

Ensuring Student Well-Being

Mental Health and Seclusion and Restraint Practices

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Desired Outcomes



Review the 2024-2025 (July-December) Seclusion and Restraint data, highlighting key trends and areas for improvement, and discuss the implications for student well-being and staff training.

Provide updates on focused approaches in special education practices, integrating mental health supports, and reducing seclusion and restraint.

Explain the impact of the School-Based Mental Health (SBMH) grant on student mental health services and outline ways the Board can support these enhancements.

Advancing Student Well-Being
Mental Health and Seclusion and Restraint Practices

PRIORITY 2

STUDENT DISPOSITIONS AND WELL-BEING

Behavioral Health

High-quality Instructional Core for All Content Areas

AIM 9: Provide a safe, inclusive learning environment that is responsive to all students' behavioral health needs and promotes a sense of belonging.

Equity-focused Practices

AIM 10: Eliminate over-representation by race, ethnicity, gender, and disability in student discipline referrals, suspensions, and absences.

Family and Community Engagement

AIM 12: Build strong relationships among staff, families, and community organizations in order to share resources and promote well-being.

PRIORITY 2

STUDENT DISPOSITIONS AND WELL-BEING

Behavioral Health

Goal 5: Student Well-Being

By **2028**, **90%** of WCPSS students will **demonstrate the social-emotional competencies** of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making and **eliminate any disparities** by race, ethnicity, gender, and socio-economic status.

Strategic Plan Alignment

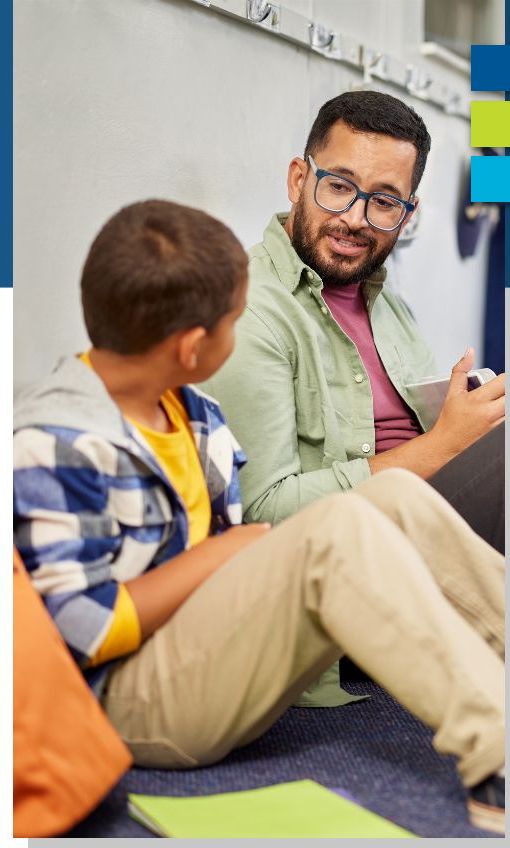


Empowering Students Through Prevention

Reducing the Need for Seclusion and Restraint

Key Areas of Focus

- Behavioral Health Support
- Mental Health Support
- Professional Development for Staff
- Ongoing Monitoring and Data Review
- Family and Community Engagement



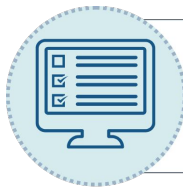


Seclusion and Restraint Fall 2024 Data



Reducing Seclusion and Restraint

Effective Reporting and Intervention



INCIDENT REPORTING

School staff reports the incident into the approved electronic database.

INCIDENT REVIEW

Student Due Process Teams review the reported incident and narrative, reviewing keywords that align with the Federal and State definitions and categories.

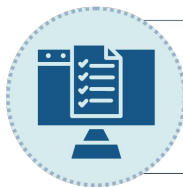


CLARIFY & DOCUMENT

Communication with the school regarding clarifying record if unclear, uploading video and witness statements (if applicable).

REPORTING TO NCDPI

Incidents are reported to NCDPI within the mandated **5-day timeline**.



COMPLIANCE MONITORING

Video and witness statements are **monitored for uploading and compliance**.



Federal and State Definitions



**PHYSICAL
RESTRAINT**

**MECHANICAL
RESTRAINT**

SECLUSION



FEDERAL

Physical Restraint

Definition: A personal restriction that reduces the ability of a student to move his or her torso, arms, legs, or head freely.

When to Report: Report any use of physical restraint **that does not solely include physical escorts.**

VS

STATE

Physical Restraint

Definition: A personal restriction that reduces the ability of a student to move his or her torso, arms, legs, or head freely.

When to Report: Any use of physical restraint resulting in **observable physical injury.**



PROFESSIONAL LEARNING



FEDERAL

Mechanical Restraint

Definition: The use of any device or equipment to restrict a student's freedom of movement.

When to Report: Report **any use of mechanical restraint**, including if a student is handcuffed by a law enforcement officer and no arrest is made.

VS

STATE

Mechanical Restraint

Definition: The use of any device or material attached or adjacent to a student's body that restricts freedom of movement and that the student cannot easily remove.

When to Report: Report any restraint involving the **tying, taping, or strapping down of a student**.



PROFESSIONAL LEARNING



FEDERAL

Seclusion

Definition: The **involuntary** confinement of a student **alone** in a room or area from which the student is **physically prevented from leaving**.

When to Report: When a student is **alone and prevented** from leaving an enclosed space.

VS

STATE

Seclusion

Definition: The confinement of a student **alone in an enclosed space** from which the student is:

- a. **Physically prevented** from leaving by **locking hardware** or other means
- b. **Not capable of leaving** due to physical or intellectual incapacity.

When to Report: Any use exceeding 10 minutes or the amount specified in the student's IEP or 504.



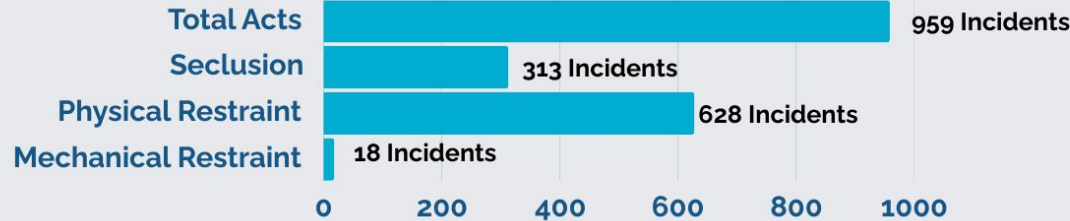
PROFESSIONAL LEARNING



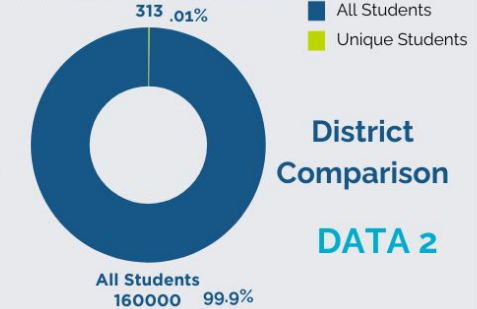
Data Overview: Incidents and Students Involved

Acts of Seclusion and Restraint

DATA 1



Acts of Seclusion and Restraint

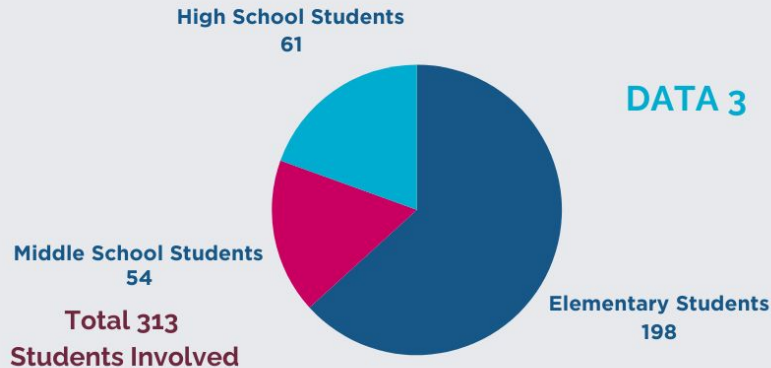


District Comparison

DATA 2

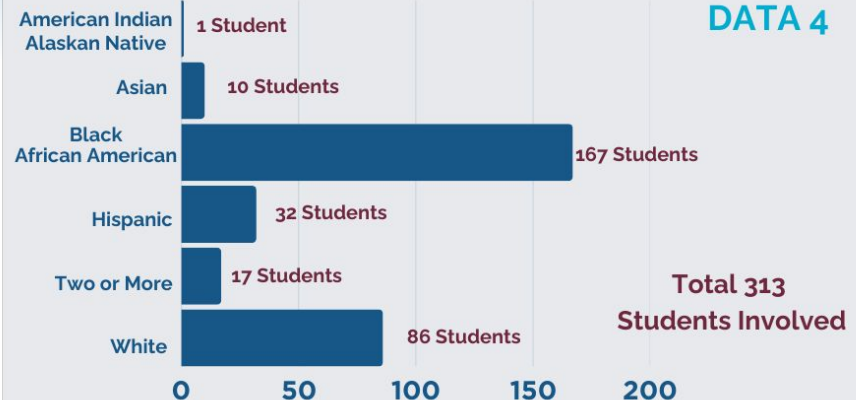
Disaggregated Data by Level

DATA 3

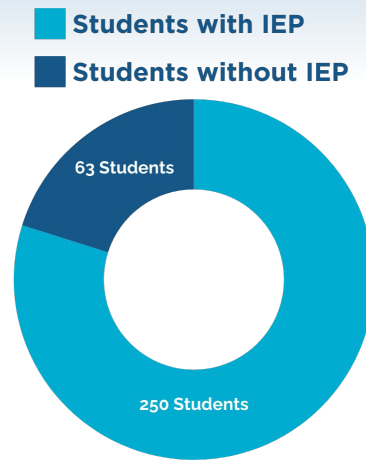
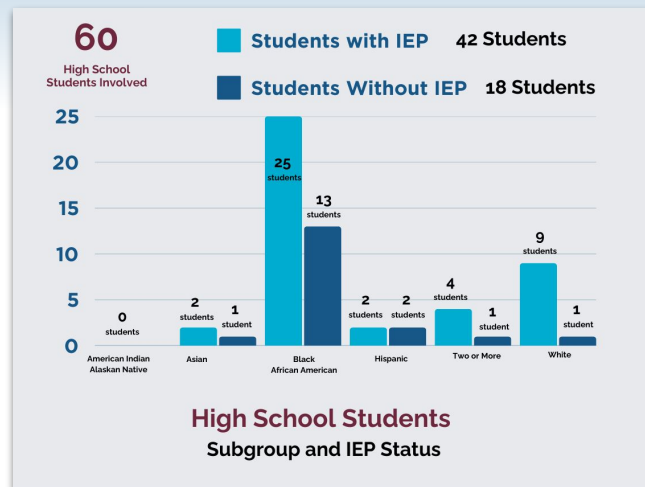
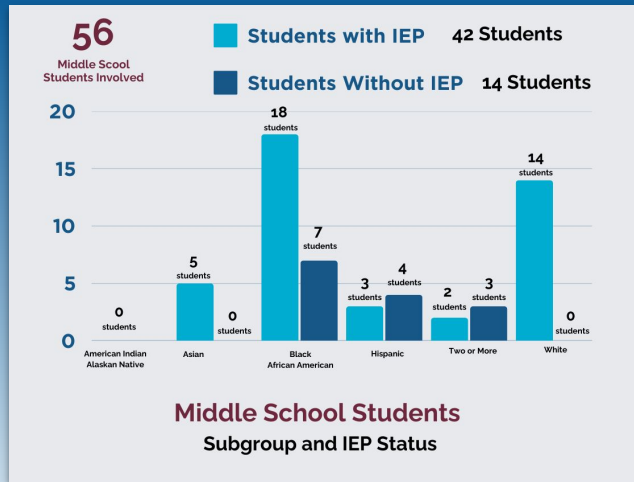
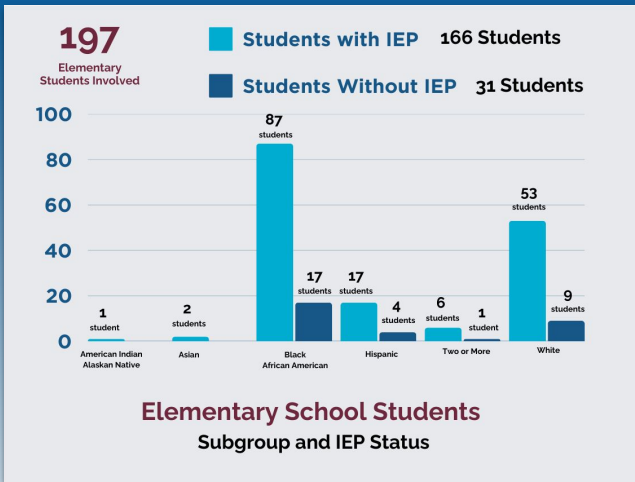


Disaggregated Data by Subgroup

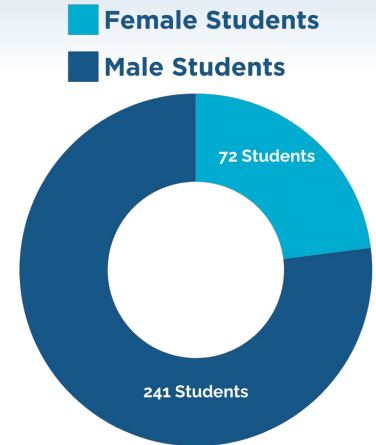
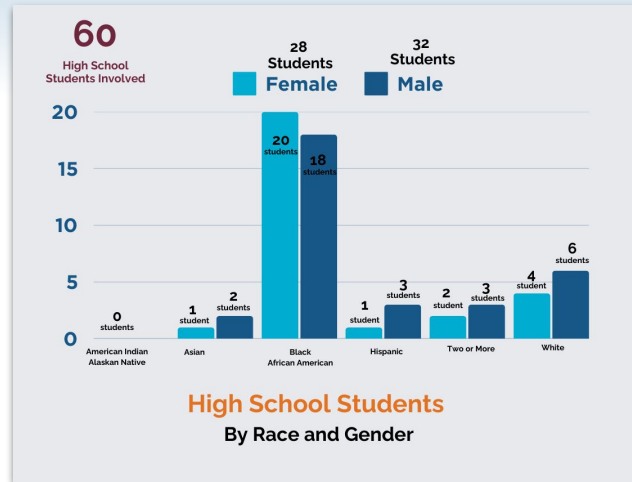
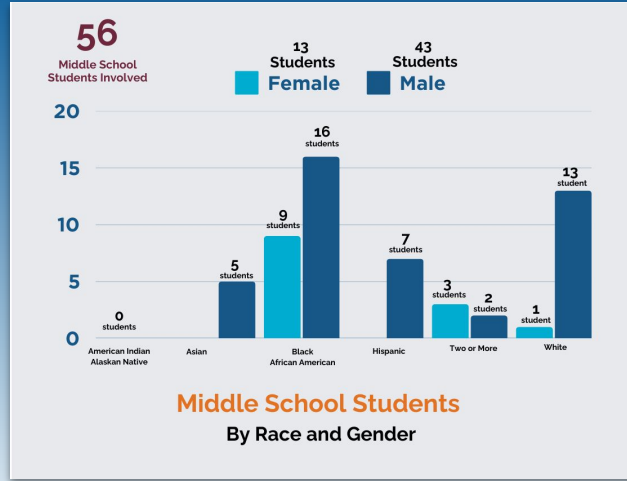
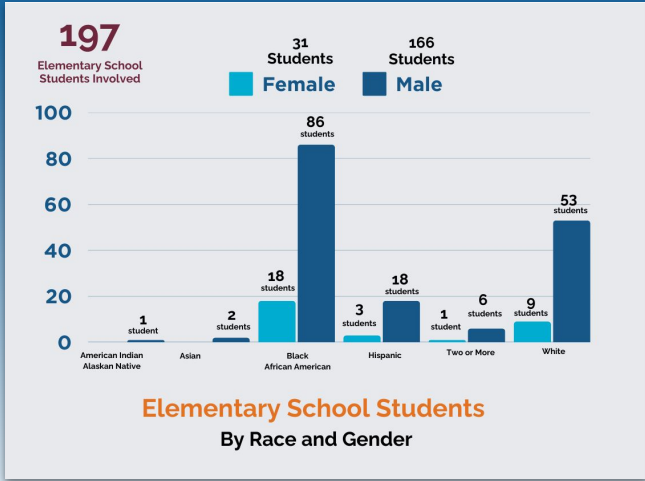
DATA 4



Data by Subgroup and IEP Status

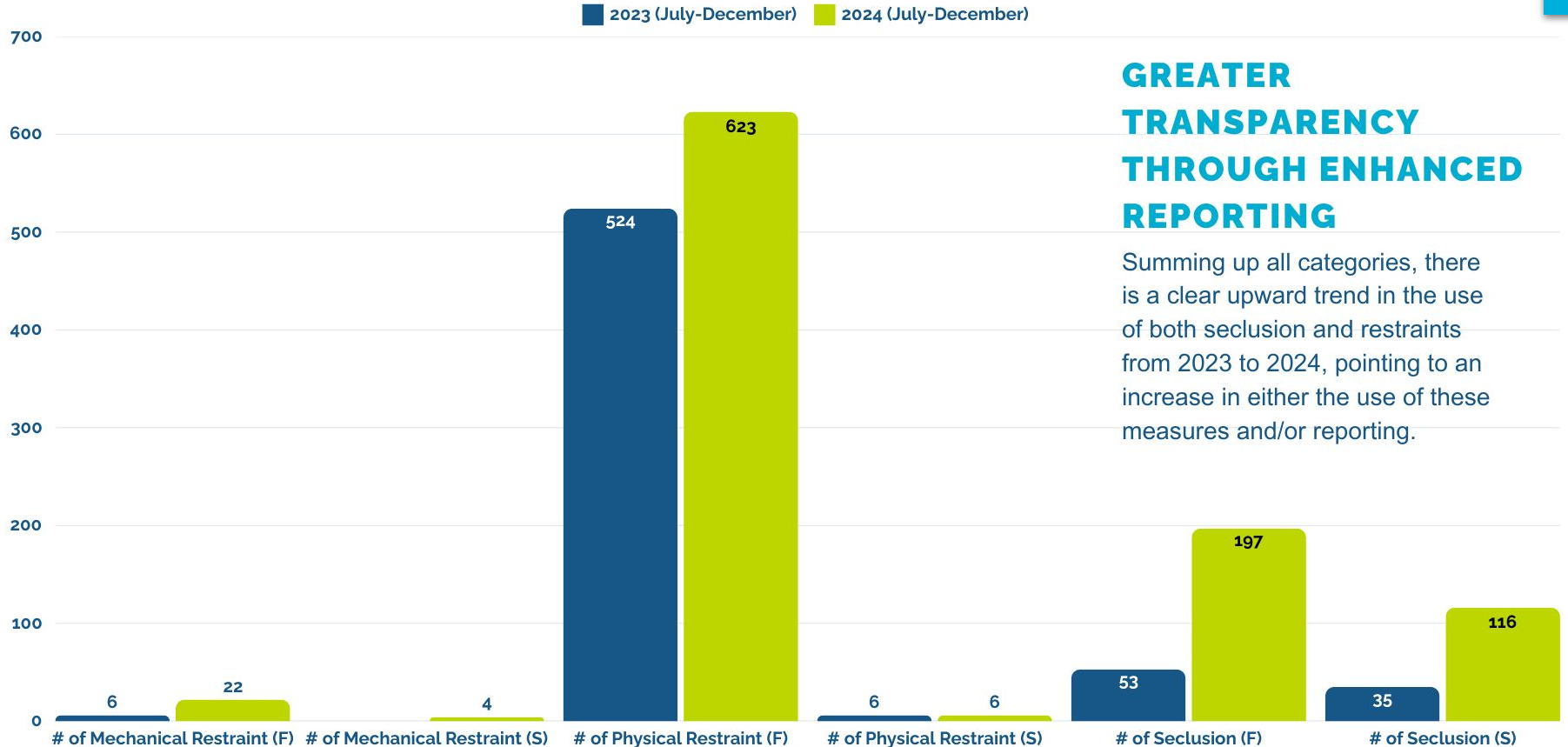


Data by Subgroup and Gender



Comparison Data

Seclusion and Restraint



GREATER TRANSPARENCY THROUGH ENHANCED REPORTING

Summing up all categories, there is a clear upward trend in the use of both seclusion and restraints from 2023 to 2024, pointing to an increase in either the use of these measures and/or reporting.

Promoting Alternatives to Seclusion and Restraint



By continuing to expand and improve our mental health services, we are taking a proactive approach to reduce seclusion and restraint, ultimately fostering a safer and more supportive learning environment for every student.

One key strategy is **enhancing our mental health supports.**

- **Reducing Incidents**
Improved mental health services lead to fewer seclusion and restraint incidents.
- **Supporting Regulation**
Mental health support aids in student behavior management and emotional regulation.





Focused Approaches in Special Education Practices

Supportive Practices

Special Education Services



Effective Strategies for Preventing Behavioral Issues



**Enhanced
Training
for Staff**



**Increased Access to
Mental Health
Resources**



**Implementation
of Calm Down
Spaces**



**Use of
Restorative
Practices**



**Policy and
Procedure
Reviews**



**Strengthening
Relationships**

Cultivating Positive Learning Environments

Strategies we are using to enhance educational spaces that support student well-being, engagement, and inclusive learning in Special Education.



Development of Engaging Space

- **Classroom Design:** Implementing flexible, student-centered classroom designs that facilitate engagement and active learning.
- **Sensory-Friendly Areas:** Creating spaces equipped with sensory tools that support diverse learning needs and help prevent overstimulation.



Use of Calm Down Spaces

- **Guided Access:** Schools offer calm-down spaces where students can voluntarily go to regain composure and self-regulate. These are supportive settings where students receive guidance and are not left alone.
- **Positive Reinforcement:** Equipped with relaxation tools and activities, these spaces encourage students to develop self-management skills in a supportive setting.



Seclusion Rooms

- **Data Tracking:** Annual reviews to ensure compliance and ethical use.
- **Shift Towards Inclusion:** Emphasizing the reduction and careful oversight of seclusion rooms, transitioning towards more inclusive practices.



Targeted Support for Students

Strategies to support individual student needs through behavioral assessments and specialized interventions.



1

Functional Behavior Assessments (FBA)

Identify reasons behind behaviors.

2

Behavior Intervention Plans (BIP)

Outline adult responses to support and prevent dysregulation.

3

Crisis Plans

Actions for escalated situations; seclusion/restraint as a last resort.

4

Specialized Programs

Tailored educational tracks for students with complex behavioral needs.

5

Behavior Support Roles

Dedicated support staff in middle and high schools.

6

Collaborative Efforts

Partnerships with community organizations and behavior specialists.



PROFESSIONAL DEVELOPMENT



Training Initiatives



- **Functional Behavior Assessments (FBA) and Behavior Intervention Plans (BIP) Training:** Planning for the 2025-2026 rollout.
- **Current Status:** Ongoing training for Special Education Services staff.

Collaborative Training Development



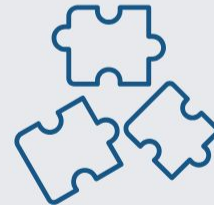
Partnership Development: Created in collaboration with an Independent Behavior Consultant and the Autism Society of North Carolina for targeted training on FBAs and BIPs.

Continued Support & Training



- **De-escalation and CPI Training:** Ongoing with 3,378 staff trained; sessions available weekly.
- **Tracking Training:** Developing a system to track training engagement across the district.

Specialized Autism Training



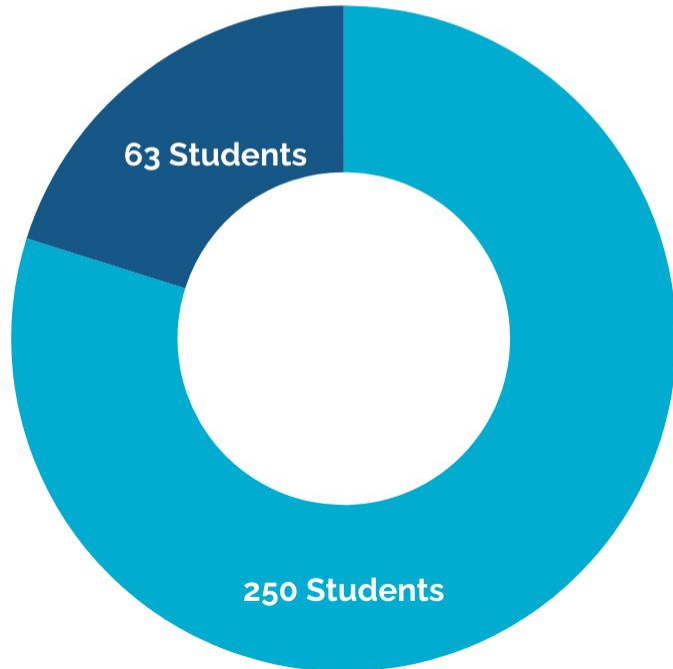
Enhanced Focus: Continuing partnership with the Autism Society of North Carolina to provide specialized training and strategies for engaging students with Autism.



STRATEGIC INTERVENTIONS

SECLUSION AND RESTRAINT DATA

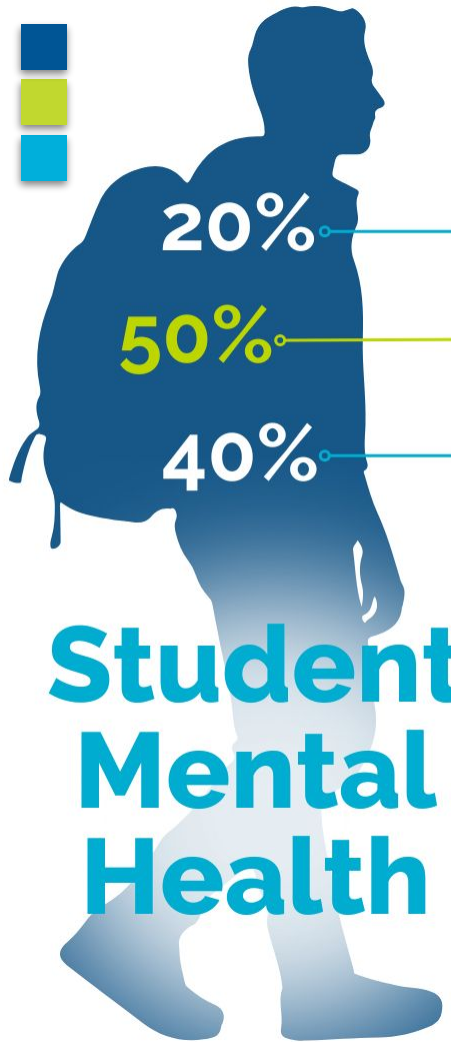
- Students with IEP
- Students without IEP



- Sharing individual school data.
- Requesting appropriate school staff participate in De-escalation Training.
- Special Education Services Staff (SES) to review student progress monitoring data, FBA and BIPs of impacted students and provide suggestions for appropriate revisions for an IEP team to consider.
- SES staff to observe classroom/student/teacher and provide feedback.



Impact of School-Based Mental Health Grant



20%

Approximately 20% of youth ages 12-18 suffer from a mental health condition.

Source: NAMI (National Alliance on Mental Illness). "Mental Health by the Numbers." (2023)

50%

Nearly 50% of all lifetime mental health conditions begin by age 14, and 75% by age 24.

Source: NAMI (National Alliance on Mental Illness). "Mental Health by the Numbers." (2023)

40%

Only 40% of students with emotional, behavioral, and mental health disorders graduate from high school, compared to the national average of 76%.

Source: Child Mind Institute. (2021).

Student Mental Health

Students who receive social-emotional and mental health support in schools show a significant improvement in mental health symptoms and social skills.



WAKE COUNTY
PUBLIC SCHOOL SYSTEM



Student Mental Health MATTERS



- **School-based interventions** have led to a **significant decrease in classroom disruptions due to behavioral issues**, enhancing the learning environment for all students.
- Schools with comprehensive mental health programs see up to a **25% reduction in student absenteeism**.
- Mental health support in schools has been shown to **improve students' self-esteem and overall emotional regulation**, contributing to better conflict resolution skills.

Supporting mental health in schools is not just about treatment, it's about fostering a supportive environment for all.

Source: National Education Association. (2022). "School-Wide Positive Behavioral Supports." NEA Education Policy and Practice Department.

WCPSS Student Mental Health



Service Expansion

The School Based Mental Health (SBMH) Program continues to expand services with the current five providers, one of which is exclusively providing teletherapy services in all grade levels.

Teletherapy Introduction

The introduction of teletherapy as a format for services has allowed for faster expansion and is reaching more students.

Barrier Reduction

SBMH helps to reduce barriers that students and families experience in accessing treatment, including transportation or taking an entire day off from school to attend an appointment. SBMH decreased the amount of lost instructional time significantly.

Coverage Goals

We only have providers in 94 schools with our goal to have a mental health therapist available to every school by the end of the 2025-2026 school year.



Mental Health Matters Grant

\$14.1 million over five years starting January 1, 2025

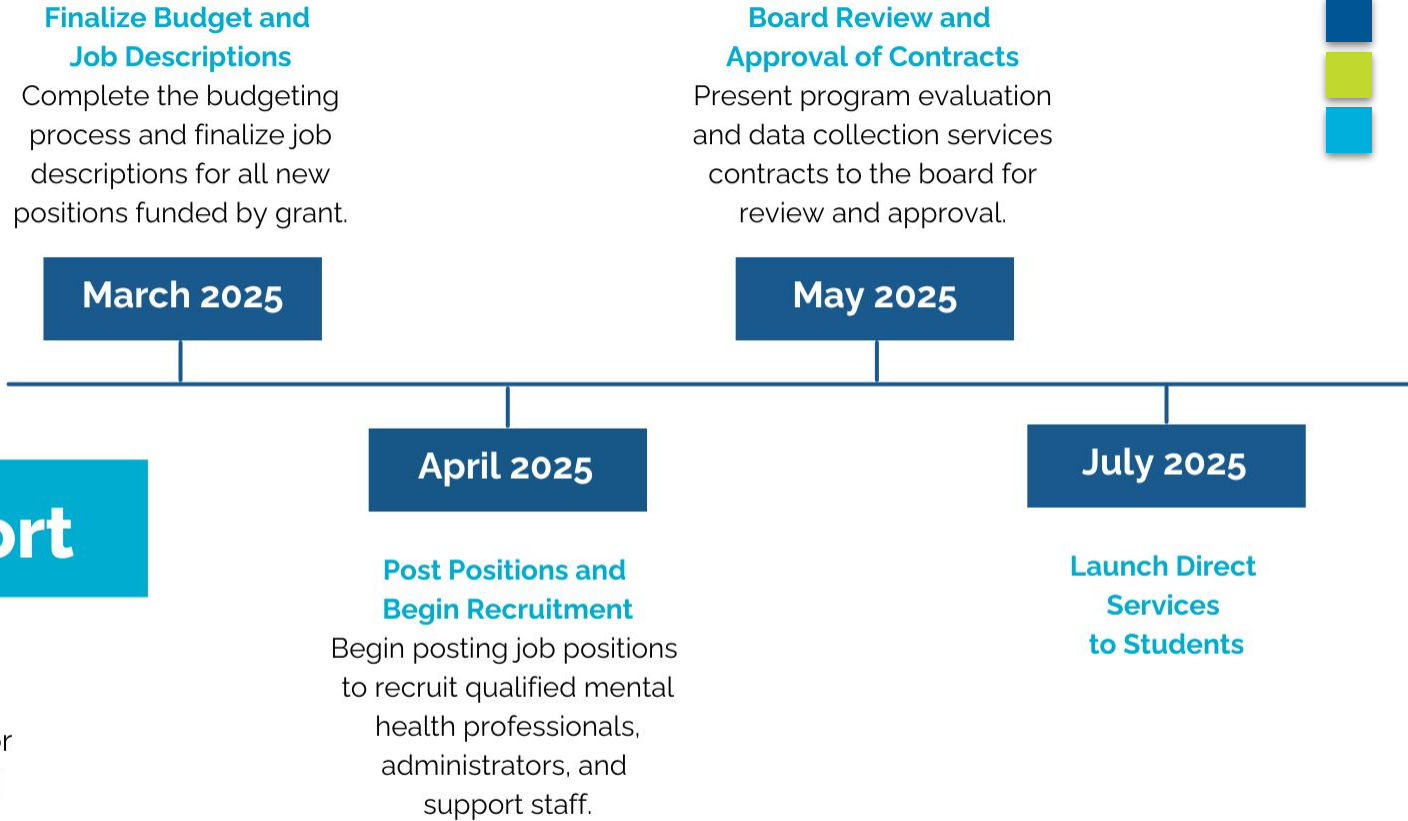


Expand services in up to 40 additional schools.

- **Hiring of 27 professionals** such as 20 therapists, 2 SBMH social workers to assist with processing referrals, 3 mental health crisis response assistants, a program manager, and a clinical supervisor.
- **Recruitment and retention bonuses.**
- **Program evaluation.**
- A **secure electronic health record system** to maintain confidential records and collect data.
- **Funding, objectives, and the timeline** for implementation.
- **Ongoing staff professional development.**
- **Required materials.**
- **Expansion of office space.**

Mental Health Matters Grant

Timeline



Board Support

- Approval of Staff Hiring.
- Approval of contracts for Program Evaluation and Data Services.
- Approval of Recruitment and Retention Bonuses.



Next Steps



Sharing Seclusion and Restraint Data with Our Community Partners

- We are committed to transparency and ongoing dialogue.
- Data will be shared in an upcoming community meeting to foster understanding and collaboration.
- We will highlight key trends, progress made, and areas for improvement.
- Opportunity for families, educators, and community members to ask questions and provide input.
- Discuss strategies for strengthening preventive approaches and student support systems.



Questions?