# COUNCIL ON EDUCATIONAL SERVICES FOR EXCEPTIONAL CHILDREN

Raleigh, North Carolina September 11, 2019 9:43 a.m.

## TRANSCRIPT OF QUARTERLY MEETING

The quarterly meeting of the Council on Educational Services for Exceptional Children was held on the 11th day of September, 2019, in the State Board of Education Boardroom, Education Building, 301 North Wilmington Street, Raleigh, North Carolina, commencing at 9:43 a.m.

### **APPEARANCES**

COUNCIL ON EDUCATIONAL SERVICES FOR EXCEPTIONAL CHILDREN BOARD MEMBERS PRESENT:

Leanna George, Chairperson Cynthia Daniels-Hall, Vice Chairperson (via Webinar)

Anna Carter (via Webinar)
Abby Childers (via Webinar)
Diane Coffey
Christy Grant
Jennifer Grady
Kristen Hodges (via Webinar)
Christy Hutchinson
Selene Johnson
Virginia Moorefield
Jennifer Degen (via Webinar)
Cache Owens (via Webinar)
Lisa Phillips
Kenya Pope
Marge Terhaar

### STAFF:

Tish Bynum
Matt Hoskins
Carol Ann Hudgens
Danyelle Sanders
Sherry Thomas

#### VISITORS:

Rebecca Fescina Courtney Dadisma Claire Green Public Speaker 1 Public Speaker 2 Public Speaker 3

#### COURT REPORTER:

Rebecca P. Scott

	Quarterly Meeting 9/11/19	Page 3
1	TABLE OF CONTENTS	
2	<u>.</u>	PAGE NO.
3	Call to Order and Introductions	4
4	Review of June Meeting Minutes	8
5	Mental Health First Aid presentation by Rebecca	
6	Fescina	12
7	ECATS demonstration by Carol Ann Hudgens	47
8	Luncheon Recess	126
9	Public Comments	
10	Public Speaker 1	126
11	Public Speaker 2	130
12	Public Speaker 3	134
13	Committee Work	147
14	Agency Updates	170
15	Meeting Adjournment	195
16	Certificate of Reporter	196
17		
18		
19		
20		
21		
22		
23		
24		
25		

western community in Watauga County.

23

24

25

MS. PHILLIPS: Lisa Phillips, State Coordinator for the North Carolina Homeless

MS. CARTER: Hey. This is Anna Carter, the Director of the Division of Child

24

25

MS. HUDGENS: I can.

25

MS. GRANT: And I'm Christy Grant with a traditional LEA, EC Director in Nash-Rocky

24

25

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

anybody interested in running for Chair.

MS. DANIELS-HALLS: So can I ask, are you stepping down or ---

THE CHAIRPERSON: I'm willing to stay in as Chair. I have no problem with that, but just if there's anybody who thought they might could do a more effective job as Chair, considering the craziness we've had over the summer, I just wanted to open up the floor so that if anybody would like to take on that mantle, you know, that they feel like they have that opportunity. That I'm not trying to squelch anybody else's leadership potential or desires, if that makes sense to the group.

MS. DANIELS-HALL: So according to our policies, the Chair serves for a period of If you're opening up the Chair, I don't think we should consider this as a referendum on you or your capabilities because I think you've served in an excellent capacity as Chair. that's what I wanted to say. Thank you.

THE CHAIRPERSON: I just wanted -you know, if there's any desire. So if anybody wants to say anything, say it by lunchtime, and we'll figure it out, and if we need to do a vote

after lunch, we can. I'm opening up that door, if anybody wants to go through it. It's not an easy job being Chair, but anyway.

Let's move forward. We have a wonderful presenter, Becky from Alliance. I've known her for quite awhile now. She's here to present on mental first aid -- mental health first aid. I know Johnston County Schools is doing a lot with that right now, and I'd love to hear more about what they're doing and how we can implement it with the support of the MCOs in other schools and things like that. I'm not sure how much she [inaudible], but she's awesome.

MS. FESCINA: Thank you for having me. I appreciate that. Thanks, Leanna, for inviting me. We'll queue the presentation. And this is a PowerPoint that I have retooled a little bit that has been given to me by Mental Health First Aid USA from the National Council for Behavioral Health. So I reworked it a little bit to fit this presentation.

In full disclosure, because, you know, it was just kind of a comedy of errors, I was pulling some information about our numbers because I wanted to really provide you some

information around what we were doing not only in Johnston County but within Alliance Health, our organization itself, and my computer crashed last night. So I have a few of these numbers, but I can always email them to Tish, and they can get out to the mass audience, once I take my computer to IT today.

So, again, thanks for having me.

Prior to kind of introducing what Mental Health

First Aid is, I'll tell you a little bit about

Alliance Health and my background. I am a former

EC teacher and school administrator, so my passion

and my love is this population, and I value every

single thing that you all do for our children and

families. I stayed home for three years with my

little babies and decided, when I wanted to return

to work, that a school administrator job was not

in alignment with my family goals at this time,

and so I fell into this and doing community

education work.

And so I am a certified Youth Mental Health First Aid trainer, and I absolutely love it. I also work closely with the other school systems, specifically Johnston County because that's where my office is located, in doing

suicide prevention, talking about safe social media for students, giving trainings to parents at PTAs and back-to-school nights on parenting skills.

One of the big pushes in Johnston

County right now is resilience, and they're

working on a Resilience project. They actually

have a couple schools specifically that they're

working with, but showing that film

"Resilience --" if you haven't seen it, it's

wonderful, please view it -- and really talking to

our schools about trauma and being trauma informed

and, you know, what that means for our little ones

that come to -- and our big ones that come to

school every day not knowing what their home life

is looking like.

And the focus of those conversations is not just what we're doing inside of the school building for the kids, but what are we doing for the caregivers, because if the caregivers are suffering trauma, we know it's intergenerational, and we're not taking care of the caregivers, the caregivers cannot take care of the kids that they're slated to care for.

So, again, thank you for being here.

I just wanted to give you a little bit of background about what I do, and then let's get into the crux of Mental Health First Aid.

So Mental Health First Aid, it's a national program, it's across the country, and it's actually worldwide. It's the initial help offered to a person developing a mental health or substance use problem or experiencing a mental health crisis. So it is that intervention piece, that small piece of prevention, but really what we look at is intervening. The first aid is given until appropriate treatment and support are received or until the crisis resolves.

And how I look at that is, I think about -- many of us are first aid trained, certified and trained in first aid. So this is the first aid component for mental health. We are not going to treat. We are not going to diagnose. We are going to provide first aid until we can get that person over to someone else who is more experienced, more apt, more equipped to deal with the situation, or if the situation has passed.

So in our training, it is an eight-hour workshop. Typically, we do eight hours. We tend to use two trainers. I'm a former

educator and standing up at a podium is not my thing, so I really like to move around and use my hands. So I apologize for that. It's hard to keep myself still standing up here.

I usually do it by myself because I am comfortable in a room in a classroom setting, so I usually take on that eight-hour training myself, but you can have a second trainer there. You can also split it up into two days, so a four-hour session and a four-hour session, depending upon the group that you're working with.

warning signs of mental health and substance use problems, information on depression, anxiety, trauma, psychosis, and substance use. And then we talk about the five-step action plan. That's a huge component. It's called ALGEE, and we'll talk about that a little bit later, but it's that five-step action plan to help someone who is developing a mental health problem or is a having a potential crisis or is in crisis. And we actually do some role-playing scenarios within the training as we walk through an individual that is not in crisis to slowly developing and turning into a crisis.

And then we talk about evidence-based professional, peer, and self-help resources nationally and locally. And you can see there's Youth Mental Health, there is a Spanish version down there, and then we have an adult version.

And then within those three versions, there are different modules that we'll talk about as well.

And so this is the action plan I talked about ALGEE, and that's ALGEE right there up in the corner. He is our little koala bear representative, and ALGEE actually came from Australia. That's why you see the koala bear. That's where the curriculum originated and came over to the US.

So we talk about ALGEE: assessment, listen, give reassurance and information, encourage appropriate professional help, and encourage self-help and support strategies. And what we teach in this course is that although ALGEE is linear because the word is linear, it is not a linear system, and so we may pick up anywhere within that system. We also learn that we're always going to listen nonjudgmentally. So it's not just step number 2 that that's where we listen nonjudgmentally, it happens throughout the

five-step process.

But just knowing that those are five of those steps, it may start anywhere. We're always going to assess for risk of suicide or harm. We're always going to listen nonjudgmentally, but where it might differ is, we might be able to encourage -- we might be encouraging self-help and other supports instead of appropriate professional help. Those E's may change. You may do one and not the other, or you may do one before the other, depending upon the situation.

So, you know, why do we need Mental Health First Aid? You know, I say to everyone that everyone needs this. It is that important. Everyone needs this course, and we need it because mental health problems are common. We know that stigma is associated with mental health problems, and that's part of what we talk about in the course, is breaking down those barriers and breaking down the stigma around mental health.

Professional help is not always on hand. You may live in a rural community. That person may be isolated, not have transportation. You may be, you know, in a one-on-one arena with

2

3

4

5 6

7

8

9

10 11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

someone and professional help may not be right at So you need to be able to have those skills in your toolbox to help that individual.

Individuals with mental health problems, they often do not seek help, and that's another thing that we talk about. It typically takes someone ten years to seek treatment. is on average, ten years to seek treatment for a mental health issue. And so that's -- that's huge, and so oftentimes we need to provide those supports and we need to be having those conversations with them to get them into treatment quicker.

Many people are not well-informed and don't know how to respond. We just don't know, not that you don't want to respond or that you want to do harm, but you just don't know. knowledge is not there. So we want to -- so in the course, we're going to learn how to notice when someone needs help, promote understanding and have that common language around mental health, again breaking down that stigma and those barriers and having a common language, encourage community members to support one another. That's huge. Help more people get the help that they need, and

then learn how to intervene, and truly, you might save a life. Knowledge is power.

hero. Four reasons to become a mental health first aider. That you are prepared. It is just like CPR, that when a crisis occurs, you are prepared and you have the tools to help assist and provide aid. Number two, mental illnesses are common. We talked about that. One in five people will experience one in a given year. We also know that people recover from mental illness and can be well, if given the right support and the right treatment.

Number three, that you care. You want to be there for family, a friend, a colleague. Know how to start the conversation, and that you can help, that you have the power to help someone, that it doesn't -- it's not necessarily that someone needs a professional to help them through a situation, that you can be that one person that can be a benefit to them. Learn when and how to step in and offer your support.

And so I talked about this just a few minutes ago. This is what we do, where Mental

Health First Aid can help. We're looking at that yellow section, so we're looking at just a little bit of the prevention, just the very tip, but primarily early intervention.

We want to intervene and then link that person with resources, whether it's professional help or self-help or get them to someplace, whether it is an emergency room or something like that, again, depending upon the situation. Every situation is different. Every situation will be triage differently. However, you're still going to use that ALGEE format in terms of the steps. So we're not looking at recovery, we're not looking at diagnosing, but we're looking in the area of where someone is becoming unwell and that is currently unwell.

And so who are Mental Health First

Aiders? I say it's everyone. So we look at

teachers and supervisors and first responders, and

former First Lady Michelle Obama is a trained

first aider, and her blurb right there is, "It

really gives you the skills you need to identify

and ultimately help someone in need." And, again,

that is just so powerful, I think, because we're

all here on earth to help each other and support

each other. So let's put some more tools in our toolkit to do that.

Oh, gosh. So this is a super tiny graphic. It looked a lot bigger on my computer. Who we're reaching. So this is brand-new and updated. I pulled this off of the website a couple of days ago, and in North Carolina---

Can you just look over your shoulder by chance?

MS. HUTCHINSON: 72,000.

MS. FESCINA: Thank you so much. So 72,000 have been trained -- have been trained. I will tell you -- again, I'll give you a little bit of information about Johnston County and Alliance Health. So Alliance Health alone, we have 16 trained trainers in Adult and Youth Mental Health First Aid. I alone -- I only came on board about a year ago and just got trained in May, but since May of having my Youth Mental Health First Aid certification, I've taught three classes with about 50 individuals now in Johnston County that have been trained as Mental Health First Aiders.

Some of my colleagues and my peers within Alliance Health do upwards to 30 classes a year. You can go to our website and find all of

those trainings, and which I will provide to you-all. Right now they are free to the community. They're located in Johnston County, in Wake County, in Durham County, and in Cumberland County. You don't have to be a resident of that particular county to go and attend.

So get on that website and take a look at that, and I'll provide you with some more information. Your Mental Health First Aid brochure, on the back of it, it also has all of the Mental Health First Aid contacts for each of our catchment areas. So you can follow up.

And so these are the people that we're actually reaching. Okay. So we've talked about 72,000 people that we have currently trained in North Carolina, but this is the breakdown of who we're actually reaching. 10.43 percent of social services, law enforcement -- 11.7 percent of law enforcement and public safety. We actually trained 80 Department of Public Safety employees in the last couple of months in Johnston County. So that's fantastic and fabulous.

I fully believe that this should be part of the crisis intervention team training, that it should be required for them to go through

Mental Health First Aid. They have a lot of other great components of that course, which is a 40-hour long week for EMS and first responders to be trained in crisis intervention, but not specifically in Mental Health First Aid. So I really think that that should be a huge component of their training. It could be a full day for them as part of their 40-hour component. So we're working on it.

Who else do I think we should be reaching is every single person that works in the school system. I mean that is just anybody that comes across a child should have this information and this knowledge. So we're working on it.

We're getting there. I was actually trained and certified through a grant that came down from North Carolina PTA. So I was able to get training through that. That's amazing. It's coming down the pike slowly but surely.

And so, again, here are the states that are most trained. It kind of makes sense a little bit. You're looking at California and Texas, one and three, but you know, we also look at the size of people. So that makes sense that they may have more people that are trained. But

how you especially think that people in schools should be [inaudible] for this, which I totally agree with, I'm guessing that this is probably -- each county kind of has their own thing of the way they do it.

In Charlotte-Mecklenburg Schools, if there is ever an attempted suicide or any child that is having a mental crisis, it always goes straight to the guidance counselor, and the guidance counselor then does a suicide intervention where they ask a bunch of questions [inaudible] evaluation, I should say, and then they score -- I think it's a one, two, and three, if I'm not mistaken.

Anyway, from that, can you tell me if the people probably in North Carolina that do have -- the 72,000 that have been trained, are a lot of those guidance counselors, or who are those people?

MS. FESCINA: You know, I honestly don't have those numbers in front of me. I could probably pull it from the National Council for Behavioral Health. I could probably get those numbers for you, but I do know that in every district, things are done differently. And so you

will find that in some school districts, there is
a huge push to get teachers and staff trained, but
you know, that also costs money and dollars.

That's why we need to advocate, you know, for more
money for social emotional learning and social
emotional health and well-being.

But everybody does it differently, and I know, in fact, in every school system, you know, those suicide risk protocols look differently as well. When I think about boots on the ground and who should be trained first like triage, I would say yes, school counselors should really have it, school social workers, and then you're looking at teachers and then administrators and then some of those other support staff. But I don't know that that is across the board how each and every district is doing it.

MS. CHILDERS: I totally agree. I think this is great. I've seen the ones that CMS uses -- the guidance counselors use, and this is so -- this is way more in-depth, and I love this.

MS. FESCINA: I do know that I worked with Johnston County Public Schools the beginning of the school year, and they -- they had not -- they did not have a protocol in place for a

thoughts of suicide or suicidal ideation. And so Alliance Health and some other community partners worked with the school district to get that protocol in place, not having anything to do with Mental Health First Aid, but as you can see across the board and across the state, there's great distances and variations of what each school district has in place and what each school district needs to have in place.

MS. CHILDERS: Okay. Great. Thank you.

MS. FESCINA: The 72,000 -- it just dawned on me too. So this is also -- the slide that had the states on it is the most updated version. This, I'm guessing, is a few years old because it is their promotional material, and I chucked in that brand-new most recent slide. So those numbers are going to look different. Thank you for pointing that out.

So I don't know if we can play this.

I think -- I believe that this is a little video
shot from a phone call to a [inaudible]. I hope
we can do it. If not---

(Pause.)

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. FESCINA: And the video gave a little history about Mental Health First Aid and how it came about, and so it originated in Australia. And the movement really happened over time, and for the curriculum for Mental Health First Aid in the United States, it was actually written and developed at Georgetown University in Washington, DC.

And so the National Council for
Behavioral Health is housed there, and they do a
wealth of trainings in Washington, DC, and that's
kind of where it developed. So that was just a
little bit of a background of Mental Health First
Aid, but you-all will get it. You-all are smart.

This is just a campaign that was launched by the National Council, and it's verbiage and language that I use in the training all the time, and I just think it's important to have that language.

You know, you could be the one. You could be the one that could be the difference — that makes the difference in that person's or that individual's life.

As educators and teachers, that's what we think about all the time in our classroom,

that we could be the one that really makes a difference in a child's life, and so think about how powerful it could be that you're the one that actually saves a life by intervening and having this knowledge.

So "The Value of Mental Health First Aid." I think it's priceless to me, but of course, there is a -- there is a dollar figure. So our manuals are about \$20. How we run our program at least at Alliance Health -- and, again, everybody across the country does a little bit differently -- we were able to purchase lots of manuals in the last few years. We are quickly running out of them, which is, I guess, a double-edged sword because we're doing a lot of training, but the money is also running out too.

So we have -- currently, I run every other month an open community class that is open to the community for free. I provide the textbooks for Youth Mental Health First Aid, and that's in Smithfield in Johnston County. My colleague James Osborne, he does Adult Mental Health First Aid for me and--- I just flopped it. I do a class every month. He does it every other month because I have to pull him from Wake County.

And so he does a class for me every other month 1 2 3

4

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

for Adult Mental Health First Aid, and again, those are community, kind of open forum classes. Anybody can register for them.

I'm also slowly starting to do some closed courses for organizations and groups. health department is wanting to do a course for me -- wants me to do a course for them, and so they purchased those manuals at \$18.95 a manual. They are going to hold onto them and keep them, and then the training is provided for free by me or my colleague.

MS. GRADY: How do you get information on that training?

MS. FESCINA: So you have a Mental Health First Aid flyer there. On the back should be the contact information, but I will also give you the website where you can go onto our website and you can see all of the trainings that are coming up because I'm talking specifically about Johnston County. We have three other catchment areas that also do trainings.

> MS. GRADY: Thank you.

MS. FESCINA: So Mental Health First Aid works. It really is -- it's proven to work.

On a daily basis, we're presented with people dealing with mental illness. Every day this training will be beneficial. These are people that have taken it, from a pastor to a peer support specialist to a police officer.

This is just information about what people are saying on Twitter and online. We'll get to some really interesting information that Lady Gaga is doing. There's a movement now for Teen Mental Health First Aid, and I'll talk to you a little bit about that. It has really taken flight. There's some exciting stuff going on with that and support through her foundation and through her efforts.

So why should my employees be trained? I mean I think we can all understand why a school system should be trained, but why an organization or a private company or something of that nature? What do we know again? One in five American adults experience a mental illness each year, but look at that next component: "Employers face an estimated 80 to \$100 billion in direct costs annually due to mental illness and substance use, including lost productivity and absenteeism." That's huge.

And so when we look -- I'll also give you a link to AFSP. We might even be able to pull it up later on, if we have some time, because I'd really like -- would like to show you that interactive website where you can get some specific information around North Carolina and some of those statistics.

But 10.8 million full-time workers have a substance use disorder. 10.8 million. We know that when characteristics, when things continue to compound, when they build up on each other, there is a greater risk of developing a mental illness. So when I talk about substance use disorder, when I talked about poverty, when I talk about a family member that has also died by suicide, those statistics start to increase and rise that you will development a mental health disorder as well.

So "Government Support." This is the Mental Health First Aid Act of 2015. It authorized \$20 million for Mental Health First Aid. Again, this is 2015. And then down below, \$15 million annually in Mental Health First Aid appropriations.

These are the modules. And so I am

only trained in Youth Mental Health First Aid.

However, some of my colleagues are trained in other modules so that they would provide the Adult Mental Health First Aid course, but then there would be a component for veterans. So that's Mental Health First Aid USA right there. That's specifically for veterans. There's a Spanish component down at the bottom right. Mental Health First Aid USA top right is for our first responders and law enforcement. Then there is also one for higher education, which I think is really interesting, and that's a module that is included in the Mental Health First Aid.

And so these are some of the components about what it talks about. Talks about some of our active duty and our reserve military, 30 percent of them that are deployed in Iraq and Afghanistan have a mental health condition. PTSD. It is real. It is valid. People are coming home from war and experiencing things and seeing things that we cannot even comprehend, and they can't comprehend how to handle it. And oftentimes we're talking about our men typically, not just -- not only men, but primarily men, and we know that men often seek treatment less often than women.

14

15

16

17

18

19

20

21

22

23

24

25

Mental Health First Aid for Higher Education. So this is, you know, the demands of school. We know that mental health issues and suicide rates increase as we get older, and as we get older, it's oftentimes because our stressors become greater. And so there is that window from when a student is either leaving high school and going into college and experiencing the -- or maybe not going into college, and then those young adults that are leaving college and trying to figure out what they do. We have found that there are spikes and increases of suicide attempts and completed suicides in that age range.

And so this is our public safety. I say it all the time. I totally believe that all of our public safety officers, specifically those that are working on those crisis intervention teams, need to have this. Approximately 20,000 public safety professionals have taken the course. Again, this was about 2015, I think, that this specific professional material was developed, so I'm sure that that is much greater now. Police academies in Philly, DC, Seattle, and numerous smaller and rural departments. Even in little Jo-Co, we are working hard to get our public

safety officers trained.

Youth Mental Health First Aid. This is my baby. It introduces participants to the unique risk factors and warning signs of mental health problems in adolescents because it oftentimes looks different and it oftentimes looks like normal adolescent development. So it's super important to know just the small nuances between what normal adolescent development looks like and when we might be walking into a potential mental health crisis or mental health challenge or mental health disorder.

It builds understanding of the importance of early intervention, teaches individuals how to help an adolescent in crisis or experiencing a challenge -- mental health challenge, and the course is designed for adults who regularly interact with adolescents. So we're talking about our teachers, our school staff, our coaches, our youth group leaders, our parents, and anyone else that we can think of that may interact with our youth ages 12 to 18. Specifically, that is -- that course is meant for those youth that are 12 to 18 years of age.

And so that little snippet of video

that we missed, it gave a little bit more background about this, but again, it originated in Australia. It's currently in 23 countries. The adult course is for 18 years and older, and again, that youth course is for 12 to 18. It's available both in Spanish and English. Mental Health First Aid is included in SAMHSA's National Registry of Evidence-based Programs and Practices. So it's evidence-based. There is research that says that this is working.

So this is the adult curriculum overview. We're not going to go heavy on it, but these are some of the modules that -- if you were to take the adult course, what we would talk about and what we would go over. There are some, again, roleplays.

I know in the youth there is an anxiety attack roleplay. We know that anxiety attacks often look like heart attacks, and so being able to triage the difference, and that if you don't know the difference and you don't know the individual that is experiencing that issue, then, you call 911, that you treat it like a heart attack. So there's just some important things that you can do every single day. Again,

knowledge is power and having those tools in your toolkit are really important.

So "Evidence, Mental Health First
Aid." This is just evidence behind Mental Health
First Aid. I believe that this might have been
another video, but we're going to move right along
with that. Increases knowledge and understanding.
Encourages people helping people, which is huge.
That's why we're here on earth, I believe.
Supports people getting help. Decreases social
distance and increases mental wellness.

So the first aid instructor course, this is the course that I went through, and it's fairly intensive. It's a five-day training. I actually went to one that was a three-day training, so it was extremely intensive. But, again, it teaches you all of the components that we would need to teach you-all. Some of them do allow for approved CEUs.

I know I took the course -- again, it was a grant that was given by North Carolina PTA that I applied to participate and was thankfully granted the opportunity to become an instructor. They did several of them. I know one was in Raleigh. I actually went to the one, I believe,

Aid pilot program will expand to 20 additional

25

high schools. That was June 11th, 2019, and I actually just got a snippet somewhere in August that they've now expanded it to 35 more schools. So really excited about what's coming down the pike there.

The difference between Teen Mental
Health First Aid and Youth Mental Health First Aid
is that this is teens teaching teens, and so
again, how they can help a peer, how they can
intervene, how they can be the one to support.
Again, not diagnosing, not treating, but just
knowing those signs and getting them -- oftentimes
we find that when youth do say something, they say
something to a friend.

So find or host a course, this is one of the great places that you can go to find or host a course. This is MentalHealthFirstAid.org.

This is going to give your national registry. So anywhere in the US, you can find where courses are available and where you can take one.

And then that is me. Take a course through Alliance Health, please. Again, there are other great organizations that are doing it locally as well. Again, I'm here as an Alliance representative, so I know those in my right-hand

Scott Court Reporting, Inc. 130 Angle Place Stokesdale, North Carolina 27357 336/548-4371

astonishing, and I think it's important

25

information for you-all to have.

AFSP, for those that don't know, is the American Foundation for Suicide Prevention.

They do community walks to raise awareness and reduce stigma around suicide and mental health and wellness. I know I am walking in Fuquay-Varina's walk. I know they have one in Durham. I'm sure that there's one in Raleigh -- a big one in Raleigh.

Disclosure. I lost the first love of my life to suicide in 2004, and so I am extremely passionate around this subject and this topic.

Yeah. You never know who you're going to, again, run across and what they may need and what help they may need. So I just feel like, as long as I can do this work, I will continue to advocate.

So when you go here, you want to go to "About Suicide," and then if you scroll down here, there's all kinds of great information.

What I really am astounded by is looking at some of these statistics here. And so suicide is the tenth leading cause of death in the US, and this is pertinent and up-to-date stuff. In fact, the info graphic that I'm going to show you, I think, is a 2019 info graphic.

In 2017, 47,173 Americans died by suicide. In 2017, there were an estimated 1.4 million attempts, and it cost the US in 2015 \$69 billion. And if you scroll a little bit further down here, then you get all this other information, but you can go here and click on "North Carolina," and then I can do a fact sheet, and that's really what I wanted you-all to see.

So here is your state facts here, and so number of deaths by suicide in North Carolina, 1521, nationally 47,173. This is ranks per 100,000 in the population. State rank is 35. But what's really amazing is that it's the second leading cause of death for ages 15 to 34. The second leading cause of death. And so if we're not talking about it, what are we doing about it?

This is really -- again, the website is a wealth of information. You can go to all 50 states and take a look at it and get some really important information. Sign up for a walk, donate, advocate, and come find me if you'd like to take a course. Thank you, again.

THE CHAIRPERSON: We have teachers here on the group. What is currently in the health/PE requirement? I'm sure we still have

every school is required in their SIP plan to have a social emotional learning goal for their school and for their staff, and so that's something that we've also been working on with them as to how --

22

23

24

25

how to get them to their goal.

MS. GRANT: And I can speak to
Nash-Rocky Mount Schools in that aspect. We did
have -- last year hire a district mental health
coordinator, who's kind of doing the same thing,
overseeing our threat assessment and suicide
protocols. And we have four Mental Health First
Aid trainers, and so we do provide training.

One of the trainings that we found or the participants found to be the most powerful was our PE teachers and our coaches because they have really good relationships with our students, and they were just astonished by -- we weren't really sure with a bunch of football coaches and baseball coaches and all how that would end up, but they have really -- the feedback we've gotten over the years is, you know, "Can we get updated on that training? It's been awhile."

So it's been really interesting to see. They're the ones that the kids really talk with as well, along with our counselors and, of course, our support staff. We have a five-year plan where every person in our school district will eventually have Young Mental Health First Aid training. So we've got several schools that are

doing it now. We also -- we've had to write several grants because it is kind of expensive with the manuals, but it is very worth it.

And we are now -- we're fixing to actually have a training where we have a grant.

We paired up with firefighters and our sheriff's department and are fixing to do several trainings with them. So it is an extremely valuable training.

MS. FESCINA: Once you have taken the eight-hour course, it's a certification that you receive, and the certification is good for three years. I did not mention that, but you will be certified for three years before the certification expires. I know several organizations and agencies require it for their staff, and they retake it every three years. So---

MS. THOMAS: So one thing I would like to mention, we here at the agency in our division have a SAMHSA grant that is working with three pilots sites around school mental health, and it's in conjunction with the DHHS. So it was nice to see a lot of that referenced. Cleveland, Rockingham, and Beaufort Counties are the three that are in the pilot. So we're hoping to see

some good work for that. I think it is a five-year grant. So the idea is to build that capacity and use those as demonstration sites and then build that across the state. So it's good work. It's, unfortunately, highly needed work, but it's good work.

MS. FESCINA: Thank you. Thanks for having me.

THE CHAIRPERSON: We'll take a ten-minute break, and then we'll come back for our ECATS demo with Carol Ann. I'm sure she's looking forward to that.

## (A brief recess was taken from 10:36 a.m. to 10:52 a.m.)

MS. HUDGENS: All right. Good morning, everyone. I am excited to be able to take you through a little demonstration of ECATS. At some point, I will be stopping and catching my breath to make sure you have an opportunity to ask me any questions that you might have, so that we can give you a peek at those things that might be of interest to you.

All right. This is what you get when you're running two computers at one time. Hold on just a second.

(Pause.)

MS. HUDGENS: All right. Here we go.

This is what we call the dashboard for ECATS, and
as you can see, there's a lot of information on
the screen just right away. So I'm going to do my
best to enlarge my screen when it comes to those
particular areas that I would like to focus on.

Right here at the top is our announcement window, and in this announcement window, we have the opportunity to be able to push out messages to all of our users from the state level. We can also have the ability for the district to be able to push out its own messages to its users. We believe that this is going to be a really helpful tool when reminding the field of headcounts, any kind of reminders that we need to offer regarding reporting timelines, any useful tips or adjustments to the system. We really feel like this will be a very helpful place.

As you can see, I am in the training site. I also tend to call this the sandbox because what we have in here are students that we have just created for the purposes of training. This is not live student data. So I want to be sure that we share that up-front. It is a

demonstration site, and as you can see by some of the messages that are scrolling down, we provided CEUs to our teachers if they participated in training. We have a survey in the announcement box. We have some just training-related messages currently in the sandbox.

All right. As we walk down and look a little further or scroll down in our sandbox a little bit further and on the dashboard, we have what we call widgets here, and these widgets are designed to show an aggregate view of a variety of things. We have information around compliance. We have information around school caseload. We have information for students with overdue dates, percentage of time students are being served in general education or in special education settings, how many students that we have in referral, how many are eligible, and so forth.

And I'm going to start clicking on some of these in just a moment. What I want to share, before we get to that, is your dashboard populates based on your user type. So if I am a superintendent in a district, I'm going to be able to see all of my schools as my caseload school dashboard. And so the principle of the colors

here is very much like a traffic light. Green means I'm good to go, I'm in compliance; Yellow means I have a warning that something is about to become to due; and red means I have something overdue and I have to attend to it right away.

So if I'm a superintendent and I'm looking at the health of my schools, just very quickly by the pie charts listed here, if you can see my cursor moving up and down, I can tell just very quickly how my schools are doing in compliance, and if I'm seeing some areas perhaps that have more red or even a sliver of red, I can hover over this pie chart here, and I can see exactly a percentage — or what that percentage means on that pie chart.

And so, for example, here I clicked on the Children's Village Academy, and when I'm hovering over the pie chart, it says that I have 91 percent compliance in the school, meaning 22 out of 24 of my students has compliance, either meaning that they have current eligibility and they have a current IEP in place for that student. And so, again, this is just demonstration data for the purposes of today and for our training, but it gives you a lot of valuable information just right

when you log onto the screen.

This also works for us here at the State. Our state aggregate view has all of the schools -- all of the districts populated, and so we can get similar information when we're looking at the state view. And we find that particularly exciting because, as you all know, we have been a state with third-party vendors, and so that would mean that we would have to look at our information through a variety of means, and not have it necessarily at our fingertips in such a manner as it is now. So we're really excited by this, and we're excited that we have now the ability to be able to look at things in real time.

What I'm doing here is I'm zooming in on some of the widgets here. I spoke about the one in the middle regarding caseload in schools, and now I'm looking over to my left, and I'm looking at the compliance here regarding those IEPs for initial students, initial evaluations, IEPs, and PSSP is the Private School Services Plan. So we do have to monitor those Private School Services Plans that we are serving with our proportionate shared funds at the district level.

And so you can just see here what the

compliance -- again, in the little chart above, green is in compliance, yellow is coming due, red is out of compliance. And so that just gives me the breakdown across my district.

I'm going to go along this row and I'm going to go over here to the right where we have students with overdue dates, and what I see here is that we have 345 students who may be overdue for either getting consent for an evaluation, which requires parent consent -- written parent consent, or I could be potentially over for consent for that initial placement in which parents have to provide that initial written consent before we are able to serve students with special education.

The nice thing about this chart is, who might those 345 students be, and so if I click on the bar graph, it shows me exactly who those students are, and it looks like third grade has been a bumper year for either referrals or placement decisions. Again, this is a demonstration site, but what a valuable piece of information here that something is happening in third grade in my district.

And so that would just be an example

of how this information could be particularly useful if I'm looking at, one, how I need to allocate my resources because if we have a high number of students perhaps that are in the third grade or being referred at third grade, what are some things that we might want to probe a little deeper to find out? Are there difficulties with the referral process? Are there difficulties with providing interventions prior to referrals? Are we having a lot of children enter the district for the first time at third grade?

So, again, not necessarily
hypothesizing that any of what I just shared would
be the case, but it would be a starting point that
I would at least, as a superintendent or a
building administrator, say, "Hmm. What's going
on in third grade in this building and why do we
have so many students who are overdue in third
grade in this building?" And so, again, I feel
like that's a real useful piece of information,
that depending on what your vantage point is, you
could start asking some essential questions about
programming, not only in general ed settings, but
you could ask about programming regarding
exceptional children.

20

21

22

23

24

25

All right. And so that works as well for the bar graphs around eligible students, and we have a lot of kindergartners who are overdue. Again, I can, you know, make some hypotheses. there anything around transition from part B to C or from preschool to kindergarten programs? we having a lot of referrals in kindergarten for whatever reason, or are a lot of these referrals prompted by particular notification mechanisms?

Again, when you have more detailed knowledge about your particular LEA and your particular district, this helps inform tends. gives you a snapshot of what patterns might be or where you might need to allocate additional resources. Maybe we have a lot of kindergarten teachers who are making referrals who might be new teachers and who might need to have some additional professional development -professional development around the developmental stages of all children at the kindergarten level, and that what might be prompting a referral is actually an appropriate developmental difference for children who are very young. And so just some examples of how data could be used from the dashboard here.

I'm going to scroll down, and I'm

actually going to pause and catch my breath and

check on the folks online and see if they have any

questions for me, and then I'll come to you,

Ginny.

Okay. Abby, I'm checking with you right now. Can you hear me better now? Can you submit a question that says you can hear me?

Okay. Thank you, Abby.

I'm going to go to Ginny now. Ginny, you had a question for me?

MS. MOOREFIELD: Yes. I think at the beginning you said something about that one of the capabilities with this platform was that the user could send out information. So would -- like let's say you were the administrator and you saw the chart up at the top that had, you know, your categories of students who had something that was overdue. Are you able to send like a mass message to all -- I don't know if it would be a case manager or a parent or whatever -- to let them know, "Hey, if you're getting this message, it means you have something overdue"? Can they do that from there, like send a mass---

MS. HUDGENS: So your question has a

couple of layers that I want to address. First of all, the announcement windowpane here is more general announcements because this pushes out to all users. This is not likely where we would want to have student-specific or teacher-specific information regarding the caseloads, whether they're compliant or not.

Then the second part of your question is around compliance, and teachers have their caseloads assigned to them, and when I get a little further in the presentation, the system is designed on its own to be able to show those alerts around compliance. So in terms of messaging, emailing within the system, that is not the capacity for the system. It's really a data dashboard, a data management system.

And for communication between case managers, from districts to teachers, from the State to districts, that is better handled through our email systems rather than inside of this system.

MS. MOOREFIELD: I know that this is a demo that we're looking at. So if -- if, for instance, I was the coordinator for -- let's say I was the coordinator for Wake County. So would my

opening dashboard -- the announcements dashboard, would it look the same as this or -- because I also remember you saying that, you know, it depends on what your user function is.

So like if a teacher were to log into ECATS versus a school administrator or at the district level administrator, do their announcement boards look the same or does that also change depending?

MS. HUDGENS: So the announcement board is going to be consistent across the users, no matter the user type. Your dashboard is going to have the same widgets, but the information that's displayed in the widget is based on your permission and your role.

Ace Academy, I'm only going to be seeing those students that I'm associated with. I'm either delivering a service to them or I am on their IEP. And so then my dashboard is going to show the students for whom I have a direct responsibility for. Now that's at the student and service provider level.

So, then, if I'm a school administrator, I can see all the students in my

building. Okay. If I am a regional supervisor
like for a big district, I might be supervising
like a program specialist. I could be supervising
multiple schools. So in my dashboard, I would see
all the schools, and then I could drill down by
school to see all the students and the case
managers.

And so that -- that dashboard populates up based on, one, what you need to know and, two, your permission granted in the system.

MS. MOOREFIELD: Right. So if I were -- if I were a district administrator and I wanted to check in and I were to see -- and I'm just using the overdue thing as an example.

MS. HUDGENS: Uh-huh.

MS. MOOREFIELD: So I cannot, then, just like click from there to get a drop-down and message all? So I would look at that and go, "Hmm. Okay," and then have to go to the email in order to create that reminder?

MS. HUDGENS: Correct. Correct.

Correct. The system didn't contemplate mass emailing inside of the system. That gets into a different type of user utility, and so it was not intended to be a back-and-forth communication tool

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. HUDGENS: During the implementation phase, we turned off that mass communication because if you're a building principal of 2300 students and 500 of them are students with disabilities, then you could potentially get 500 daily messages about the status of a student.

And so the way we are organizing that, we certainly don't want folks to become blind to those messages, and that's what happens when there's mass emailing. So what we have done is, we have turned that feature off right now

I've got to send 500 emails out.

MS. HUDGENS: Yes.

24

25

MS. MOOREFIELD: But that does make

sense to turn the notifications off when you're learning how to do it.

MS. HUDGENS: Uh-huh. So one of the things I'm going to raise on behalf of those friends of us that are on virtually, they're very interested in the questions that you guys raise here. So you might have to hug your mike a little bit, which is why I'm leaning toward mine.

So if you guys will reciprocate and lean into your mike. I'll try to remember to repeat your question, but I think my multitasker is about multitasked out between two computers.

So if you-all will help me with that this morning, that would just be fabulous.

Okay. So I'm moving on down to the widgets here, and it looks like by this widget we are serving everybody in the regular classroom, and so we are pushing in our services in this particular aggregate view, and this just shows how students are being placed. They are regular on the continuum.

Okay. All right. So students by time in special education -- and let me rephrase what I said about the first widget. Students by placement in the special ed settings. So you know

depending on the time of day that you are receiving services determines whether or not you're considered regular, resource, or separate in terms of federal reporting for your time spent in special ed.

So if we look at students by percentage of time in special ed, most of our students in this aggregate view are being pulled out less than 40 percent of the day. And then we can see -- the next one, we have students between 40 and 79 percent of the day, and then we just have 13 students who spend 80 percent or more of their day in a special ed setting. And so we consider that good stuff, right, that they're getting access to the general curriculum and supplemental aids and supports. Okay.

All right. Students by status. This works similar to the other widget that I showed you, how many students have a referral and so forth. And so when I click on this, I can search these students by using this search window, and I'm going to talk a little bit more about this in a few minutes. I want to continue with the main menu, and then we'll get to this. That's my little teaser for a search.

So coming on down, I think then another very interesting widget that we have here is our students by disability, and this is representative of my district. And so many times you guys have raised questions about how do districts make decisions about the professional development that they provide, how do they look to recruit and retain teachers, what are the needs of students in a particular district.

So in this school district, which is what this view shows, most of my individuals with disabilities in the training site are individuals with learning disabilities, and so I can see how that has spread out amongst the sample size that we have here. So I could click on these students and see the students here who are considered intellectually disabled. And so, again, that kind of helps you drill down based on what the disability categories are here representative of your school, of your district, and of the state.

And so based on this information, I might probe it a little further and see if there are patterns with where these students fall.

Again, do I have a lot of students with speech impairments in the early grades? That would be

what I would expect, is a lot of children with speech impairments in the early grades. Where do our other children fall out? Again, you can click on these bar graphs and find some more detailed information. Okay.

As we scroll down to the bottom here, there's another message center with alerts and action items. This gets to your point, Ginny, about some of those automated benefits of the system talking to me about my caseload and what my responsibilities are.

"My Reports," this is just a quick way to -- there's multiple ways to get to things in the system. "My Reports," any reports that I have run recently, it will populate in this window so I don't have to click to another screen. I can just go back and forth to the report that I wanted.

The next tab is a tab of resources that we have provided for a variety of purposes. Certainly, there are special education support documents here, service logging, intervention and planning documents, but for the purposes of demonstration, I'm going to click on the special education documents here, and what these documents

show us -- and I'm going to minimize my screen for a minute.

If I go over, there's quick reference cards for where to find things. If I need to navigate the system and I can't remember how to get to something, these are little tips that are collected here. The user manual here, this is not a user guide to teach you how to do special ed, in other words, but this is more about how to find things. If you are conducting a reevaluation and you need to remember what tabs to click on inside of the system, you can go to this user guide to help you figure that out. And then there's a training guide here as well.

One of the other features that will come in here is the ability of the district to be able to load their own training documents. So if we have -- if Christy, for example, has a special ed manual for her school district that helps their teachers comply with what local policy is and state policy, then she can upload that here to this tab, and they would be able to find it at that point. The district can customize that.

MS. HUTCHINSON: You can add like functional behavior assessments that are on

1 statewide forms or BIPs.

MS. HUDGENS: Yes. You can use other documents that are local approved documents there.

Okay. They're standalone. In other words,

they're not necessarily editable or actionable in terms of typing in them live in the system.

MS. HUTCHINSON: It's just access.

MS. HUDGENS: It's just access to different things. To Christy's point, districts have sometimes some cover letters, some different communications that they like to use with their families that are pretty routine for their special ed programs, and so they have the ability to load them on here.

All right. Questions for me? I'm going to check over in the chat box. It looks like we're okay the chat box. Any questions here on the dashboard for me?

## (No audible response.)

MS. HUDGENS: All right. I'm going to go back to the top here and look at what I call the ribbon, and the ribbon is this top blue area here. You see our nice ECATS logo. If I were in Nash-Rocky Mount School District, it's going to populate right here. Why that's important is for

3

4

5

6 7

8

10

9

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

us at the State. If we are problem-solving with a director about a particular case, we can go into that LEA and it helps us know what LEA we're sitting in when we're working on activities.

Then this is "My User," "My Calendar." "My Calendar" will populate with my meetings that are coming forward, but it does not interface with like an Outlook calendar or an Outlook -- email provider calendar. It's just a calendar within the system. And then what we have across the top is the main menu which takes us to the dashboard. We can look up students by going to the student tab.

In "Wizards," we have a variety of tools that help the users develop their progress reports, to review accommodations, to look at service logs, to set up their caseload. Wizards are intended to group students together that are going to have the same function performed. it's progress report time and I'm a case manager, then I would use this wizard to pull all of my children together so I could start reporting on their progress.

Progress monitoring, if you guys recall, one of the things that we were very

excited about is the progress monitoring tool that progress monitors directly from the IEP, that we are able to collect data on those particular goals and objectives if they're appropriate, and then look at that information on a graph, and then bring that information into the progress report.

We have not had an option in North Carolina for the progress monitoring to be organized in this manner, and so what we've elected to do is, focus our implementation training on just getting into the system. Our second wave of training will come around using the progress monitoring tool. Because if you think about implementation, we've got to get active IEPs and data into the system so that then we have those goals and objectives then that can interface with the progress monitoring tool and begin to collect data.

And, as you can imagine, that is going to be a fairly significant training effort, and so we didn't want to layer that on top of implementation at this time. Because it is so important, we want to make sure that we're dealing with implementation first and then doing a really good job with the progress monitoring tool that's

1 available.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Now just as a point of interest, the progress monitoring tool is not a requirement that LEAs have to use or that case managers have to However, one of our goals when we provide this training is to show the wonderful benefits of this tool, that it makes it so highly desirable, that our districts and our teachers will elect to make that part of how they progress monitor.

And remember, I will say this. are multiple ways to progress-monitor goals and objectives, and even though we have this wonderful tool in the system, I would think that we would want to have multiple ways of progress monitoring, and this would just be one of those tools we might elect to use.

> Questions here? Okay.

MS. MOOREFIELD: This is Ginny. just wanted to ask, when it does become available and trained and are using, will parents have access to that information?

MS. HUDGENS: So currently parents are not a user inside of the system. However, this information can be brought into the child's progress report. So where you might be getting a

progress report right now that says "meeting goal," "not met goal," and so forth, the progress monitoring data from that goal can then be brought in and a graph of data displayed where that IEP goal is.

So, yes, parents will have access to the information, and of course, at any time, that could be run for an IEP meeting and so forth. But in terms of being an active user in the system, no.

MS. MOOREFIELD: But like if I wanted -- the last meeting or meeting before where the fellow from DPI came in and showed us some progress monitoring tools, I've started asking that of my child's therapists and teachers, and so I can interact with that daily so that I can tell his private therapists and doctors and specialists what they're working on at school.

So is that something that the teacher could easily email me, or would I have to have it printed out every time I wanted a copy of it?

MS. HUDGENS: So there's probably a combination of both of those that can happen, and we will factor that into how we roll out the training about how it can be assessable, when it's

MS. HUDGENS: So "My Account," any documents that I run or create, I can go to my docs. "Reporting, My Reports, Standard Reports, Advanced Reporting." Standard Reports indicates that we have a particular set of reports that can be run based on your user type on demand, and I will take you through that once I get through some more student-specific demonstration that I'd like to do.

And the early warning system, how many of you have remembered hearing about the early warning systems through our interventions through MTSS, and this information shows you if students are at risk based on the intervention data that they are receiving. This is the tab for that area.

My specialty and my involvement with the product has been in the special ed module, so I'm going to spend most of my time demonstrating that today. Okay. So let's go ahead and let's look at students. So I can select -- I can search students a variety of ways. I can look at their last name. I can go to their particular school, particular grade level. I can look and see what their status is. Maybe I want to know all

eligible students in third grade, so I could put in that demographic information.

I can also look at the student ID by the Power School ID because remember, this is integrated with Power School. So now I can use that same number to locate a student. That might be particularly helpful when we have students who have very similar names, and that does happen across the state.

We can also do an advanced search where, to Ginny's point, some of those things about compliance. Maybe I want to look at students who are overdue maybe in third grade.

Again, what I'm trying to illustrate here is that the options for searching for students or groups of students are wide and varied. You can look up by disability type. You can look up by placement, you know, preschool setting placements, regular, resource. You can find a variety of things here in placement.

For special ed services, maybe I am reviewing my staff for the year, and I know that I have a need for students who are receiving, let's say, adapted physical education, and I might need to know how many students in my district have

2

3

5 6

7

8

9

10 11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

adapted physical education on their IEP and where are they located. So it might help me inform the kind of staffing expertise that I might need.

All right. And then others that become really important for school districts are related services; for example, audiology, how many kids do I have with audiological services. And as you can imagine not only for allocating resources but for scheduling, where are those students located. If I have a really large LEA -- "large" by definition of geographically it's deep and wide, for example -- where are those kids located and how might I need to allocate those resources to cover those students.

I've embraced allergy Pardon me. season, so pardon me.

The other thing I can do is as a teacher, I can do my own caseload. So I can just click on "Caseload," and everyone that I'm either providing a service to, which means I'm on their IEP team to provide services to them, and maybe I'm the case manager and I'm also providing services, but I'm also maintaining their special ed record, I can pull up my caseload that way.

All right. Questions here on looking

for students?

## (No audible response.)

MS. HUDGENS: All right. So I have been working with some students here, and for the purposes of demonstrating, let's just say this is my caseload. And what do I notice right away about this column? If you recall what I'm saying about colors, what comes kind of clear right away?

MS. MOOREFIELD: You've got stuff to do.

MS. HUDGENS: I have stuff to do; that is very good, Ginny. Right, I have quite a few things that are approaching. Now I'm just going to walk down this list because there's a lot of good information here. The clear check means that student is not eligible for special education services. So the question might be, why am I seeing this on the EC side, and that's because, at any given time, that student might be referred, and I might need to start on the initial referral process and need access to that student's information.

A green check looks like I'm in good shape. Red -- again, if I hover over these, either the eligibility or IEP is out of

Scott Court Reporting, Inc. 130 Angle Place Stokesdale, North Carolina 27357 336/548-4371

compliance. Now Christy and Christy are really interested in this column because when it comes headcount time, they're going to be flapping in the wind for all of these stop signs because that means that we as a state cannot allocate funding for three students on this page because their eligibility and/or their IEP is out-of-date.

So very important stuff here, and then, of course, something's coming due pretty quickly, and again, this just kind of gives us some information as far as where some difficulties might be, some opportunities for reminders, some further investigation about what is happening with these students.

And, again, just kind of following that on across, we have the case managers. Again, since this is training, there are just user types here, but I could look here and see if we have similar users who are having difficulty managing their caseload. So we might have to offer some different support for that teacher because it could be the perfect storm that we have a new classroom, and the students assigned to that classroom all had activities coming up with their IEPs very quickly. So we might want to allocate

things into compliance.

Okay. Questions here?

4

5

3

1

MS. HUTCHINSON: We're still working through glitches, though. Some of those red stop

6

signs aren't really red stop signs.

7

MS. HUDGENS: Yes. So let me further

MS. HUTCHINSON: For those of us who

MS. HUDGENS: Yes. And for the

8

explain---

9

10

don't like to sleep at night with red stop signs,

11

some of those are fake red stop signs.

12

13

record, there have been moments in time this fall

14

that I thought I would break out in hives with the

15

ECATS logo as my hive marks.

16

17

18

19

20

21

22

23

24

25

But one of the things that LEAs are working on right now is to clean up their dashboards, and what Christy is referencing is that when we brought in data from our third-party sources some of our students that had been exited out of the EC process may or may not have had some of their files closed and verified, and so it's bringing it over, appearing that it's active, and the student is not active. So that's causing a lot of people angst right now, and so we're

going to go ahead, and I'm going to select "Hope Test," just for demonstration. Anything that is underlined can be -- is a hyperlink and it will take me directly to it. So where I started off with you guys is the dashboard for the county or caseload. Where I am now is the student profile for a particular student, so I'm just looking at a particular student, and that landing page has a lot of cumulative information here.

So what I'm seeing here for this student is that, again, just kind of the personal information, who their parent or guardian might be, who their teachers might be, their birth date, and so forth. Then, as I click across the tabs here, I get more and more different kinds of information. So if I am implementing some interventions and I have some performance data for a variety of things, those information come up here. Okay. It brings it over.

So remember we talked about the integration between MTSS and ECATS or the special ed module, and so for our districts who are in the room, there's some testing going on here in the training site. So don't let anything give you some heartburn here while we're working, okay,

because I saw Christy's eyes -- this Christy, not that Christy.

All right. So, again, with the integration of Power School, any of the grades that will be coming in for this school year, we can click and see them here on this tab. Again, the same would be true for attendance and then academic. And I may have told you wrong here on the performance data. Academic -- this tab is the MTSS tab. So if you're working and you're receiving tiered support, here is your progress monitoring data at an aggregate level, meaning it's kind of summarized here, for a variety of things that are going on.

So we have some progress monitoring data here. I know I've got a data point right here relative to behavior, social emotional. You can see -- or maybe if I would enlarge this, you could see -- what some of the chart's -- the key to the chart. This blue little diamond is talking about behavioral data. It tells me I collected it on the 29th.

Again, why this might be important for the EC teacher is that if they are getting ready to provide a present level of performance

and they're trying to determine whether or not a child might need some additional support through their special ed program, they could look at this progress monitoring data from things that are happening in general education to factor into maybe an IEP team discussion about what is needed, maybe more is needed, maybe less is needed, maybe something different needs to be changed. Okay. Ideally, what we would be seeing is that children are making progress with their supports, and so we know that we've got a solid program in place.

And then for special education, you know who's on the IEP team, the dates of the IEP, and here at this screen too, we can see our hyperlink into the IEP document. So this is where we're going to pause, and I'm going to take you through this about what the new forms look like. And you'll recall from different times I've shared information here that the forms are baked into the system, that depending on what the child needs and what the IEP team agrees upon is what prints out on the forms.

And so this is the completed IEP for this particular student, and so for you-all, this might be of interest because this is what you're

going to see when you go to a meeting. So your IEP will have your child's information up at the top. It will have -- instead of "ECATS Training Site," it will say your school. And then, of course, we have the student profile. If you'll remember, the way we organized the forms is, we wanted all the information about the child very early on in the IEP so we would know how to program. So what are their strengths, what are their concerns, what is the student's vision for the future, what are the parents' concerns, and then we get into the present levels of academic and functional performance.

So any of the areas that we assessed, where did that information come from, and then the team has to answer the question, "Does the child need specially-designed instruction?" And so if the team requires specially-designed instruction, that tells me that I need to have a goal and/or accommodations and supplemental aids and supports and/or services for this particular area of need.

So, families, if you have a child in the initial evaluation process and your comprehensive evaluation had multiple areas that were assessed, you're going to see each of those

areas assessed here with that source of information and then a present level of performance around that, and the team will decide yes or no, if that particular area requires services. Okay.

All right. Here's an opportunity to talk about any relevant medical information and then how does that disability impact the involvement and the progress in the general curriculum, and then here is the special factors area. Okay. And, again, this is the output, and I'm going to go back in the interface and show you where some of these things are located for teachers to put in information.

We know what the special factors are around behavior, hearing needs, does the child require adapted physical education. And one thing I wanted to point out, again, that was something that we discussed in past Council opportunities is, are parents fully aware of the content standards that their children are engaging with; do they believe that they're in the standard content; do know they're in the occupational course of study; do they know that they're on extended standards.

So this question is in the special factors information for every child. So it really is meant to be a time of critical conversation and transparency with the families because, as we know, if children are on the extended content standards, they are progressing through curriculum much slower than their typical peers, and extended content standards do not result in a high school diploma.

And so that's a critical piece of information sometimes that does not get the discussion warranted until high school, and for a variety of reasons, you can imagine that's probably not the time that it needs to be discussed. It needs to be discussed early on, especially when you're making a significant deviation for a child's program away from the standard content. Okay.

And then there's an opportunity to capture additional parent concerns. Again, transition, will the child be 14 during the IEP?

No. All the parts associated with postsecondary. Measurable annual goals. Here are the goals, how we're going to document mastery, how will it be measured. Is assistive technology required, and

you see we said social emotional at the beginning of the IEP required. Specially-designed instruction. So this is where we're addressing that area of need.

We also talk about if it's related to transition and are there any integrative services that are supporting that goal. And then also we have the ability, if the IEP team -- depending on when the IEP team is meeting, if they're speaking to ESY at that time, then you can make a decision about whether those particular goals are going to be addressed during extended school year. Okay.

And then how we document services in the least restrictive environment, how those are itemized. There are specially-designed instruction for social emotional skills. We also have physical therapy, and there are also going to be supplemental aids and supports that are provided at two times a week for 30 minutes.

This part is the accommodations where the child is participating. Many of you are familiar with the participants and how those accommodations are included. Any kind of supports for school personnel, participation in state and district-wide testing, alternate assessments and

so forth.

Again, a lot of this, for demonstration purposes, has just been run through very quickly. You wouldn't see specially-designed instruction for recess. You would probably see accommodations for recess. I'm just pointing that out because there are some things here that you may be scratching your head about, seeing for demonstration purposes. And, again, it's really meant to highlight the big parts of the IEP.

Okay.

And there's where you capture the IEP team participants. Now we haven't gotten very far into the system to be able to see all of that information, and so I'm going to catch my breath here because I see that we have a question in the chat box. So I'm going to look over here real quick.

Okay. So Cache has a question here regarding the continuum of services and LRE. If you recall from old state forms, when considering least restrictive environment, the team would check off what they considered resource, regular, separate, and then all of the early childhood placement options. And so that was on the IEP

that IEP teams could check off. So Cache's question is, she didn't notice that on the IEP. How do parents know if they're regular, resource, or separate?

And so one of the things that we considered when we were developing the system is that sometimes an unintended thing that was happening around that time is that teachers often got into jiggling numbers and services because they had a separate class, and they wanted the child's services to fit in a separate class, and so separate on the continuum began to be interpreted as separate class.

And what resource -- regular, resource, and separate originally and still is intended to achieve is a federal reporting time just so that we can notify the feds about how long students are spending in special ed settings. It was to describe chunks of time. It was not intended to describe the child's location of service, whether they were in resource or separate.

So because that information only needed to be a federal reporting item, we calculated that time in the background depending

on how the student services were listed. And so to Cache's question, I'm going to go back to the IEP document here, and I'm going to look at the services that this student has.

So, essentially, what I'm interested in is how much time is my child in special education away from kids, and if I look at the location of my services here, I'm receiving two different types of service, but one is in the general education location and one is in the special education setting. So for 30 minutes a day, I'm pulled away from my friends or not my friends -- bad word -- but from typical developing peers and I'm in a special ed setting for special ed services.

And so what we know about regular, resource, and separate is -- remember, separate is more than 80 percent of your day away from typical peers. I am not considered separate here.

Because where is most of my day spent? Most of my day is spent in the general ed setting. And so for federal reporting purposes, I'm going to look like regular on the continuum.

And so we felt it was really important for parents to understand where their

child was receiving services, not the classification of how they were receiving services in terms of regular, resource, and separate. So here, if you had more special education, then you are increasing in that continuum of removal from your typical peers, and that's defined by the location of your service, whether it's general ed or special ed.

And so we believe what's really important is that specially-designed instruction is based on the student's need, not the classroom they're attending, okay, because resource and separate is all a special ed setting. Okay. And so we wanted to kind of walk away from those labeling of classrooms based on a federal reporting continuum.

So that is a long explanation for why it's not there, and I'm checking over here, and it looks like I answered Cache's question. And I see a question from Cynthia. So let me look at that.

Okay. So the question is, who will be required to explain the continuum to the parent? And that will be the IEP team. The IEP team is talking about the least restrictive environment, so it's their responsibility to talk

about this when they're talking about the services that are required for a student.

Other questions for me?

## (No audible response.)

MS. HUDGENS: Okay. All right. So I think that's probably one of the biggest things that would be of interest to the parent council is seeing that IEP and the new look of the IEP. So the next part that I'm just going to just quickly highlight through is how the system is intended to be efficient for our teachers.

And so the "EC Process" tab, I have highlighted here -- and I'm going to zoom in for just a moment -- is highlighted here, and so based on what type of EC process that I have to engage in, it's organized such that teachers can come in here and plan for their meetings. And so, of course, invitations, getting ready for a meeting. So, of course, I would need an invitation to the parent. If I'm going to invite any kind of outside agencies for transition services, I've got to get permission from the parents to have them included. If I'm excusing an IEP team member, I have to get the parent's approval to do so. And so anything related to the invitation to the

meeting is all kind of packaged here together. That's why we like the tabs.

The referral is where it's all built together. We might have the school-age referral, we might have a kindergarten referral, and those questions unique to each of those age groups would be found here on the tab.

I'm going to take a breath because I have another question here. So Cache's question from virtual is, are signatures required on the IEP -- are signatures still required or are names typed in? If no physical signature, how is accountability monitored?

Okay. So brace yourself for another wordy response. So signatures on an IEP is not required by any federal or state statute. The IEP simply documents those that participated in the IEP team meeting. The signature -- there's not a signature place that says you agree or disagree. Your signature does the same thing as a typed-in name. It says that you were present. So from the State's perspective, there is no requirement for a signature for an IEP team meeting.

Now local LEAs can determine whether or not they want to have that signature, and so

that's perfectly reasonable that Christy and

Christy could say, "Hey, at all of our meetings,

we are having our parents sign IEP meetings," and

that's perfectly fine. Because local has the

authority to be able to make that as part of their

practice, but it is not required.

1

2

3

4

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

And then the second part of her question is, how is accountability measured? for the things that require a parent's signature, which is the initial consent for evaluation and the initial consent for placement in special ed, the consent to access private insurance, those things are signature requirements. And so there's a couple of things that can happen there. Those signature pages can be uploaded into the system using what we call Paperclip and/or can be maintained in the physical file at the school -at the school office, LEA department, and so forth. Different practices and procedures are at play locally, but we would not be monitoring for signatures on an IEP. Okay.

All right. Abby has a question, so I'm going to unmute her. All right. Abby, you should be ready to go.

MS. CHILDERS: Can you hear me now?

MS. HUDGENS: Yes, we got you.

2

3

4

5

6 7

8

9

10

11

12

13

14 15

16

17

18

19

20

21

22

23

24

25

MS. CHILDERS: Okay. Sorry. wanted to ask -- so you're saying that when the parent signs, that doesn't -- it just basically is stating that they were present at the meeting, but it also needs, though -- if they don't sign, isn't there a place where they have to be able state why the parent isn't signing is that the parent doesn't agree with something on the IEP or so on?

MS. HUDGENS: No, there's not actually. If the parent chooses not to sign, that's perfectly fine. They don't have to do so. The protection that is in place for the parent -the procedural safeguard is the prior written notice states how long it will be before the action that the IEP team took will go into effect, and during that prior written notice period, the parent can pursue their procedural safeguards. Ιf they want to file a due process to stop the actions, if they want to file a state complaint, if they want to call the state and request mediation or a facilitated IEP meeting because they disagree, those are a variety of options at the state level.

At the local level, they can leave

that IEP meeting where they didn't choose to sign the IEP and either contact the EC director, or depending on how the system is organized, there might be a program specialist assigned to the school, but they then can reach out to local leadership to explain or to share that they are in disagreement with the IEP and they would like to reconvene and reconsider and so forth.

MS. CHILDERS: Okay. I just wanted to make sure I understood that correctly because what I had -- I just experienced this not too long ago as a special education decision-maker for another child, and the attorney -- you know, we were talking about it and going back and forth with the school. So I did not -- I refused to sign the IEP, but the attorney said that we did have to put in there why. So we actually do not, is that correct?

MS. HUDGENS: That's correct by state policy and perspective. Now you have perhaps stepped upon something at a local level and that is a local level requirement that I'm necessarily aware of. However, parents don't have to sign anything if they don't want to.

MS. CHILDERS: Okay. Okay. All

MS. HUDGENS: Sure. So there's a couple of layers in response to your question, and I'm sorry I'm going to have my back to you. So a couple of things. And for those listening online, the question is around other meeting documents

22

23

24

25

such as minutes, prior written notice. Prior written notice has to be provided to the parent before the action takes place. There's nothing that specifies that the prior written notice has to be given at the conclusion at the meeting. It just has to be given prior to the action taking place.

So your question, then, to follow up on that, is what if it is substantively different when you receive it---

PUBLIC SPEAKER 1: Right. Right.

MS. HUDGENS: ---than what you understand the meeting to have occurred and what has been decided upon when you were present.

PUBLIC SPEAKER 1: Absolutely.

MS. HUDGENS: And so there is another parent right that triggers at that time, and that is the right a parent to amend the educational record. And so if you believe that that does not -- the documents you receive -- the minutes, the prior written notice -- doesn't reflect your understanding of the meeting, you can write a letter stating such and that you want the record amended to reflect what your understanding was.

And so then the district has the

opportunity to respond back to you about whether or not they'll make that change, and if not, what your rights are then at that point. Now that's just one.

The second option that the parent has, if they don't want to get into this issue of amending the record, they can always request that the IEP team reconvene because what you received notice about and what you thought you were agreeing to did not match, and perhaps the IEP team needs to reconvene.

Or, third curtain, you could also ask for a parent administrative conference or a parent-teacher conference so that you have a good understanding that what they wrote is, in fact, what happened according to your understanding. In other words, there's multiple ways that you can make sure that the record reflects the understanding.

Ultimately, though, the prior written notice must reflect the decisions of the IEP team, and so if there's a disagreement on what your prior written notice said and what you believe you were agreeing to, then you have some options for the team to come back together.

PUBLIC SPEAKER 1: Okay. Thank you.

MS. HUDGENS: Sure.

PUBLIC SPEAKER 2: My question is, when does an IEP, the actual document itself, become deliverable? If you have an IEP meeting and, for whatever reason, it is incomplete and we were -- well, personally, we were discussing service time. So service time and placement were not discussed. We had began to discuss the service time. I did sign the consent to services. However, I was not consenting to a halfway written IEP.

I want to know -- I would like to know -- I had no idea it was going to be delivered halfway written. I'm perplexed as to when it actually becomes a deliverable document, you know, to be enacted.

MS. HUDGENS: Okay. So, one, it should be complete. So your instinct is right there. You should not be consenting to something that you don't believe accurately describes what your child should be receiving. So it sounds like this was an initial meeting, that your child was identified for the very first time if you were providing consent for services, is that correct?

PUBLIC SPEAKER 2: Yes, ma'am. We had an IEP meeting, and it was quite long, and it was not completed, and we had an agreement to reconvene the following morning at 9:00, and we all showed up and the Guilford County representative was not there.

And I am in staunch disagreement with the way my children are being remediated. They are not progressing. And so I wanted to have that discussion, but I did not want to have that discussion in front of the teachers that are trying to remediate them.

MS. HUDGENS: Sure. So a couple of options for you, and I'll just start with the procedural errors. First of all, an incomplete IEP is just that; it's an incomplete IEP. You don't have a complete program in place. So that would have been a procedural violation. You could have done two things. You could have withheld your consent for services until that IEP was completed, but secondly -- secondly, coming back to the table to complete it, sometimes meetings can run long and there is a part two. But the IEP is not considered the final IEP until all the services, all the goals and objectives, the

supplemental aids and supports are determined by the IEP team.

So in your situation, you have a couple of options going forward. If it's still not resolved, you can request another IEP team meeting to get those items resolved. You could call the EC director and let them know what your experience was. You can certainly have a conference with the school principal, if you don't want to have a discussion in front of the IEP team about some other issues that are going on.

anything that has not been concluded is to go back to the IEP team and have another meeting and get that IEP finalized. There are some other options you have, and I might talk to you about them at the break, if you want to talk about some other options, but for the IEP purposes and for the purposes of demonstrating, I think I got you to the point that is good for this part. Does that work for you?

PUBLIC SPEAKER 2: Yes, ma'am. Yes, ma'am.

MS. HUDGENS: Okay. Very good.
You're welcome. This is really stump the chump

Scott Court Reporting, Inc. 130 Angle Place Stokesdale, North Carolina 27357 336/548-4371

mind, there's local practices and procedures that

25

1 are not a problem. They have local discretion on some things. But from the State's perspective, it 2 is not our -- we would not be saying that you have 3 to have what is called a live meeting. I would 4 never want a parent to use up their valuable time 5 6 watching me do data entry. The regulations support, and we should come to the table with a 7 proposal, right? 8

MS. MOOREFIELD: It's never happened.

MS. HUDGENS: Okay.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. MOOREFIELD: So in a real life

IEP meeting, when they are putting in goals and

putting in -- so can we--- You don't have to go

through all the different sections. I just wanted

to see what it looked like.

MS. HUDGENS: So I'm going to get on my soapbox one more time before I show you what you want.

MS. MOOREFIELD: Okay.

MS. HUDGENS: So what we have created inside the system is the ability to create a draft document, and that watermarks every page of those documents as "proposed" because we have an obligation based on our educational expertise to create a starting point for the team to discuss.

That is not a predetermination. That is planning for an effective IEP team meeting, and so that's why those documents are marked "proposed." So when they come into a team, you have something to start with. Okay.

So you start there and you're working through that. I would not -- I think it would be a poor use of time to walk into my IEP team meeting and see this screen.

MS. MOOREFIELD: Well, it's a very poor use of my time to sit for two hours, but that is what's necessary.

MS. HUDGENS: Okay. So moving forward, what I would -- what the IEP team should be working from is a proposed copy. That proposed copy can be written out, it can be adjusted, there can be extra pages that are going into that proposed copy because the meeting is supposed to be student-centered, not watching how wonderful I am on a computer, not watching me stumble through these different tabs. Conversation is supposed to be high and tight on the student's needs.

And so once that IEP -- that meeting copy IEP -- those adjustments can then -- that is the meeting copy. That is what happened at that

meeting. So if that is what the team agrees upon, then "proposed" can be crossed through, and that can be your final copy. Okay. And it can be -- a copy can be given to the parent that that's the final.

Now all of us type A people want it nice and pretty with no scratches through it and we want it in the system. That's okay too. That doesn't take away the value from the meeting copy, but what I have to do is take that meeting copy and then I get it into the system and I finalize it in the system, and then I can print you and me a clean nice copy of what that finalized IEP looks like. So that's how business should work in an ideal situation.

MS. MOOREFIELD: And I hope that that does for 99 percent of all of them.

MS. HUDGENS: Right. So I'm going to take you into the system and suppose I'm working on goals. So here I can add goals, and this "Show Section" button shows me what part of the IEP it would show up on. So you could display this during a meeting to see where it's coming -- coming.

If I'm in the IEP, again, and I want

to look at the assessment summary, these are all the different evaluations that my child might have had conducted. I can see what the details are for them here. You know, there's a lot I can see.

But let's think about the assessment summary.

I've given permission to do that. They've done it. This is the results. So it would be highly unusual for a team to be watching the input of data for the assessment summary because that needs to go in ahead of time.

MS. MOOREFIELD: Right.

MS. HUDGENS: Okay. Then the other part could be, in the IEP, the services, you might be looking at services. This is where you can add special ed services if they're needed. Remember how it looked on the IEP that was itemized? I can show a section here for how that looks on the IEP.

MS. MOOREFIELD: And really just that menu is basically what I was looking for because I -- my experience has been, with the old system, we spent probably a good 20 to 30 minutes of the two hours for the annual just them trying to find where things were. So I like this because I understand this.

Just with my son's particular

teacher, who is very, very sweet, but bless him, I kind of feel like we're going to be, you know, "I don't know how to do this." So I wanted to see that for myself just so that if I do have to explain it to somebody else or another parent, you know, because I do like to do advocacy as well, just so that I could see what it looks like and be able to explain it. So the menu right there is perfect.

MS. HUDGENS: Yeah. So I just clicked on the "Create IEP," and so I might leave parts of this IEP blank. Now remember we talked about how the system would give us alerts. The teacher's going to get all kinds of alerts if they haven't done something complete or if something's in wrong or if something is missing, but they can still create the draft because they might not want to put all the services down because they might need to have more discussion about what would be appropriate for a student. So I might leave the entire services blank.

Well, the system is going to go, you know, red crazy, telling you hey, you forgot services, but that's okay because you're in a draft. You can create a draft document. And so

Scott Court Reporting, Inc. 130 Angle Place Stokesdale, North Carolina 27357 336/548-4371

incomplete IEP because it hasn't been finalized

24

25

MS. HUDGENS: She could have an

yet.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

MS. MOOREFIELD: Right. But what her question was, is when do those documents become live, when does the plan become live, and she was concerned, if I'm correct, that the IEP was incomplete, and she didn't want an incomplete one to go live.

MS. HUDGENS: Right.

MS. MOOREFIELD: So this system would really kind of prevent that from happening, right?

MS. HUDGENS: Yes. It alerts you that it's incomplete. Okay. So then when you make it final -- I'm going into my meeting with a draft. We have our meeting. We make our changes on the paper copy. Now it's also okay that if the LEA wants to have someone sitting beside this special ed teacher that's updating the system while the meeting's happening, not projecting it on the screen, but they have somebody that's a buddy taking notes, that's also perfectly fine. But we want to make sure that the meeting is student-centered, and we don't want to have technology getting in the way of that. So we go to the meeting with a draft.

Now, locally, directors will

25

establish their own practice for how quickly they
want these finalized after the meeting. I think
it's reasonable, if there's a meeting happening on
a Friday, I mean it might be reasonable to have a
ten-day window in the system just to get it
finalized, if it lapses over a weekend or a
holiday or so forth, because those alerts are
going to be firing at you if it's not final.

And the other thing is too, is you're not going to want to wait to the last day of your current IEP to have your new IEP meeting. So there is the notion of planning ahead of time so that if you have to have multiple meetings and so forth, you've got a current IEP in place while the new IEP is being worked on.

MS. MOOREFIELD: In the system, does it alert -- and the only reason I'm asking all these questions is because all of these wonderful things that you're saying should happen, I've either never experienced as a parent or have only experienced once. So I've never -- I've gotten a draft copy one time before an IEP, and then like I -- you know, I've never been the one to set the IEP date. You know, what you were saying about, you know, just in case you have to have multiple

14

15

16

17

18

19

20

21

22

23

24

MS. HUDGENS: Uh-huh. Right. Okay. The last thing I want to show you is the student history. So what is here is the whole history. This is like the big filing cabinet of all finalized documents. So I can see when my child or my student was made eligible. I can click on the "Details" button and get the eligibility there. I see when the parent gave me consent to provide those services. I have a green IEP. That means I'm current. You see the days here. So the days here tells you how many days on the IEP -- or that IEP has been active. Okay. All right. And you can see they've done some testing with RTI and

All right. I think that might be a gracious plenty for a morning, but has anyone had something just burning that they haven't seen that they'd like to see?

the information there.

MS. MOOREFIELD: It looks very intuitive. I mean, have you had -- have you had any feedback from teachers who are starting to use it?

MS. HUDGENS: We have had lots of feedback.

THE CHAIRPERSON: "Why did you-all

25

change the system? I just got used to the old one." I've heard that one, so---

MS. MOOREFIELD: Atypical feedback.

MS. HUDGENS: Yes. I think that, in general -- and I'm going to speak from what I'm hearing, and then not to put our LEAs on the spot, but if they choose to share any of their feedback, I'm going to open the floor for them. We have heard that they like the look of it. They like the way it's grouped together. They like the organization of the pages. I mean, as far as an interface, it's aesthetically appealing and it seems to be organized well.

I think, from that point in, how teachers feel about using the system, I think a pretty generous summary statement will be that the more you use it, the better you'll be. With any new thing, it takes a minute to get acclimated to where things are now located and how to develop things. I think that there are some teachers that are a little cautious about clicking around in the system because they're worried they're going to mess something up. So rather than clicking on things to problem-solve, they might freeze and ask a question rather than explore a little bit

further.

I think one thing that makes people really panicked is IEP meetings that have come quickly after implementation, and they've had maybe a little less time to prepare and learn the system before that first IEP meeting has arrived.

And one thing that I will say as a public service announcement is that in a limited scope, if an LEA has to use paper copies to do an IEP meeting, that is not a procedural issue with us as a state. It just then has to be put into the system.

So for families that might be wondering, "Hey, I've heard this buzz about a new system, but I'm not seeing the new system" or "I'm seeing forms I've recognized before," that's not necessarily a bad thing. What we are most concerned about as a state is that IEP meetings happen and that parents adequately have an understanding of what has happened for their student and the plan for the student. Okay.

So some -- there has been a little bit of anxiety about the meetings that have come quickly. Okay. So that might be just a little bit of a different experience. There might be a

little bit more time at the meeting than you might have predicted before or you might have paper forms for that meeting. Again, in a limited scope, I think it's reasonable for LEAs to have a little bit more time. The important thing is, is they have an effective IEP meeting and then what documents they used at the IEP meeting then are put into the system so that we can collect that information.

So I don't know if you guys want to talk about the good, the bad, the ugly. I mean, go for it.

MS. HUTCHINSON: You go first.

MS. GRANT: Well, we have 28 schools in our district, so we have a good many teachers using the system [inaudible]. We're very excited about the comprehensiveness of the system, if that makes sense, how it all fits in and plays, and there's a one-stop shop, kind of speaking, because our teachers used to have to go here to get this and here to get this and here to get that, and it's all right there.

I was -- I was around when we first transitioned to CECAS, our system that we were using and have used forever. So I have to remind

1 everybody that we went through this same moment of panic during a change just because moving our 2 cheese is really hard. And this first year, we 3 knew and planned for the supports that we needed to put in place as a district simply because, "Oh, 6 my gosh. I have an IEP meeting due in three weeks, and I don't know how to get here and I 7 don't know how to get here." So it's like this 8 panic. 9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

So we immediately regrouped and did an ECATS hotline and have all these people strategically placed around our schools, and we did a core ECATS leadership team. I think if we did not have that as a district, our teachers would be a lot more freaking out than they really are. Because it's been those panic moments, we've been able to pretty much---

I've had to twice say, "Carol Ann, we need some help. I just can't figure this out, and we can't get an answer quickly." Most of the time, the turnaround is very quick when we put it in ZenDesk. When we got with DPI, I think they have the same mind-set about that. They're trying really hard. There were a lot of what I would say kind of glitches at first, but it has been a quick

work through. I mean things we've seen go through.

So the teachers are excited. They're less anxious now, the more they put it in. The first year's going to be a lot because you're having to enter a lot of information, but once they enter that information once, it's there and they'll never have to again. So we're hearing grumblings now, but it's getting better as each day goes.

MS. MOOREFIELD: Like are support service providers, the therapists, do they also have access to go ahead and enter their information before we get to the meeting?

MS. GRANT: Absolutely, yes, they do.

MS. MOOREFIELD: Well, here's hoping we're under two hours this year.

MS. HUTCHINSON: Ditto on everything on you said. So Carol Ann's got a pretty good read, and we have talked prior to now. So the other thing that you and I -- about people moving their cheese, you're going to hear and we're all going to feel a little freaked out because [inaudible] new. From an administrator's perspective, the reports are snappy, snappy,

snappy, and that main screen is---

MS. MOOREFIELD: I love that dashboard.

MS. HUTCHINSON: ---all the time, and it's really easy to shoot Bob a quick email saying "I notice there's three kids that are red. Can you tell me about that?" But I've had to be aware that when they're doing transition meetings, the previous IEP didn't come in as written necessarily. Sure, the service delivery time, area of exceptionality, and accommodations seemed to be very, very accurate. Limited challenges with that.

But if they were to do a transition meeting for new students coming in that we were not aware of and able to do before, that's been either a choice of going ahead and doing the annual review or enter a whole bunch of data to be able to. So we discussed this year is going to be a -- every single one you get in is one more you can progress monitor in the system, and at this point next year, you have 100 percent of everything in. So it's kind of like a year transition from where you're looking, not like a two-month transition, not like Power School where

we turned off SIMS and turned on Power School or whatever. But this is going to be like a year transition to getting -- the report part of it, though, is exceptional.

MS. GRANT: I think we -- it's got built-in compliance measures in it, so we're going to have a lot more compliancy with our IEPs. We also have been able to just -- been able to catch a lot kids that the parents may not have checked EC when they enrolled or had an IEP or received special ed, and when the other school sent their -- school district sent their paperwork, nothing EC was in there. So we've actually been able to catch kids pretty quick and jump in with services because we know those that come in now anywhere in the state with EC services.

MS. MOOREFIELD: Like if a kid moves into your district, it's automatically in there?

MS. GRANT: Yes, and we know about it. That's been one of our like---

MS. HUTCHINSON: We've had the opposite, so---

MS. POPE: I wanted to comment as well. I'm just piggybacking off of what you-all said, but being in Juvenile Justice, we have

students that are very transient and coming in from all different parts of the state. So it's been -- the system is very user-friendly to us because everything is right there because a student coming from Wake County, an IEP would look very different from somebody coming from New Hanover County.

So now everything is looking the same, and our reports from the teachers is that it's user-friendly. They like the access of having everything right there, but just as you-all were saying, some of our facilities have students that stay for longer periods and then some students are there for maybe a month or so.

even with CECAS that didn't get a lot of practice with it. So we're doing ongoing trainings one-on-one in our facilities and whole groups, so that's going to be ongoing for a while. But just the general feedback is that it's a good database to have.

MS. HUDGENS: So Jennifer Degen from Charlotte has some comments she would like to offer, and Jennifer, I've taken you off mute if you're ready to go.

MS. DEGEN: Can you hear me?

2

MS. HUDGENS: Yes. Thank you.

3

MS. DEGEN: At CMS, we did have our

4

training last week or two weeks ago before school

5

started, and I will say that we're all freaking

6

out a little bit just because it's -- it's

7

different. EasyIEP -- we went through this with

8

that a couple of years ago. So it's all a new

9

I will say that it's been beneficial for

10

my case managers. They're able to tag their gen

11

ed teachers, and gen ed teachers now have access

12

to the IEP at a glance, parent contacts that we've

13

made, EC contacts. So there is a lot of data.

My assistant principals and

14

principals use it now so that they are more 15

familiar with what the progress is. So it's 16

17

really helpful that the people in the building

18

have access to it, so we're not always kind of

19

running around. You know, we're still trying to work out glitches with accommodations and things

20 21

like that. There's still some things that are

22

difficult, but I feel like we're working through

23

them.

There is a Facebook page for teachers

25

24

of North Carolina with ECATS, and it's actually

 ago.

very helpful. So I actually stumbled through a DEC-7 yesterday and someone answered some questions. So that's been helpful, you know, just having different resources out there to use.

But just be patient with your EC teachers that are new at this because it is -- I think someone just said -- I'm not sure who was speaking, but you know, we just started two weeks ago. So inputting all this information, it is a lengthy process to try to get it all in there. So just be patient with your educators. Thank you.

MS. HUDGENS: Thanks, Jennifer.

MS. GRANT: This is Christy. I just have one more thing. We were in the pilot, so we actually kind of started this and knew this process awhile ago. So we've been planning -- we're kind of like maybe a year -- a year -- I mean we've really been putting these processes in place.

MS. THOMAS: It was a year and a half

MS. GRANT: Yeah, a year and a half ago. So I just wanted to say that disclaimer. We have had a little bit longer than a lot of districts have.

MS. MOOREFIELD: Well, anything new is going to -- especially when it's this big and with this many moving parts and people, it's going to take time, but I mean it sounds like, just from what you guys are describing, that there haven't been any glaring problems.

MS. THOMAS: It hasn't crashed.

MS. MOOREFIELD: Hey, it's a good day -- if you have a statewide program that doesn't crash on the first day, it's a good day.

MS. HUTCHINSON: We haven't lost any kids.

MS. GRANT: No.

MS. MOOREFIELD: An even better day.

MS. HUDGENS: In full transparency, there have been some things that needed to be added to drop boxes for more selections. The accommodations were -- the way the system was designed, it was force choosing some accommodations across other areas that needed to be deselected. So we've worked on troubleshooting that item.

On the reevaluation, if you're just doing a reevaluation from programming, you're not dealing with eligibility. And so we're working on

South Cour

that right now, not to force the eligibility tab to fire. So that is in production right now.

Just some things that were not anticipated until we got it into the users' hands, but where we've been allocating our time is, as those questions are coming in, in responding to questions, if it's an actionable item that we can take action on, we're diverting our efforts to doing the action maybe than answering the question so that there's a handful of folks that are triaging this on a daily basis.

And so we're allocating our efforts to the solution sometimes ahead of the response, and so we're asking LEAs to be patient with us because if it's something that is not as predicted, we escalate that for intervention. But as far as the system as a whole, it is operating as we expected.

MS. THOMAS: If I could add -- this is Sherry -- one of the things we've tried to do too, instead of sending messages all week long to directors, to give updates on what's been fixed where we've identified problems, we started this Monday message. And so every Monday by -- usually by 2:00, 3:00 in the afternoon, we send out a

blast through our listserv to directors with this 1 update weekly of what -- where the targeted 2 problems have been, where the fixes have been, 3 things that we've corrected, things that we've 4 found, more information, and that seems to be 5 6 helping to lessen some of the anxiety and some of 7 the questions because we're getting regular information out. So I think that's been helpful. 8 I'm going to look to my local people to see, 9 but---10

MS. GRANT: Absolutely.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. HUTCHINSON: I take the Monday message and shoot it out to people that I've gotten emails from saying this eligibility issue when they started the reeval or they just fixed the read aloud accommodation. So I just grab the parts that I need and send it out to them.

MS. THOMAS: And we're regularly updating the FAQ, but sometimes that's laborious to go through to find. So that message, we're hoping, is -- so good. That's good feedback. We were hoping that would be---

MS. HUTCHINSON: Two thumbs to the Monday message.

MS. HUDGENS: Okay. I think my time

Our guests that are in the back, we have always had a policy where you're welcome to join us for lunch. We have food back there,

23

24

25

usually too much. So we'd like to get to know you better and find out how we can support you and things like that. So, once again, thank you for coming and we'll break for lunch. Does that sound good to everybody?

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

## (A luncheon recess was taken from 12:33 p.m. to 1:10 p.m.)

THE CHAIRPERSON: Okay. We've got three people signed up for public comment. Did we have any written public comment for the month?

MS. COFFEY: There was one.

THE CHAIRPERSON: There was one regarding the autism changes. Okay.

The first person on public comment that signed up was [name redacted].

PUBLIC SPEAKER 1: I'm going to read my notes because my memory is terrible. It's my understanding that the key role of the Department of Public Instruction is to ensure that federal and state education law and policy is implemented. It's also my understanding that this Council is set forth in federal regulations and established as an advisory council to the State Board of Education.

As parents, we trust the education of

our children to schools and school districts.

However, when a problem arises and the needs of the child are not being met, there are certain mechanisms written into federal law to ensure that the rights of our children under FAPE. The Department of Public instruction is part of that process, and parents should trust that the system in place will appropriately safeguard them.

I'm here today to tell you that my son was denied a free and appropriate education by his school district. I won't bore you with the details, but I want you to know that his school failed to evaluate him for a suspected disability and that decision led us into a two-year battle that we did not ask to be a part of. His school failed to comply with federal and state policy and gave us misinformation at every turn.

As a parent, I took on the full-time role of a special education advocate for my son in the fight that ensued. I'm sure you're fully aware that the formal complaint process is designed to ensure that local educational agencies comply with special education rules and regulations as set out in IDEA and the North Carolina statute. It was my understanding that

LEAs are required to comply with decisions that are made, which are final.

We filed complaints with the

Department of Education, Office of Civil Rights,

and the North Carolina Department of Public

Instruction, Exceptional Children Division. Both

found the school district in violation, and in May

2019, the North Carolina Department of Education

issued the conclusion of their investigation

report and issued their decision.

The plan set forth a list of corrective actions which were to be completed by July of this year. We are still waiting. The corrective action plan is not complete. The school district is not compliant, but no one is willing to tell me what happens next.

Communication from within the DPI is dismal.

Emails are not returned and phone calls go unanswered.

As a result of being forced to advocate for my son -- for my son, a group of five frustrated moms connected a year ago this month. We all had stories to tell about dyslexia and a common theme with the DPI. Sadly, our conversations are usually about school districts

appearing to work to keep children out of special education and regularly misinforming parents of policy or procedural law. Any attempt to get correct information from the DPI was usually met with confusing or conflicting statements.

The same group of moms has now grown to 208 as of today, and the Triangle Area Dyslexic Advocacy is growing from [inaudible]. We connected with other frustrated parents from Guilford County, who are now 103 strong, and together we are working -- we are now working with Decoding Dyslexia North Carolina and their 2885 members. That is a lot of frustrated parents with lots of stories to tell, and we are talking to each other.

As council members, I would like you to realize that the frustration parents are feeling towards the DPI. When school districts are not compliant with policy and parents are desperate, there's little uniformity or consistency between schools, and parents are being misled on a daily basis. The DPI has a responsibility to ensure that local education agencies are complying with education law and adhering to state policy.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

We are telling you loud and clear that that is not happening. We would like to make it clear to you, as the advisory council to the State Board of Education, that it is not happening. Every child has a right to a sound basic education and every child deserves an appropriate education. Thank you.

THE CHAIRPERSON: Thank you.

Thank you.

MS. MOOREFIELD: I'm just going to applaud you because, as a mom, girl, I feel you.

PUBLIC SPEAKER 1:

you did something about it.

MS. MOOREFIELD: DPI is huge. I've always received responses from them, but I applaud you and your moms because you're frustrated and

PUBLIC SPEAKER 1: Thank you.

THE CHAIRPERSON: And we have [name redacted] -- is that [name redacted]?

PUBLIC SPEAKER 2: Uh-huh.

THE CHAIRPERSON: Okay.

PUBLIC SPEAKER 2: Hi. Good morning.

I'm a little bit different than [name redacted].

I didn't write anything to say to you. Part of
the reason why I didn't write anything is because
I didn't know what I was going to say. I've never

been here. I didn't know what you talk about. I didn't know anything about what was going to happen here today.

And after sitting through it, for the amount of time that I did, I think what I want to tell you today is that what you think is happening and what you hope is happening and what you want to believe is happening, it is not happening. It is a battle zone. Special education is a nightmare. These children are suffering.

There are systems in place for parents to try to get help for their children. At IEP meetings, they go to the computer and they print off the definition of the disability. My children are dyslexic. How are you going to remediate a dyslexic if you do not know what it is? If you cannot identify it, how can we possibly expect them to remediate it? It is systemwide. It is systematic. It is an absolute travesty what is happening.

There's 39.6 percent proficiency ratings in the state of North Carolina. That is failing by anyone's standards, certainly by mine.

If you can only teach 39.6 percent of the children in this state that do not have a disability how to

read, then you do not know how to teach reading because, clearly, surely, they are not all dyslexic. We are failing. We are failing. We are failing.

And parents are begging you to do something about it. I am personally begging you. I have begged my school district. They do not follow the law. They don't know the law. How can you follow it if you do not understand it and do not know it? It's impossible. This is an impossible situation.

It's impossible as long as we continue the status quo. Status quo is unequivocally absolutely not working, not working at all, not only for dyslexic, but SLD, reading, writing, math. These children are not receiving a free and appropriate public education. It's not okay. It's not all right.

There is a way to teach reading, and it's through structured literacy. Anything other than structured literacy is a civil rights violation to our children. When my daughter started kindergarten and we sent her in, no one knew that she was dyslexic, but we could all rest assured that if they were using a balanced

literacy or a whole word curriculum, any dyslexic is not going to be able to progress in that situation. They can't. They cannot. We are excluding them.

So we can have reading words, and we can all debate whether we should use structured literacy, balanced literacy, or whole word, but the fact of the matter is, is that balanced literacy and whole word should come off the table because even if they advance some, which right now we have 39.6 percent, you are excluding any child who is anywhere on the continuum of dyslexia, SLD.

There's thousands of them. You're excluding them. You're not giving them an opportunity. You're not giving them a free appropriate public education, identified or unidentified, and many of them are never identified, and when they are, they don't receive proper remediation. Please help us. We don't want to be your adversary. We want to do it with you.

It takes all of us. He takes us and it takes you and it takes the legislators and it takes the teachers, and it takes the person -- the janitors, and it takes the person running the

state of North Carolina. It takes all of us, and we all have a stake in this game. It's children and it's literacy.

Please help us. Please. Please help my children and please help all the other children that are struggling and the families that are struggling because it's a travesty what's happening. Thank you.

THE CHAIRPERSON: Thank you. And we have [name redacted]. I'm guessing I pronounced that right. [Name redacted].

PUBLIC SPEAKER 3: [Name redacted.]

I married into that problem.

MS. HUDGENS: Would you make sure that you move the microphone a little closer so we can hear everything clearly?

am quiet. My notes are a mess. You'd think this would get easier asking for help. It doesn't. My name is [name redacted]. My family lives in [redacted], North Carolina, and my children attend Wake County Public Schools. I was born here and raised here and educated here, and my mother and grandmother were teachers who spent 50 years educating.

14

15

16

17

18

19

20

21

22

23

24

25

I have a 14-year-old neurotypical son who is starting his freshman year of high school, and I have an 11-year-old autistic daughter that is in the fifth grade. (Cries.) This is embarrassing. She was diagnosed at 18 months and was part of your early intervention preschool services, and it was always a smooth ride, but we saved a life together, Wake County and I, and did exactly what your program set out to do.

We saved one whole human life, so before I talk bad about you, I'd like to thank you for that. And I would like to talk to you like my daughter talks. Our math programs in secondary education in Wake County are a disaster, and I've been speaking out at the Wake County Board of Education since April with many other parents you've seen on the news probably when they instituted the Mathematics Vision Project for high school, Open Up Resources for middle school, and EL Education in the English department, but I don't have time to fight the English.

I am fighting the math because I can't seem to get around that, and I can talk all day as to why I think that came here, why we have these bad programs, why my legislators and NC DPI

and my teachers and Wake County cannot agree whether or not we have common core math standards to even start from, but I do know that the programs my children are using are written by the creators of common core, and if it were my daughter standing here as a mother with autism, she would not be able to reconcile that glaring discrepancy.

These programs are based on group discovery learning. Children are expected to struggle together in groups while learning brand-new math topics. After they have struggled long enough, they are then refocused into direct instruction where they are eventually taught and shown the correct ways to solve basic math problems, every single day over and over.

And I'm sure that I don't need to explain to you what the chaos of 35 middle school students loudly discussing separate math topics simultaneously would do to sound-sensitive children on the spectrum. It would bother us as adults. And that is every single day at every phase of math learning in middle and high school.

We fought for two years to find out as to why my neurotypical child was doing so

poorly in math, making bad grades. He did so that bad, he had to retake half of his quizzes and exams without me even knowing it, where he could only score 70 percent in every unit test. He was coming home unable to complete homework since no math resources or materials were provided by Wake County. He came home in tears. He called himself stupid. He hated himself. He started to mistrust teachers.

"Does my child have the resources to learn the math content that he's responsible for learning in middle and high school? Why is a teacher unable to assess my child's math comprehension in these programs," and that is a very simple ask. "Show me what material he was learning, so I can see why he didn't comprehend it. I'm the mother of an autistic child. I can figure this out."

I was using the most basic assessment of myself and my husband as barometers. If we as parents could look at the information he was given and figure out the solutions, then, so should he.

Not one person in Wake County or in North Carolina can show me the content that we are using to teach any middle and high school classes, not one, and

the resources we are giving to them are workbooks and two-minute videos.

And I would like you to imagine
taking your old algebra and geometry textbooks and
ripping out the glossary and the index so you have
no reference information, rip out all work
problems as well as half of the regular practice
problems, take out the odd answers in the back of
the book so you are unable to check your
comprehension, remove all definitions, all math
theorems, and every single standard math equation
such as distance formula and radius of a circle
and so on until you are left with just questions.
And I want to repeat that. The only resource that
middle and high school students in Wake County are
provided is a workbook that contains questions
only.

After the struggles academically and emotionally that my son went through, I imagined what that experience will be like for my autistic daughter. I was told by the principal of my school that they could not worry about problems that might happen; they can only worry about problems that have happened and I would have to wait, since she is mainstreamed and not supported

by an IEP, until she got into the sixth grade, spend a quarter, fail, get broken, and then they would do something about it.

In two years at my middle school, they didn't do one single thing for my son, and I have the empathy with the mother as a teacher [sic] to know that they couldn't because the programs don't have anything for you to see. I'm lost. Without clear math content resources in our math curriculum, I'm removed from my children's academic equation completely, and that is petrifying with an autistic daughter who is about to start the sixth grade in one year.

At one point in my daughter's autism diagnosis, her therapists were unsure if she would ever speak again, ever be able to attend school, or take care of herself. I didn't know if she would see me or love me or make a friend. Her progress to date is nothing short of a miracle. I can see her having a family, attending college, and I can't believe that the obstacle in her way is not being able to make a passing grade in the middle and high school math class because she's not allowed to have any visual math resource material.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

I know that you may not be able to solve these problems, but Wake County has been less than helpful in pointing me in the direction of the people who can make these changes and stop Wake County from continuing to use curriculums that don't have visuals.

So I'm going to sit in the back, and if you bring me your email, I can send you any information that you want, and if you know of anyone that I should be talking to, you can hopefully come find me and help me go yell at the right people to make these changes. Thank you.

THE CHAIRPERSON: Thank you, [name redacted]. Most of the Council by legislative requirements are parents. We're required to have 50 percent parent participation or membership.

We're actually in the process of -- I'm not sure where we are in the membership process right now.

I know we have some vacancies that have opened up, and we can discuss that, if that's something you might be interested in. We're always looking for strong parents, strong advocates.

Each one of us parents, we all have our stories, I'm sure, we could tell you and it would not sound that different from yours. So I

encourage you to keep connected with us, and we will work on making sure -- you know, if you're interested in being part of the Council on a formal basis, help you to go through the process for that to happen.

But thank you for your courage. I know it's nerve-racking to get up before a group of strangers and share your stories and your concerns. You did fantastic. And as a parent, we can relate. Most of us are parents. Even some of our educators here are also parents of people with special needs. So we relate to you and we hear you loud and clear. But thank you for bringing your concerns to us because that's what we need. We need that reminder every now and then. So thank you.

Do you want to quickly gloss over the one written comment or---

MS. COFFEY: We did have one written comment. It was concerning the ASD policy changes. I mean she had very specific [inaudible], but most of them have been addressed at this point.

THE CHAIRPERSON: She participated in the ASD Stakeholder Committee and---

MS. COFFEY: Yes.

MS. HUTCHINSON: I was just going to ask, can you tell us the date of that comment?

Because things have happened so fast.

MS. COFFEY: Yeah. This was back, actually, in July. This was even prior to the [inaudible] going back out to the parents. So this parent has been involved, I think, very much in the process since then. So that's why I don't feel like it's -- so much has changed, going through her information, at this point, it's not really relevant now since it was a July date.

THE CHAIRPERSON: There are some things -- we're about to go into committees -- and our parent guests that are in the back, if you hear a committee you might want to participate in, you're welcome to join us for the day, see what we do, and provide your input with some of your concerns.

We are you, you are us, we are one,
you know, because we're all fighting to -- or
working to make this a better system for our
teachers, for our students so that we're all
better coordinated together for the success of who
we're working for, which is the student. We're

very student-focused here.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

I was looking at the bylaws earlier, and I actually went over -- or too long with my chairmanship, and so I will not be up for appointment for chair for another season. So we will be, at our next meeting, opening up the floor. So consider it, pray over it, whatever you do. I've got a recommendation. I think Virginia Barefoot -- Ginny Moorefield -- I called you Barefoot -- Chad Barefoot is also here somewhere. I think you'd be fantastic as chair. I think Christy would be fantastic as chair. I mean every one of you would be fantastic as chair. So think about it because I did not realize that my time was up two years ago or almost two years ago. that's that.

We had the autism stakeholder meeting. That went very well, very active conversation. I felt like DPI listened to our voices and good strategy was made. We all came together well and with the best interests of the students in mind that are going to be impacted, and that's an ongoing process. I'm sure Sherry will probably talk more about that here in a little bit.

One other thing is, we might want to -- and Abby could not be here. She's our policy chair.

MS. HUDGENS: She's online.

THE CHAIRPERSON: She's online. One thing that I had mentioned to her earlier that we might want to look toward doing is, we had problems coming up with a quorum for our letter to the State Board of Education. I wonder if part of it is, right now we are like right smack-dab in the middle of a membership changeover or rotation or something like that because we had two or three members, I know, that have dropped off the Council.

We haven't welcomed, quote, unquote, "replacement" members onto the Council yet. So I think that made it a challenge to reach our quorum, which is 13 individuals. So that's something we'll be working on later is discussing if we want to go to like 15 -- not 15 -- to a 50 percent quorum versus a numerical set number quorum because it's kind of hard to count somebody that's here because they're not supposed to be here anymore. So we ran into that. I think if we had those two members, we would have been fine

a reason they're on the committee.

25

I'm not sure how those appointments work as far as the people across the street. I would imagine it would be somebody who might be working with education in one of their departments or, you know, how they have the committees for---

MS. THOMAS: So I can tell you that, actually. So for any legislative appointments, because this is a council that is advisory to the State Board, we have to go through the State Board legislative coordinator as well as the superintendent's legislative coordinator. So Cecilia and now Wade. So I actually talked to Tish at break because we've got a couple that we should have had appointments in June, and so I will get with them on this immediately to get -- to get them to work on that on your behalf, but that's the process we have to take.

THE CHAIRPERSON: I imagine or hope it would be somebody that has a background in education and a passion for the kind of work we do here, not just someone, you know, that's a melon farmer from Sampson County, who I loved to death, he's a nice guy, but yeah, you know what I'm saying.

that. It took a little while to get her phone number, so that might be a little delay. But Cynthia had asked for somebody to replace her as the chair of that little team, and so I'll do

24

25

disproportionality, and if there's any like trends across the state that we can focus our efforts on in certain areas.

22

23

24

25

THE CHAIRPERSON: All right. That

sounds good. Do you want to report for Unmet

Needs since you're the Chair of the Unmet Needs or

I can because I was there.

MS. COFFEY: I think the notes are mostly on yours, but maybe we can tag-team it. We were talking somewhat for the report and the vision of what we wanted to be able to do, and within that was talking in the concern that we're not really meeting a lot of unmet needs because we're not getting work time to actually figure out what we need to do and how to move forward.

We're also still not getting a lot of public comment. Trying to figure out some pieces of that. So we were talking in terms of maybe -- you may need to fill that piece.

THE CHAIRPERSON: Well, we're looking at kind of redoing how our meeting schedule goes, our meeting agenda goes. We're looking at possibly doing -- for the presentation pieces, we'll have our presentation. Then we might have ten to 15 minutes for Q&A with the expert presenter who's presenting, and then ten to 15 minutes of a debrief within the Council so like, you know, she said this and I thought that was interesting. Do we need to make a recommendation

on that?

Like, for example, we mentioned the suicide protocols that some of the school systems have in place. It sounds like some school systems don't. Should we make that as a recommendation that all districts need to have a suicide protocol in place for identifying children at risk and making sure that we're getting them connected with the services they need, you know, because this is a life-or-death situation for some of these kids. That was a recommendation that we kind of came up with out of the presentation this morning. So that was part of it.

The other part of it was, because there seems to be not much time for committee work by the time we get to committee at the end of the day, the possibility of using the webinar system to be able to meet as a group outside of this larger group, outside of these meetings. I spoke with Tish about it. The biggest thing that she said that we needed to do is try to make it as structured as possible. Like if we want to do it on the third Thursday of the month at 3:00, that would work as long it was consistent so that they could post it for public comment purposes. But it

makes it easier for her schedule as well with the webinar because that webinar account fills up quickly. You blink and it's gone. So that's the challenge we have there.

I don't know if every committee would be interested in something like that. The Unmet Needs Committee is. So as committee leaders who are listening, Christy, or Abby on the computer, feedback on that when you-all get a chance.

But we had added recommendations for the suicide protocol to the annual report as well as recommending that all districts offer some form of program similar to -- it doesn't have to be Mental Health First Aid, but to make sure that our teachers and our staff are getting some exposure, some training in that regard to be able to support our students.

MS. HUTCHINSON: So I know our teammate from Department of Health and Human Services isn't here today, but I know that like with the crisis team, there are requirements through that with the mental health. And I wonder if coming from Exceptional Children, if the better thing to do, instead of sending it straight on to the State Board, is to send it to that group and

because I've heard both things in the past. Where

it has to be -- if it has so many people of the

24

25

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. HUDGENS: Yes.

MS. CHILDERS: I'll try to talk as loud as I can. Okay. So I wanted to go over a few of the things on the bylaws. If you will scroll down, Carol Ann, to where it says

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

[inaudible]. We'll start with that one, and it says "Carry out any other responsibility as designated by federal law or the State Board," and we talked about that today because the parents who came into today -- obviously, it was very gutwrenching hearing what they had to say, and the parent that stated about the changes that should have been made by July 2019, I think she stated.

My question for you is, if that states, "Carry out any other responsibility as designated by federal law or the State Board," is there a way for us to be able to help with that and see which districts have things that have not been done in time to help with the accountability process of that?

MS. HUDGENS: Do you want to answer that?

MS. THOMAS: I'm not sure I'm even clear on the question. This is Sherry. If you can restate that. I'm sorry. I'm not sure if I understand your question.

MS. CHILDERS: That's okay. So basically where it says "Carry out any other responsibility as designated by federal law or the State Board," with that -- for example, the mom

**Quarterly Meeting** 9/11/19 1 that stood up today and spoke and stated that the state recommended changes were supposed to be 2 due -- excuse me -- the district changes needed to 3 be made by July 2019, if I remember that 4 correctly. If that's the case and it still hasn't 6 been done, is there a way for us to be able to see those kinds of things when you-all are presenting 7 different items to us when we have our meetings? 8 I know a few months ago, I think, 9 Carol Ann did, you know, a big presentation of all 10 the different stuff for the past year. 11 actually, that might have been you. I'm sorry. 12

But where you basically were telling us like all of the different things from districts that you had over the past year and went down that list.

13

14

15

16

17

18

19

20

21

22

23

24

25

Is there a way we could get that for the districts when it comes to them being -- to be held accountable for these types of [inaudible]?

MS. THOMAS: So you were talking about the parent discussing the dispute resolution and the corrective action was not corrected by That's part of our due process process, to be repetitively redundant.

And I'm going to let Carol Ann address that because we don't just ignore that.

We have to respond to that, and that comes under Carol Ann's supervision within her section. So I'm going to the let her address that.

MS. HUDGENS: So a couple of layers to respond to your answer [sic]. First of all, under this requirement, item 6 here, just in general, the State Board or the federal government would have to specifically give you the authority to act in a particular way. That's what this item 6 means. So the State Board of Education would have to specifically say that this Council is responsible for doing A, B, or C. The federal law says that we have to have a council to advise the State Board of Education, and so that is the responsibility that the Council has by federal statute.

So to have some other organized activity identifying unmet needs and advising the State Board, the State Board would have to dispense that authority to this board to act in that capacity. So that's just getting number 6 tied up with your question about do you have authority or do you have some actionable opportunities through item 6.

Now with regard to the information

the parent shared about the corrective action

timeline, because there was a state complaint

involved, we have not left that situation. We are

involved in that case until that case is closed.

So our office follows up on that information, and

we take action at the local level regarding the

timeliness of those completions.

Now the worst-case scenario, if there are things that continue to be in a prolonged state, we can look at, in child-specific cases, that the LEA cannot be allocated funds based on the fact that the child's issue has not been resolved in a timely fashion. So I could make that recommendation to the Director. Sherry would review that, and then it would just have its own process about whether or not the LEA needs to have some kind of consequence in that manner.

Prolonged situations of unresolved noncompliance, holistically, if this is a pattern not only with state complaints but with other issues in the LEA, then the cumulative effect of that is, we could make a recommendation for formal sanctions, which is when you publicly notice that the LEA is out of compliance, and they have to come to the State Board and pretty much explain

themselves about why they are not in compliance
and what their plan is to resolve that. So there
are mechanisms that we do, and we are charged with
that responsibility by the State Board to follow
up -- and federally -- to follow up on what is
noncompliant in the LEAs.

The other piece of your question is about can we share that information with the Council. Well, we can share aggregate information regarding patterns of noncompliance, but because this issue is involving a particular child, for confidentiality reasons, I wouldn't be able to share the particulars.

MS. THOMAS: This is Sherry. Let me jump in. What Carol Ann just described is the absolute worst-case scenario, but under the general supervision requirement with the federal government that we must address every year when we submit our grant for our IDEA funds, we have to ensure that general supervision is being upheld and we are ensuring that is happening.

So they have not left this case just because the school may not have done an item they were supposed to do by July; we won't leave that -- we won't take them off that corrective

effort.

action. They will not be able to just walk away from that, but that's under our general supervision charge.

sanctioning, it takes a lot to get there, so that doesn't happen with just a one-incident kind of thing. I wanted to make sure we were clear that we're not -- we're not like the sheriff in town coming to get you because you missed a date, but it does cause a conversation, and I can assure you that there are probably multiple people on our staff already working with that district to ensure that they get that compliance in place.

MS. CHILDERS: All right.

MS. THOMAS: But I appreciate that

MS. CHILDERS: I was wanting to just kind of get that clarified. So thank you very much. Now I think I understand that better.

Okay. Will you scroll down again to -- I think it's G -- it's under G and I think it's--- Okay. Yeah. So we'll start -- G3 and G4, I wanted to kind of talk about. So we were talking about this past summer where we, you know, had a lot of the different autism policy changes

going on, and there were a few phone conference calls about that, and if I'm correct, there were only about, I think, an average of eight to nine people that actually were able to come onto that call. Is that correct?

THE CHAIRPERSON: Roughly that. I mean, when we had the largest meeting, I think we had like eight people, and then we had absentee voting and had like three more responses.

MS. CHILDERS: Okay. So on number 4 [inaudible], the bylaws may be amended by a two-thirds vote of those present at a council meeting." I was thinking we should take out the two-thirds vote, and we could just put in quorum [inaudible], and we can decide on how many people that quorum is. It doesn't have to be a specific number.

I was going to say and propose

nine -- the bylaws be amended by a nine-person

quorum, if that would be something that you-all

are interested in. If you guys think it should be

more, that's great. I just kind of wanted to go

with something that maybe -- something that was

kind of -- I guess that would be appropriate,

considering what we had this summer present.

MS. HUDGENS: So you may have just said this and I missed it, and I apologize if I did, but you have item number 2 there which provides an option for absentee voting. So that may be---

20

21

22

23

24

25

MS. THOMAS: They exercised that, I believe.

THE CHAIRPERSON: We exercised that

can exceed that. So that is 13. 13 would be a quorum.

24

25

delay, Miss Sherry.

MS. THOMAS: That is okay. I just thought I'd stand here and I'd be ready. It let me answer some of those questions too.

So good afternoon. It's good to see everybody. It's good to be here. I've got a few updates for you, and so I'm going to start with following up on -- I did send you the email with the proposed revised policy around ASD eligibility, and then I sent you a communication to let you know that that had indeed passed.

And I did that because the Board has a new procedure now where they move everything that is for a vote into one vote. They aren't individually voting on each item, and sometimes things get lost and people aren't sure if things -- if a proposal or a policy or a recommendation has passed. So I wanted to make sure that you were all aware that it did pass.

We are working on that implementation plan, and so we actually had our implantation plan done ahead of our schedule, but our target is

November 1 to have the resources ready for the guidance documents. I sent that request out to the Council as well as the stakeholder group that

met with us on August 22nd, and I've had about 12 or 15 people respond that they would be willing to review the documents and give feedback.

So our plan is that -- the consultants are working right now to develop those documents -- those guidance documents, and there will be one for administrators. I think that's actually going to be either a YouTube or a PowerPoint with a voice-over guidance for principals because we know they need something quick, easy to look at and grasp that information, and move on. Sending them a 20-page document, they may not get through that, but if they can watch something for ten or 15 minutes, that's probably much more efficient and probably a better rate of us getting them to look at it.

So administrators, that would be for directors, for principals, for whomever needs to look at that, so that's targeted for early

November. We are looking to have a guidance document for gen ed and special ed teachers and then one for parents. And so what my plan is, is to take all the folks that have volunteered to do a review and to give feedback on those guidance documents, I'm supposed to get those about the

15th of October, and my goal is to have our internal leadership team look at those, Carol Ann, Matt, other folks on our leadership team, other section chiefs.

So that within a week, we are going to be able to send out to that stakeholder group, then, the documents and ask you to review one of those. I'm not going to ask you to review all three because that's a lot for any person. But our goal will be within about a two-week period of time, then, to have all your feedback back to us, make any changes that are recommended that we can -- because what we're looking for is clarity, and we want to make sure that these documents are very clear in guidance for whomever is reading them or using them.

Then the goal is to have those ready by the first part of November, and we will do training using those documents -- talking about the policy at our November conference. We'll have a couple of sessions on that. All that training will also be embedded -- the policy part will be embedded in all of our ongoing training around students with autism, and then we'll be ready to roll out the policy on January 1.

1 I am going to come back to the State Board in December to give them an update, to let 2 them see what we've developed, to give them a 3 timeline of what we've accomplished since the 4 5 August 4th meeting so that they can stay on board. They've also shared, if we don't feel like we're 6 ready to roll this out, if something happens and 7 we don't get those guidance documents done, then 8 certainly we'll ask to delay that implementation 9 till later, but our goal is to have that ready for 10 January.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

So that's kind of a quick update. Most of that, I think, I sent in an email, but any Is that clear? Does that feel good? questions? THE CHAIRPERSON: Uh-huh.

MS. THOMAS: Okay. It felt good to It feels like we've done the right thing. And I will tell you that's the best stakeholder group I've ever participated in, and I've been in education a very long time. I think this is year 34 for me, with a gap there in the middle with my youngest when she was born. So to be able to sit in a stakeholder group and get honest reflective feedback on the topic and us be able to come out with a change that everybody could agree on was a

pretty cool experience. And Leanna was there, and it really was a good day.

It gave me hope that we can actually get stakeholders back engaged because we've done that, and what happens is, we start with a very large group, and by the time we finish whatever work we're doing, we're down to just a few, and that kind misses the purpose and intent of doing the stakeholder group, when you're down to just a few people who are showing up to help you problem-solve. So it gave me renewed hope that we're going to get people reenergized about being a part of that.

We've set some priority for our division work, and I talked a little bit about this is in June. I just want to give you an update that we are having our second round of meetings with our adapted curriculum work and trying to get not only clarity around teacher expectations, but what that curriculum should look like, what the tools are that teachers need, what support they need. If they've come out of preservice program that maybe did not address working with students with more significant needs and if they don't feel prepared, then how can we

help them access that. So that's been on the radar.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

We talked about the AU policies stakeholder group. We're going to ask that group to stay together as well to give us feedback as we move into looking more around instruction and best practices and ensuring we're doing a good job with the curriculum piece once we've identified those kiddos as well.

We will be looking at some cleanup in our policies. We know we've got some editing to There's always a typo that we miss, you know, even though we've looked at it 50 times. But we do have -- our policy on specific learning disabilities that was passed back in 2016 --2015 -- October of '15, which moves us away from using a discrepancy model where you compare the student's IQ to their achievement level on those academic assessments to looking at a response to intervention model or did they respond to the intervention that was provided, has there been progress monitoring, have we used the right interventions, so really getting back to how that eligibility was in the law in 1975 that we kind of turned into some other ways of interpretation.

But right now our policy has that in there as a -- it will become effective on July 1, 2 2020, and we've got to clean up the policies. 3 we'll be doing some cleanup. I don't think we 4 have an intent at this point to do major changes, 5 6 but anything that does come up that we need to look at will certainly come before this Council 7 prior to us moving forward to the State Board. You have my word on that.

1

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Conference, I mentioned that earlier. Just a reminder that our conference is November 20th and 21st at the Koury Center in Greensboro. We have a day and a half, five different breakout sessions, plus a plenary, plus we honor our Educators of Excellence. And if you've never been there for that, it is a great time to watch teachers being celebrated.

Teachers, therapists, anyone who works with students with disabilities is eligible to be nominated if they are an employee of a school district, and so that notification just went out this week around making the nominees from districts for that Educator of Excellence. accept one nominee from each of the traditionals, one from each region for charters, plus our

state-operated programs, and we usually have about 100 nominees. So it's a fun time.

This year, I also -- suddenly, I've created a real focus around parent engagement because we've seen that, through this AU policy, we don't have good mechanisms in place to reach out to parents, or what we've done in the past is no longer effective. Social media is a great tool until it becomes a tool used for negativity, so we're trying not to do everything through Facebook. We do have a Twitter account.

But one of the things I want to do
this year, and my dear registration team -- poor,
Tish. I moved her cheese again, but they're
working with me. And so my goal is to contact all
of our parent advocacy groups in the state and
offer them up to five free registrations for
parents that they have within either their group,
their contact group, on their board, just to try
to increase our parent engagement at the
conference.

And so I wanted to make you aware of that as well. So I will be reaching out to, you know, First Resources, ECAC, Families First -- there are so many, I can't rattle them all off --

Easterseals, ASNC, TEACCH, any organization that has that parent focus and offering them up to five registrations. So there will be communication going out to those agencies around that, which brings me to my next item.

We've also created a parent listserv, and this information went out yesterday to our local directors and charter directors, and it also went to every agency we could find that is involved in any way with parents and children with disabilities.

And I asked Carol Ann to pull this up so I can walk you through it. So where it says "Sign Up for Updates," it's on the home page of Public Schools. When you click that, it takes you to a page where you can either -- it says "Email." You can also do that drop-down, I believe, and have it sent as a text message, if that's how you want to receive your update. You hit "Submit --" You put in your email address or phone number, hit "Submit," and then it will -- Carol Ann's going to do it so we actually see it live -- then it will take you to a page where you can select the new listsery we've set up.

So you have to do this. If you get the

State Board of Ed's updates or you get the Superintendent's updates, this is coming from the same portal. So Carol Ann has put in her information.

MS. HUTCHINSON: What information will go out through this? Because I'm wondering, if we already get the EC Division one -- like it would be nice to know -- this is what parents are getting?

MS. THOMAS: I'll tell you. Since we've started the login here, I want to--- And so when you go in and log in and put in your own personal information and you scroll down, it's under "Resources," and it says, "Exceptional Child Information for Parents." Once that is clicked, then you have to go to the bottom and hit "Submit," and that registers you.

So what will be coming through here are things like we're having public comment on an AU policy that nobody got out to the field or few parents knew about. So it's going to go directly to those parents who sign up or to those agencies who sign up and then send it out to their listsery.

So as a council member -- I'm going

to take that back. Not as a council member, as
the Director of EC, you're going to get everything
we get, but when we're talking about your Educator
of Excellence, we're not going to send that to a
parent because that's not relevant, but anything
that deals with instructional practices,
opportunities, conferences, policy changes,
resources for parents, those things will go
through that listserv out to anyone who registers.
But the key is, they have to sign up. So we've
asked all those agencies that we sent that out to,
to forward that to their listserv or to be
committed to signing up and then forwarding the
information out.

So one use I can think of is, if you are looking for council members, that would be something we could use to send out to say, if you're interested in sitting on the Council, then here's what you do. So it gives us a vehicle to kind of help support you with some of your work as well, and I'm actually pretty excited about that. I feel much better about that than trying to shoot everything out through social media, quite frankly, because we know they're going to get accurate information because we're sending out the

details to them that we're sending out to districts. So districts may send it out and then we may send it out again. So I guess, if you get it twice, it's better than not getting it at all, which is our hope.

Any feedback from that? Any comments?

MR. HOSKINS: Just in addition to, I anticipate that oftentimes communications will have opportunities for structured feedback. So that it's not just going to be a one-way type of communication vehicle, but there will be opportunities for two-way communication.

MS. THOMAS: Thank you. I forgot that part, but yes. So we'll look for feedback, stakeholder group involvement surveys. I think it's going to be a good tool for us to use to really improve communication. I talked to the chairwoman of the Special Education Committee for the State PTA. She's already signed up. So she's ready to send anything we do out.

MS. HUTCHINSON: It's good to know [inaudible], but I was thinking, if I get it as a parent and then just forward it out to my parents of students with special needs that they don't

1 have to sign up that way.

MS. THOMAS: That's true. That's right. If you have a listserv, it's to be shared, and it will say that every time, please share whatever we sent out so that it's---

MS. HUTCHINSON: And it will be in parent language.

MS. THOMAS: Yes.

THE CHAIRPERSON: And I've already seen that on ECAC's Facebook page, and I posted it this morning on ASNC or I think somebody else posted it on ASNC. So it's getting out there.

MS. THOMAS: It is, and it will be -you know, it takes us days to get things on our
web page, but it will be on the main page, and
then it will also be on the parent page on our
website. I popped it up in LinkedIn today because
you never know who's going to see it. So I
figured it was a good place to announce that.

We also -- I don't know if Carol Ann was going to talk about this, but I'll steal her thunder. We also have a new parent liaison coming on board. It's been awhile, and she's tried diligently and has had several people turn her down, and finally, somebody came back and said, "I

really do want that job." So we're excited and I believe she starts Monday.

MS. HUDGENS: She does.

I'm not going to hit her with this on Monday, but once she's in and settled and really kind of into her -- understanding her role, this will become -- this listserv will become owned by that parent liaison, which will, I think, help us build -- I mean that's the whole purpose of having that person there, is to improve our communication and our outreach. So it's the logical place for that to be.

I think that was everything I had on my updates. Last but not least, I want to introduce officially our Assistant Director for our division. He came on board July 1, and it's Dr. Matt Hoskins, who has been with our division in a couple of different roles and left us for a very short time to go work over in Integrated Academic and Behavior Support, but saw the light and came back across to EC.

I don't know if you have anything you want to say, Matt, but I just wanted to introduce him to the group and let you know he's here to

support you as well.

DR. HOSKINS: Good afternoon. I know most of everybody in the room. I'm just incredibly excited about serving the students of North Carolina in this role. I think we're poised at a really unique time to really improve results for students with disabilities across the state. We have a lot of really great things happening, as described in the priorities that Sherry just shared, with ECATS, with the SLD policy, with the work that we're doing around specially-designed instruction, the State Systemic Improvement Plan. We're really poised to improve results, and I'm really excited to be part of that work.

And if I can be of any service to this Council at any point in time, don't hesitate to reach out and let me know. I'm happy to be here and happy to see everybody.

MS. THOMAS: So do you have questions or comments for us today?

THE CHAIRPERSON: Not that I know of.

Just so that everyone remembers that the November council -- not council -- conference,

historically, we've always had free admission to that conference as members of the Council. So be

awesome.

 $\label{eq:MS.THOMAS:} \mbox{You get free}$  registration.

THE CHAIRPERSON: You have to pay for your own hotel room. I'm sorry.

MS. HUTCHINSON: Tish, can you speak to that just a little? Because we had some kind of code last year.

MS. BYNUM: That's why I jumped up.

At the bottom of your agenda is a special code for only council members. So you may go -- once our registration is up -- we're probably about a week to ten days out from it being posted -- registration being posted on our website. So give us about seven to ten days.

Go on when registration is open. One of the very first choices is "I have a code." So you will select that box, and you will put in this code as a council member, and what you'll get in return is like a paid -- a zero invoice. But now you do get free registration for the general conference. If you elect to attend an additional institute, you will need to pay for that separately, and that will be \$75, if you elect to

Board at their special meeting this month and get this done so that you have those assured active members.

20

21

22

23

24

25

And then, if it's all right with you, I will reach out to our legislative liaisons to tell them that we need those four positions filled.

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

2 3 4

THE CHAIRPERSON: My daughter's in school in Marion. Is she Region 8? I'm just kidding. I mean I'm just in a weird situation, but yeah. But I think it's good to have a parent that has a situation like mine too, though, because it's just a different situation.

> MS. HUTCHINSON: It's unique.

THE CHAIRPERSON: All right. I think we're adjourned. Any other burning questions? Oh. Tish has something.

MS. HUTCHINSON: Tish, this is different than you've ever done before. Can you tell us what you want us to do?

MS. BYNUM: I know. That's why I In the back of your packet, you raised my hand. should have some items stapled together. One of them is the travel reimbursement form, the second page is an electronic payment form, and the third one is a substitute W-9.

Now I can tell you that since July 1, DPI's Accounts Payable area has just been through tremendous changes. That's all I'm going to say about that. So why these papers are stapled together is, I did want to have them all together so we could just kind of go through them step-by-

no point in this, right?

22

23

24

25

MS. BYNUM: Correct. Correct.

MS. POPE: I'm sorry. You said -- I have a checking account, but I don't use checks.

MS. POPE: Okay.

24

25

MS. BYNUM: I mean Carol Ann is right. What they are looking for is the bank

account and routing number so that the payment can go directly into your checking account.

THE CHAIRPERSON: Just in case they read your handwriting wrong.

MS. BYNUM: And then this last page does tend to get tricky. Everything like number 1, 3, 4, 5 -- all that gets kind of self-explanatory. Where people get tripped up at is number 12 and number 13. In the number 12 area, you can just put "individual/sole proprietor," and under number 13, you can put "other individual."

Now to top all of that off, we need to have these things -- they will not take them over 30 days old. So we need to get them back ASAP if you want to get reimbursed. Now for your parking receipts that you'll get today out of the machine when you leave, please staple that, include that with your paperwork. So if we have the parking receipt and all these pretty little forms stapled together, we can issue you the money.

MS. THOMAS: If you hold your mouth right, spin around three times---

MS. BYNUM: Your blood type and your

MS. BYNUM: Right. On the sub W-9 form, number 1 is required. You're going to check

25

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

"Social Security number." Under number 2, that's where you would write your Social Security number.

Number 4 is your name. You can skip 5 and 3.

Number 6, that's your address, line 1, line 2.

Number 8, "Contact Name," that's you again.

"Phone number," that's you. Number 12 is going to be an "Individual," and number 13 is going to be

MS. TERHAAR: Thank you.

"Other," and you can just write "Individual."

MS. BYNUM: Now going forward, since you would have already submitted the electronic deposit form as well as the sub W-9, from here forward, you should just be able to do just the travel reimbursement. That's all I've got to say about that.

MS. HUTCHINSON: Tish, is it

possible -- I know we have to [inaudible] the

parking, but is it possible to leave this with you

with our Social Security number on it so I don't

have to drop that in the mail?

MS. BYNUM: Tell me that again.

MS. HUTCHINSON: Is it possible to leave this one with you so we don't have to drop this in the mail with our Social Security number on it?

## CERTIFICATE OF REPORTER

I, REBECCA P. SCOTT, State-Certified Verbatim Reporter, do hereby certify:

That said proceeding was reported by me and the foregoing pages, numbered 4 through 195, are a true record of the proceeding to the best of my knowledge and belief;

That I am neither related to nor employed by any of the parties or counsel employed by the parties hereto, nor interested directly or indirectly in the matter in controversy, and am not financially or otherwise interested in the outcome of the action.

Certified this 1st day of November, 2019.

Rebecca P. Scott