



HB 1255 – Education – Physical Restraint and Seclusion – Limitations, Reporting and Training

Committee: Ways and Means

Date: March 10, 2022

POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF enthusiastically supports HB 1255.

The bill would primarily do five things:

- Prohibit the use of seclusion in public schools and limit its use in non-public schools
- Strictly limit the use of restraint
- Require more data collection on the use of restraint and seclusion in both public and non-public schools and analysis of the data
- Require that MSDE ensure that strong regulations are in place and implemented
- Provide better training of school staff to avoid the use of restraint and seclusion

Children who have significant mental health needs often have experienced trauma in their lives. Studies on Adverse Childhood Experiences (ACEs) consistently show that children who have experienced four or more traumatic events, including physical or mental abuse, parental mental health or substance use problems, domestic violence, bullying, poverty, or community violence, to name a few, are at much greater risk of developing mental health problems such as depression, anxiety, behavioral disorders and suicidality. Behavioral disorders in children include ADHD, Conduct Disorder, and Oppositional Defiant Disorder, behaviors which are often addressed in schools with the use of restraint and seclusion. These interventions can be extremely re-traumatizing to a child.

MSDE has collected data on the use of restraint and seclusion in schools. The number of incidents of restraint and seclusion are alarmingly high. For the 2020-21 school year most students were in virtual education for the entire year, so only the 2018-19 and 2019-March 16,

2020 data are presented here. These are the schools with the highest number of restraints in 2018-19, compared with 2019-March 2020:

<u>Incidents of restraint – 2018-19</u>	<u>2019 - March 2020</u>	
Frederick County:	1,966	599
Montgomery County:	1,356	778
Baltimore County:	1,053	926
Anne Arundel County:	1,002	834
Howard County:	889	616

Frederick County, under a US. Department of Justice Order, showed a decline, as did Montgomery and Howard Counties. Baltimore and Anne Arundel Counties were on track, had the school year not ended in March, to reach or surpass their number of restraints used in the 2018-19 school year.

These are the schools with the highest number of seclusions in 2018-19, compared with 2019-March 2020.

<u>Incidents of seclusion 2018-19</u>	<u>2019 – March 2020</u>	
Frederick County:	1,604	348
Harford County:	1,153	817
Montgomery County:	602	615
Charles County:	391	36
Baltimore County	218	330

While the incidents of seclusion declined in both Frederick (again, under a US Justice Department Order) and Charles Counties, Harford County showed no decline and Montgomery and Baltimore Counties saw an increase.

Clearly, despite various efforts, the problem of the use of restraint and seclusion has not gone away.

Students with disabilities, especially those who have been determined to have an Emotional Disability (ED) under the Individuals with Disabilities Education Act, are far more likely to experience restraint and seclusion than other students. Students coded with ED experienced the highest number of incidents of restraint and seclusion of all disability groups. Students coded with ED are also much more likely to be youth of color. In the 2019 – March 2020 school year, students with ED were restrained 1,732 times and subject to the use of seclusion 1,265 times in public schools. These numbers increase significantly for students coded ED in non-public schools.

Schools with well-trained personnel do not resort to the traumatizing interventions of restraint and seclusion. Children with mental health disabilities are not subjected to further re-traumatization. Instead, school personnel know how to implement policies, procedures and

practices designed to alleviate the impact of trauma. These have been well-researched and have a strong evidence-base, and include relationship-building, helping traumatized children regulate their emotions, and collaborating across child-serving systems to coordinate care.

HB 1255 puts a number of mechanisms in place to reduce the use of restraint and seclusion. Therefore we urge a favorable report.

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