

**School-Based Mental Health Policy (SHLT-003)**  
**WCPSS SCHOOL MENTAL HEALTH IMPROVEMENT PLAN**

The purpose of this document is to provide an executive summary of the Wake County Public School System plan to address the mental health needs of students per the School Mental Health Improvement Plan as outlined in policy SHLT-003.

**Universal Prevention**

***In Place:***

- Classroom SEL practices
- Tiered Behavior Resource Guide
- Incorporating resources for staff and families
- Wellness and SEL Sessions
- EAP
- Behavioral Health Needs Assessment
- Healthful Living Curriculum (drug prevention awareness, healthy relationships etc.)
- Human Trafficking Lessons (7th, 8th, 9th grade)
- Staff Awareness for all WCPSS employees (covers SL 2019-245, Human Trafficking, safety risks, warning signs, risk factors for students etc.)

***To Improve:***

- Braiding behavioral health with academics
- Incorporating monitoring of use of SEL strategies into teacher evaluations
- Increasing licensed specialized instructional support personnel (counselors, psychologists, social workers, nurses)

**Early Intervention for  
Mental/Social Emotional  
Health and Wellness**

***In Place:***

- Health and Wellness Sessions
- Community Resiliency Model
- Restorative Practices
- Classroom Guidance
- Funny Tummy Feelings
- Second Step
- Threat Assessment Protocol
- Crisis Prevention Intervention Training

***To Improve:***

- Annual Review of crisis intervention, discipline, and SEL health
- Inclusion of PSU (Public School Unit) with Community Emergency Preparedness Plan
- Student attendance and engagement
- Strengthen the threat assessment process and train administrators

**Referral, Treatment,  
and Re-entry**

***In Place:***

- Alternative Counseling Education Program (Policy 4309)
- Partnership with Alliance
- School Based Teams - Care Coordinators- Bridge to Success
- Supportive Counseling
- Community Liaisons

***To Improve:***

- Co-Located Services - Exploring Pilot Program

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- Telehealth Services - Researching platforms for SSS staff

**MOU with Local Management  
Entity/Managed Care  
Organization**

***In Place:***

- MOU with Alliance Health since 2014
- Addresses each parties' respective roles and relationships
- Highly coordinated referral, treatment, and follow-up process
- Additional MOUs with Southlight, Haven House, Poe Health Center, Easter Seals, Fernandez Consulting, Sigma Health, Hope Services

***To Improve:***

- Add additional MOUs as partnerships expand

**Suicide Risk  
Referral Protocol**

***In Place:***

- Suicide assessment protocol
- Training program
- Signs of Suicide Program 7th, 9th, and 12th grade
- Crisis Response Protocol
- Crisis Response Coordinator
- Trained team members

***To Improve:***

- Extend awareness training to additional school staff/admin as needed
- Continue with awareness training to families through after hours/weekend : Keeping Your Students Emotionally Safe and Health
- Publicizing community events (i.e. ACE's screenings, Resilience Workshops, Youth Mental Health 101)

**Stakeholder  
Engagement**

***In Place:***

- Partner and collaborate with:
- Parents, guardians, and students
- Local universities
- Community providers
- Cross-system partners (e.g., county agencies, faith-based organizations, professional associations)
- Food Security and Coordinated Community Outreach Teams
- Mental Health Services Collaborative
- Alliance/WCPSS Leadership Meetings.

***To Improve:***

- Communication and marketing of Family & Student Wellness/Self-Care Sessions
- Communication of community based wellness & self-care events

**Liability**

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- Section notes the liability for each district with the following policy language:
  - No governing body of a public school unit (PSU), 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 policy, 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 PSU.

**Reporting to DPI**

- By September 15 of each year, each public school unit (PSU) will report to DPI on:
  - content of the school mental health improvement plan adopted, including the mental health training program and suicide risk referral protocol, and prior school year compliance with requirements of this policy

**Timeline**

- **By July 1, 2021** - Approval of School Mental Health Improvement Plan by School Board members
- **2021-2022 School year**
  - Begin implementation of plan (includes mental health work that has been in place)
  - Commence school mental health and social-emotional health and substance use training program as part of required professional development
- **September 15, 2021** - report to DPI on content of school mental health improvement plan
- **DPI Five-Year School Mental Health Policy Review Cycle**
  - Beginning August 1, 2025, and every five years after, the Superintendent of Public Instruction will review policy SHLT-003 and recommend any data-informed and evidence-based changes to the State Board of Education
  - State Board of Education will update policy SHLT-003 to reflect recommendations
  - Each public school unit (PSU) will update their adopted school mental health improvement plan in accordance with these updates