BROOKS PIERCE

New Law Requires School Districts to Address Growing Suicide Rate in Youth

10.02.2020

In the latest Annual Report on Child Deaths in North Carolina, child deaths reached an all-time low in 2018. However, death by suicide has reached its highest rate ever. Suicide is the second leading cause of death for children and adolescents ages 10-17. 15% of children ages 10-14 who died in 2018 died by suicide. 24% of children ages 15-17 who died in 2018 died by suicide.

On June 8, 2020, Gov. Cooper signed into law Session Law 2020-7, which requires school districts to address this growing suicide rate. The law requires school districts to adopt and implement a school-based mental health plan that includes a mental health training program and suicide risk referral protocol by July 1, 2021. "The mental health of our students has never been more important, and this legislation encourages that support," Cooper said in a statement. "We still need to invest more in school nurses and counselors." The bill was co-sponsored by Senators Rick Horner (R-Nash), Jerry Tillman (R-Randolph), and Deanna Ballard (R-Watauga). The law has no funding attached.

What the State Board of Education Must Do

Under the new law, no later than Dec. 1, 2020, the State Board of Education must adopt a new policy that (1) sets minimum requirements for school-based mental health plans for school districts; and (2) develops a model mental health training program and model suicide risk referral protocol for school districts. This new policy must effectuate the recommendations of the May 31, 2018 report of the Superintendent's Working Group on Student Health and Well-Being and be available to school districts by Dec. 31, 2020.

The May 31, 2018 report of the Superintendent's Working Group on Student Health and Well-Being made the following eight recommendations:

1. Keeping in line with SHLT-003 School Based Mental Health Initiative, each LEA and charter school should develop a plan to promote mental health, safety, wellness and success of students and their families through a coordinated continuum system of services and supports. This plan must include a plan for licensed/certified personnel to receive training on various issues, including but not limited to: general mental health, suicide prevention, substance use and sexual abuse and sex trafficking of minors.
2. Trainings should be conducted within the first six months of employment, preferably during pre-service. Initial trainings must cover the following issues, but are not limited to these

issues: student mental health, sexual abuse and sex trafficking at least every four years and suicide prevention at least every two years.

3. The Department of Public Instruction, in consultation with the Department of Health and Human Services (DHHS) subject matter experts, should put together a menu of training options from which school districts may choose. Details of each option must include, but not be limited to: topic, duration of training and cost of training, if any.
4. Training options provided by the Department of Public Instruction shall be offered online and may be offered face-to-face through universities, local management entities/managed care organizations, or licensed providers.
5. It is recommended the General Assembly legislate immunity protection of staff and schools.
6. Opportunities should be explored for institutions of higher education to develop coursework as a part of their educator preparation programs to address student mental health, behavioral health and well-being. This will enable educators to receive some basic instruction prior to becoming a licensed educator in the K-12 system.
7. To improve coordination and access to early intervention, treatment, Memorandums of Agreement should be established between DHHS (Division of Medical Assistance and Division of Mental Health, Developmental Disabilities and Substance Abuse Services), Department of Public Instruction, Local Management Entities and Managed Care Organizations and public schools to ensure coordination of funding and services for students with behavioral health care needs. This will serve to reduce barriers to access.
8. The Working Group recommends the General Assembly continue to work towards the goal of increasing the number of school support personnel, including school nurses, school counselors, school social workers and school psychologists, to ensure and improve the continuum of support to meet the social and emotional needs of students and early intervention and care for students with specific social, emotional, and mental needs. Additionally, this Group supports license reciprocity for school psychologists.

The model mental health training program must be provided to school personnel who work with students in grades K-12. Further, it must address the following topics: youth mental health, suicide prevention, substance abuse, sexual abuse prevention, sex trafficking prevention and teenage dating violence. The training program must be offered at no cost to the employee. The initial training is to last six hours within the employee's first six months of employment and must be completed by the end of the 2021-2022 school year. All annual subsequent training must be at least two hours. The training may be done in-person, virtually, or through self-study.

The model suicide risk referral protocol also must be provided to school personnel who work with students in grades K-12. Further, it must provide both of the following: (1) guidelines on the identification of students at risk of suicide; and (2) procedures and referral sources that address actions that should be taken to address students identified as at risk of suicide.

What the Local Boards of Education Must Do

No later than July 1, 2021, school districts must adopt a plan for promoting student mental health and well-being that meets the minimum requirements established by the State Board of Education and includes a mental health training program and suicide risk referral protocol that are consistent with the model programs developed by the State Board of Education.

As of the date of publication the State Board of Education has not released the model mental health training program or the model suicide risk referral protocol. Once they are released, school districts should begin the process of adopting a plan consistent with the State Board of Education's model program and protocol.

School districts also must report to DPI each year by Sept. 15 on the content of the school-based mental health plan, including mental health training program and suicide risk referral protocol and the immediately prior school year's compliance with the law. DPI may audit school districts to ensure compliance.

Finally, the law limits civil liability of school districts:

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.

PEOPLE

Sarah M. Saint

SERVICES

Education