan

Each K-12 school unit must adopt a school-based mental health plan that includes the minimum requirements set by the SBE and a mental health training program and suicide risk referral protocol consistent with the models developed by the SBE.

Each K-12 school unit must provide its adopted mental health training program and suicide risk referral program to school personnel with training in the first 6 months of employment and then in the following school year and annually thereafter.

The school-based mental health plan must be adopted by each K-12 school unit by July 1, 2021.

Periodic Review and Reporting

The Superintendent of Public Instruction must review the minimum requirements for a school-based mental health plan, model mental health training program, and model suicide risk referral protocol starting in August 2025 and every five years thereafter and recommend any changes needed.

By September 15 of each year, K-12 school units must report to the Department of Public Instruction (DPI) on its school-based mental health plan and its prior school year compliance. DPI must report this information to the Joint Legislative Education Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services by December 15 annually.

The bill would not impose any additional duties on a K-12 school unit to provide referrals, treatments, follow-ups or other mental health and suicide prevention services to students of a K-12 school unit. The bill also limits the civil liability of the governing body of the K-12 school unit and its members, employees, designees, agents, or volunteers.

EFFECTIVE DATE: The bill would become effective when it becomes law. School personnel required to complete the training and employed in a K-12 school unit as of the effective date of this act must complete their initial mental health training by the end of the 2021-2022 school year.

*Drupti Chauhan, Staff Attorney, substantially contributed to this summary.