

NORTH CAROLINA
**School Behavioral Health
Action Plan**



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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



North Carolina Department of
PUBLIC INSTRUCTION



The Challenge

North Carolina's youth are facing an urgent mental health crisis. Nationally, about one in four youth experience a behavioral health need while in grade school ^[1, 2]. In North Carolina, the pandemic worsened an already dire situation. In 2021, about 1 in 5 North Carolina adolescents seriously considered attempting suicide, and 1 in 10 made an attempt ^[3]. Emergency department visits for suicide attempts in 2021 were 51% higher for adolescent girls compared to 2019 ^[4].

Many youth do not have access to needed behavioral health supports. In North Carolina, approximately 50% of youth with mental health disorders do not receive necessary care ^[5]. Over half of the state's 100 counties have no child and adolescent psychiatrist ^[6]. Nationally, North Carolina is ranked within the bottom 10 states for youth mental health, largely due to inadequate access to care and lack of adequate insurance coverage for mental health ^[7].

Schools play a critical role in supporting students. Schools can provide convenient and ready access to behavioral health prevention and treatment programs for youth. Youth are six times more likely to complete evidence-based treatment when offered in schools vs other community settings ^[8]. North Carolina teachers are concerned about the growing behavioral health needs of their students. In 2022, 68% of teachers reported that their students had greater needs for social, emotional, and mental health support than in a typical school year ^[9].

School-based mental health is an 'unparalleled opportunity' to reach children in need ^[10]. In 2021, the Surgeon General urged state governments to 'provide resources and technical assistance to strengthen school-based mental health programs in response to the youth mental health crisis ^[11]. School-based mental health programs not only improve behavioral health outcomes and inequities in access, they also are associated with improved academic performance and graduation rates ^[12-14]. However, limited funding and staffing limit the ability of schools to address student mental health - challenges, which are more severe in rural areas ^[15].

“The public believes that guidance counselors can meet the needs. My school has 1,400 students and 3 guidance counselors. They don't have time to do restorative circle groups or therapy. But the public has the perception that we have these kinds of services. The perception is that the schools can handle this, but we can't.”

– Lynn Guilliams, Teacher in Wake County school

Gaps in the School Workforce

North Carolina public schools fall significantly short of meeting nationally recommended student-to-staff ratios for specialized instructional support personnel, including school psychologists, nurses, counselors, and social workers. These specialized instructional support personnel provide critical behavioral health support for children and youth in the school setting. In 2022, for example, North Carolina schools had less than 20% of the recommended number of school psychologists and school social workers for the state's student population ^[16]. Governor Roy Cooper's recommended budget proposes increased investment in specialized instructional support personnel to meet the nationally

recommended student-to-staff ratios by FY 2027-28 and pay increases that will help schools recruit and retain qualified personnel, as required in the Leandro Comprehensive Remedial Plan (CRP). The State Superintendent of Public Instruction and the State Board of Education are calling for necessary funding to address these dire shortages, including budget requests for the 2023 North Carolina General Assembly session of \$100 million to establish more school nurse and social worker positions, as well as funding for social worker pay increases and a school psychologist internship program. Expanding and strengthening the workforce in schools to support student behavioral health is foundational to the strategies described in this action plan.

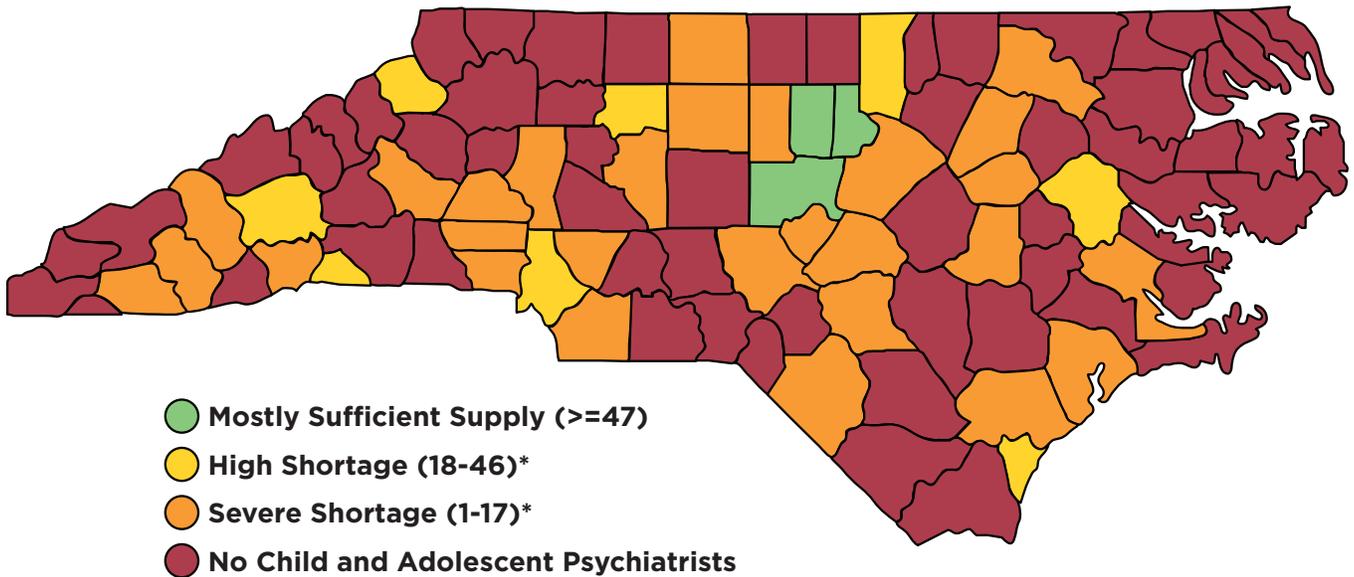


Image from AACAP.org illustrating shortage of Child and Adolescent Psychiatrists (CAPs) by county across North Carolina [6].

The Opportunity

We can meet kids where they are by investing in and expanding behavioral health services in schools and by strengthening school connections to community-based services. To prioritize behavioral health investments with the greatest potential impact on North Carolina students, educational and health leaders came together to develop this North Carolina Unified School Behavioral Health Action Plan (Action Plan). This partnership, supported by the Association of State and Territorial Health Officials, included leaders from the Departments of Health and Human Services, Public Instruction, and State Board of Education as well as philanthropic organizations, health care providers, and academic partners. Together, this group assessed North Carolina's current landscape, identifying both gaps in our system and opportunities to build off work already happening in our state. Through multiple convenings throughout 2022, the group developed the following strategies to complement the school workforce needs described above. The strategies in this Action Plan include funding that would be required for a two-year biennial budget and have an anticipated return on investment between \$3 to \$14 for every \$1 invested [17-21]. By supporting behavioral health in schools, North Carolina can realize improved and more equitable access to behavioral health care for children and youth, enhanced learning and educational outcomes, stronger resilience, and safer schools.

Strategies

SUSTAIN PROJECT AWARE/ACTIVATE

STRATEGY

Sustain the Project AWARE/ACTIVATE program in three initial pilot districts to continue providing behavioral health supports while planning for long-term sustainability and replication.

DESCRIPTION

The purpose of the national Project AWARE (Advancing Wellness and Resiliency in Education) program – known in North Carolina as Project ACTIVATE (Advancing Coordinated and Timely InterVentions, Awareness, Training, and Education) – is to build the capacity of schools to: (1) increase awareness of youth mental health issues; (2) provide training for school personnel to detect and respond to mental health issues; and (3) connect school-aged youth and their families to needed mental health services. NC Project AWARE/ACTIVATE employs evidence-based mental health programs to promote mental health for all students (e.g., social-emotional learning curricula), identifies students that need a higher level of support (e.g., providing universal mental health screening to all students), and provides services to students in need (e.g., funding a school psychologist to offer therapy). Project AWARE also supports schools in meeting student behavioral health needs via new policies (e.g., creating a suicide risk referral protocol) and community partnerships (e.g., with a local university to place counseling interns in schools).

North Carolina was selected as a 2018-2023 and a 2021-2026 Project AWARE grantee. Six school districts were selected as pilot sites for NC Project AWARE/ACTIVATE and serve as

transformation zones to develop sustainable strategies that can be scaled statewide. The Cohort 1 pilot sites include Beaufort County Schools, Cleveland County Schools, and Rockingham County Schools. Pilot funding for Cohort 1 sites ends in the 2022-2023 fiscal year. The two additional years of funding proposed for the Project AWARE/ACTIVATE Cohort 1 pilot sites will ensure service continues while districts develop the billing infrastructure to independently sustain most program components. The state will also work to replicate key best practices that have been identified in the pilots and further evaluate the impact of Project AWARE/ACTIVATE in North Carolina.

IMPACT

Project AWARE has trained more than 5,000 staff in Cohort 1 schools to equip them with the mental health knowledge and skills to meet the needs of their students ^[22]. In three years of AWARE/ACTIVATE implementation, the number of children screened for behavioral health needs and risks grew by 500% and provision of support services for high-need students grew by 19% ^[22]. Cohort 1 districts are now serving over 24,000 students including over 4,300 students with intense needs ^[22]. Project AWARE/ACTIVATE's model is associated with reductions in bullying, substance use, disruptive behavior, and school absenteeism, as well as improvements in academic performance, school climate, and teacher's perceived self-efficacy ^[17, 23-31]. For example, suspension rates in North Carolina AWARE/ACTIVATE schools dropped by 91% ^[22]. The return on investment in Project AWARE is as high as \$11 for every \$1 invested ^[17].

FUNDING REQUIRED

\$2 Million per year

★ Three years into their Project AWARE grant, a sibling group of students attending Rockingham County Schools experienced the death of several family members. Thanks to the AWARE grant, the district had new Specialized Instructional Support Personnel, who were equipped to respond. They visited the students, setting up appropriate counseling and community referrals for the students and their family. The coordinated approach championed by Project AWARE/ACTIVATE helped these students have a smooth transition into the school year despite their difficult circumstances.

SCHOOL-BASED TELEHEALTH PILOT FOR BEHAVIORAL HEALTH

STRATEGY

Fund school-based tele-behavioral health pilots and technical assistance to expand access to approximately 10,000 students in districts without programs.

DESCRIPTION

Telehealth technology allows children to see a mental health professional, such as a child psychiatrist or psychologist, during the school day in a private space in their school. Parents are able to join the virtual visit or speak with the clinician separately. School staff, such as Specialized Instructional Support Personnel (SISP), assist the student in connecting to their visit and ensuring privacy in the room. Despite the effectiveness of school-based telehealth, only 10% of schools in North Carolina will have tele-behavioral health services by 2023.

These pilots will expand access to school-based tele-behavioral health in districts that currently do not have access to any tele-behavioral health programs. The pilots will focus on districts that face substantial barriers to accessing behavioral health, including rural districts and those with few behavioral health providers. Technical assistance will be provided to support the development of a sustainable and scalable program model.

IMPACT

Tele-behavioral health visits in schools maximize time that children are in class, minimize the burden of transportation and time off work for caregivers, and increase treatment access for students, particularly in rural areas where behavioral professional shortages are most severe [10, 32, 33]. For example, North Carolina tele-behavioral health programs have an average wait time of nine days for care, compared to 29 days for in-person visits, and students are 1.6 times more likely to receive care [34]. Students, parents, and school clinicians have seen the benefit of school-based telepsychiatry, and tele-psychiatrists have more time to support children than when providing in-person care [35].

FUNDING REQUIRED

\$4.2 million in year one, \$5.7 million per-year after year one

★ When a student in South-Central North Carolina was 16-years-old she became withdrawn, quitting her usual activities of ROTC and dance, and her grades dropped. Her teacher and guidance counselors identified these signs of depression. With her mom's and guidance counselor's support, she began participating in her school's new telehealth program and met with a therapist during weekly sessions over video chat while at school. By the spring semester, she began to thrive again. Her mom said that her "self-esteem has skyrocketed. Her grades have excelled even further. When she gets her progress report, she comes home and says, 'Mom, look at my grades.' I am so grateful for the program."

– Story Courtesy
of Atrium Health



STATEWIDE ELECTRONIC HEALTH RECORD SYSTEM

STRATEGY

Provide funding to maintain a statewide school electronic health record (EHR) system that is being built with COVID-19 funding to facilitate secure documentation and transfer of student health records across North Carolina schools.

DESCRIPTION

Schools in North Carolina are required to keep records of certain health-related student information. Currently, no system is universally available for North Carolina schools to document this information, and over a third of North Carolina school districts in 2022 used paper records or non-secure computer applications (e.g., Excel, Microsoft Word), leaving sensitive student records vulnerable to security concerns. Additionally, student records cannot follow a student when they transfer districts, leaving a student's new school lacking critical health information to support them and leading to missed or delayed care for a new student.

North Carolina has invested one-time federal COVID-19 funds to build a new electronic health record system for the Department of Public Instruction and North Carolina schools. The new EHR system will be used by school nurses, social workers, counselors, and administrators to document health information at a student level on health needs and services supplied by the school. While the state leveraged one-time federal funding to build the system, ongoing funding is needed to maintain the school EHR.

IMPACT

The statewide EHR will improve the privacy and security of student health records. Approximately 70% of students change schools at least once before high school, and a statewide EHR will ensure that student health needs are identified and met when they arrive at a new school ^[36]. A statewide EHR will also make it easier for schools to offer services that can be reimbursed by Medicaid or other health insurance plans, which is critical to offer and expand behavioral health services across the state ^[16, 37]. In 2021-2022, only 56 of 115 districts submitted any behavioral health-related Medicaid claims.

FUNDING REQUIRED

\$1.7 Million per year

★ We have students who come from other districts with paperwork about their academic goals but no documentation of the behavioral health services they've received or services that were successful. So, it's like we're reinventing the wheel in each classroom. I had a student who ran to the corner on the first day of school, crying and shaking because she'd never been in a cafeteria with 300 students before. She had no coping strategies for that, and we had no idea what might help or make it worse. If we had information about her needs in our system, we could have set things up to avoid the panic she experienced that day and also work toward her goal of eating in the cafeteria.

– Lynn Guilliams, Teacher
in Wake County Schools



SUPPORT FOR SCHOOL HEALTH ADVISORY COUNCILS

STRATEGY

Provide flexible funding to local School Health Advisory Councils (SHACs) so that these coalitions of school staff, parents, and community members can invest in behavioral health resources that meet local needs.

DESCRIPTION

School Health Advisory Councils (SHACs) are volunteer-based coalitions of school staff, parents, and community members in each local school district to promote student and staff health and wellness ^[38]. Since 2003, all school districts are required to establish and maintain a SHAC. SHACs facilitate communication, problem solving, and strategic action related to the health of students and staff and respond to the unique needs of their districts. SHACs around North Carolina have taken action to support the behavioral health needs of students. Examples include working with district leadership to create a parent liaison position to provide outreach to parents to strengthen the home/school relationship and hosting a community health fair to connect families with local providers.

Most SHACs do their work with limited to no funding. In the 2022-2023 academic year, the North Carolina Department of Health and Human Services provided eligible SHACs with \$60,000 of flexible one-time funding using federal COVID-19 dollars to support student behavioral health. This strategy will sustain funding to the SHACs to continue and expand their initiatives for student and staff behavioral health.

IMPACT

Programs supported by SHACs with the one-time COVID funds have been demonstrated to reduce the likelihood of physical aggression by 42% and reduce bullying by 20% ^[39, 40]. In addition to behavioral health benefits, programs improve academic outcomes (e.g., increased graduation rates by 13% ^[41], improved attendance by up to 12% ^[42, 43]). By providing ongoing resources to these groups, we can offer communities the funding they need to respond to local needs with effective solutions so that students can be well and succeed.

FUNDING REQUIRED

\$7 Million per year, representing \$60,000 of funding to each of the 115 SHACs in the state



- ★ Anson County School District's School Health Advisory Council (SHAC) conducted a needs assessment that revealed home environment issues such as family trauma and homelessness were causing attendance issues for students. The SHAC found a regional grant that allowed them to hire parent liaisons to work with families to address these issues. One of the new liaisons visited the home of a student with excessive absences and discovered that the student had become the primary caregiver for her mom and siblings after her mom had suffered a stroke that left her bedbound and unemployed. The parent liaison linked the family with health care and economic resources that enabled the student to return to school.

SCHOOL LINKAGES TO COMMUNITY RESOURCE NETWORKS

STRATEGY

Connect schools with behavioral health resources in their communities and train school staff on how to effectively coordinate with partners to support student behavioral health.

DESCRIPTION

Children thrive when their supports are well-coordinated. This strategy focuses on helping schools coordinate with multiple child service agencies – such as child welfare, mental health, juvenile justice, and health care – through an approach called System of Care.

Using federal COVID-19 funding in the 2022-2023 school year, nearly 40 North Carolina schools are being connected with their local behavioral health resource networks and trained in the System of Care model. The training for school leaders and staff includes how to work with local behavioral health partners to engage families and on treatment and transition planning for students. The training will also provide guidance on how schools can most effectively support students insured by NC Medicaid.

This strategy will allow the Department of Public Instruction and the Department of Health and Human Services to continue, strengthen, and expand the work to connect schools and local behavioral health resource networks and provide schools with training and technical assistance to partner effectively with community resource networks and to better meet student needs.



IMPACT

The evidence is strong that better coordination of care for children improves student health and is very cost effective. For every dollar spent on these coordination efforts, schools get a return between \$3 and \$14 ^[18-21]. Outcomes include reduced dropouts (45%), improved test scores (12%), and shrinking achievement gaps ^[18-21]. For example, for first generation immigrant children, these programs have been associated with a 50-75% reduction in math and reading score achievement gaps ^[44].

FUNDING REQUIRED

\$300,000 per year

★ I was invited, in my role as Family Liaison, to a school meeting for a mother regarding her five children's behavior issues. The mother and school staff did not trust each other. Before the first meeting, the mother told me about her family, the legal issues resulting from her children's behaviors and housing concerns that were impacting their lives. When we held the first meeting for her where every system was represented and after hearing from the school staff, the mother asked how her child could have a mental health evaluation. She soon started the process for an IEP and began engaging every agency. The mother later told me, "Everyone needs a Child and Family Team EVERYWHERE!!" System of Care helped transform a truly hostile relationship between student, family, and school.

– Teka Dempson, Program Manager,
NC Youth & Family Voices Amplified

★ **Mental Health First Aid has been the most important class I have ever taken in my teaching career. Whether it’s a student or someone in your personal life, we all need to know how to deal with mental health issues. We have to be brave and ask all the questions.”**

– Educator, Surry County Schools

MENTAL HEALTH FIRST AID

STRATEGY

To facilitate Teen Mental Health First Aid and Youth Mental Health First Aid trainings for school staff and students across the state.

DESCRIPTION

Youth Mental Health First Aid is a 6.5-hour training designed to teach adults how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical child development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, psychosis, disruptive behavior disorders, and eating disorders. Youth Mental Health First Aid will be delivered to teachers and school staff throughout North Carolina to help them recognize and respond to student mental health needs.

Teen Mental Health First Aid is a 4.5 hour program that teaches teens in grades 10-12 how to identify, understand, and respond to signs of mental health and substance use challenges in their friends and peers. The program covers common signs and symptoms of mental health and substance use challenges and mental health crisis as well as the impact of school violence and bullying on mental health. Students in North Carolina who receive this training will become mental health ambassadors among their peers by learning how to open the conversation about mental illnesses and substance use with friends as well as how to seek the help of a responsible and trusted adults.

IMPACT

Youth Mental Health First Aid has been shown to decrease stigma and improve mental health knowledge and skills for educators ^[45]. People who have had mental health first aid training can better assess for risk of suicide, listen nonjudgmentally, and encourage both self-help and professional help for young people ^[46]. Nearly half of North Carolina students report that they are more likely to talk to their peers than they are to talk to an adult about a mental health concern ^[3]. Youth Mental Health First Aid (YMHFA) trainees rated themselves significantly more confident in helping, more likely to try to help, and more comfortable in helping someone in distress after the YMHFA training than before it ^[46].

FUNDING REQUIRED

No additional funding is requested for this strategy, as Governor Cooper directed Governor’s Emergency Education Relief (GEER) funds for statewide training through the 2023-2024 school year.



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