

Healthy Active Children Policy Report & School Mental Health Policy Report

December 5, 2024

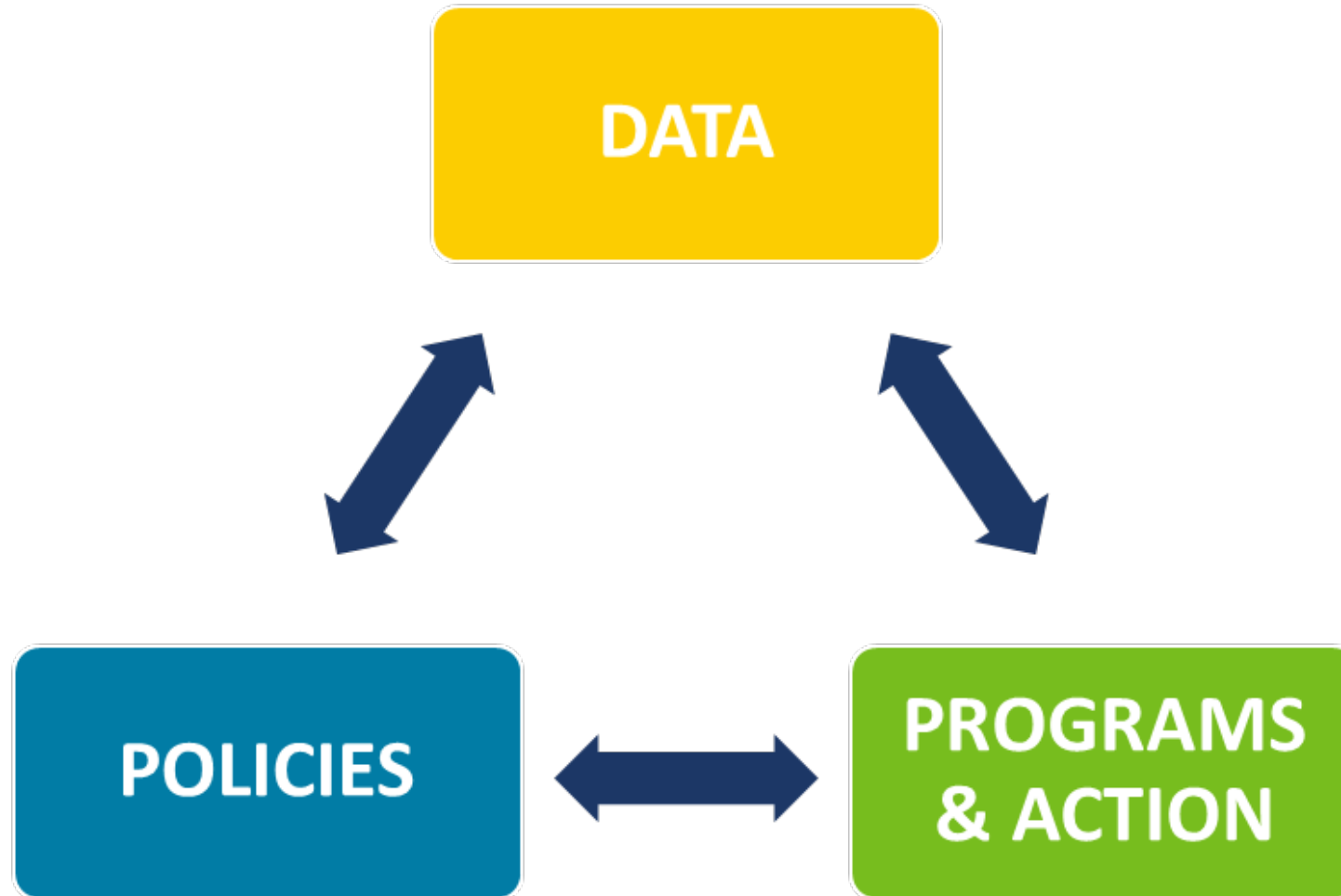
Summary Data from LEA School Health Advisory Councils & School Mental Health Plans

Whole School, Whole Community, Whole Child

A Collaborative Approach to Learning and Health



Data Drives the Work



Healthy Active Children Policy

- Section 1: Local School Health Advisory Council (SHAC)
- Section 2: Whole School, Whole Community, Whole Child (WSCC) Model
- Section 3: Local Wellness Policy
- Section 4: Physical Education and Healthful Living
- Section 5: Physical Activity and Recess
- Section 6: Policy Monitoring
- Section 7: Data Collection – Youth Risk Behavior Survey

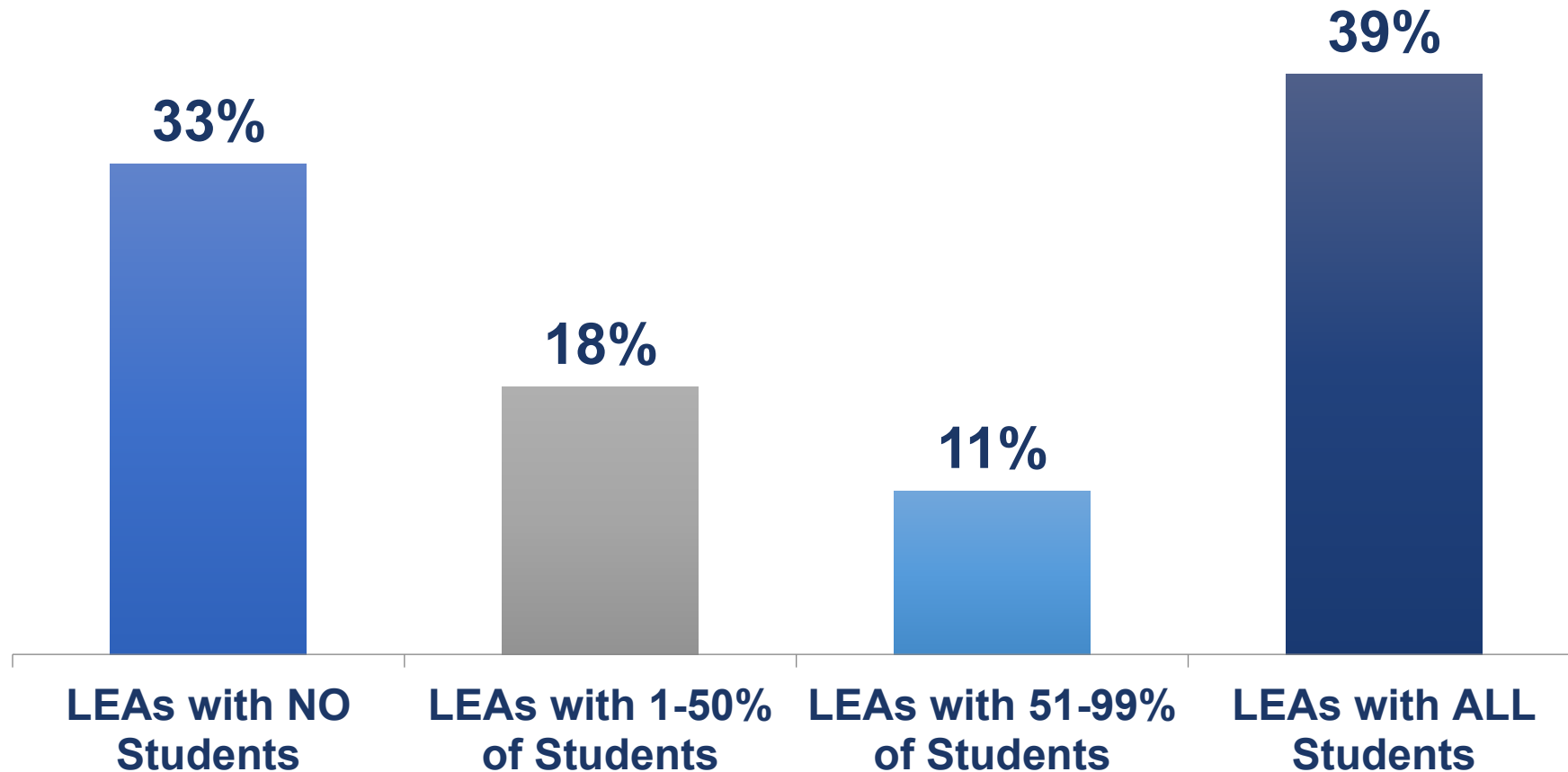
2024 Healthy Active Children Policy Report Key Points



- **98%** of LEAs Responded (113/115)
- **56%** of School Health Advisory Councils met at least quarterly
- **73%** of School Health Advisory Councils provide annual reports to their local Board of Education
- **61%** of schools provided staff wellness programs

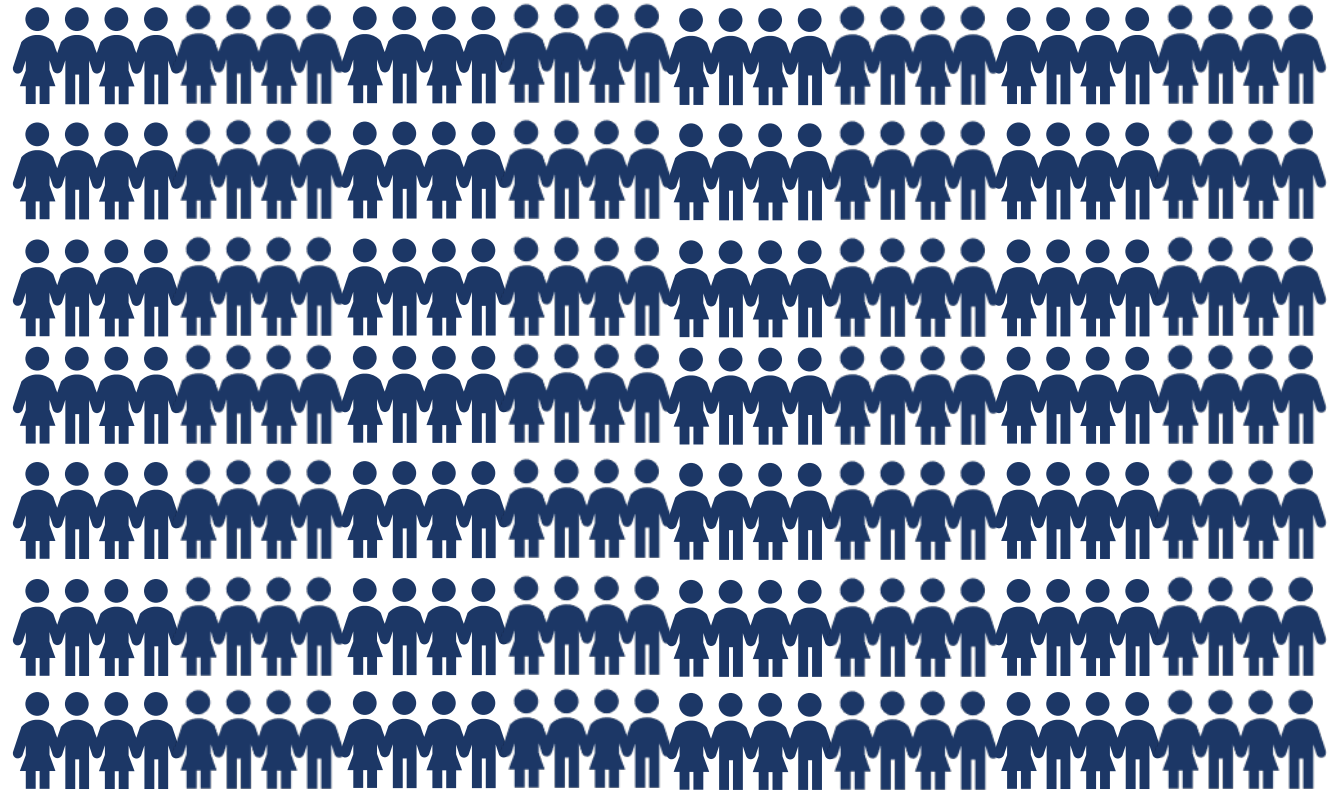
Physical Education & Physical Activity

Elementary Students Receiving 150 Minutes per Week of PE Taught by a PE Specialist



Elementary School

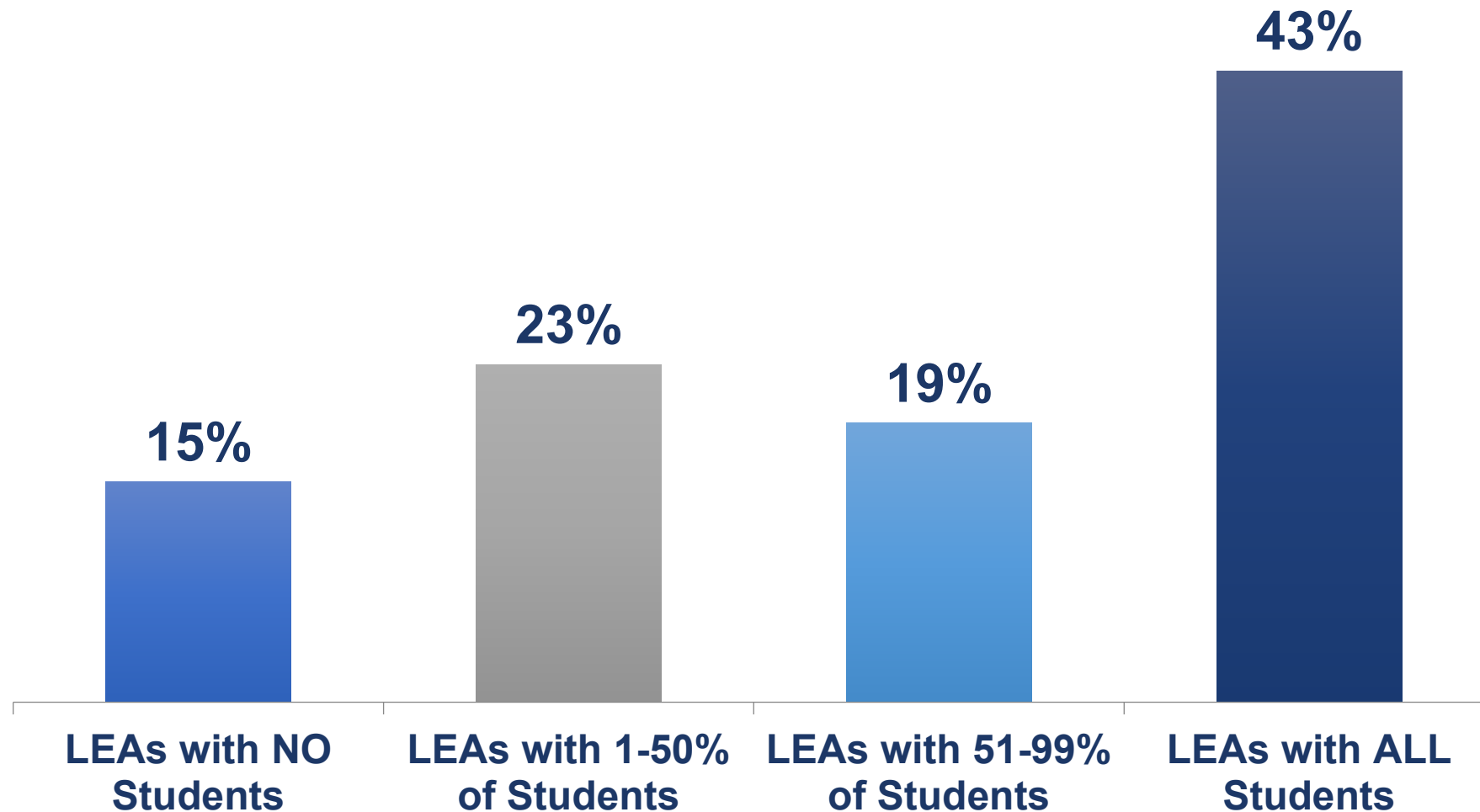
- The average number of K-5 students per licensed Physical Education teacher is 391.



**Health
Education**

**Physical
Education &
Physical Activity**

Middle School Students Receiving 225 Minutes per Week of Healthful Living



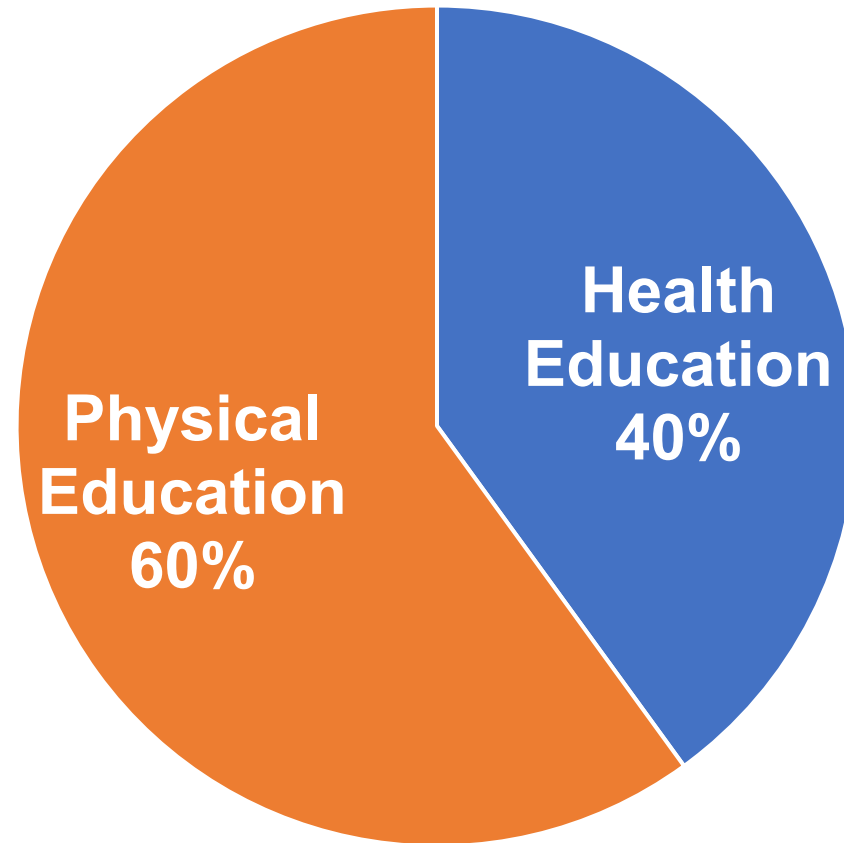
Middle School

- The average number of 6-8 students per licensed Health/Physical Education teacher is 242.

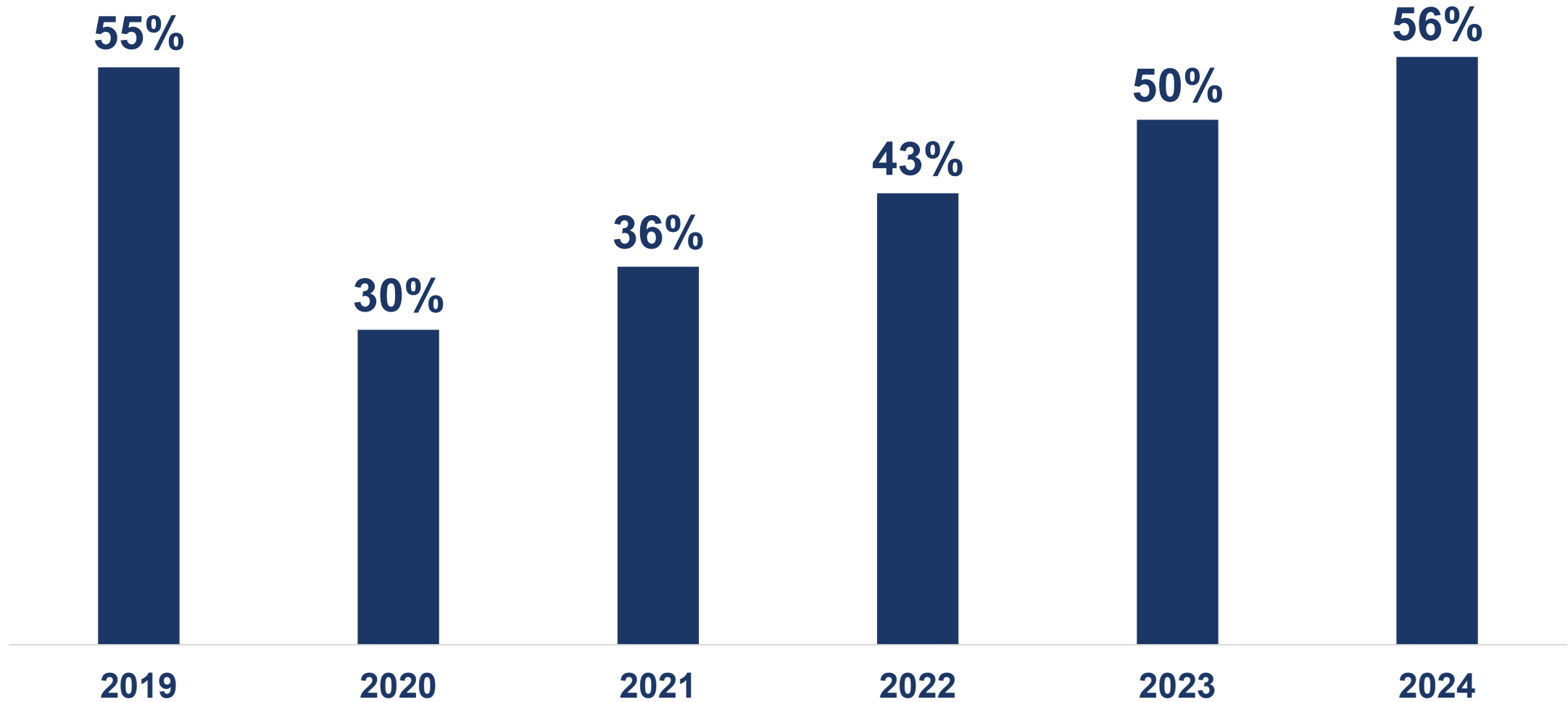


How are Middle School Healthful Living Courses Divided Into Physical Education and Health Education?

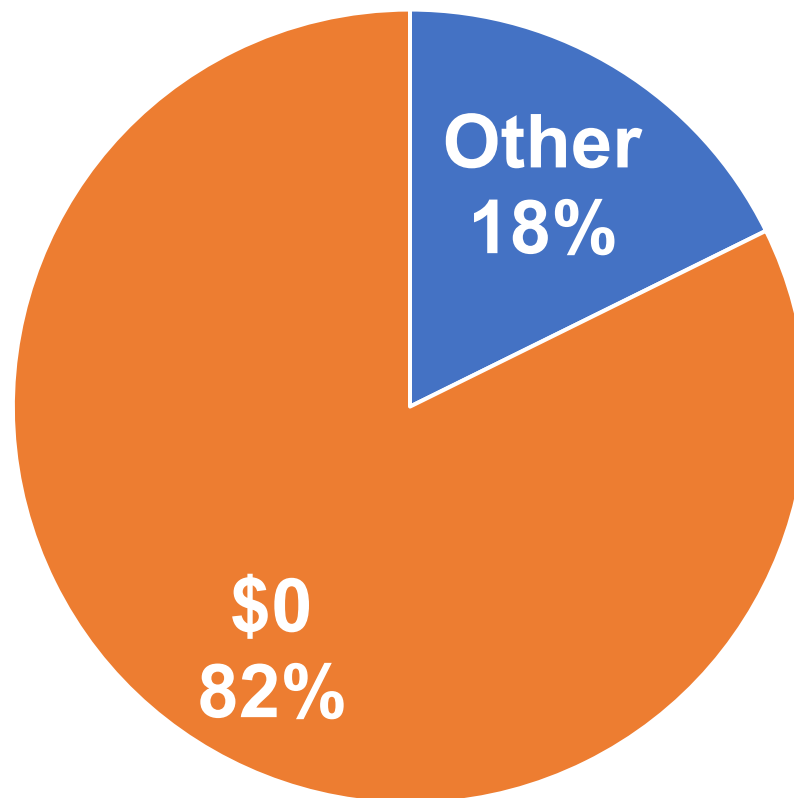
% of Class Time



School Health Advisory Councils Who Met At Least Quarterly

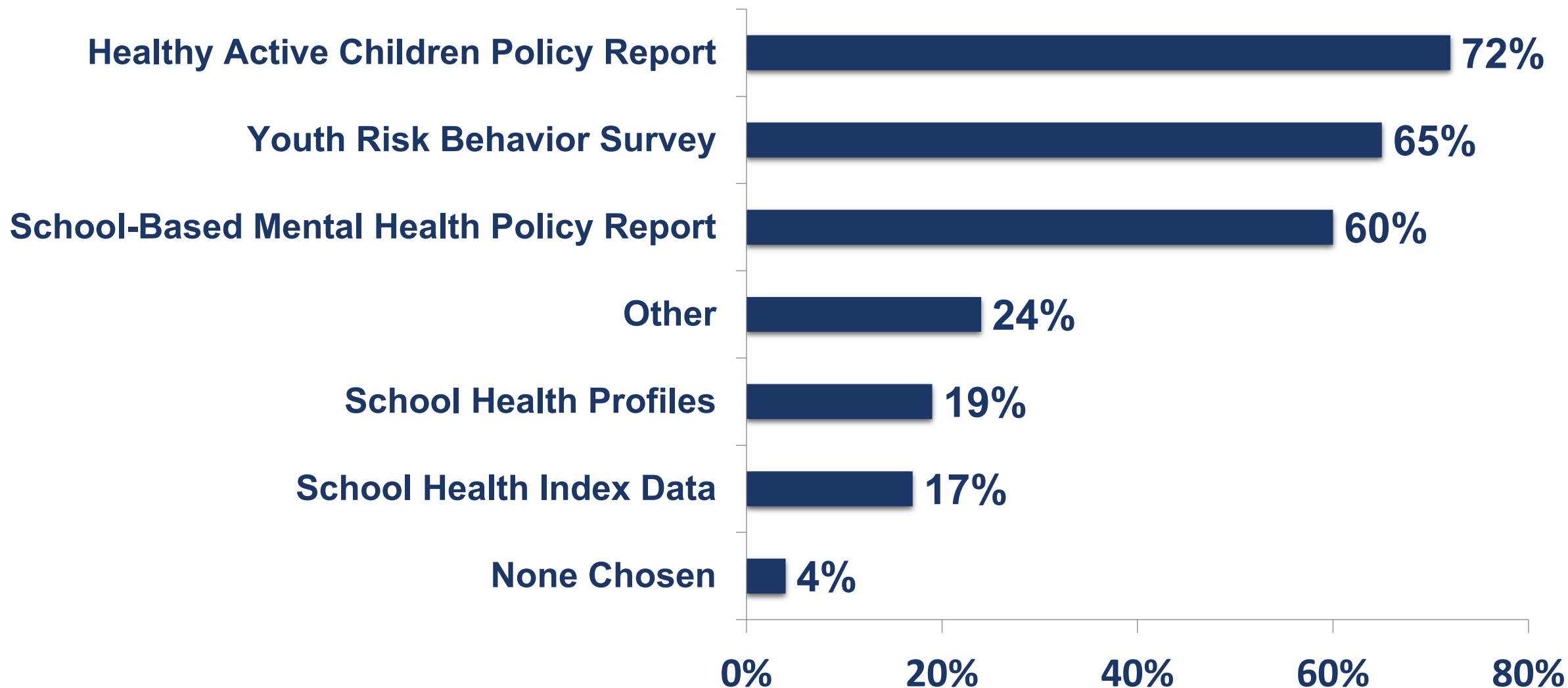


How much local funding is allocated for your SHAC?

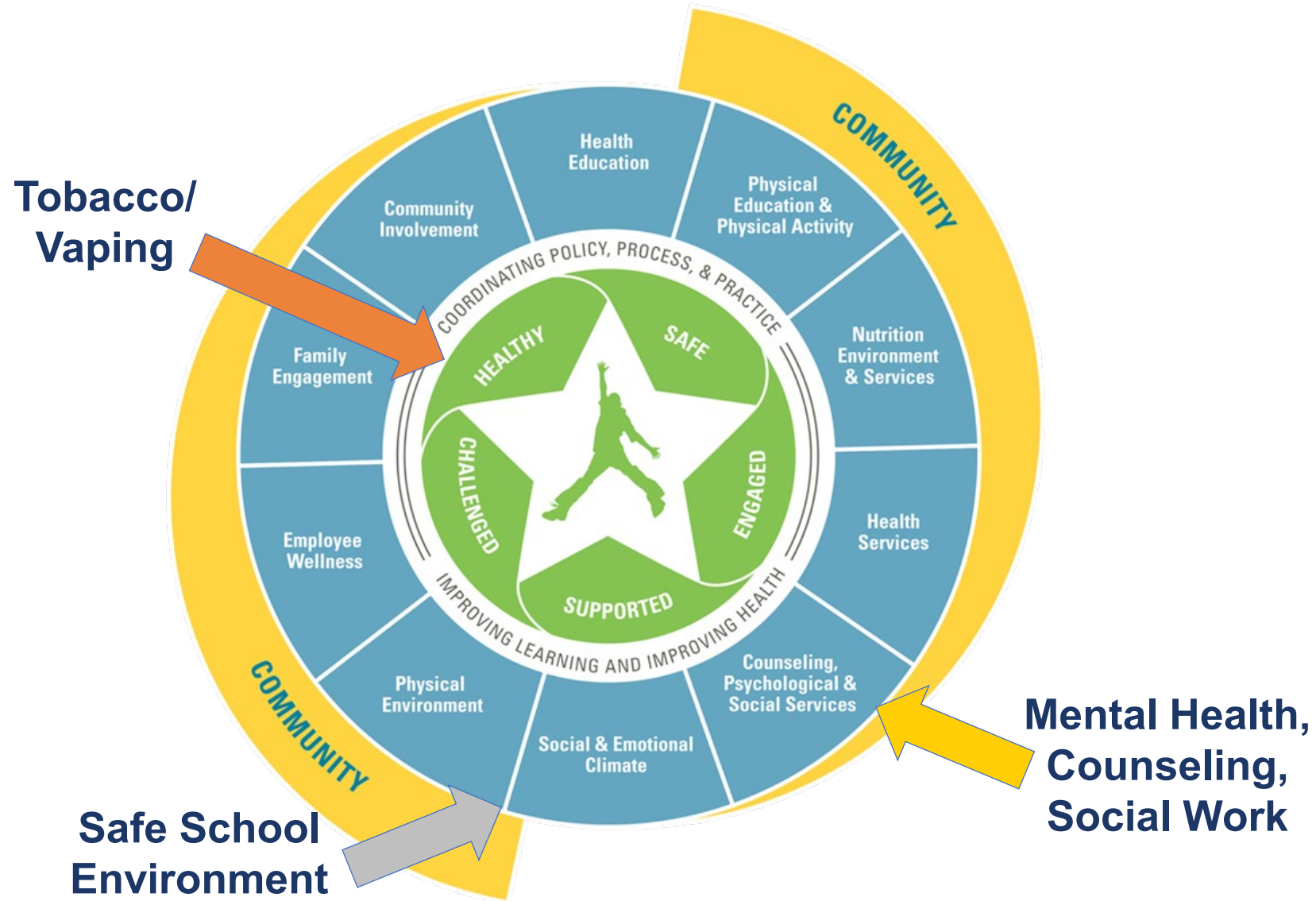


93 out of 113 LEAs responded \$0

Data Sources Used to Inform Work

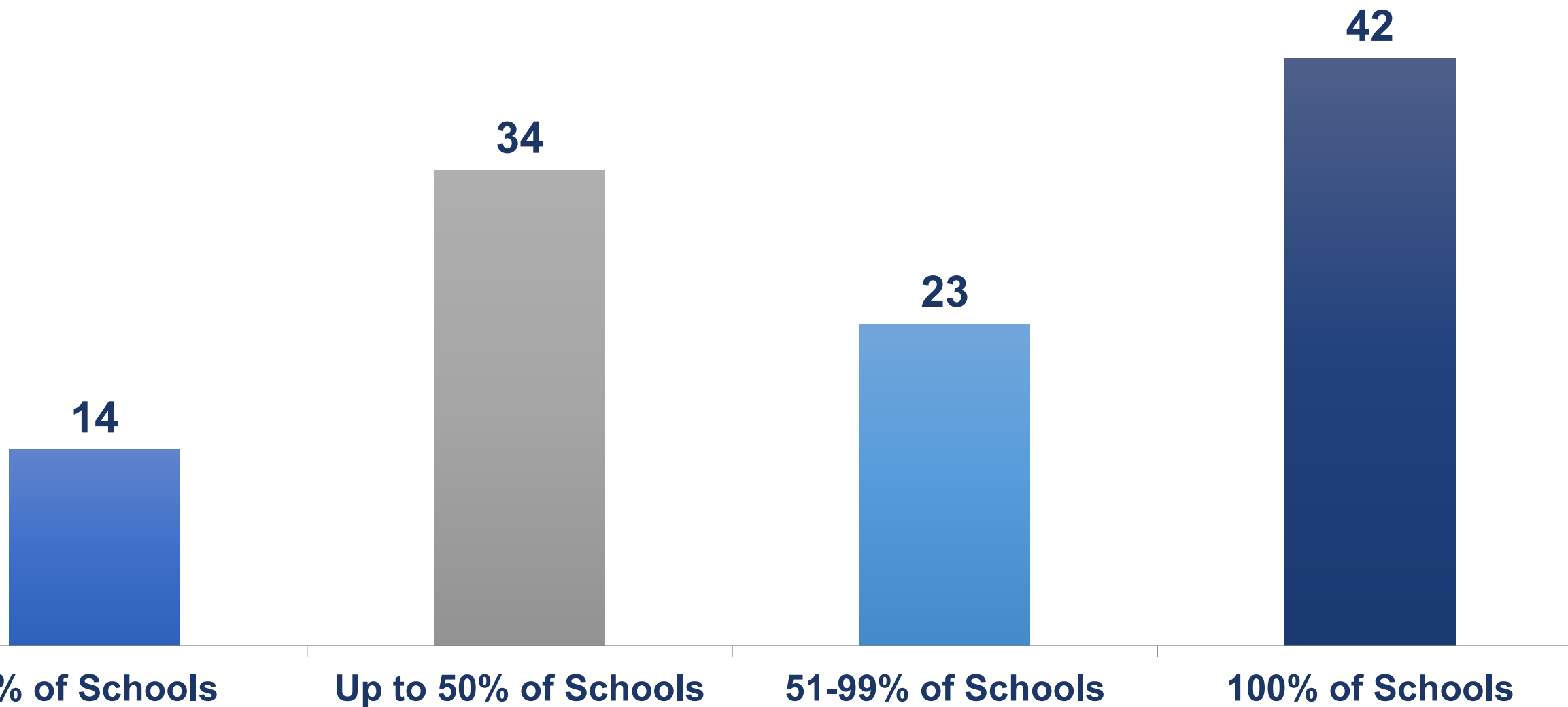


Top Areas of Focus



Employee Wellness

Number of LEAs Providing Staff Wellness Programs



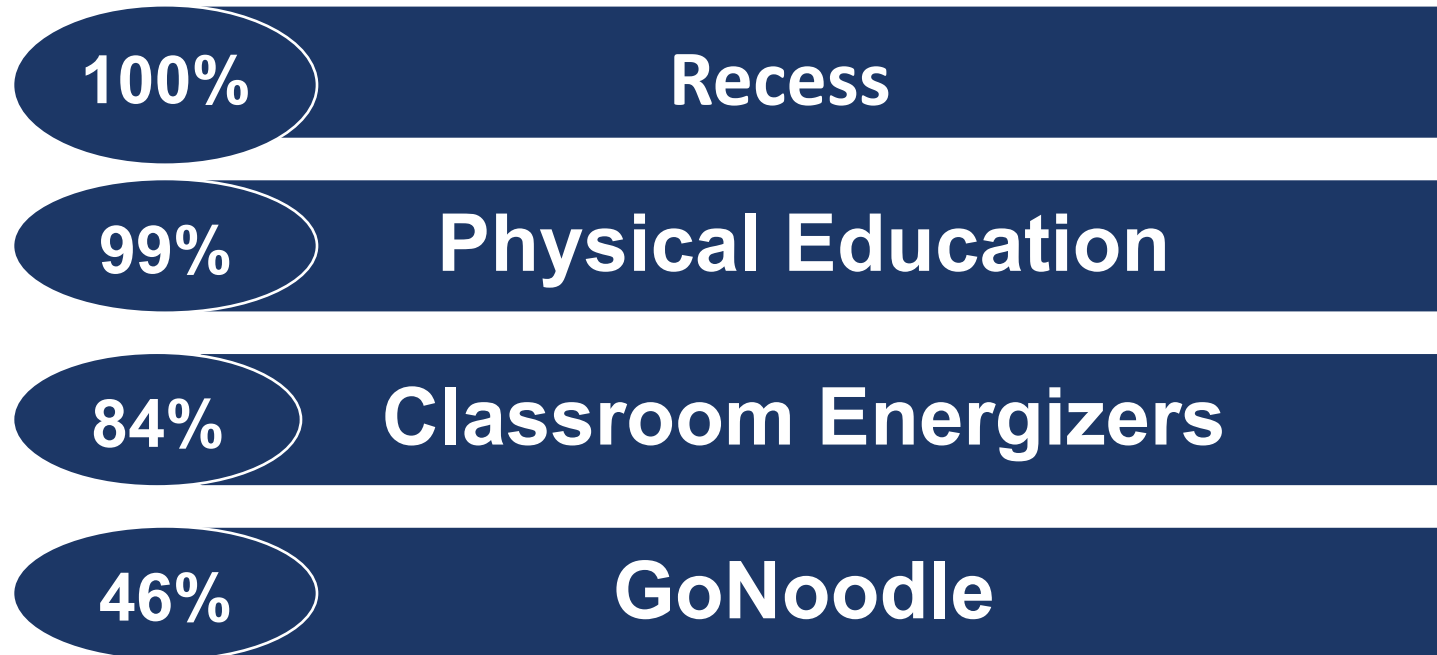
Physical Education & Physical Activity

ALL LEA Elementary Schools Provide 30 Minutes of Daily Moderate to Vigorous Physical Activity

98% - Yes

2% - No

Most common methods used to provide physical activity:

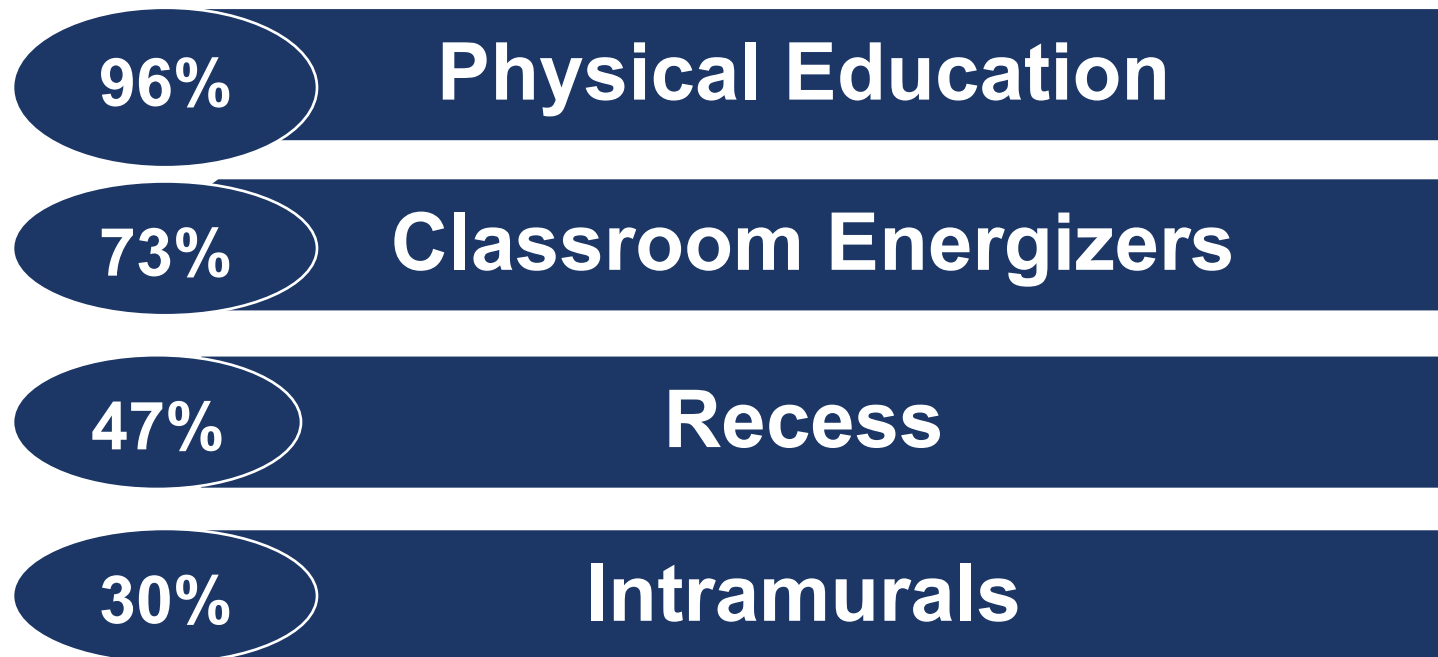


ALL LEA Middle Schools Provide 30 Minutes of Daily Moderate to Vigorous Physical Activity

81% - Yes

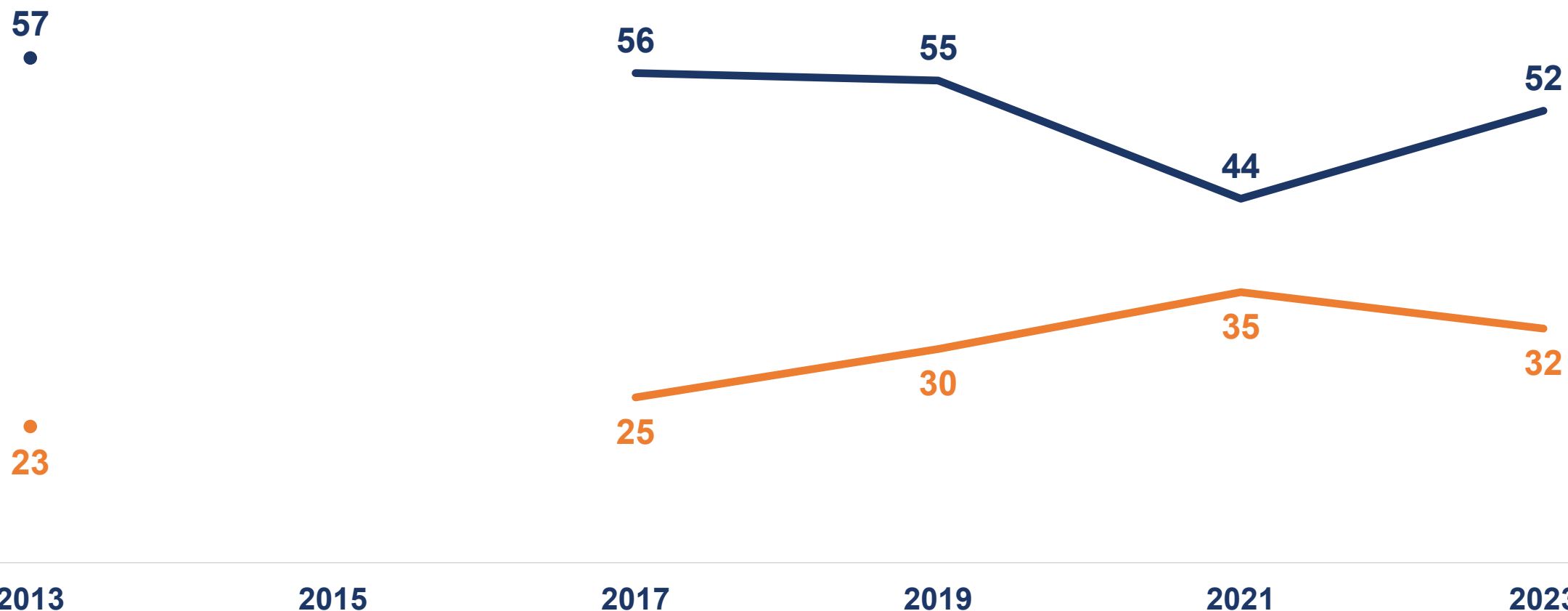
19% - No

Most common methods used to provide physical activity:



Percentage of NC Middle School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days of the Past 7 Days vs. Felt Sad or Hopeless, 2013-2023

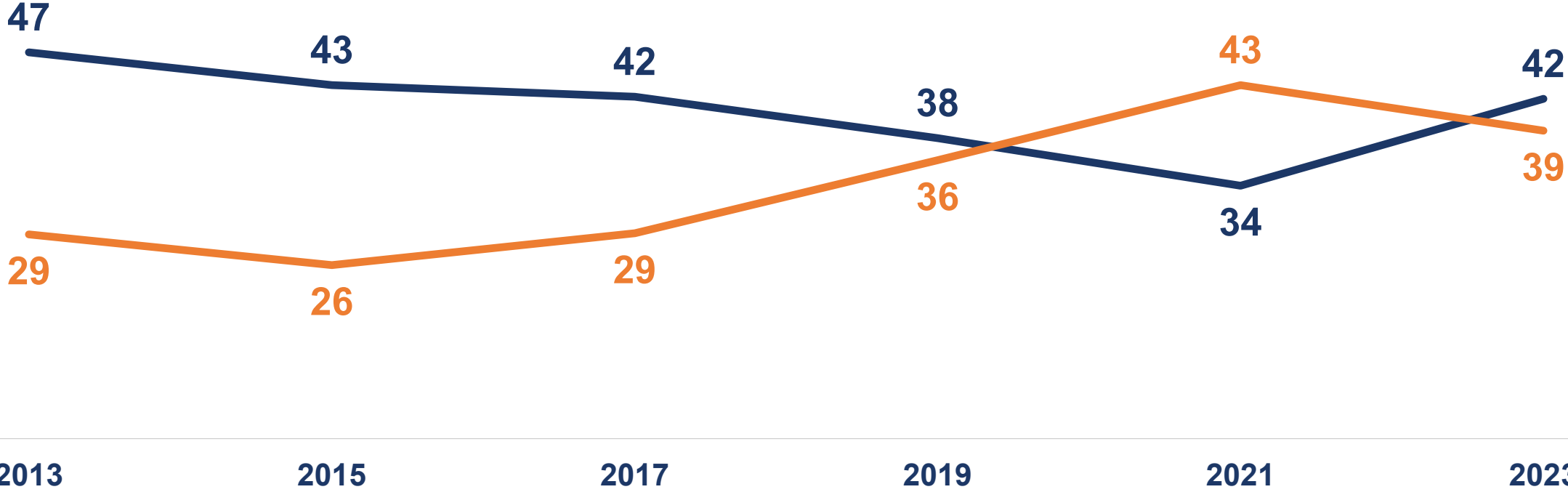
—PA 5 or More Days → Felt Sad or Hopeless



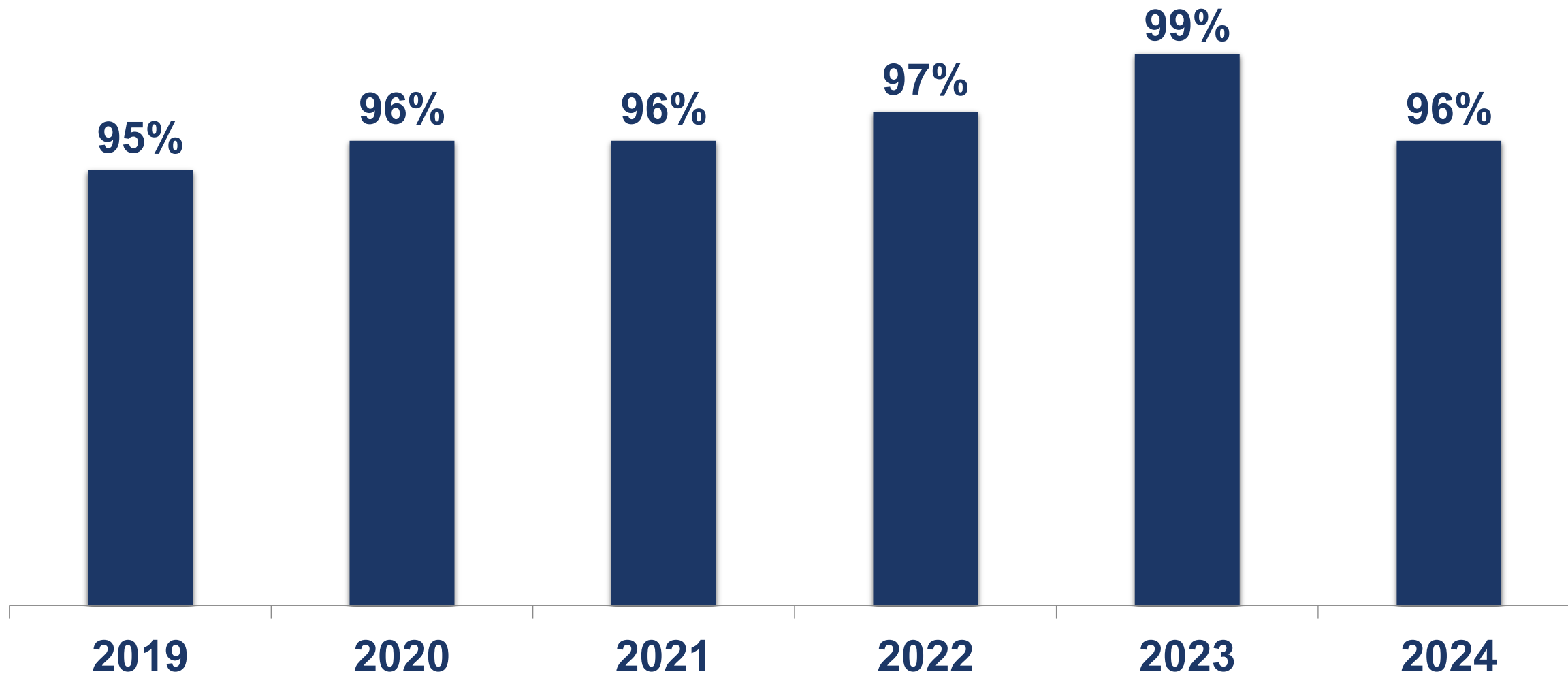
Percentage of NC High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days of the Past 7 Days vs. Felt Sad or Hopeless, 2013-2023



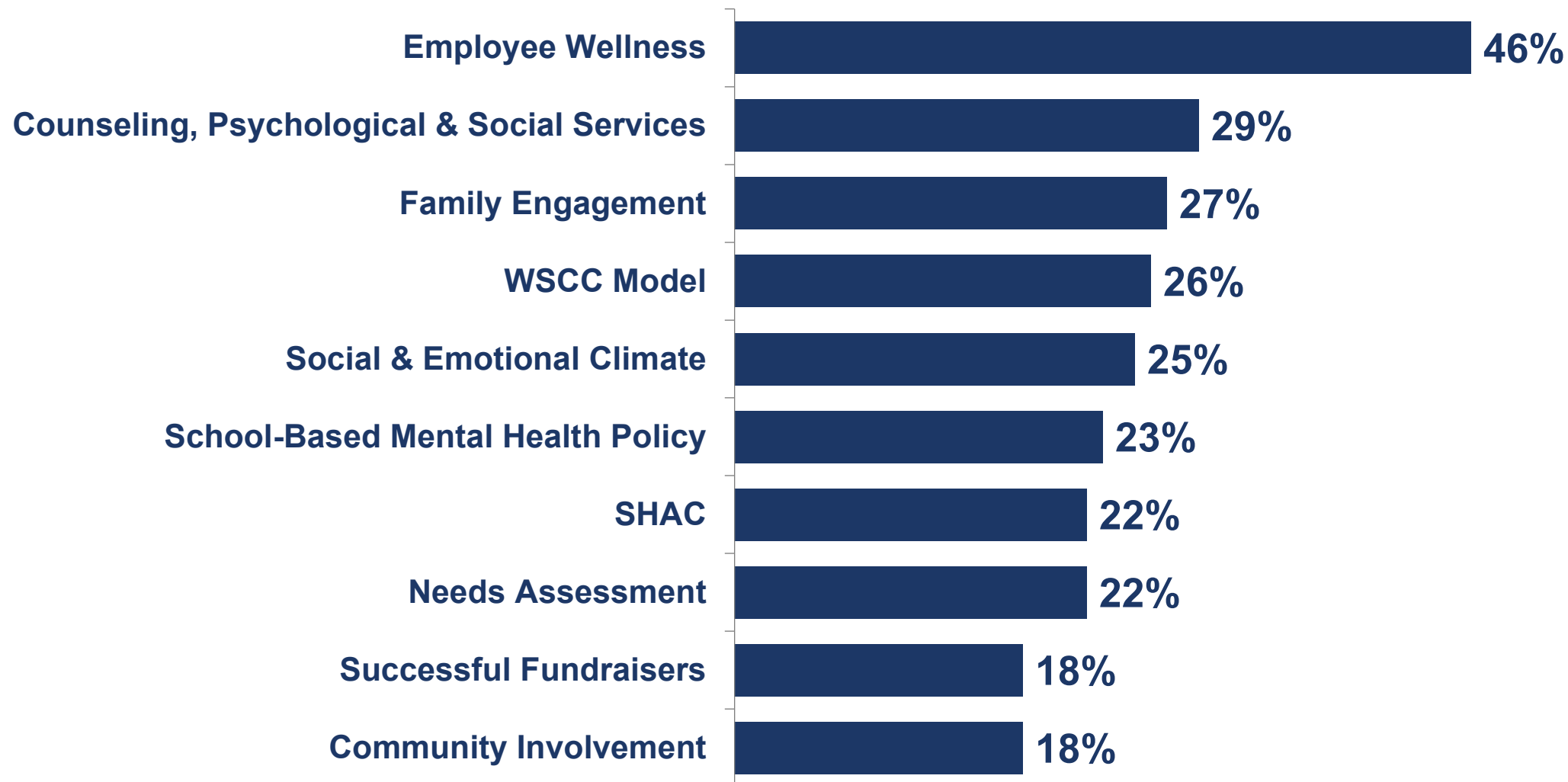
—NC PA 5 or More Days —NC Felt Sad or Hopeless



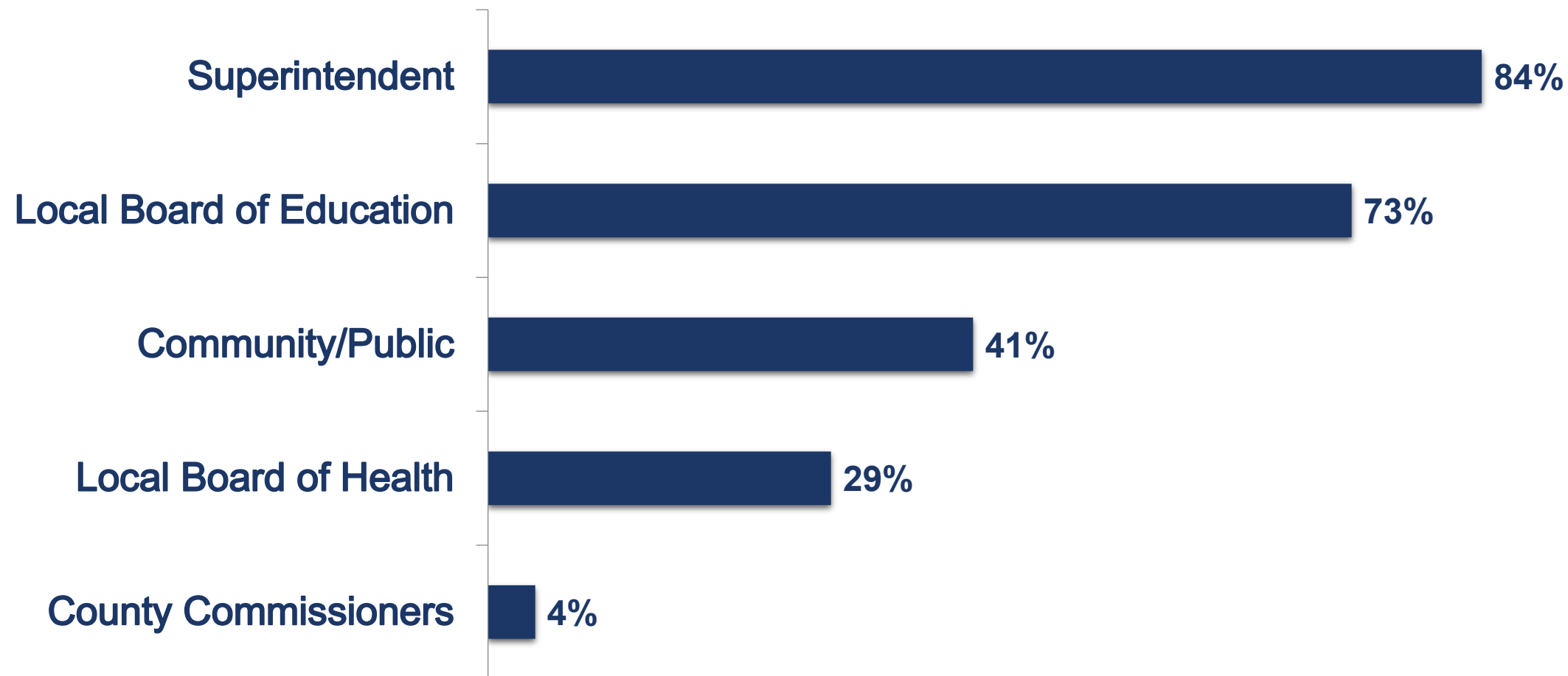
% of LEAs in Which No School or Teacher Withheld Recess as a Punishment



Top 10 Areas Needing Additional Resources/Assistance



Who Receives a School Health Advisory Council Report?



Themes Across the State

- Addressing Vaping
- Mental Health
 - Students & Staff
- Community Partners
- Health Fairs
- Free Breakfast & Lunch



School Mental Health Policy (SHLT-003) Report 2024

Policy Overview

Background Information and Timelines



Report Compliance

334 Total PSUs

- 321 reported
 - 2 of 115 LEAs not reported
 - 7 of 209 active charter schools not reported
 - 4 of 10 lab/regional schools not reported

Additional outreach is ongoing to ensure all required components are submitted.

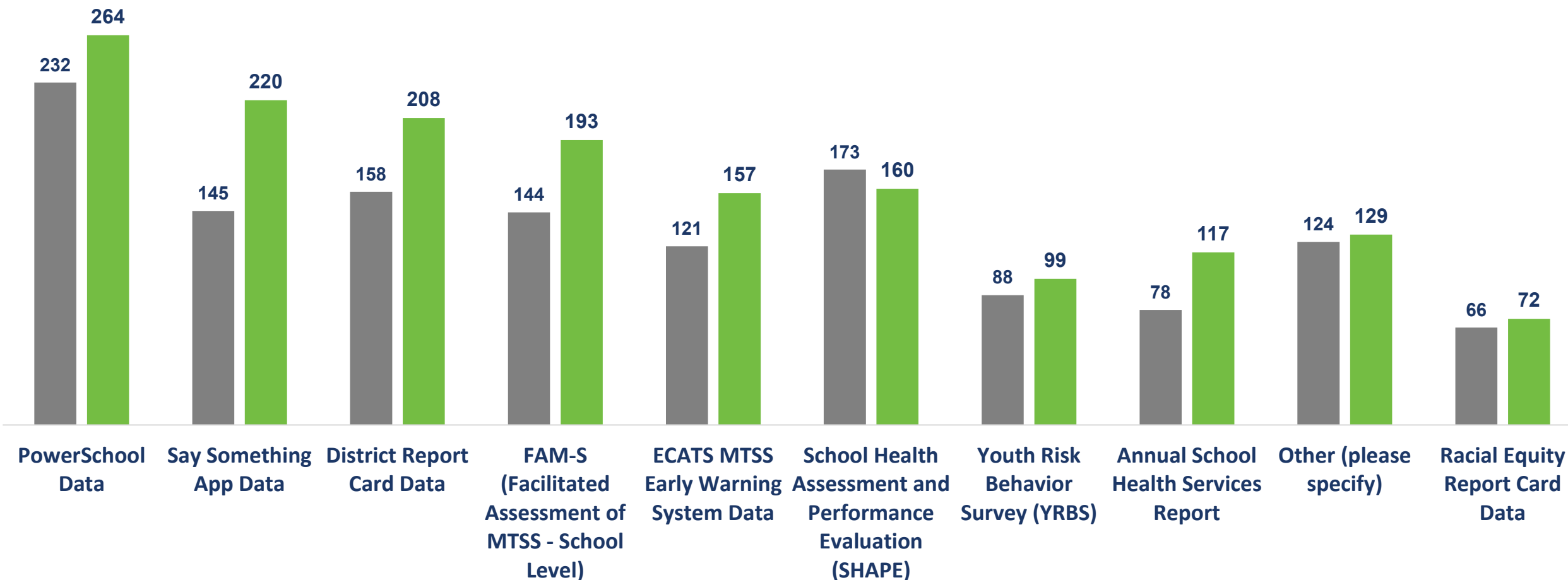
115 LEAs
+
209
Charters
+
10 Lab &
Regional
=
334 Total

Report due September 15, 2024

Data represents compliance as of October 28, 2024

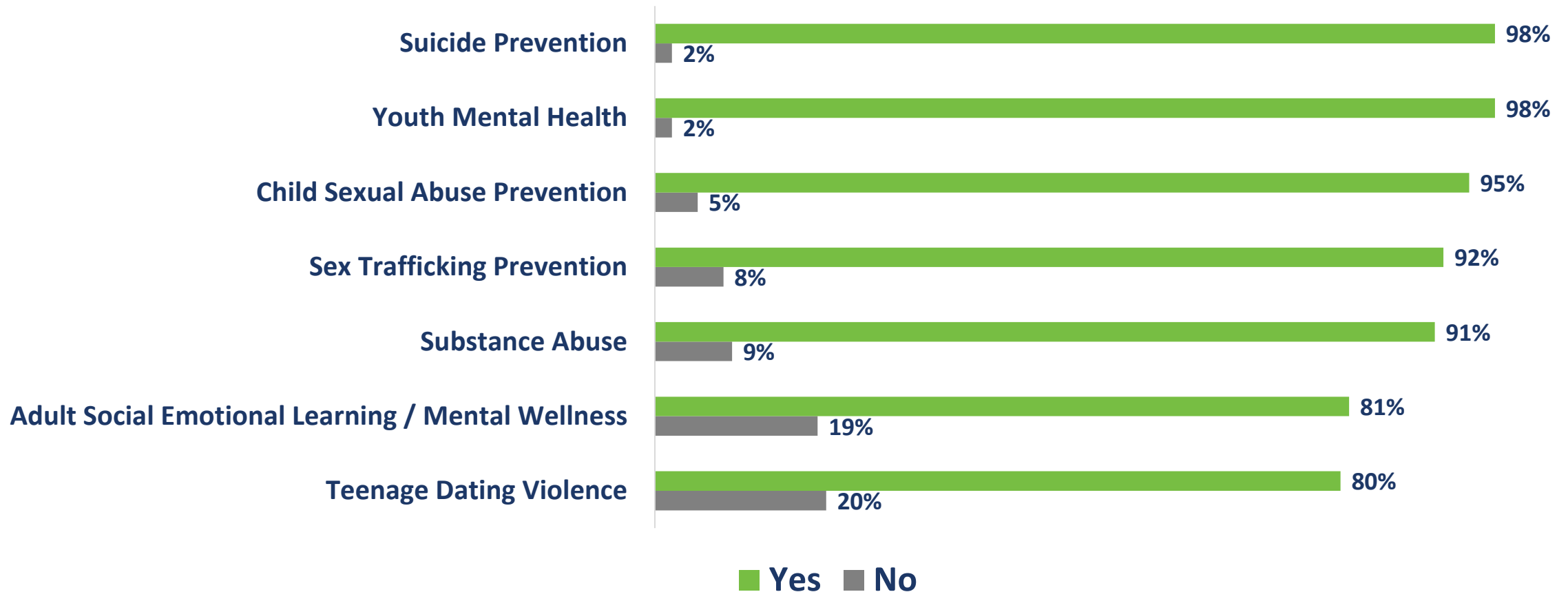
Data Sources Used by PSUs to Identify SMH Plan Priorities

■ 2021 ■ 2024



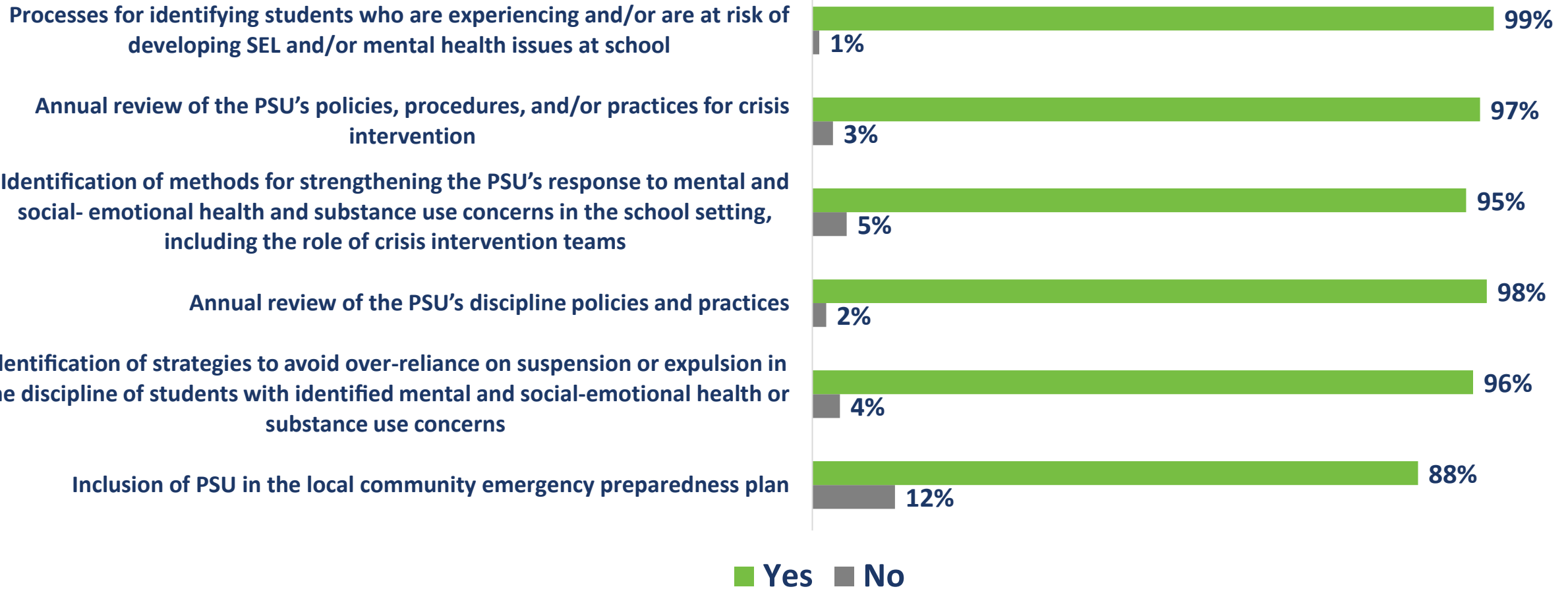
Training Program

Does your plan include a mental health training program provided to school employees addressing the topics listed below, including at least six hours of content for initial training occurring within first six months of employment and annual subsequent training of at least two hours?



Early Interventions

Does your plan address early intervention for mental and social-emotional health, including:



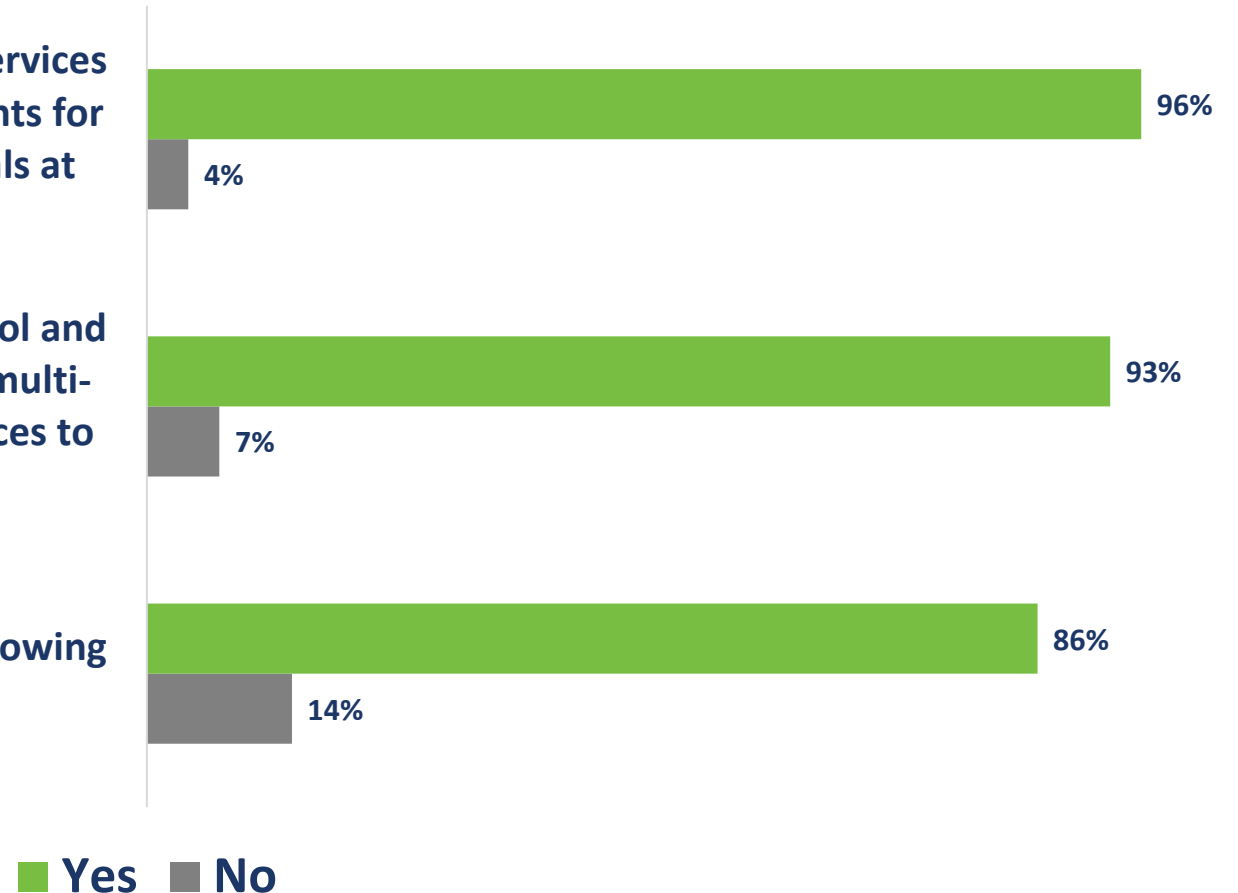
Transitions and Re-entry

Does your plan address how students in need will access and transition within and between school and community-based mental health and substance use services, including:

Strategies to improve access to school and community-based services for students and their families, e.g., by establishing arrangements for students to have access to licensed mental health professionals at school

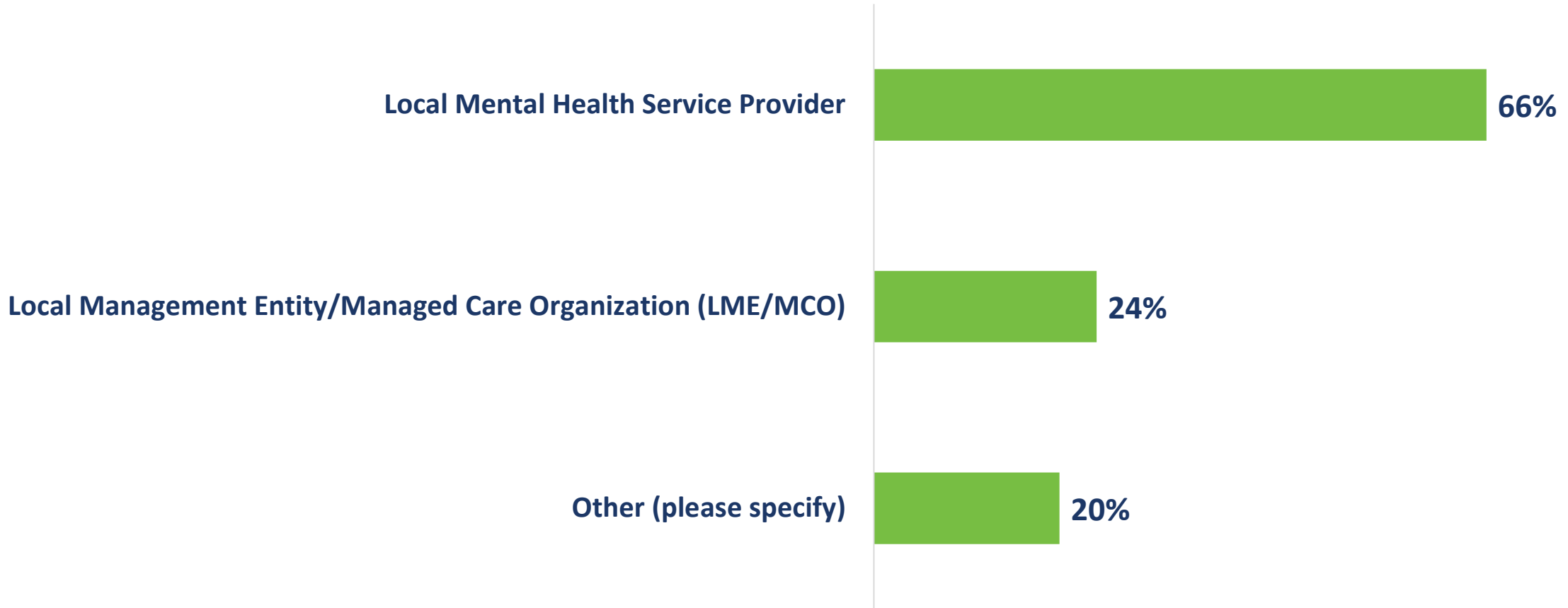
Strategies to improve transitions between and within school and community-based services, e.g., through the creation of multi-disciplinary teams to provide referral and follow-up services to individual students

Formalized protocols for transitioning students to school following acute/residential mental health treatment



Memorandum of Understanding

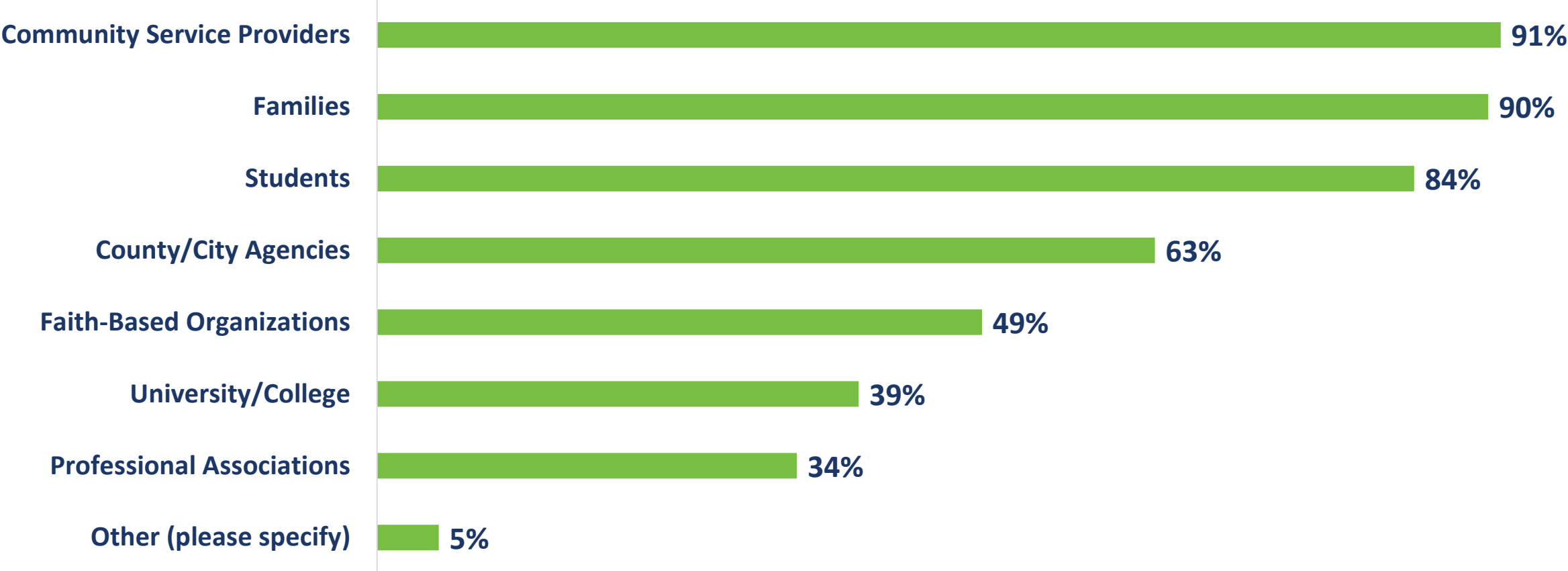
With what mental health and substance use providers does your PSU have a Memorandum of Understanding (MOU) regarding respective roles and relationships on coordination of referral, treatment, and follow-up for individual students in need of services? (Select all that apply.)



Stakeholder Engagement

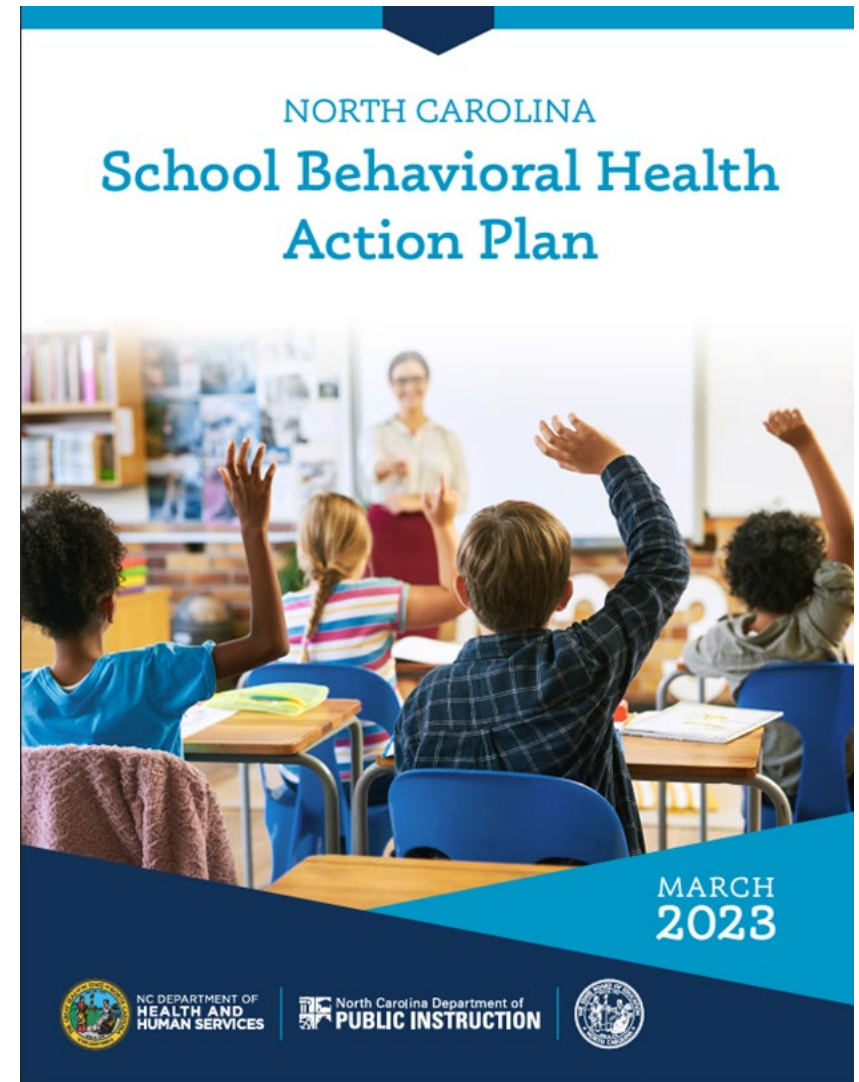


Q86 - In addition to school personnel, which of the following stakeholders are engaged in your goal of building school, family, and community partnerships to create and sustain coordinated mental and social-emotional health and substance use supports and services for students? (Select all that apply.)



What's going well?

- Implementation of the Behavioral Health Action Plan
- School-based mental health grants to increase numbers of credentialed mental health providers in schools
- Expansion of school-based Medicaid



Whole Child NC Priorities

- **Endorsement for Specialized Instructional Support Personnel**
- **Principal Preparation Program**
- **Access to School-Based Health Services**
- **Fund WCNC Position**





**Healthy Children
Learn Better!**