

Article 25B.

Health Needs of Students.

**§ 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, 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); 2021-180, s. 7.14(m).)

### **§ 115C-377. Feminine Hygiene Products Grant Program.**

(a) Program; Purpose. – The Department of Public Instruction shall establish the Feminine Hygiene Products Grant Program (Program) to assist public school units participating in the Program in providing students with feminine hygiene products at no charge to the student.

(b) Grants. – To the extent funds are made available for the Program, the Department of Public Instruction shall award public school units grants of up to five thousand dollars (\$5,000) on a first-come, first-served basis, and the Department shall prioritize awarding grants to public school units that did not receive an award pursuant to the Program in the previous fiscal year. No public school unit shall receive more than one grant per fiscal year.

(c) Reporting. – No later than March 15, 2023, and every year thereafter that funds are made available for the Program, the Department shall report to the Joint Legislative Education Oversight Committee on the public school units receiving grants under the Program, the specific

feminine hygiene products purchased with the grant funds, and the impact of the Program on student health and well-being. (2022-74, s. 7.10(a).)