

COUNCIL ON EDUCATIONAL SERVICES  
FOR EXCEPTIONAL CHILDREN

Raleigh, North Carolina  
June 12, 2019  
9:35 a.m.

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**TRANSCRIPT OF QUARTERLY MEETING**

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The quarterly meeting of the Council on Educational Services for Exceptional Children was held on the 12th day of June, 2019, in the State Board of Education Boardroom, Education Building, 301 North Wilmington Street, Raleigh, North Carolina, commencing at 9:35 a.m.

APPEARANCES

COUNCIL ON EDUCATIONAL SERVICES FOR EXCEPTIONAL CHILDREN  
BOARD MEMBERS PRESENT:

Leanna George, Chairperson

Anthony Baker  
Sarah Bigley  
Anna Carter  
Abby Childers (via Webinar)  
Cynthia Daniels-Hall  
Jennifer Frey (via Webinar)  
Christy Grant  
Jennifer Grady  
Kristen Hodges  
Katie Holler (via Webinar)  
Christy Hutchinson  
Julie Jailall  
Selene Johnson  
Carla McNeill  
Teresa Mebane  
Virginia Moorefield  
Jennifer Mullis (via Webinar)  
Cache Owens  
Lisa Phillips  
Susan Robinson  
Kelli Terrell  
Marge Terhaar

STAFF:

Tish Bynum  
Carol Ann Hudgens  
Nancy Johnson  
Kym Martin  
Lynn Makor  
Dreama McCoy  
Sherry Thomas

VISITORS:

Eric Hall  
Erin Conner  
Lauren Holahan

COURT REPORTER:

Rebecca P. Scott

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1 Thereupon, the following proceeding was held:

2 THE CHAIRPERSON: Thank you, once  
3 again, everyone, for coming out today to the  
4 meeting for the Council on Educational Services  
5 for Exceptional Children. We usually go around  
6 and introduce ourselves, and plus, we have some  
7 new faces in the room.

8 My name is Leanna George. I'm the  
9 parent of two wonderful children on the autism  
10 spectrum. My son is higher functioning. He's  
11 here. That's [name redacted]. And my daughter is  
12 in a group home, and she has more significant  
13 challenges with her disability.

14 MS. DANIELS-HALL: So good morning.  
15 I'm Cynthia Daniels-Hall. I'm a parent from Wake  
16 County. I have six children from 35 to ten years  
17 old, and those children -- some of the children  
18 are diagnosed with dyslexia, ADHD, and autism.

19 MS. OWENS: Good morning. I'm Cache  
20 Owens, the Parent Training and Information  
21 Director at ECAC or Exceptional Children's  
22 Assistance Center. I'm also a parent to a  
23 nine-year-old with mental health challenges and  
24 ADHD.

25 MS. MOOREFIELD: Ginny Moorefield. I

1 have a child with traumatic brain injury, severe  
2 disabilities. I'm also an interpreter for the  
3 deaf as well as a regular education teacher.

4 MR. BAKER: Good morning. Anthony  
5 Baker, general ed administration rep from  
6 Alamance-Burlington School System. I'm the  
7 assistant principal at Western Alamance Middle.

8 MS. MEBANE: Hi. I'm Teresa Mebane.  
9 I am from the Wilmington area. I have three boys  
10 on the autism spectrum, and I also work for the  
11 Autism Society of North Carolina and Family  
12 Support Network of Southeastern North Carolina.

13 MS. HODGES: Hi. Kristen Hodges. I  
14 have three children. Two qualify for IEPs, one  
15 with a learning disability and one who has a 504.

16 MS. TERHAAR: Hello. I'm Marge  
17 Terhaar, and I'm late. I'm the IHE  
18 representative, and I'm a professor at Meredith  
19 and coordinator of the graduate programs in  
20 special education, and I'm also a parent of two  
21 young men with ADHD.

22 MS. THOMAS: Good morning. It's good  
23 to see everyone. I'm Sherry Thomas and I am the  
24 Director of the Exceptional Children Division.

25 MS. HUDGENS: Good morning. I'm

1 Carol Ann Hudgens, and I'm the Section Chief for  
2 Policy Monitoring and Audit, and I work here in  
3 the Exceptional Children Division.

4 COURT REPORTER: Good morning. I'm  
5 Becky Scott. I'm the court reporter, and I'm  
6 going to make a verbatim record of the meeting  
7 today.

8 MS. BYNUM: Tish Bynum, Special  
9 Assistant for the North Carolina Governor's School  
10 and administrative assistant for this Council.

11 MS. CARTER: Anna Carter. I'm the  
12 Director of the Division of Child Development and  
13 Early Education at the Department of Health and  
14 Human Services.

15 MS. HUTCHINSON: Christy Hutchinson,  
16 Special Ed Director for Lincoln Charter School, so  
17 I'm the charter school rep here today.

18 MS. JOHNSON: Selene Johnson. I'm  
19 the Executive Director of ABC of North Carolina,  
20 which is a nonprofit nonpublic school and clinic  
21 for children with autism in Winston-Salem.

22 MS. GRANT. Good morning. I'm  
23 Christy Grant. I'm the Exceptional Children's  
24 Director with Nash-Rocky Mount Schools.

25 MS. HUDGENS: I have Katie Holler on

1 the phone and I have Jennifer DeGen from  
2 Charlotte-Mecklenburg Schools that are  
3 participating virtually.

4 THE CHAIRPERSON: All right.  
5 Awesome. Thank you for participating virtually.

6 Let's take a moment to review the  
7 agenda and the summary of the last meeting in  
8 March, and then in a few minutes, we'll take a  
9 vote to approve the summary as the minutes, okay?

10 **(Pause from 9:39 a.m. to 9:43 a.m.)**

11 THE CHAIRPERSON: All right. Do I  
12 hear a motion to accept the minutes or the summary  
13 as the minutes as written?

14 MS. GRANT: I make the motion to  
15 accept it as written.

16 THE CHAIRPERSON: And a second?

17 MS. HUTCHINSON: I'll second that.

18 THE CHAIRPERSON: Christy Hutchinson,  
19 second. Okay. All in favor?

20 **(All Council Members responded aye.)**

21 THE CHAIRPERSON: All right. I'd  
22 like introduce -- it says here Carla McNeill. Is  
23 that who's presenting on foster care or -- because  
24 the name here is different.

25 MS. HUDGENS: She just stepped out.

1 She'll be right back.

2 THE CHAIRPERSON: This morning might  
3 become a comedy of errors, but okay.

4 (Pause from 9:42 a.m. to 9:44 a.m.)

5 MS. CONNER: Good morning, everybody.  
6 My name is Erin Conner. I am the State LINKS  
7 Program coordinator with the Division of Social  
8 Services. I'm going to talk to you a little bit  
9 about what LINKS does before I launch sort of into  
10 why I'm here this morning. LINKS is our state's  
11 Chafee Foster Care Program for Successful  
12 Transition to Adulthood. We serve -- we provide  
13 funding and services to young people across the  
14 state of North Carolina that have experienced  
15 foster care as teens or are in foster care as  
16 teens.

17 Before I get started, I'm going to pass  
18 around a few materials. I only have a few copies  
19 of the actual full-color slides, so if you want to  
20 share those and look on with your neighbor. The  
21 other thing that's coming around to you is  
22 actually a flyer about the program I'm here to  
23 talk about today.

24 This is just sort of a snapshot of  
25 what I'm going to talk about today. I'm going to

1 start by talking about normalcy for youth in  
2 foster care, just kind of laying the groundwork  
3 for the further discussion that we're going to  
4 have around driving and assisting youth in foster  
5 care with getting their driver's license and  
6 gaining experience driving.

7 As part of the Preventing Sex  
8 Trafficking and Strengthening Families Act of  
9 2014, there was established a reasonable and  
10 prudent parent standard. This is what allows  
11 foster parents to make, you know, reasonable and  
12 prudent decisions like any parent would for young  
13 people to be able to participate in age and  
14 developmentally-appropriate activities -- so  
15 extracurricular activities, enrichment activities,  
16 cultural activities, social activities -- whereas  
17 in the past, much of those activities had to be  
18 approved either by the Department of Social  
19 Services that had custody of the young person or  
20 even in some cases get approval by the courts.

21 Now that's still the case for some  
22 types of activities, but for the most part, hey,  
23 if they want to go to the football game on Friday,  
24 foster parents are able to approve that sort of  
25 activity just like they would for their own

1 children.

2 That's important because now we're  
3 going to talk a little bit about what are some of  
4 the barriers to driving or what's sort of the  
5 historical context around young people in foster  
6 care being able to drive. So here are just some  
7 of the barriers that young people in foster care  
8 have experienced to driving:

9 Access to vehicles. This still  
10 remains a barrier even through programs like TRIP  
11 and LINKS. The expense of car insurance. The  
12 logistics. Support -- having the support of their  
13 foster parent or other placement providers.  
14 Insufficient funding. Again, car insurance is  
15 quite expensive.

16 Placement stability. So making sure  
17 that they -- that young people in foster care have  
18 stable placement and they're not moving around a  
19 lot because that can impact, you know, the  
20 affordability of their insurance, and it can have  
21 a big impact just overall in terms of driving.  
22 The type of placement they're in. If they're in a  
23 group care setting or something that might be a  
24 little bit more restrictive. And grades. Again,  
25 we know if they have issues with their grades, the

1 schools might not -- might pull their license or  
2 might prevent them from getting their license.

3           So here's a little bit more about  
4 kind of the legislative history to address  
5 barriers. Back in 2015, our state legislature  
6 made it so that certain minors can contract for  
7 their own insurance, which is really helpful for  
8 young people in foster care. So if they're 16 or  
9 older, they can contract for their own insurance.  
10 I have heard from many young people that their  
11 strategy around insurance is to get nonowners  
12 insurance if their foster parents won't put them  
13 on their insurance or if there's other barriers to  
14 getting insurance or if they don't have their own  
15 vehicle but they're maybe allowed access to drive  
16 a foster parent's vehicle. But this is really  
17 important, again, for young people to be able to  
18 get insurance.

19           And all these things sort of build on  
20 one another, you'll see, through normalcy and then  
21 young people being able to contract for their  
22 insurance. We've been building over the years to  
23 break down some of these barriers for young people  
24 being able to drive. So in 2017, our state  
25 legislature created or directed the Department of

1 Social Services to create a driver's license pilot  
2 project to, again, address some of these barriers  
3 and provide funding so that young people can get  
4 their driver's licenses, take driver's education,  
5 have insurance, those sorts of things.

6 So we did that. After this law was  
7 passed, we got together with some young people who  
8 had experience in the system, social workers in  
9 the counties who work with these young people, and  
10 a few others to sort of create the program. This  
11 program was actually also named by a group of  
12 young people who have experience in foster care.  
13 It's called Transportation Really Is Possible or  
14 TRIP. I think that's a very fun name, and I'm  
15 very excited about it.

16 Here's a little bit about the  
17 eligibility criteria. So for youth under the age  
18 of 18, if they're -- they have to be of driving  
19 age or old enough to take driver's ed, so 14 and a  
20 half years old, but less than 18, and currently in  
21 foster care. They have, you know, had some kind  
22 of contact with the county to express their  
23 interest in driving. They have one or more  
24 related goals on their transitional living plan,  
25 which is a required document. They have to have a

1 transitional living plan anyway if they're 14 and  
2 they're in foster care.

3 And a written agreement with the  
4 County and the caregiver, and that has to include,  
5 at a minimum, things like how they plan to cover  
6 costs going forward because we know that the funds  
7 that are available through this program can only  
8 get you so far. You're going to have to continue  
9 to pay for insurance. So what's their plan? Do  
10 they have a job that they can contribute towards  
11 insurance? Is the foster parent going to assist?  
12 Is the county going to continue to assist with  
13 other funds? And then what's their plan going  
14 forward?

15 If they are 17 years old, they're  
16 about to turn 18. How are they going to maintain  
17 that insurance on their own going forward? In  
18 addition to that, would they have any other  
19 educational needs? Like if they need to learn  
20 more about budgeting, if they need to understand  
21 insurance, that sort of stuff, that can be written  
22 into that agreement.

23 This agreement also has to include  
24 what are the ways that the caregiver or the father  
25 parent or the person providing care to the young

1 person is going to support them in gaining driving  
2 experience. Whether or not it is having them  
3 drive their own vehicle, how are they going to  
4 support the young person getting the driving hours  
5 that they need?

6 So for a young adult, if they were in  
7 foster care on their eighteenth birthday and have  
8 decided to continue in our Foster Care 18 to 21  
9 Program, they are eligible. Again, they have to  
10 contact the county and let them know they're  
11 interested in driving, have related goals on their  
12 transitional living plan, and that doesn't  
13 necessarily have to be directly driving-specific.  
14 It could be something like maintaining their  
15 grades so that they can make sure that they  
16 maintain their driver's license. That's the same  
17 for both groups. Then, again, having a written  
18 agreement with the caregiver and the county.

19 If they're in the Foster Care 18 to  
20 21 Program, but they're, say, in a supervised  
21 independent living setting so they're staying with  
22 a foster parent, they don't have a person that's a  
23 caregiver as such, that person doesn't necessarily  
24 need to be involved in the agreement, but if they  
25 have a support person, they can be a party to that

1 agreement.

2 Foster parents and caregivers can  
3 receive reimbursement for TRIP-eligible costs. So  
4 if they have paid for a young person to take  
5 driver's ed, for example, they can be reimbursed  
6 by the county, again, if they are providing care  
7 and placement to a young person who meets the  
8 eligibility criteria or a young person in Foster  
9 Care 18 to 21. And, again, they have to have, you  
10 know, that agreement with the county and the young  
11 person.

12 Part of this program is assessing  
13 readiness for youth who are under age 18. We  
14 developed a tool for counties to use to assess  
15 readiness, and it looks at things like, again,  
16 placement stability, how are they doing in school,  
17 a variety of factors to sort of assess where they  
18 are and their preparedness to drive, their  
19 choices, their behaviors, things around safety.  
20 So it's used to facilitate a conversation to  
21 identify where more preparation might be needed.  
22 It's not supposed to be an additional barrier to  
23 driving. So whatever the results of the  
24 assessment are, are to be used to help that young  
25 person address those different issues and prepare

1 them to drive. So it considers, again, factors  
2 like school attendance and performance, placement  
3 stability, substance use history, and behavior.

4 Tell me to slow down if I'm talking  
5 too fast. I have a habit.

6 The costs that are eligible to be  
7 covered through TRIP funds are driver's education.  
8 That's either through a public school or private  
9 driving schools. For some young people, private  
10 driving schools are a better fit, particularly for  
11 our young adults who maybe have already left high  
12 school. The learner's permit and driver's license  
13 fees, there's no cap on that. It's whatever the  
14 DMV schedule says it is. Vehicle insurance up to  
15 \$1000 and other costs associated.

16 The specific things that were listed  
17 in the legislation were driver's education,  
18 license fees and vehicle insurance, and then other  
19 costs associated. So we had to figure out what  
20 does that mean, and we figured out that it means  
21 or may mean -- include vehicle inspection,  
22 registration fees, taxes, the kind of stuff where  
23 if a young person is getting a car for the first  
24 time, they need to get sort of set up with all  
25 that stuff.

1 Additional fees might be things like  
2 if they need a car to take the road test at the  
3 DMV, that could pay for -- some private driving  
4 schools provide that for an additional fee. So  
5 that would be meant to cover something like that.  
6 Incentives for caregivers, again, for letting  
7 young people practice with their vehicle or use it  
8 for the road test. And vehicle history reports.  
9 Again, for people who are purchasing vehicles, we  
10 want to make sure that there are getting a car  
11 that's safe and reliable.

12 Here's just a little bit of  
13 information about accessing services and some  
14 other tips for young adults and youth  
15 specifically. Again, they have to contact their  
16 worker to get information about TRIP, talk to  
17 their foster parents or their caregivers or other  
18 supportive adult about driving so that they can  
19 get help accessing services that way, enroll in  
20 driver's education, make sure that they have the  
21 necessary identification forms or an appropriate  
22 person to sign the certificate for -- or  
23 application for a permit or license, and just be  
24 prepared for all of the various tests, written and  
25 practical.

1                   For foster parents, they have to --  
2                   again, similar to these young adults, they have to  
3                   have this conversation with the social worker  
4                   about how to access TRIP. The supervising driver  
5                   has to be, obviously, someone who has been  
6                   licensed for five years. It can be a foster  
7                   parent or a person otherwise approved by the  
8                   county Department of Social Services.

9                   For signing applications, foster  
10                  youth applications for permits and licenses can be  
11                  signed by the Guardian ad Litem or attorney  
12                  advocate, the director or the director's designee  
13                  of the county DSS, or somebody from the court, I  
14                  believe is what that says. I can't see the  
15                  bottom, but I think that's correct.

16                 This is probably not something you will  
17                 ever see, but I wanted you to know what it looks  
18                 like, and I think I will check with Carla McNeill,  
19                 who is my supervisor, if we can send these slides  
20                 out to all of you after the fact, just so you  
21                 know. But if you're interacting with folks in the  
22                 school systems, specifically school social workers  
23                 or counselors, or if you interact with foster  
24                 parents or county Department of Social Services  
25                 workers, this is what the form looks like that the

1 social worker would submit to me for reimbursement  
2 through TRIP.

3 In the real world, this is a PDF --  
4 an interactive PDF form and the eligible cost is  
5 the drop-down selection of the list of eligible  
6 costs that I talked about before, and I am happy  
7 to provide links to where this lives as well as  
8 where the policy lives. And I think I've got a  
9 link to the policy on the next page. Yeah. So  
10 that first link is to the LINKS Program policy.  
11 The second is to the Foster Care 18 to 21 policy,  
12 if you're curious. The next is for the TRIP  
13 Program criteria, so it kind of goes over in a  
14 little bit more depth what I talked about in terms  
15 of eligibility, the costs that are covered. And  
16 then the letter that was released when this  
17 program began, that includes links to the forms  
18 and the tools that -- in that list should be the  
19 form -- the reimbursement form as well as the  
20 assessment -- the readiness assessment, if you're  
21 curious what that looks like.

22 This is my contact information. If  
23 you have any questions, feel free to call me. I  
24 have a cell phone now so people can get me  
25 wherever I am, and my email address. The next

1 slide is my supervisor's contact information. And  
2 I forgot to bring cards with me. I apologize.

3 Any questions, thoughts?

4 THE CHAIRPERSON: How many young  
5 people have been served by this program since it's  
6 been adopted?

7 MS. CONNER: That's a good question  
8 and something I should have pulled before I got  
9 here. I don't know, but I'm happy to get that to  
10 you. I keep track of it all. It just doesn't  
11 live---

12 THE CHAIRPERSON: Yeah. We have to  
13 look sometimes.

14 MS. CONNER: It doesn't live in here  
15 (indicating); it lives in my computer. That's a  
16 great question, though. Thank you so much for  
17 your time. I really appreciate it.

18 MS. HUDGENS: Leanna, if I could, can  
19 I queue up the people that have joined online and  
20 let them introduce themselves?

21 THE CHAIRPERSON: Sure. That sounds  
22 good.

23 MS. HUDGENS: Okay. Give me just one  
24 moment, please.

25 **(Pause.)**

1 MS. HUDGENS: Okay. Ladies on the  
2 line, I'm going to call you one by one so that you  
3 can introduce yourselves, and I will unmute your  
4 mikes from here when it's your turn. So we'll  
5 start this morning with Abby. Abby, if you'd like  
6 to go ahead and introduce yourself.

7 Okay. We have Abby Childers on the  
8 phone, but she's not able to speak with us right  
9 now. So I'm going to move on to Jennifer Frey.  
10 Jennifer, give me just a second.

11 MS. FREY: Hi. Can you hear me?

12 MS. HUDGENS: Is this Jennifer?

13 MS. FREY: Yes.

14 MS. HUDGENS: Good morning, Jennifer.  
15 We can hear you. Go ahead, please.

16 MS. FREY: Wonderful. This is  
17 Jennifer Frey. [Inaudible]. I'm a parent of a  
18 child with autism, my son, who is 19.

19 MS. HUDGENS: Okay. Thank you,  
20 Jennifer.

21 MS. FREY: Thank you.

22 MS. HUDGENS: And we're going to  
23 switch over to Jennifer Mullis. Your turn,  
24 Jennifer.

25 Okay. Jennifer, we actually hear you

1 typing, so -- so I am going to read what you just  
2 logged in. So she said, "My intro was wonderful,"  
3 so she's here and good morning.

4 And, finally, we have Katie Holler,  
5 and Katie, I just unmuted your line if you'd like  
6 to introduce yourself.

7 MS. HOLLER: Thank you so much, Carol  
8 Ann. This is Katie Holler. I have four daughters  
9 with autism. And thank you so much for making it  
10 possible for us to be able to be present, even  
11 though we can't be there in person.

12 MS. HUDGENS: Thank you, Katie.  
13 Those are our members that are joining by phone  
14 and virtually this morning. So I wanted to make  
15 sure they had an opportunity to introduce  
16 themselves. Thank you, Leanna.

17 THE CHAIRPERSON: No problem. Thank  
18 you, once again, for participating virtually.

19 We're soon going to have a 15-minute  
20 break before the next presentation. Is there  
21 anything that anyone wants to have on the  
22 discussion for later today when we start looking  
23 at the annual report and committee work? Is there  
24 anything that needs to go on there that anyone  
25 wants to discuss later so you can go ahead and

1 start thinking about that?

2 **(No audible response.)**

3 THE CHAIRPERSON: Okay. I guess not.  
4 All right. We're going to break for 15 minutes,  
5 and we'll meet back here at 10 o'clock or 10:15.  
6 Sorry.

7 **(A brief recess was taken from 10:02**  
8 **a.m. to 10:15 a.m.)**

9 MS. HUDGENS: May I introduce Abby?

10 THE CHAIRPERSON: Yes, go ahead and  
11 introduce Abby.

12 MS. HUDGENS: Okay. Thank you  
13 everyone that's participating virtually. We are  
14 back now from our break, and we had an audio  
15 difficulty with our member Abby Childers. So I'm  
16 going to introduce her via what she placed for us  
17 in the chat box, and she is from Charlotte and she  
18 has one child with Dravet syndrome and a son with  
19 muscular dystrophy, and she wants to be sure that  
20 we welcome all of our new members. So thank you  
21 for letting me introduce her by proxy.

22 THE CHAIRPERSON: All right.  
23 Everyone should have a copy of a draft -- this is  
24 a draft, but I don't have fancy software that says  
25 draft across it -- of the annual report. It is a

1 draft that's not wordsmithed. It's kind of really  
2 rough. So I don't know if anyone has had a chance  
3 to take a look at it yet.

4 The first page is an overview of what  
5 the Council does in accordance with the  
6 regulations set by state law and all that good  
7 stuff, the purpose of the Council. The second  
8 page is about membership. If I do not have your  
9 name down, make sure I know so I can update the  
10 membership list. I haven't really done that yet.  
11 This is just basically changing last year's and  
12 making it this year's.

13 The third page of it is all about  
14 meetings, when we've had meetings this year, some  
15 of the topics that were presented or will be  
16 presented today. And, finally, the fun part is  
17 about committees. So later today when we break  
18 into committee sections, if you-all can come up  
19 with the completed work for your committee that  
20 you've done, any ongoing projects you have, and  
21 your vision for what you would like to see done  
22 within your committee for next year.

23 And the final page is  
24 recommendations. I've included the list of  
25 recommendations we made last year. Some of those,

1 we could possibly reintroduce again this year. We  
2 can add to these. I'm looking for wordsmithing  
3 here for rationale, those type of things, to make  
4 our case to the State Board of why we think these  
5 recommendations could or should be made.

6 The first one is "Training of  
7 Principals/Assistant Principals with a specific  
8 focus on mental health and behavioral health  
9 support." There was a discussion of that at the  
10 last meeting about Disability Rights, that  
11 disconnect between the special education teachers  
12 and the principals and assistant principals. So I  
13 thought that would be a good one to do. Training  
14 provided in higher ed for mental health and  
15 behavioral support. Of course, we discussed  
16 school safety/crisis planning. We might discuss  
17 this one more after the topic that's about to be  
18 presented here in a few minutes. And, of course,  
19 we have last year's recommendations.

20 And I have one opportunity here that  
21 we may want to include. I know some of the MCOs  
22 offer youth mental health first aid. I know  
23 Alliance does. I think that might be a wonderful  
24 support or a thing to include, and at least  
25 encourage our teachers to get it and especially

1 those staff that work with this population the  
2 most. So if there's any discussion you would like  
3 to put forth for that.

4 MS. GRANT: I know in Nash-Rocky  
5 Mount, we actually have four trainers that we  
6 secured a couple of years ago, I think, through a  
7 grant. I'm not sure which agency sponsored it.  
8 So we actually have four doing mental health first  
9 aid training, and we rolled out a mental health  
10 district plan, and that is one of the  
11 recommendations for all of our schools to go  
12 through and have their staff trained in youth  
13 mental health first aid.

14 We are looking at adding a parent  
15 piece to that because we do not have the parents  
16 trained. We've been doing it probably two years  
17 now. There are some districts that have some  
18 trainers within the district.

19 THE CHAIRPERSON: That's excellent.

20 MS. MOOREFIELD: This is Ginny  
21 Moorefield. I just have a question. Can you  
22 briefly describe what mental health first aid  
23 would look like, what kind of things happen during  
24 that?

25 THE CHAIRPERSON: You probably know

1 more about it. I know that Alliance offers it,  
2 and I know it can be a very long, intensive class  
3 to become certified as a mental health first aid  
4 provider.

5 MS. MOOREFIELD: What is mental  
6 health first aid?

7 MS. DANIELS-HALL: So mental health  
8 first aid takes you through a daylong training,  
9 and you're going to learn about the symptoms, the  
10 kind of things children might present with in the  
11 classroom. You're going to learn about the  
12 resources that might be in your community so  
13 you're able to share those with families,  
14 teachers, and those people involved with those  
15 children. So that's what really happens in mental  
16 health first aid.

17 It's a daylong training. They talk  
18 about some of the terminology of mental health.  
19 They talk about some of the disorders that  
20 children may present with in the classroom so that  
21 teachers who've never experienced a child who is  
22 bipolar, schizophrenia, those type things -- and  
23 when parents come to educators to ask questions  
24 and the educator just has no information.

25 So mental health first aid is that

1 first person able to say to an educator, to  
2 themselves, or to a parent, this is where you  
3 might need to go to get additional support and  
4 help.

5 MS. MOOREFIELD: So it's not--- I'm  
6 still a little confused. So is it provided  
7 like -- you said to teachers and to parents?

8 MS. DANIELS-HALL: Parents as well.

9 MS. MOOREFIELD: So would it be like  
10 what to do if a child had an episode related to  
11 whatever their mental health---

12 MS. DANIELS-HALL: So it really is  
13 what it says. It's first aid. So it's not what  
14 to do, but it is presenting to those people who  
15 are going to be the first responders, those are  
16 the people who are going to be most engaged with  
17 our children and the young adults in the school  
18 system that might present with those types of  
19 disorders.

20 MS. MEBANE: [Inaudible] consists of  
21 suicidal ideation, how to recognize it, what  
22 questions to ask, and how to point that person in  
23 the right direction.

24 MS. MOOREFIELD: So it's more of a  
25 preventative-type thing. When I think of first

1 aid, I think, okay, something has happened---

2 THE CHAIRPERSON: CPR.

3 MS. MOOREFIELD: ---and now we  
4 respond to it. So this is more of a preventative,  
5 how to stop something from happening?

6 MS. DANIELS-HALL: Informational and  
7 preventative, yes.

8 MS. MOOREFIELD: Okay. Thank you.

9 MR. BAKER: At least part of that is  
10 the educational piece. A lot of teachers and  
11 educators are familiar with how to deal with  
12 children in the classroom or if they see behaviors  
13 that are different, you know, what does that mean,  
14 you know, what kind of resources are there, and  
15 how to -- when you first see that, who to go to  
16 and to address those concerns.

17 MS. HUDGENS: If I could offer just a  
18 general reminder. Our individuals participating  
19 virtually are depending upon your microphone to be  
20 able to project. So if you can lean in closer,  
21 that will ensure that they're able to hear.

22 I also wanted to make sure that we  
23 welcomed Lisa Phillips. She was doing double-duty  
24 this morning and had to present at a meeting  
25 downstairs, and she's just joined us now. So

1 welcome and thank you so much for being here  
2 today.

3 MS. OWENS: This is Cache with ECAC.  
4 I just really wanted to bring up recommendation  
5 number 1, the training for principals and  
6 assistant principals. At ECAC, that is something  
7 that we hear many times every week, that people  
8 are walking into meetings with the biggest  
9 decision-maker in the room having never met their  
10 child or not really having a solid background in  
11 special education.

12 And so I know that Karen, who was in  
13 my place, talked about this at the last meeting,  
14 and I just wanted to say I'm so happy to see it on  
15 here. ECAC is working with a couple districts  
16 already on mandatory training for the principals,  
17 and so in our next year coming up, that's  
18 something we want to focus on.

19 And we are happy to have partners or  
20 just general input on what needs to be covered or  
21 how that might take place, but that is something  
22 that's going to be a priority for us in the coming  
23 years.

24 THE CHAIRPERSON: One thing that I  
25 think I'm hearing is that perhaps we might want to

1 request a presentation around mental health first  
2 aid being presented in the near future so that we  
3 can possibly consider that not for this year's  
4 list of work, but for next year's, that we explore  
5 that because I think it is a good idea to help  
6 with that component.

7 MS. HUTCHINSON: I have one comment  
8 to Cache. Mike Marcela, the EC director in  
9 Watauga County, did a session at the State EC  
10 conference back in October or November on being a  
11 compliant LEA rep. The session exceeded its  
12 capacity. I think he offered it two times, and  
13 people weren't able to get in. It was that  
14 popular.

15 MS. OWENS: Got you.

16 MS. HUTCHINSON: But he's made those  
17 PowerPoint presentations available through the  
18 website for the fall conference. It was being a  
19 compliant LEA rep and whatever, but it was very  
20 factual, very informational, and clearly -- it was  
21 maxed out both times so the need is there and the  
22 desire is there. And those were EC directors and  
23 EC teachers and such that are not necessarily  
24 heavy on the general ed, but the desire---

25 MS. OWENS: We, for the district

1 we're working with, similarly, did a survey of all  
2 principals, and they were very honest. They want  
3 to learn about this, and they -- the demand, I  
4 agree, is definitely there and they were very  
5 candid in what they don't know. And a lot of  
6 times, we don't know what we don't know, so I  
7 think it's something that we hear agreement in  
8 that, that it is a need. So I'll try -- if the  
9 information is already created somewhere---

10 MS. HUTCHINSON: It's on the -- when  
11 they do the conference in October/November,  
12 everybody's PowerPoints are put up there.

13 MS. OWENS: Got you. Perfect. Thank  
14 you.

15 MS. PHILLIPS: This is Lisa Phillips.  
16 I know in the UNC System, over the years, I've  
17 always done like a training just on my program so  
18 that school administrators who are -- well, let me  
19 rephrase that -- students who are wanting to be  
20 school administrators so they're in the school  
21 administration program on the UNC campuses -- you  
22 know, talking to them about my program has been  
23 incredibly beneficial.

24 So maybe something that you want to  
25 look at, are there universities that maybe you can

1 work with so that maybe some training can be given  
2 to those principals-to-be---

3 MS. OWENS: Right.

4 MS. PHILLIPS: ---so that they're  
5 getting that and they're prepared better when they  
6 transition over to the schools in those roles.

7 MS. OWENS: That's a good idea. We  
8 do a lot of programs for pre-service teachers, but  
9 not the administrative side. So I think that's a  
10 great suggestion that we can look into.

11 MS. TERHAAR: One thing I was going  
12 to suggest -- and it has to do with Lisa's point  
13 here -- is with wordsmithing here, I would suggest  
14 we put in there "training for current principals,  
15 assistant principals, and those in training" to  
16 get at the higher ed people. And one thing I have  
17 found in trying to disseminate information to  
18 principals and assistant principals is if there's  
19 any way a webinar-based mode of delivery could be  
20 designed.

21 THE CHAIRPERSON: That sounds really  
22 good. Are the presenters for school safety here  
23 yet?

24 MS. HUDGENS: Yes.

25 THE CHAIRPERSON: Thank you for the

1 active discussion around those topics and we'll  
2 continue this later. And we'll make way for Kym  
3 Martin, and I think there was one other person on  
4 the agenda for this discussion as well around  
5 school safety. North Carolina Center for Safer  
6 Schools/Task Force. That would be Kym Martin and  
7 Rachel Johnson.

8 MS. HUDGENS: Yes. It's my pleasure  
9 to introduce Kym Martin. She's our Executive  
10 Director for the North Carolina Center for Safer  
11 Schools, and she is looking forward to speaking  
12 with you, and she's going to come on up.

13 THE CHAIRPERSON: All right.

14 MS. MARTIN: Great. Good morning. I  
15 am a special educator from way back. I actually  
16 started when I was 12 and 13 years old being a  
17 nanny for a little girl with autism and  
18 babysitting for a family with a child with  
19 cerebral palsy. So, you know, when you say I was  
20 only ten when I did that, I literally was 12 when  
21 I started in the field. I actually worked with  
22 the Council for Developmental Disabilities in one  
23 of my other lives as well as DHHS, where I started  
24 the North Carolina Interagency Coordinating  
25 Council for children ages birth to five with or at

1 risk for disabilities and their families. And I  
2 don't know why we let it have such a long name. I  
3 don't know, but it's still operating with that  
4 long name. But, anyway, this is special to be  
5 able to come and talk with you-all.

6 What I'm hoping -- and I don't know  
7 exactly what you-all are hoping -- is I would tell  
8 you some of my thoughts about what the Center and  
9 the Task Force has done so far and some of the  
10 main areas I think we need to focus in, in talking  
11 with exceptional children specifically and school  
12 safety, and then to get you-all's thoughts that I  
13 can take back to the Center, the Task Force, and  
14 you-all being the experts can tell us some of the  
15 areas you would like us to focus on around that  
16 area.

17 So the Center for Safer Schools  
18 started back in March of 2013, and that was right  
19 after the tragedy at Sandy Hook Elementary School  
20 where, as you know, there was the elementary  
21 school shooting. We are working right now with  
22 Sandy Hook Promise foundation on our student app,  
23 and I'll be talking a little bit more about that  
24 in the presentation.

25 But what's relevant about that is,

1 one of the cofounders and managers of Sandy Hook  
2 Promise Nicole Hockley, her six-year-old son with  
3 autism was one of the students killed at Sandy  
4 Hook Elementary School, and I think one of the  
5 classrooms the young man went into was a special  
6 education classroom, and several of those students  
7 died and I believe a teacher or two.

8 But when you look at Nicole's web  
9 page, when she talks about her son Dylan, she  
10 talks about the fact that he died in the arms of  
11 his amazing aide in the classroom who worked with  
12 him one-on-one, and so they felt really good about  
13 that, that she was with him, you know, when he  
14 evidently died. And they started Dylan's Wings of  
15 Change, which is part of Sandy Hook foundation.  
16 They talk about everybody needing a wingman, and  
17 they train people to be wingmen for students at  
18 school. So that's a really neat thing about how  
19 the Center started and how we're working with  
20 Sandy Hook Promise now.

21 So the Center started, and one of the  
22 first things we focused on was we're always going  
23 to talk about mental health when we talk about  
24 school safety, and that wasn't widely accepted at  
25 that point in time, you know, 2013, six, seven

1 years ago, and especially with law enforcement,  
2 especially with emergency management, with some of  
3 the other agencies, you-all probably understood  
4 it, but everybody kind of needed to get on the  
5 same page with safety.

6 You always have to talk about mental  
7 health. Of course, the young man who did a great  
8 deal of harm at the Sandy Hook shooting had the  
9 diagnosis, I believe, of Asperger's and definitely  
10 was showing lots of warning signs. So I think  
11 that's one of the reasons we got started with  
12 talking about mental health. These tragedies that  
13 we have with school shootings, something good  
14 always comes from them. You know, you have your  
15 lessons learned, and that one was mental health, I  
16 believe. And so that was an important message.

17 So when we moved forward to open the  
18 Center, we started out with a three-pronged  
19 approach because everybody's mind usually goes to  
20 fortify the building, things you can see, you  
21 know, the armed law enforcement officer, but  
22 that's not the preventive end of things, that's  
23 not the whole story, and so we went out with  
24 focusing on, of course, physical security and  
25 emergency preparedness, it's important, but also,

1 mental health was a big area.

2 At one point, we called that mental  
3 health and students with special needs, that  
4 subcommittee on the Safer Schools Task Force.  
5 Right now, we have broadened it recently and are  
6 just calling it mental health because the approach  
7 is just broadening things right now before we get  
8 more specific again.

9 And then school climate and  
10 discipline is kind of the third area. You have to  
11 have the right climate at the school. Really  
12 focus on bullying prevention, a positive climate,  
13 a lot of the PBIS things is really the core of  
14 things as well. So we started out this way, and  
15 I'm happy to say that over the years that a lot of  
16 the agencies -- being law enforcement, emergency  
17 management, mental health community providers,  
18 schools -- have all kind of adopted this approach  
19 as well and are looking at school safety, you  
20 know, broadly.

21 So these are just some of the things  
22 we did in each of those areas. We developed  
23 critical incident response training for school  
24 faculty and staff. There's a video. It includes  
25 evacuating students in wheelchairs out of the

1 schools in the video. There's a training manual.  
2 We're working on a curriculum for it. We're  
3 working on SRO training right now. It's going to  
4 be mandated, I hope, because a lot of law  
5 enforcement agencies do it anyway just because  
6 it's good practice, but others, unless something  
7 is mandated, they're not going to do it. And so  
8 it's going to be mandated, and it's going to have  
9 to be done every year, and you just don't do it  
10 one time and then stop. And the curriculum is  
11 being developed, as we speak, by the North  
12 Carolina Justice Academy in collaboration with  
13 Center for Safer Schools and the Sheriff's  
14 Association. So there's going to be a standard  
15 curriculum as well.

16 In the area of mental health, one of  
17 the first programs that came out of the Center --  
18 it was September 2013 -- was mental health first  
19 aid for youth. The secretary of DHHS stood with  
20 us and said, "I'm giving schools mental health  
21 first aid for youth," and that is a fantastic  
22 program, as you-all know, for those who need to be  
23 educated about the warning signs. They don't need  
24 to diagnose; they just need to be aware and need  
25 to know who to reach out to in the school and the

1 community if more services are warranted.

2 And then like going back three years  
3 ago, we talked about how youth -- teenagers need  
4 to be educated on these warning signs and was  
5 excited to see that now they have rolled out the  
6 youth version of mental health first aid for  
7 youth. So that's very exciting, you know, for  
8 those particularly older students like in  
9 secondary schools.

10 Came up with a suicide prevention  
11 toolkit. We really pushed school-based mental  
12 health where there are some providers right there  
13 in the school every day, if possible. I know it's  
14 hard to hire psychologists, but some of the social  
15 workers with special training and, of course, our  
16 counselors with special training, but the more  
17 providers we can have accessible in schools, the  
18 better.

19 Our person on the School Safety Task  
20 Force who's over mental health, her name is Greta  
21 Metcalf, she started one of the first school-based  
22 mental health programs in the state way up near  
23 Cullowhee in Western North Carolina, Jackson  
24 Psychological, where her licensed clinical social  
25 workers under the care of a psychologist had their

1 offices in the schools, worked closely day-to-day  
2 with the teachers and families, a really great  
3 program, and she still leads our mental health and  
4 our mental health subcommittee.

5 School climate. Of course, bullying,  
6 cyberbullying is at the heart of school safety and  
7 violence. You have to think of it -- I like to  
8 think of it as a ladder that escalates. If you  
9 don't nip bullying in the bud, when you're doing  
10 insults that kids do -- sometimes they think it's  
11 normal to just talk -- how they talk to each  
12 other, trash talk, insults, particularly those  
13 middle school students, I've learned, because I've  
14 raised four of them.

15 That's not nice the way that you're  
16 talking about somebody. That could be considered  
17 bullying. How do you think that's going to make  
18 them feel? They're somewhat desensitized, I  
19 think, to that. And the school administration  
20 needs to support the teachers when they report  
21 bullying and they want to do something about  
22 bullying and bring in the parents or whatever.

23 Anonymous reporting is key because  
24 students -- there's a large group of students who  
25 will not report things either because they don't

1 know if it's important, they're just not quite  
2 sure; they don't know who to go to at the school;  
3 or they're afraid they might be beaten up or  
4 targeted, and plenty of that has happened. So  
5 it's not just in their mind. We've had incidents  
6 where a student was beaten up in the classroom  
7 because he told about drugs being sold at the  
8 school. And, of course, they're always on their  
9 phones, so having something on their phones makes  
10 sense.

11 Student tutoring and mentoring  
12 program. We really believe in that peer-to-peer  
13 support. There's a lot of great programs. I know  
14 my daughter in elementary school was paired with a  
15 kindergartner -- kindergarten class of children  
16 with autism in the buddy program or whatever.  
17 There's a lot of great programs for exceptional  
18 children related to peer-to-peer support out  
19 there.

20 SROs in schools. This is critical, I  
21 believe, for exceptional children. There have  
22 been lots of stories about an SRO approaching an  
23 exceptional child who probably shouldn't be  
24 approached by an SRO. They may be traumatized by  
25 someone in a uniform, someone they don't know, and

1 the SRO may not know how to talk to that student.  
2 So this -- this is a big issue. I was excited to  
3 see that a lot of the schools -- I think  
4 Jacksonville shared their curriculum where they're  
5 training their SRO in children with special needs,  
6 children with disabilities.

7 Now some of the problems are -- of  
8 course, are, you know, the FERPA and the HIPAA.  
9 They can't see the IEP, but the school surely can  
10 tell the SRO, you know, about that small group of  
11 children who they shouldn't approach or they  
12 should approach a certain way or just things are  
13 going to go bad if they do. And, of course,  
14 whenever possible, you go through the special  
15 education teacher or the assistant, but there are  
16 times when a student somehow gets separated from  
17 the class or the teacher is not available and  
18 where the SRO may be called in to remove the child  
19 from the cafeteria or to go put hands on that  
20 upset child. And so schools need to be trained  
21 and realize they need to share some information  
22 with the SROs, and the SRO needs to be trained  
23 through their law enforcement agency and through  
24 the school how to react. It's a two-way street.  
25 It's not just the SRO; the school needs to know as

1 well, and that's part of the sharing of  
2 information. You know, we don't want to violate  
3 FERPA, HIPAA, those things, but we can certainly  
4 share basic things about the student suffers from  
5 posttraumatic stress and he's very afraid of  
6 anybody in a uniform and needs to be approached  
7 very carefully, if at all.

8 And the expectations need to be clear  
9 when that SRO comes into the school. That's why  
10 we really recommend the memos of understanding  
11 between the school and law enforcement agency so  
12 they both understand the SRO is not there to be  
13 part of carpool duty, to be called in for  
14 disciplinary actions, but they're really a law  
15 enforcement person and they may have to actually  
16 arrest somebody because they work for a law  
17 enforcement agency, if they're called in when  
18 there's fighting going on or weapons involved.  
19 Yes?

20 MS. MOOREFIELD: This is Ginny  
21 Moorefield. I just had a question. So when SROs  
22 are trained -- and I'm not sure if you can answer  
23 this or not, but when they're trained or when they  
24 go through any of the programs that your center  
25 has developed, are they encouraged to meet the

1 students in some of our disability classes? Are  
2 they encouraged to interact with the student body  
3 in general so that they know the students so that  
4 they can develop a relationship, and is there any  
5 training on developing a positive and a friendly  
6 safe relationship with students who have  
7 disabilities so that, you know, they can learn  
8 this person to be someone that's trusted?

9 MS. MARTIN: That is in the SRO  
10 curriculum that the Justice Academy uses for those  
11 SROs who go to the Justice Academy for the -- they  
12 have a basic SRO and a higher level SRO training  
13 than they do. A lot of law enforcement agencies  
14 don't send their SROs there. They do things  
15 within their own agency, but we recommend the  
16 Justice Academy because they have a curriculum  
17 that's more standardized that we've had input  
18 into, and I think we're moving more and more in  
19 that direction.

20 But it recommends these kind of  
21 things, but it's really upon the school  
22 administrators to emphasize this point on their  
23 end, and it's also up to the SRO to have been  
24 trained to realize, you know, I need to go meet  
25 with the school staff, you know, before I start

1 talking about expectations.

2 I love the programs where you bring  
3 in the fire department and police officers for  
4 students to meet. I've seen several programs like  
5 that that schools do. So all the students as well  
6 as the exceptional children can go meet the  
7 firefighter and the fire truck, the police officer  
8 and the police car, you know, and become more  
9 familiar.

10 We also know that there are some  
11 cultures of students who are very afraid of law  
12 enforcement because their parents are, and so  
13 that's -- that's another cultural issue, and it's  
14 always great to go through -- if we're talking  
15 about the Hispanic community, to go through  
16 Hispanic organizations to kind of bridge that gap.

17 MS. THOMAS: Kym, if I could add, in  
18 the Exceptional Children Division, we have in the  
19 past provided through PBIS and through our  
20 Behavioral Support Section training for SROs as  
21 requested, and so we couldn't go and push that  
22 out. There had to be an invitation. So I'm real  
23 excited to hear that there is a real plan to do  
24 this for all SROs now because that has been very  
25 valuable, and that training covered the very

1 things you just talked about. So I'd love to see  
2 how that parallels a little bit.

3 MS. MARTIN: And the other good thing  
4 is a lot of SROs are hired through the DPI SRO  
5 grants. I think -- I think we're up 300 or 400  
6 right now in elementary and middle schools, and as  
7 a requirement of that grant, they have to do  
8 training including on children with disabilities,  
9 and we can require certain things of the SROs if  
10 they want the grant, and we require accountability  
11 as well.

12 At the end of the grant year, they  
13 have to report on what training they provided the  
14 SROs. That's how I got the information from  
15 Jacksonville about what they were doing with the  
16 special needs training.

17 MS. MEBANE: I have a question. Has  
18 there been any discussion around talking to  
19 parents -- either teachers or administrators  
20 talking to parents and making sure that they  
21 understand that there could be an interaction with  
22 an SRO? Because I don't think a lot of parents  
23 think about that, and they could actually -- you  
24 know, there's some things that the school can't  
25 share, but the parents can.

1 MS. MARTIN: Right. That's a good  
2 idea. Yeah, I don't know the best way to do that.  
3 A parent meeting with all parents -- you know, not  
4 singling out exceptional children -- all parents  
5 who want to come in and meet the SRO and ask the  
6 SRO questions would be a great thing for the  
7 school to do.

8 MR. BAKER: I was just going to add,  
9 one of the things that we do in our school is part  
10 of a curriculum night, and that's one of the  
11 topics that we actually speak upon. So that's  
12 something we address so parents can come in and  
13 learn about that particular thing in regards to  
14 school resource officers, what's the role, what do  
15 they do, and their interaction with their  
16 children.

17 MS. MARTIN: Right. A lot of times  
18 people think, well, it's upon the law enforcement  
19 agency and SRO to know these things, but it's a  
20 two-way street. You know, both the school agency  
21 and the law enforcement agency need to have an  
22 understanding. That's why those MOUs can be  
23 important.

24 So moving on from the SRO, we do do  
25 the critical incident response training for school

1 faculty and staff, what to do in the case of a  
2 school shooter primarily, also, you know, a  
3 weather-related emergency. In 2014, we  
4 provided -- created this curriculum and -- there  
5 was an old curriculum that was terribly outdated,  
6 but one of the things that this curriculum  
7 includes is options for teachers.

8           Instead of you have to go in your  
9 room and lock the door. It's pay attention to  
10 what's going on and the situation that you're in.  
11 Don't just assume one thing is going to happen.  
12 If you're out on the playground and a shooting's  
13 going on inside the school, you do not want to go  
14 in the school and get locked down in your  
15 classroom. You probably want to run through the  
16 woods and find a rallying point that's  
17 predetermined for you to go and wait until you get  
18 the all clear to go back in the building. So  
19 we -- one of the things we've really tried to do  
20 is give those options.

21           I think we could do a lot more in  
22 this curriculum for exceptional children. It  
23 talks about it, and every time you go to a school,  
24 they like to say, "Oh, my classroom over here, I  
25 have to pay attention to them because we have

1 students in wheelchairs that need to be taken out  
2 a different way." So schools are on top of that,  
3 but I know the school where I worked most  
4 recently, you know, it was even more of an issue  
5 for the children who didn't understand what was  
6 going on and were going to panic, you know, when  
7 things changed in their routine and loud noises  
8 and such.

9 I think probably school  
10 administrators are less sure about how to deal  
11 with those situations, and there are some good  
12 things that FEMA, Homeland Security has put out.  
13 Yes?

14 MS. GRADY: Do you guys have a  
15 recommendation on frequency of the lockdown  
16 drills?

17 MS. MARTIN: At least one a year  
18 dedicated to an active shooter, and that's per  
19 school. I mean that is the requirement, but we  
20 would recommend more than that. I look to -- we  
21 have a couple of law enforcement/emergency  
22 management folks that work with the Center. I  
23 kind of look to them for that side of things, but  
24 I think you need to practice it more than one time  
25 there within the school, but not so much like the

1 fire drills where you just -- it becomes so  
2 mundane and so regular that you don't really think  
3 it could be a real fire and you tend not to take  
4 it seriously. We wouldn't want it to become like  
5 that.

6 But -- and I know a lot of times they  
7 want to give the special education teacher the  
8 heads-up that there's going to be a loud sound and  
9 the drill, but that's unrealistic. If there were  
10 a school shooting, it wouldn't be that way. So  
11 you have to balance, you know, is it worth  
12 upsetting this classroom of children the rest of  
13 the day with what if there really was a shooting,  
14 are they going to realistically know how to  
15 respond, and it's a hard balance. I don't envy  
16 the teachers having to do that. Yes?

17 MS. JOHNSON: Are these trainings  
18 available to nonpublic schools?

19 MS. MARTIN: Yes. As a matter of  
20 fact, Mike Anderson, who's one of the main  
21 trainers with the Center, is training the new  
22 charter schools this week or next week.

23 MS. JOHNSON: So not charter, but  
24 actually nonpublic or private---

25 MS. THOMAS: Private schools.

1 MS. MARTIN: We don't turn away  
2 private schools. I've been to Saint David's  
3 School, Ravenscroft. A lot of the local private  
4 schools have asked us to come, and we don't turn  
5 people away. So it really is for everyone. I  
6 would have to say, if we had a huge influx of  
7 requests, we would probably have to prioritize the  
8 public schools, which includes charter and  
9 regional and laboratory, but we haven't had that  
10 issue yet. We've just been able to meet the  
11 requests coming in.

12 MS. HUDGENS: I have two questions  
13 from the virtual participants. One, do we know  
14 how many districts use this program for SRO  
15 training, or maybe if it's easier stated, how many  
16 do we know that are not using it? Whichever one,  
17 do we know how many are?

18 MS. MARTIN: Going to the Justice  
19 Academy for the SRO training?

20 MS. HUDGENS: Uh-huh.

21 MS. MARTIN: We can get those numbers  
22 from the Justice Academy. They are under the  
23 Department of Justice so they're under the  
24 Attorney General's Office. They have an office --  
25 a big training office in Salemburg, North

1 Carolina; Clinton, North Carolina; and they have  
2 one in Edneyville, the western part of the state.  
3 They did just have one SRO trainer. His name is  
4 Scott -- I can't think of his last name. He's on  
5 our Task Force for Safer Schools.

6 But now they've hired a couple more  
7 because of more school safety grants. There's  
8 talk about requiring an SRO in every school. The  
9 legislature has talked about that and others, and  
10 so, you know, it's good to get ahead of it now and  
11 get our SROs trained the right way now before we  
12 have such huge numbers that we have to train.

13 MS. HUDGENS: The second question --  
14 and I think I'll direct it to both Leanna and  
15 you -- there's an invitation here to maybe come  
16 back when that curriculum is developed and give  
17 another update to the Council when that curriculum  
18 is developed. So we'll coordinate with your  
19 office, if that's okay.

20 MS. MARTIN: That sounds good, and we  
21 could have either Mike Anderson, who kind of  
22 specializes in the training, or even the Justice  
23 Academy come and talk about how they do it. We  
24 have -- the critical incident training is in the  
25 basic law enforcement training curriculum now --

1 requirement now. So we're part of required law  
2 enforcement training now. So that's good.

3           These are some of the resources that  
4 we're in the process of putting on our website.  
5 As some of you-all know, the websites are a work  
6 in progress right now, but we've located all this  
7 great information. A lot of it's from  
8 FEMA/Homeland Security on emergency planning for  
9 students with disabilities, some of the barriers  
10 for evacuation, some of the change in conditions,  
11 you know, and how that would impact special needs  
12 children.

13           Of course, planning for evacuation,  
14 which is naturally where we would go, and  
15 identifying students who may need extra assistance  
16 in evacuating and in reacting to a critical  
17 incident. Regular practice and drills. Transfer  
18 trauma. Often when there is a school shooting and  
19 if you do a real intense school lockdown drill,  
20 you're going to put students on a bus and take  
21 them to an evacuation point. That can be even  
22 more trauma for our students who are confused  
23 about why all that is going on, but there are  
24 great resources available that we're going to have  
25 on our website, and I'm going to recommend be put

1 in our curriculum. Yes?

2 MS. MOOREFIELD: So you just brought  
3 up an existential crisis for me. So you just  
4 mentioned -- and I haven't even thought about  
5 this, but when, you know, God forbid, there is an  
6 active shooter and they are evacuating students, I  
7 know that they just throw them on a bus as quickly  
8 as they can and get them to a safe place. Are all  
9 schools equipped with buses that can handle  
10 wheelchairs?

11 Because I know that -- I know in Wake  
12 County and a handful of other counties, we have to  
13 contract out those services, and they're not the  
14 best services on a day-to-day basis. So how do  
15 you -- how do they evacuate students who are in  
16 wheelchairs?

17 MS. MARTIN: That's a good point  
18 because if you're contracting, the bus may not be  
19 parked there at the school.

20 MS. MOOREFIELD: I guarantee you it's  
21 not parked there. It's not usually parked there  
22 when it's supposed to be there.

23 MS. MARTIN: Right. So, ideally, we  
24 would have to recommend that a handicapped-  
25 accessible bus be at the school at all times or

1 somewhere close where it can get there within  
2 minutes.

3 MS. MOOREFIELD: I'll be putting that  
4 on my "that mom" list.

5 MS. MARTIN: Yeah. Because children  
6 in wheelchairs, you're going to have to get the  
7 wheelchair in. True emergencies, you may be just  
8 picking up the student and moving with them.

9 MS. HUTCHINSON: It would be hard to  
10 budget for a bus to sit there and an employee to  
11 sit there five days a week, 40 hours a week for a  
12 what-if. I would think that there would be an  
13 alternative of like we have wheelchairs that are  
14 stair wheelchairs and those kinds of things, or  
15 they have like wheelchairs that are made for  
16 airplanes and such, that they could have those  
17 available that they could---

18 MS. MOOREFIELD: Those are not  
19 options, though, when you have kids that have  
20 severe disabilities. But a lot of -- and the  
21 reason I asked is because a lot of county buses  
22 that are used every day have wheelchair lifts, and  
23 I was just wondering if anybody knows, does each  
24 school have one of those? I mean it doesn't have  
25 to be like, you know, a contracted bus, but just

1 to have the capability.

2 MS. MARTIN: On the regular bus---

3 MS. MOOREFIELD: Yeah.

4 MS. MARTIN: ---or, quote, unquote,  
5 regular school bus, do they have the wheelchair---

6 MS. MOOREFIELD: That may or may not  
7 be transporting anybody that has a wheelchair,  
8 but---

9 MS. MARTIN: Because they have those  
10 doors that open at the back.

11 MS. MOOREFIELD: I mean you have to  
12 have the lift. What I'm saying is, a lot of  
13 regular -- your yellow school buses do have lifts,  
14 and I was just wondering if---

15 MS. MARTIN: There's a lot of  
16 planning that can go into this, but in a true  
17 school shooting emergency -- I hate to say it --  
18 and they're rare---

19 THE CHAIRPERSON: Thankfully.

20 MS. MARTIN: They're rare,  
21 thankfully. You know, you may just be picking up  
22 a student and going with it, just getting them out  
23 of there as quickly as possible. After the  
24 shooter has been gotten into custody, once you've  
25 made sure there's not multiple shooters, you've

1 got your shooters, then you can start, you know,  
2 thinking -- you know, evacuation and, you know,  
3 planning and getting those wheelchairs out and  
4 all.

5 MS. MOOREFIELD: And I'm not going to  
6 interrupt you further, but this is just to the  
7 Council. This is something that we've discussed  
8 before as far as emergency planning, and I really  
9 feel very strongly that we need to strongly push  
10 that there needs to be plans for this in place for  
11 all of our schools because as a parent of a child  
12 with severe disabilities who requires a custom  
13 wheelchair, I've got to tell you I am sick to  
14 death of the County and the State telling me that  
15 my kid is not as important as other kids.

16 And we've been dealing with the  
17 transportation thing for years. It's totally  
18 legal to pass my kid's school bus -- and there's  
19 nothing I can do about it -- even when he's on the  
20 lift. It's totally fine for his classroom not to  
21 have a lock on it so they can't lockdown. It's  
22 totally fine for, you know, all of these other  
23 things that I've had to be "that mom" on, and I  
24 should not have to be "that mom" just because my  
25 child has severe disabilities and is in the vast

1 minority.

2 So I get what is being said about the  
3 expense and everything, but as a Council,  
4 especially a council for children with special  
5 needs, I understand that the autism population,  
6 the CP population, the mild and moderate  
7 population is way larger. I've got to tell  
8 you-all I'm getting real sick of being kind of  
9 isolated for severe disabilities. That, no, we --  
10 you know, we don't need to worry about that right  
11 now because this is a bigger problem. It's not.  
12 So---

13 THE CHAIRPERSON: I hear you, you  
14 know.

15 MS. MARTIN: You can't put a value on  
16 a life.

17 THE CHAIRPERSON: Yeah, you can't put  
18 a value on anybody's life. I think there are  
19 strategies that need to be discussed within a  
20 committee such as---

21 MS. MOOREFIELD: As a Council, I  
22 would like us to address, you know, just start  
23 maybe with these emergency plans and things like  
24 that, and we can make some recommendations that  
25 include all of our kids with disabilities.

1 MS. TERHAAR: We've got that as item  
2 4, don't we? "Add EC involvement in School Safety  
3 Advisory committees with a focus on ensuring  
4 students with significant needs---"

5 MS. MOOREFIELD: Yes. And we had  
6 [inaudible] of that at the last meeting. I just  
7 want to make sure that as a board we really -- we  
8 don't let that fall off of our radar.

9 MS. MARTIN: And part of it is  
10 reunification after the event because you've  
11 secured the shooter, arrested the shooter, and you  
12 can now evacuate the school. You still have to  
13 evacuate the school because it's a  
14 crime scene and probably going to be a crime scene  
15 for days, and that's when the students can be more  
16 orderly, if you will, taken out to the  
17 reunification point.

18 And so we are working on a  
19 reunification training. A lot of schools are  
20 asking us for that, how to best separate grades,  
21 how to best and orderly get those parents paired  
22 with their students when they show up to pick up  
23 their students because one of the things that  
24 happened outside of Charlotte was the parents  
25 stormed the school after the shooting last fall,

1 and somebody was almost badly hurt because they  
2 were trampled. And so reunification, you know,  
3 after the incident needs to be, you know, a big  
4 part of the discussion.

5 MS. HUDGENS: So I'd like to  
6 recognize Christy, then Lisa, and then we have a  
7 caller on the line that would like to make a  
8 comment. So if we can go ahead to Christy.

9 MS. GRANT: Sure. I think one of the  
10 things that's important to know is that each  
11 school has an emergency management plan, but what  
12 I found out this year, working with emergency  
13 management and our administrators, is that looking  
14 at each plan, especially with our classrooms with  
15 kind of low-incidence populations, the plans  
16 didn't always specifically state what was going to  
17 happen for this particular group of kids, and it  
18 has to change every year because the needs of the  
19 kids change.

20 So we put together a committee at our  
21 central office within the EC Department, and our  
22 physical therapists have been key. They have been  
23 the voice for your children. They really came in  
24 and said, "What about these kids in wheelchairs?"  
25 And emergency management, who were doing the

1 training in our district anyway, didn't even think  
2 about half the stuff that we were talking about.  
3 They're not school people.

4 And so we're working with them to  
5 develop a plan that is specific to classrooms with  
6 children with disabilities and what would they  
7 need in terms of you may need -- we talk about  
8 having their red bags in our district with all the  
9 health stuff. But what about a sensory bag or  
10 what about their communication devices, extra  
11 batteries.

12 MS. MARTIN: Nutritional stuff,  
13 medical supplies.

14 MS. GRANT: We do the active shooter  
15 drill. I mean you -- I didn't realize how long  
16 that the kids could be there. I mean it can be  
17 awhile. So then we get into what about those with  
18 feeding tubes and those that need feeding and what  
19 about diapers. So it is very---

20 MS. MOOREFIELD: It can get real  
21 messy real fast.

22 MS. GRANT: That's right. You're  
23 exactly right. So I do think that's something  
24 that probably does need to be looked into, is  
25 while schools do have emergency management plans

1 and preparedness plans, what is being done  
2 specifically for the children -- specifically  
3 being outlined in the plans for the children with  
4 disabilities.

5 MS. PHILLIPS: And I think with that,  
6 you know, you've got to look at how are we  
7 assessing the process, are we taking a look at  
8 each of the individual schools and ensuring that  
9 the practice is occurring, and how is that  
10 reported to the district level and then how does  
11 that filter up to the state level. Because that  
12 too can help identify where there are some gaps or  
13 where there's some need for additional training  
14 and that kind of thing.

15 So, Ms. Martin, that may be something  
16 that you're going to discuss, but you know, to me,  
17 I think we also have to evaluate what is happening  
18 when these programs are occurring. We can't just  
19 leave it up to school administrators or the local  
20 law enforcement to come in because some of our  
21 local law enforcement agencies are very tiny.  
22 They don't -- they don't have the capacity, and  
23 then, in turn, in those particular departments, a  
24 lot of those folks are also new. They're not  
25 seasoned law enforcement or haven't been there for

1 an extended period of time.

2 So, you know, how are we taking a  
3 good picture at what is transpiring when they are  
4 practicing this and what are we learning from it  
5 so that we can change and prepare better for if it  
6 was to occur or for the next practice. So it does  
7 go along with what you're saying, so---

8 MS. MARTIN: Yes, the General  
9 Assembly has been asking those questions, are  
10 schools doing the lockdown drills, how do we know  
11 schools are doing these things and that they have  
12 SROs, and so I think -- I believe, if the  
13 legislation passes -- it's called the School  
14 Safety Omnibus bill -- it requires that the Center  
15 for Safer Schools finds a way for accountability  
16 here at the Department.

17 MS. MOOREFIELD: I know there's a  
18 caller waiting, but a quick stepping stone to  
19 improving this situation is like what we as a  
20 Council had talked about making a section on the  
21 IEP for those -- for those -- you know, that  
22 critical information about that child so that, you  
23 know, it could be put in the IEP so that there  
24 is -- you know, that could just sort of be put  
25 right into their plan.

1 MS. HUDGENS: Okay. I'm going to  
2 recognize Katie Holler. Katie, you should be  
3 unmuted now, if you'd like to offer your comments.

4 MS. HOLLER: Thanks, Carol Ann. I  
5 just wanted to mention that a lot of the  
6 managed-care organizations across the state offer  
7 crisis intervention training, and they're done for  
8 law enforcement and sometimes SROs. And so one of  
9 the thoughts I had was it may be helpful for you  
10 just to connect with the MCOs in the area, whether  
11 it's Alliance, [inaudible], whatever area you feel  
12 like you want to connect with, to touch base with  
13 them about their trainings.

14 They have brought in, you know,  
15 different specialists or presenters from like NAMI  
16 or the Autism Society to provide like training for  
17 participants, and I have heard that they have been  
18 very, very effective and helpful in educating  
19 people on strategies and those sort of things. So  
20 just an idea for you.

21 MS. HUDGENS: And then I have another  
22 caller. Abby, I'm going to switch over to you.  
23 Give me just one second. Okay. Abby, let's try  
24 and see if you're able to comment now.

25 Okay. Abby, I'm sorry. If you'll

1 type your question in the question box, I'll make  
2 sure that it is raised. We're not able to hear  
3 you right now. I'm sorry.

4 If you want to go ahead, I'll loop  
5 back to Abby's question when she gets it in the  
6 box.

7 MS. MARTIN: The school safety grants  
8 of 2018, they're finishing up right now pretty  
9 much, and the house over in the general assembly  
10 has recommended increasing them and extending them  
11 into the next school year, but this is a great way  
12 to get training into schools. One of the  
13 categories is school safety training for students  
14 in crisis and also to train school staff on some  
15 of the school safety issues.

16 There's different categories for  
17 these training grants such as children in foster  
18 care, children in crisis situations, but we could  
19 have a category, if you-all thought this was a  
20 good idea and we could make it as a  
21 recommendation, for exceptional children. I know  
22 a lot -- I know several of the recipients of these  
23 grants are working with exceptional children as  
24 part of the training program, but we don't have  
25 like a specific category for exceptional students

1 for those grants, and as you know, some people's  
2 minds may not go immediately that way.

3 So it's kind of good to have this in  
4 those four or five recommended areas. So that is  
5 one thing we can do, and you-all could help me  
6 think about what -- you know, what it could say  
7 exactly about exceptional children.

8 MS. HUTCHINSON: I think it's  
9 important to identify, not the area of  
10 exceptionality, but how the impairment would  
11 impede their ability to either evacuate or  
12 transition. So whether that be physical,  
13 emotional, you know, regardless of the area of  
14 disability, that's what an emergency person would  
15 need to know. Is this a physical thing I have to  
16 overcome, or is this an emotional and functional  
17 thing I have to overcome, you know.

18 MS. MARTIN: Right.

19 MS. HUTCHINSON: So those would be  
20 two categories that would be important.

21 MS. MARTIN: Both challenging for  
22 different reasons.

23 MS. HUTCHINSON: Different reasons  
24 for both.

25 MS. HUDGENS: So I have Abby's

1 comment. She is asking if you-all have thought  
2 about putting together a stakeholder panel for  
3 this work, and she really appreciates how you've  
4 brought this to the Council, but she would offer  
5 that a panel might be very helpful to you on this  
6 topic.

7 MS. MARTIN: Yes. I'm thinking on a  
8 panel we'd have emergency management who are  
9 connected to FEMA, Homeland Security, and they're  
10 doing the school risk and response management  
11 system that most of the schools use, and then we  
12 have Mike Anderson from the Center who does most  
13 of the critical incident training, and maybe even  
14 a couple of emergency response-type agencies  
15 coming in and talking about this kind of training  
16 with you-all.

17 The Governor's Crime Commission did  
18 this with the SRO training a few months ago. They  
19 brought in different experts to talk about the SRO  
20 training, and it might be something that you-all  
21 could do, have a small panel of experts to talk to  
22 you and you talk to them about the training needs.  
23 I do think that probably the ADA, Americans with  
24 Disabilities Act, requires that this be  
25 incorporated to the critical incident training and

1 emergency plans. So, you know, we're doing it  
2 because it's the right thing to do and it's  
3 needed, but also, I would think there are ADA  
4 requirements for all this.

5 THE CHAIRPERSON: Cache?

6 MS. OWENS: I would just offer that I  
7 love this idea of having a panel and also  
8 including young people themselves who are able to  
9 advocate on what they might need in emergencies  
10 like this. And the reason this is on my mind,  
11 ECAC just had a conference last weekend, and we  
12 had a panel of young people, and one of our  
13 panelists talked a lot about the way they would  
14 overcome the fears about fire alarms and drills  
15 and what they were able to put in place for him  
16 based on his own ideas that allowed him to  
17 successfully stay in the building when they had  
18 these drills.

19 And I just think they would probably  
20 have a lot to offer about how we can make this  
21 process easier for them if they're a part of the  
22 conversation.

23 MS. MARTIN: Yeah, that sounds great.  
24 And we've heard a lot about students who are  
25 traumatized because they've been involved in a

1 school shooting. We've heard about recent  
2 suicides of students who have been involved. So  
3 it is life-changing. Some say you're never the  
4 same if you're involved in a situation like that  
5 or even have it in your state, and we've had one  
6 over at UNC Charlotte just a few months ago.

7           So for all students, it can be  
8 traumatic. For our young students who may think  
9 you're locking down because of a shooter, their  
10 minds may think there really is a shooter outside  
11 that door. You know, they don't -- aren't going  
12 to be able to differentiate. So this is -- can be  
13 traumatic, you know, for all students and staff.

14           I mean, as a special education  
15 teacher, you know, I've thought what I would do  
16 because, you know, I taught self-contained, and  
17 they were my family. You know, I like to think  
18 that I would lay down my life for my students, you  
19 know, if a shooter came into my classroom, but  
20 until you're there in that situation, sometimes  
21 it's hard to tell.

22           So some of the new legislation, I'll  
23 go through it quickly, and this is pending stuff  
24 that's passed the House, passed the School Safety  
25 Committee in the House, and over in the Senate,

1 we don't anticipate that the Senate is going to  
2 have major problems with any of this, but nothing  
3 is ever done until it's done.

4 They are going to require schools to  
5 have -- each school to have a school threat  
6 assessment team, and that's if the student -- a  
7 student or it could be staff, I guess, makes a  
8 threat against the school or themselves. It also  
9 relates to suicide and self-harm. And so these  
10 teams are going to be required and they're going  
11 to be required to share information about the  
12 types of threats that they faced each year.

13 And then, as we said, the SRO  
14 training is going to be a requirement. We're  
15 going to have -- we're going to require schools to  
16 tell us how many SROs they have, are they  
17 full-time, part-time, shared with other schools,  
18 what is their contact information because  
19 everybody asks me every year how many SROs are  
20 there, does every school have one.

21 The answer is there is about 1300 in  
22 the state, and most of the high schools have them.  
23 Some high schools have more than one. Middle  
24 schools are getting there. Elementary schools,  
25 not as much. A lot of school districts have said,

1 "Well, how do I -- if I can only do a few, how do  
2 I start just a few and not do all of them?" So we  
3 need to know how many SROs we have, and maybe even  
4 have that as part of the School Report Card  
5 information.

6 A system of accountability for  
7 schools to report on their school safety  
8 initiatives. One of you brought up have you  
9 assessed your building for vulnerability, and this  
10 is something where we need to interject  
11 exceptional children and the things that the  
12 facility would need to show, you know, related to  
13 exceptional children, wheelchair, et cetera, other  
14 barriers.

15 Engaging students in positive ways.  
16 Each school is going to have to have a  
17 peer-to-peer student support program, and this  
18 does not -- it doesn't specify whether it be  
19 related to drug prevention, tutoring, working with  
20 an exceptional student. The counseling section of  
21 DPI, Cynthia Floyd, is going to be developing some  
22 of the requirements for this program in  
23 conjunction with the Center for Safer Schools.

24 Definitely one of those categories  
25 needs to be partnering with an exceptional student

1 because it's good for all the students, and so  
2 that's going to be a requirement and an area where  
3 we can identify some really good programs --  
4 training programs for this. I know they're out  
5 there. I just can't pull them up in my head. Do  
6 you know of one?

7 MS. GRADY: [Inaudible] has a great  
8 Start With Hello program that I wish more school  
9 knew about.

10 MS. MARTIN: The Hello program?

11 MS. GRADY: Start With Hello.

12 MS. MARTIN: Yeah. That's one of the  
13 things we were the most excited about Sandy Hook  
14 Promise. They have a lot of -- they're more than  
15 just the app. They have a lot of great violence  
16 prevention, bullying prevention programs that  
17 schools are using, you know, in North Carolina.

18 MS. HUTCHINSON: A comment about the  
19 SROs. On the previous slide, you were saying  
20 there's a possibility of requiring every school to  
21 have an SRO. Some of the things that we've  
22 experienced in special ed is areas where there  
23 aren't personnel to fill those positions, and so I  
24 know from personal experience, there's been times  
25 when we have had the position available and had

1 the money for the SRO, and the County cannot  
2 recruit enough -- cannot recruit enough officers.  
3 I just read an article yesterday about the  
4 Statesville area and how they were trying to  
5 recruit, but they have unfilled positions.

6 So the requirements can be  
7 requirements, but something has to be done at the  
8 recruitment level and training level to get people  
9 in those positions as well.

10 MS. MARTIN: Exactly, yeah.

11 MS. HUTCHINSON: The best people are  
12 really hard to come by sometimes.

13 MS. MARTIN: It doesn't need to be  
14 just anybody. It needs to be somebody---

15 MS. HUTCHINSON: It has to be a  
16 unique individual.

17 MS. MARTIN: ---who wants to be there  
18 working with children. But, yeah, so I guess some  
19 of the schools have started using what they call  
20 emergency personnel who may not have a weapon, but  
21 they're just there for a second pair of hands, a  
22 second pair of eyes. Charlotte-Mecklenburg does  
23 that.

24 And then we have -- of course, in  
25 Moore County, they have their own school police

1 force as well as in Mecklenburg, and then there's  
2 all sorts of talk about armed volunteers. You've  
3 heard that going around the legislature. We keep  
4 the position that a person who is armed in a  
5 school needs to be a trained law enforcement  
6 person because there's a lot that goes into that  
7 and it's a specialty area.

8 School support staff need to be  
9 expanded and trained on the mental health issues.  
10 That's the school -- I was talking about the  
11 school safety grants. You're seeing four of the  
12 categories for the grants right there. The school  
13 mental health support personnel are for the  
14 counselor, the nurse, the social worker, or the  
15 psychologist. They can choose between that menu,  
16 and assuming they could recruit that person --  
17 there were some recruitment issues as well. So,  
18 hopefully, new things that will be coming up once  
19 the General Assembly finishes up.

20 I'm not going to talk a lot about  
21 this because we've talked about the other things  
22 that I think are more important, but just briefly,  
23 as this relates to exceptional children and their  
24 parents, I was thinking about it, and I did ask  
25 Sandy Hook if it has any special adaptations for

1 children with different disabilities. You can  
2 call in to a number and they have special  
3 adaptations for the hearing impaired when you call  
4 into that number. Not many students call in  
5 because they -- you know, they live on their phone  
6 and the app is right there on their phone.

7 You know, it does require filling out  
8 a form so it's a lot of typing, a lot information  
9 you have to put on the form. Some of our  
10 exceptional children may find that cumbersome.  
11 They may go home and tell their parents about a  
12 concern that they have, and their parents may  
13 submit the form for them.

14 The app can be downloaded by anyone.  
15 We're going to target it for students and kind of  
16 train and market it for students because we feel  
17 like they're the ones we really need to get  
18 information from because they know what's going on  
19 with their peers around them and they're on the  
20 social media where they can see these things. But  
21 the parent, the teacher, anybody at the school  
22 could download and use the app and send tips in.

23 The way this is going to look is that  
24 the tipster, whoever that is, downloads the app  
25 from the -- it will be on the Apple iTunes and

1 Android Store. So that tells you it's a public  
2 market. Anybody can do it. They download it and  
3 they submit a tip, or they can go to the website  
4 for, say, something and download the form from the  
5 website and send it in that way or call the  
6 hotline.

7 Now each time they do this, they have  
8 to designate a school because if we get hundreds  
9 of tips and we don't know which school they're  
10 associated with, we have a big problem. So you  
11 have to designate the school that you want the tip  
12 to go to, which would lead you to believe where  
13 the student that's being tipped in goes to that  
14 school, but not always. And a parent could use  
15 multiple schools. They could go in and do it a  
16 second time for a different school if they have  
17 students -- children at different schools.

18 So they send it in either through the  
19 app, the website, or the phone, and it goes to a  
20 specially trained crisis center of trained crisis  
21 counselors, and we have asked to see the resumes  
22 of these people because part of what we're paying  
23 for are seven North Carolina-dedicated crisis  
24 counselors. So we want to see what their  
25 background is. And, of course, they say they've

1 gotten like 300 applications, so that's exciting.  
2 It's housed in Florida. Everything in the web is  
3 in the web. We're very international with it.

4 We've talked about having a North  
5 Carolina crisis center right here, and we've  
6 talked to emergency management where they have the  
7 Watch Point/Safety Point House, you know, over  
8 there in their center. We've talked to the SBI  
9 Fusion Center, who have analysts trained in  
10 behavior and mental health, about whether they  
11 could all man a crisis center in North Carolina.  
12 They're interested. They weren't ready right now.

13 So we're going to use the Sandy Hook  
14 Crisis Center this year and see how that works,  
15 and then we may want to move to one here in North  
16 Carolina that Sandy Hook trains because these  
17 people have -- beyond the backgrounds they already  
18 have, need special training in, you know, what if  
19 you get a student threatening suicide on the  
20 phone. You know, they need to know what to do to  
21 keep that student on the phone, get all the  
22 information that they can, et cetera. So it's, I  
23 consider, a highly -- it needs to be a highly  
24 trained, you know, area.

25 And then once the crisis center gets

1 the tips, they triage it. They decide whether  
2 it's life safety or nonlife safety. They contact  
3 the school team. We are asking each school to  
4 designate a team of two or three people to receive  
5 the tips, investigate the tips, and it's probably  
6 the people that are already doing that because  
7 schools are already getting all this, you know,  
8 different ways. This is just a tool -- another  
9 tool, another way of getting information.

10 So don't worry, schools. You're  
11 already doing this. Just think, is it your  
12 counselor, is it your assistant principal, is it  
13 your SRO, who's already working on these type  
14 things. It is very much connected to the 911  
15 dispatch, the way that they do the program. They  
16 need to know from each school who their 911  
17 dispatch center is, and the system will be set up  
18 around that for the life-threatening calls to go  
19 directly there.

20 This shows what it looks like when  
21 you download it on your phone. It has a menu of  
22 things that you can tip in, which one of the  
23 things I didn't like so much -- because the  
24 student -- you know, a student who's moving fast  
25 anyway, they're not going to take a lot of time to

1 read everything -- has to read this long menu.

2 But it shows -- you'll see that the  
3 number-one tips that they got were related to  
4 bullying and cyberbullying, anger issues, cutting  
5 and self-harm. The State of Pennsylvania just  
6 rolled this out, and the majority of their tips  
7 were suicide and self-harm related. And so I'm  
8 really talking to our schools about how we can  
9 make sure we know who our community mental health  
10 partners, our crisis mental health partners are  
11 and maybe some of the school safety grants being  
12 used to support this because schools are already  
13 getting this. This isn't new, but you may get  
14 more since students, if trained properly, should  
15 use the app.

16 So some of those tips, you know, they  
17 fall into a gray area. Like bullying tips can be  
18 tricky. You think bullying, it can just wait till  
19 the next day, but then you kind of talk back and  
20 forth or text back and forth with the tipster and  
21 you find out, oh, well the person was bullied and  
22 they're going to bring a gun to school tomorrow.  
23 Well, that quickly goes over to life safety and  
24 has to be handled that way.

25 So they'll try to get as much

1 information as they can from the tipster. Ten  
2 percent of the tips -- ten percent, as they're  
3 saying, started out nonlife safety and were  
4 upgraded to life safety, but the majority of the  
5 tips are not going to be life safety that you get,  
6 and schools will just wait till the next day to  
7 investigate those type issues.

8           So how much is it going to be used?  
9 Can we anticipate? They're anticipating three to  
10 six percent of students trained are going to  
11 submit a tip once a year. Training needs to be  
12 not just one time and forget about it. The school  
13 needs to provide materials throughout the year to  
14 remind them that it's there and why they should  
15 use it.

16           I don't really think we need to go  
17 into that one. Okay. I'm done, and she was  
18 pointing at me anyway. So I think this will be  
19 good for school safety, get our students engaged,  
20 and I think parents will probably assist their  
21 students in tipping things in or may tip things in  
22 on their own, if they see them themselves, as it  
23 relates to exceptional children.

24           If you-all can think of any ways we  
25 can specially train exceptional children to use

1 this or to report, maybe it's just emphasizing the  
2 need to report it to their teacher, whichever way  
3 is best for exceptional children.

4 MS. HUTCHINSON: You have a bullet on  
5 here about summer impact. What do you mean by  
6 that?

7 MS. MARTIN: Over the summer, one of  
8 the requirements for this program, it has to be  
9 manned 24-7. That's why we're using a crisis  
10 center. We don't want schools to have to, you  
11 know, have their phones by them all night and on  
12 the weekends and even over the summer, but some  
13 students will tip things in over the summer that  
14 may be more community-related than school-related,  
15 but it will go to a school. They'll focus it to a  
16 school because they have to designate it to a  
17 school, and we need to -- you know, since it's  
18 live and still active, we need to monitor those  
19 tips. And so crisis center folks may be getting  
20 in touch with the principal, or whoever, over the  
21 summer if something comes in they need to be aware  
22 of.

23 MS. MEBANE: I just want to make a  
24 comment. I take hundreds of calls a year, and one  
25 of the things that I hear a lot from parents is

1 that their child has reported bullying, but  
2 because of their ability to report appropriately,  
3 they are not taken very seriously. You know, if  
4 the typical -- if the typical student says  
5 something different, then the typical student is  
6 more believed than the student with a disability.

7 MS. MARTIN: Can tell a better story  
8 or---

9 MS. MEBANE: Right, exactly. I just  
10 wanted to make that comment and hoping that you  
11 guys will take some of that into consideration and  
12 possibly put some of that in your trainings that,  
13 you know, even though one child's story may seem  
14 more believable than another child's, it doesn't  
15 mean that you don't still watch and keep a  
16 watchful eye out, especially if the student has a  
17 disability because they may not be a good  
18 reporter.

19 MS. MARTIN: Right. And some of the  
20 threat assessment processes that are going to be  
21 put together at the schools talk about  
22 investigation and monitoring. So maybe that will  
23 help support some of that as well. I'm going to  
24 take this back to the Superintendent's Office and  
25 to the Task Force leadership so they can act upon

1 it and get these things on our website and some of  
2 your comments. So thank you-all for your time.

3 THE CHAIRPERSON: Thank you. Moving  
4 right along. Should we go ahead and do the AU  
5 policy changes? I think so, and we might have to  
6 do a working lunch later.

7 MS. THOMAS: So good morning again.  
8 I have asked the team that presented at the State  
9 Board of Ed last week to come before you and do  
10 the presentation for the Council. Some of you may  
11 have been on the call for the State Board meeting,  
12 but we felt it important, and the Board was very  
13 interested in us providing you with this  
14 information directly to help clarify questions  
15 that may have been raised through the Council.

16 And so I'd like to introduce Lynn  
17 Makor and Dr. Lauren Holahan, and they're going to  
18 talk to you today. And then at the end or as we  
19 go through, if you have questions, we will be  
20 happy to take those questions and answer them.  
21 Just for clarification, we did create an extended  
22 public comment period for you and took those  
23 questions and then went back with the webinar and  
24 answered those.

25 So this will not be a public comment,

1 but this will be an opportunity for questions.  
2 Our goal is just to help educate and help you  
3 understand what these changes really mean. Any  
4 questions before we get started?

5 **(No audible response.)**

6 MS. THOMAS: All right.

7 MS. MAKOR: Good morning, almost  
8 afternoon. Thank you, Sherry. My name is Lynn  
9 Makor, and I am a consultant currently within the  
10 Exception Children Division. I'm a school  
11 psychologist by training. So in the Division, I'm  
12 assigned to school psychology, and I'm also  
13 assigned to traumatic brain injuries.

14 My colleague Dr. Holahan is here,  
15 however, has to step out in about ten minutes. So  
16 we may not be able to be at the part -- she's an  
17 OT representing the OT side of this and has been a  
18 heavy part of the work. So we'll see what we can  
19 do in getting you-all to lunch as quickly as  
20 possible.

21 So I am just going to kind of rehash  
22 some of the information that we shared and knowing  
23 some of the concerns that came in from this  
24 Council and some of the questions that we received  
25 when we did deliver the webinar a few weeks ago,

1 about a month ago, I guess it was now, to this  
2 Council in May.

3 I wanted to start with just some  
4 grounding information around -- based on some of  
5 the concerns that came in, what the policy  
6 recommendations do not do in any way, shape, or  
7 form. So they do not limit or restrict anything  
8 related to the federal regulations that we have in  
9 the definition of autism spectrum disorder, and of  
10 course, then, as a result of that, wouldn't  
11 restrict anything related to the current policy  
12 definition of that in North Carolina.

13 They also don't narrow any kind of  
14 identification procedures that we currently have  
15 in place. When we are looking at investigating  
16 autism and we -- they don't place any unnecessary  
17 restrictions on our IEP team. So I just -- I  
18 wanted to kind of lay that groundwork and then  
19 talk about a little bit of what our intention was  
20 when we actually set out on this journey of  
21 investigation several years ago.

22 Some of us that work in the field of  
23 autism came together and looked at our policy and  
24 determined that we need to be better aligned with  
25 what we know are universally accepted

1 characteristics of autism spectrum disorder. So  
2 there is a broad definition and broad eligibility  
3 classification pieces in our existing policy.  
4 However, there is some vagueness and ambiguity  
5 that I'm going to point out, and our mission was  
6 to improve the alignment with what we know about  
7 autism.

8 And what we also know is our students  
9 with autism and our children with autism don't  
10 have autism on the weekend, and then Monday  
11 morning at 8:00 a.m., before they enter the school  
12 building, they somehow don't have autism anymore.  
13 So it exists outside of the context of the school  
14 environment, which is a little different than some  
15 of our IDEA eligibility classifications.

16 But many of our IDEA eligibility  
17 classifications exist whether it's in the context  
18 of the school setting or whether it's outside of  
19 the walls of the school setting, and we just  
20 recognize that there is not as much alignment as  
21 there needs to be with this particular disability,  
22 and for the reasons that I'm going to share in a  
23 minute, we need to pay attention to this.

24 Autism is now the most prevalent  
25 classification in our state. Specific learning

1 disabilities -- and this is all based on our April  
2 2019 Child Count data. I don't believe it's  
3 published yet on the website, but we do have this  
4 data available. And our learning disability  
5 population continues to be the most prevalent with  
6 35.4 percent of those students.

7 Our current total of students in  
8 April, to give you some context, was 206,532  
9 students out of our 1.5 million kids in our public  
10 schools have been identified with one or more of  
11 the 14 disabilities. So learning disabilities is  
12 the most prevalent and continues to be. Other  
13 health impairment is our second most prevalent.  
14 Speech-language impairment is our third. As of  
15 April 2018, autism bumped up to fourth. It was  
16 fifth prior to 2018. It bumped up to fourth, and  
17 it stays there right now in our 2019 data. And  
18 then intellectual disabilities is our fifth.

19 So these are the top five most  
20 prevalent disability categories, and what we've  
21 seen with our autism identification rates over the  
22 past several years is that we have a continued  
23 about average increase of about 1300, give or  
24 take, students coming on board with that  
25 disability classification every year. What we

1 expect is going to happen in the not so distant  
2 future is that autism is going to bump  
3 speech-language and soon be the third most  
4 prevalent.

5 We don't expect this trend to change.  
6 We expect, knowing what we know about the existing  
7 research, the prevalence rates that we have before  
8 us that are available based on how they're  
9 collected, we know that autism prevalence is high.  
10 I would be surprised if there's anyone in the room  
11 who doesn't in one way or another have some sort  
12 of personal relationship with somebody, or in  
13 their family, that has a diagnosis of autism  
14 because of the prevalence.

15 So what we're expecting in the trend  
16 is that we're probably going to see pretty soon  
17 autism kind of take into that third. So one of  
18 the reasons why we need to do a better job and  
19 provide better support and clear delineation to  
20 all of our IEP teams across the state is that we  
21 have a disability category that's very prevalent,  
22 and it's going to continue to increase in how  
23 we're identifying.

24 We're going to do a better job, if  
25 we're providing clearer delineation, of how our

1 IEP teams apply the policy parameters based on the  
2 federal regs to their eligibility decisions. So  
3 we recognized some ambiguity here in our -- in how  
4 our policies are currently written.

5 So overall the goal in embarking in  
6 this journey and providing some recommendations  
7 within our division that then came forward out for  
8 public comment and to the State Board of Ed is  
9 that we also know in working with our students and  
10 our children with autism that we have seen -- and  
11 I have seen in my own practice before I came into  
12 this position -- that there's sometimes a  
13 detriment to our kids -- fragmented, disconnected,  
14 and interrupted services between community and  
15 school providers based on who accepts what  
16 diagnosis and whether or not it meets the  
17 threshold outside in the community provider lens  
18 or whether or not the school-based practitioners  
19 understand enough to be able to apply what they're  
20 receiving from the private providers.

21 Our goal -- in my experience and what  
22 I know has happened is that sometimes we have a  
23 child who has a diagnosis of autism, and it may or  
24 may not be accepted in one place or another, and  
25 often may put a child through another evaluation

1 cycle to glean the same kinds of information just  
2 because we're not speaking a similar enough  
3 language in how we're investigating certain  
4 characteristics.

5 So we really wanted to help improve  
6 alignment and be able to minimize the disruption  
7 or fragmentation of services that our children  
8 have and the needs that they have, whether they're  
9 out in the community or whether they're in our  
10 school building. So we need more consistency in  
11 our identification, and that is what we set out to  
12 accomplish.

13 The rest of the presentation today  
14 will just kind of go through our federal and state  
15 definition, our screens and evals and eligibility  
16 criteria, and then just an overview of the public  
17 comment process that occurred and what other input  
18 was provided by some stakeholders. So within the  
19 federal definition, these are the three main  
20 buckets that the federal IDEA legislation gives us  
21 in terms of defining autism.

22 We have -- we know that it's a  
23 developmental disability and the significant  
24 impact is on communication, both verbal and  
25 nonverbal, as well as social interaction. Those

1 are the hallmark characteristics of anybody with  
2 autism spectrum disorder. And then, of course,  
3 the federal regs also go on to, as with any  
4 disability category, describe that it must  
5 adversely affect a child's educational  
6 performance, and then it underscores what we know  
7 about autism as well, is that those  
8 characteristics are generally present in the early  
9 developmental period or before age three.

10 And then the additional pieces --  
11 characteristics that we may see all of or just  
12 some of are things like that repetitive restricted  
13 behaviors and interests, resistance to change and  
14 rigidity in thinking, or any kinds of unusual  
15 types of responses in their sensual world, whether  
16 it be tactile, visual, or auditory.

17 And then the federal regs also give  
18 us a reminder that if the emotional disability is  
19 the main reason why a child is having a difficult  
20 time learning and progressing in school, that we  
21 should not apply the identification of autism. So  
22 we are charged with trying to tease that out when  
23 we have some significant emotional struggles with  
24 our kids.

25 And so that's kind of what we get

1 from the federal regs, and the North Carolina  
2 definition doesn't veer at all from anything that  
3 the federal regulations give us. Most of our  
4 North Carolina definitions are an exact replica of  
5 the federal definition. Then from there, what  
6 we're charged with doing in each state is taking  
7 that definition and applying how we're going to  
8 investigate and determine whether it exists, and  
9 each state varies.

10 So our state -- so the big buckets of  
11 what we know are these things. The things that we  
12 can observe and actually investigate are the  
13 big top squares there, the social communication  
14 and social interaction deficits, and then the  
15 restricted, repetitive behaviors and interests and  
16 unusual sensory experiences. The things that we  
17 typically don't have access to are symptoms  
18 present in the early developmental period. Before  
19 age three, we don't see any of these children, and  
20 so we have to rely very heavily on the parent and  
21 caregiver input for that.

22 And we have recognized that we have  
23 not been as delineated as we probably need to be  
24 in underscoring the pieces of the social  
25 development history that are really critical in

1 investigating through the lens of the caregiver or  
2 the parent. So we don't get to investigate that  
3 and observe it on the surface, but we get to  
4 investigate it through the historical reference  
5 that the parent or the caregiver provides. So we  
6 know we need to kind of attest for all of these  
7 things in some way, shape, or form.

8           What North Carolina -- our group set  
9 out to do is, knowing those buckets, we looked at  
10 our required screens, and we decided that we  
11 wanted to recommend adding a motor screen and a  
12 sensory processing eval, which are not required at  
13 this point. So it didn't make a whole lot of  
14 sense to us that they weren't required if we know  
15 that characteristics often associated with autism  
16 have to do with sensory response and some problems  
17 possibly with like your motor planning and  
18 organization.

19           And Lauren left. So I just looked  
20 back to see if she wanted to come up and chime in,  
21 but she's gone. I feel okay. I feel like I know  
22 enough about that.

23           But that was one piece that we just  
24 said let's just -- we don't have this as a  
25 requirement, but it also brings the critical lens

1 of our occupational therapist into this team. So  
2 for every evaluation of a student with autism, the  
3 occupational therapist would be involved because  
4 we've provided a definition for a sensory  
5 processing eval that requires that a licensed  
6 occupational therapist be the one delivering  
7 that -- administering that evaluation.

8 The only other things in our current  
9 required screens and evals that we decided that  
10 needed clarification was the social and  
11 developmental history because it was -- it's just  
12 broadly written right now, as with other  
13 disability categories, but with this, we went into  
14 just a little bit more clarifying language to  
15 underscore the critical things that we need to ask  
16 the parent or the caregiver to provide because  
17 evidence before age three is going to be dependent  
18 on our historical reference. So we just  
19 delineated that a little bit more clearly.

20 We also recognize that we don't want  
21 to pigeonhole teams into thinking that they need  
22 to produce an overall IQ score as a part of their  
23 psych eval if it's not to the benefit of anyone to  
24 know that about the child. We know that our  
25 students that are not used to the types of

1 interaction in an assessment situation may have a  
2 really difficult time -- I can speak to this  
3 myself -- engaging in the psych eval, and we also  
4 know that there's -- there's kind of ebbs and  
5 flows in strengths and areas of -- weaker  
6 developed areas in their cognitive profile that we  
7 really want to be able to collect, but not get  
8 hung up on how that all gets put together into an  
9 overall score.

10 What we know sometimes happens is  
11 that -- although we're not supposed to do this,  
12 sometimes there is a lowering of the bar of  
13 expectations when we tend to focus heavily on an  
14 overall IQ score, and we don't necessarily need  
15 all that for any particular reason. We need to  
16 know how cognitively our kids are strong and where  
17 their weaker areas are so that we can support them  
18 and help level the playing field.

19 So we took out like locking teams  
20 into feeling like they always had to produce an IQ  
21 score. I mean they can if they want in the psych  
22 eval, but the psych eval is much more than just  
23 administering a cognitive test. So we wanted to  
24 clarify that.

25 And then we also wanted to clarify

1 that the behavioral assessment piece really was  
2 very targeted. It led to some confusion and a lot  
3 of technical assistance questions that we received  
4 at the state level around what exactly does this  
5 mean as far as the behavioral assessment, what  
6 kind of tools can we use. So we just added some  
7 clarifying language that you really have to have a  
8 tool that investigates those characteristics that  
9 were described earlier of autism.

10 And so that's basically the things  
11 that were adjusted or added to the requirements of  
12 the screens and evals, and then within that  
13 context, we take all of that and then apply it to  
14 eligibility decision-making. This slide  
15 represents our current eligibility criteria.  
16 Based on a lot of technical assistant kind of like  
17 information and questions that come in, we have  
18 the three out of four kind of way to apply our  
19 evaluations into determining autism, which leads  
20 to some ambiguity.

21 And so keeping in mind our prevalence  
22 rates are on the rise, our teams need to do a good  
23 job at this. They need to know what they're  
24 investigating very clearly around these four big  
25 buckets, and they need to be able to apply good

1 decision-making based on the information that they  
2 have. So with this, we know that there is some  
3 ambiguity because we know what we know about  
4 autism is impairments in communication and social  
5 interaction are hallmark. So what we sometimes  
6 might be left with is a child who is -- the team  
7 has identified has B, C, and D, but not A, and we  
8 could say that they have autism, which we know  
9 would not be the case.

10 We also have unfortunate situations  
11 where teams are not always left with understanding  
12 clearly how to investigate the sensory pieces and  
13 the repetitive behaviors, that they think it's  
14 always something that we know that are like  
15 stereotypical of the mind-set of autism and  
16 flapping and just continuous like repetitive kinds  
17 of phrases and things like that, but what we know  
18 about those things stretches way beyond.

19 And often our children with high-  
20 functioning autism have other types of restricted  
21 kinds of behaviors and interests that aren't so  
22 surface level, that we need to be able to  
23 understand what it is they're investigating -- our  
24 teams need to be able to understand what it is  
25 they're investigating and may actually miss some

1 kids when they're not investigating that very well  
2 because they might see three of those four are  
3 present but one isn't -- I'm sorry -- two of those  
4 four may be present because their investigation  
5 wasn't very clear. So this is where we have some  
6 ambiguity with that current kind of way that we're  
7 kind of going through identification practices  
8 around those characteristics.

9           So what we -- what we have proposed  
10 to do is take our impairments in social  
11 interaction and communication and tell our teams  
12 this is what you're looking for. When you're  
13 investigation, you're looking for reciprocity,  
14 social and emotional reciprocity; you're looking  
15 for how nonverbal communication is looking with  
16 this child. Sure, they may be able to answer a  
17 lot of questions and maybe even receive  
18 information pretty well, but how is that nonverbal  
19 stuff going? Are they like me? Like do they get  
20 me, a new person like me with lots of gestures,  
21 lots of voice inflection, lots of ways that I  
22 communicate nonverbally, and what does that look  
23 like in the student.

24           So that's what impairment in  
25 communication and social interaction means when

1 we're investigating autism. The relationship  
2 piece, developing, maintaining, and understanding  
3 relationships. We don't have that really clearly  
4 defined in A and B right now, but this is how  
5 we've translated it to say this is -- this is what  
6 we're investigating when we're saying social  
7 communication and interaction. And so looking  
8 across the board at the hallmark characteristics  
9 of autism would need deficits in all three.

10 Then the unusual response to our  
11 sensory environment and those restricted,  
12 repetitive behaviors, we've laid out this is what  
13 you're investigating. You're investigating these  
14 things and determining which ones, if any, exist  
15 in this child, and we know they don't all need to  
16 exist, but they're at least -- there are  
17 characteristics present that at least meet two out  
18 of these four areas.

19 And so looking at sameness,  
20 inflexibility with routines, like ritualized  
21 patterns of verbal or nonverbal behavior. How  
22 they're responding to sensory things in their  
23 environment that we really haven't required any  
24 type of investigation on at this point, and that  
25 was the reason why we've added the layer of the

1 sensory piece -- sensory eval and the additional  
2 lens of our occupational therapist as part of this  
3 team.

4 So that's kind of like how we've  
5 taken our four A, B, C, D and more just clearly  
6 defined this is what you're looking for because we  
7 have a lot of students with autism in our public  
8 schools and we don't want to miss them, and we  
9 also don't want to incorrectly identify ones when  
10 we're thinking too broadly about it. We need to  
11 know exactly what we're investigating.

12 So this is the intent of the  
13 recommendations that we put up. It doesn't do --  
14 it doesn't change anything in terms of what we're  
15 investigating. We would hope that we're leading  
16 our teams into better identification of our  
17 students with autism, knowing that it's on the  
18 rise and it will continue to be.

19 We had the public comment period. It  
20 was last year, and so these are just the general  
21 comments that came in. We did receive a lot of  
22 public comment that was, generally speaking, in  
23 support of the changes. I'll even say some  
24 comments that came in were like, "It's about time.  
25 What took you so long?" Like, you know, "Why

1 didn't you do this sooner?" We did receive some  
2 great critical feedback around the wording of  
3 changes that we initially proposed related to the  
4 social developmental history and the behavioral  
5 assessment, and based on the critical feedback, we  
6 did make adjustments to what you see -- it wasn't  
7 in the presentation, but it's in the actual  
8 proposed policy. Those reflect the feedback that  
9 we got on some of the wording that still wasn't  
10 clear enough, according to the public comment.

11 I, unfortunately, don't have the  
12 stakeholders here today that were at the State  
13 Board of Ed meeting, but we did have some  
14 community and school-based practitioners comment  
15 on what the implication of that meant to them as a  
16 practitioner in a school and a practitioner in a  
17 private kind of setting that were able to give the  
18 feedback that they wanted to share. So I'm sorry  
19 they're not here today.

20 But I don't know if there is any  
21 energy left for any additional questions or  
22 clarifications that need to be made because I know  
23 I'm probably seeping into your lunchtime today.

24 MS. HUDGENS: I'm managing the  
25 virtual platform, and we do have a few questions

1 coming in here. So I'm going to unmute -- Katie,  
2 you should be able to ask your questions now.

3 MS. HOLLER: Sure. Thank you. I  
4 really, really appreciate you coming and  
5 presenting this. Very, very helpful. I just -- I  
6 just want to ask some questions and have kind of  
7 an understanding because there's a concern I have  
8 as far as with the alignment that we currently  
9 have, right? It perfectly aligns with federal,  
10 and although we were corrected on needing to  
11 provide some additional clarification, my question  
12 is, could you not just add those measures and  
13 maintain the criteria to remain three out of four  
14 areas?

15 Because if you look at the proposed  
16 changes, it almost appears -- well, it does --  
17 that it would be five out of seven areas to  
18 qualify, and so it almost seems more restrictive.  
19 At least that was my impression, as I continued to  
20 look at it, but I just wanted your feedback on  
21 that.

22 MS. MAKOR: Yeah. Thank you. I  
23 think that when we get into the "this out of this  
24 many," it does, unfortunately, feel like we're  
25 putting some stronger handlebars around it, and I

1 hope that -- you know, I can try to provide more  
2 clarity on those four areas that we have, knowing  
3 that we have three really big buckets of  
4 characteristics to investigate from how we  
5 understand autism, that we were just intending to  
6 help the school teams understand within those  
7 areas what are you actually investigating.

8           So, in essence, we kind of see it as  
9 we took the four and broke it out into the two  
10 areas, like the two big buckets that you saw  
11 earlier -- I don't know if you could see the  
12 presentation, Katie---

13           MS. KATIE: I did.

14           MS. MAKOR: So like those two boxes  
15 are like the big buckets that we can actually see  
16 at some level, and we've just kind of delineated  
17 these are the areas that you have to investigate,  
18 and unfortunately, we don't want to exclude  
19 students that we're not understanding how to  
20 better investigate some of these areas that are  
21 more subtle.

22           And we also -- and, you know, the  
23 communication piece is written so broadly that you  
24 can have a student who can do a standard battery  
25 of assessments to assess their communication

1 skills, but if we're not looking at pragmatics  
2 really specifically around those characteristics,  
3 we're going to miss a lot of kids because, on the  
4 surface, I think a lot of our students will  
5 perform well on some of those measures.

6 So it was really just taking those A,  
7 B, pulling it out into social communication and  
8 behavior and C and D and pulling it out into our  
9 RRBs and our unusual sensory experiences and  
10 saying this is what you look for. It was never  
11 intended to mean, because it's now five out of  
12 seven instead of three out of four, that it's more  
13 restrictive, which when we kind of calculate  
14 percentages around that, it really wouldn't make  
15 much of a difference anyway.

16 The other piece that, you know, was  
17 clearly recognized that I don't think has gotten  
18 enough attention because it's very subtle is the  
19 necessity to rely on the early developmental  
20 period and help our practitioners understand that  
21 a historical reference of that is a suspicion, and  
22 we have many students who may not even be referred  
23 until they hit a certain age or trajectory in  
24 their educational career where the social demands  
25 exceed what they've established as their coping

1 capacities, and they start having problems.

2 And what we wanted to do was help to  
3 clarify, just because you haven't seen it until  
4 seventh grade doesn't mean it wasn't there, and  
5 you need to be able to really rely on that social  
6 developmental historical reference in a way that  
7 investigates these specific areas through the --  
8 through the reporting of the parent or the  
9 caregiver.

10 So that was a really long response to  
11 your question, which I do quite often, but it was  
12 just -- you know, I didn't want to miss anything  
13 there. It wasn't -- the five out of seven and  
14 three out of four is not an intention of  
15 restricting anything. Just really trying to --  
16 we've laid it out in a way to try to help clarify.

17 MS. HOLLER: The other thing I'm  
18 going to see if it's okay to ask you was about --  
19 you talked about OT and you talked the utilization  
20 of a sensory eval, which is great. However,  
21 what's currently used is not a standardized tool,  
22 and the majority of the data that comes from the  
23 tool is done by -- collected by a regular  
24 education teacher.

25 So what I have seen with both my own

1 children and from other IEP meetings is that if a  
2 child is spinning or doing something but they're  
3 not disrupting the class that they may not  
4 necessarily be captured [inaudible] even though it  
5 may be disruptive to them.

6 And so that was concerning that the  
7 individual can [inaudible] the observation there  
8 and not have the training and understanding of,  
9 you know, when they see a spinning behavior what's  
10 actually going on there, that it could be  
11 [inaudible]. I just think that was important to  
12 mention.

13 MS. MAKOR: Yeah. And, ultimately,  
14 in the definition of that evaluation, it is  
15 ultimately the professional lens that applies the  
16 data that's collected through the reporters, the  
17 third-party reports, and the observations that  
18 that professional might conduct as part of the  
19 sensory processing eval, all go through the lens  
20 of the licensed occupational therapist. And  
21 that's the case with much of the third-party kind  
22 of rating systems that we have, that you collect  
23 the information from third-party raters, but then  
24 you take your professional lens and apply those  
25 data and put them all together to make sense for

1 that student in terms of what the level of impact  
2 is for that student. So it ultimately resides in  
3 the professional hands of the occupational  
4 therapist in terms of interpreting those data that  
5 are collected too.

6 MS. HOLLER: Can I ask a couple of  
7 more questions? I'm sorry.

8 MS. MAKOR: I'm fine with that, but  
9 I'm in between lunch and everything, but no, I can  
10 talk about this all day.

11 MS. HOLLER: One other thing I wanted  
12 to ask was about the IQ piece being optional. The  
13 reason I say that is I feel like sometimes things  
14 like cognitive functioning tests, they provide us  
15 with a lot of good information about things like  
16 memory, processing speed, and things that we do,  
17 they are important information because it helps us  
18 to understand how autism impacts that individual's  
19 ability to learn and, therefore, can assist us in  
20 understanding how we present information.

21 And so I was kind of shocked that  
22 that would be kind of on a case-by-case basis  
23 because I think having an understanding and  
24 information about cognitive function is essential  
25 when you're talking about school, but that's just

1 my two cents. So I wanted to hear a little more  
2 about why that was considered as being okay for  
3 optional.

4 MS. MAKOR: It's not. The cognitive  
5 evaluation is still a requirement because the  
6 psychological evaluation is still a requirement.  
7 So the broad definition of a psych eval includes  
8 the cognitive evaluation piece as a required  
9 collection area. The overall producing of an  
10 overall score that may not mean anything related  
11 to that student in that day in that moment with  
12 maybe an unfamiliar evaluator and a test the kid  
13 has never seen before really does little to help  
14 inform the team on what they should establish in  
15 terms of expectations for that student. And so we  
16 have -- it's that overall score.

17 So the cognitive evaluation continues  
18 to be a requirement. We want to minimize the  
19 overfocus that we sometimes have on producing a  
20 general score when what we know is that strengths  
21 and weaknesses, when you put them all together,  
22 may deflate that overall score, and unfortunately,  
23 although unintended and, hopefully, not -- you  
24 know, teams don't mean to do this.

25 We never want to lower our

1 expectations for our students. So we want to help  
2 them to not feel like they're locked into that,  
3 but the cognitive evaluation continues to be a  
4 requirement, the collection of those data.

5 MS. MEBANE: I have a question.

6 MS. MAKOR: Uh-huh.

7 MS. MEBANE: Do you have suggested  
8 pragmatic language evaluations? Because some are  
9 just better than others, and some of our real  
10 high-functioning kids can do quite well on some of  
11 those pragmatic language skills. So---

12 MS. MAKOR: Right, absolutely. And  
13 that is, again, the things that you can't write  
14 into the policy, right, but those all come with  
15 the guidance and even, you know, some of the  
16 training that's already been ongoing for school  
17 teams, from autism problem-solving teams, and  
18 through the lens of evaluation practices that  
19 we've already been providing in the context of the  
20 evaluation is the lens of multiple sources of  
21 data.

22 So, yes, we may have a standardized  
23 assessment, but we also have observational data,  
24 we have interview data, and we have review of  
25 information that may be in this child's history

1 that you put all together around each of those  
2 evaluation pieces, whether it's the  
3 communication eval or -- whether it's the  
4 communication eval, the psych eval, the sensory  
5 processing eval -- that we -- the organizational  
6 framework that comes out of our recommendations  
7 often is this what we call RIOT framework, and  
8 it's review, interview, observe, test, so taking  
9 the lens of all of those types of data collection  
10 sources and applying them through the lens of  
11 multiple sources of data.

12 So a single high score on a pragmatic  
13 score doesn't necessarily mean that their  
14 pragmatic skills are good because we need to be  
15 able to have multiple sources of data to  
16 understand that. Yes?

17 MS. GRADY: This is Jennifer Grady.  
18 I have just a quick question. I think you kind of  
19 addressed this at a high level, but you'll have to  
20 forgive me. I come from the world of health  
21 insurance where we deal with like actuaries and  
22 modeling and predictions.

23 So I'm just curious. Do you have any  
24 idea how this might impact the bottom line number  
25 of those who are eligible for the autism diagnosis

1 for IEPs?

2 MS. MAKOR: We can only use the trend  
3 data to predict that we're going to get better.  
4 What we hope -- what we hope to accomplish with  
5 this is that ultimately the evaluation would be  
6 less -- the level of impact would be less around  
7 identification and more around what we yield about  
8 intervention planning for the student because we  
9 forget sometimes that the purpose of the  
10 evaluation is not just to determine whether a  
11 child is eligible but also to determine what the  
12 instructional match needs to be.

13 So the hope is that that side of it,  
14 the intervention planning. The trend data that we  
15 have on autism tells us that we wouldn't expect  
16 anything but a continued rise in our  
17 identification rates as we've seen over the past  
18 several years, yeah.

19 MS. HUTCHINSON: I know we're  
20 scooting into lunch, but just from a school  
21 perspective, so Christy might have a really  
22 different perspective, but I would perceive that  
23 the ultimate end result is how much is the  
24 disability impacting the student's learning. So  
25 if a student was impaired before and is still

1       impaired and it's still impacting their learning  
2       and requiring specially designed instruction,  
3       they're still going to qualify.

4               I would actually suspect that you're  
5       going to have less areas of exceptionality that  
6       are pushed into OHI or speech impairment or, you  
7       know, language, that kind of thing, and more  
8       accurately reflect autism. That's how I would see  
9       it. So I think the numbers would probably go up  
10      even more significantly, but be more accurate,  
11      just from a school perspective.

12             MS. MAKOR: Yeah. I mean we're  
13      watching -- we're watching those percentages  
14      continue to go up. Like autism, I think, was 8.5  
15      percent two years ago of our total IDA. It jumped  
16      up to 10.5, and now it's 11.1. We expect, based  
17      on those trend data, that it will continue. So  
18      the point is, our school team -- like we all need  
19      to be able to do this.

20             Like we've got a lot of kids with  
21      autism in our schools, and our school teams need  
22      to be able to -- the way that I apply eligibility  
23      and intervention planning is get it right and then  
24      do what's right. So those are kind of the phrases  
25      I use when we're looking at investigating special

1 ed classifications and then looking towards how we  
2 plan for them. Does that help? And I wouldn't  
3 understand anything in your world.

4 MS. HUDGENS: So I have one more  
5 question online, and Leanna, I'm going to look to  
6 you for how many more questions you want to take  
7 on this topic before we transition to lunch.

8 THE CHAIRPERSON: So I think that  
9 will probably be the last question unless anyone  
10 has any burning questions about this -- anyone  
11 else.

12 MS. HUDGENS: Okay. So I'll go  
13 ahead, and one last question from our virtual  
14 participants. She is asking about the research  
15 that supports the utilization of the DSM-5  
16 criteria to determine educational disability or  
17 eligibility rather.

18 MS. MAKOR: Yeah. And I think it's  
19 unfortunate that we have like these parallel  
20 worlds that we feel like we have to operate in.  
21 What we know about many of the disabilities and  
22 disorders that show up in the DSM is that we've  
23 got 14 classifications that we work with within  
24 the context of the educational system, and when  
25 those are -- what happens is, the universal

1 criteria for autism show up there, right? That's  
2 just the place where they show up.

3 So we know what we know about autism,  
4 and we need to apply consistent practice to what  
5 we're doing about autism. Now the research on  
6 applying like the DSM alone that has its own  
7 research base to it, that I would be able to send  
8 to you and I believe may have been sent in some of  
9 the questions and answers -- the responses that  
10 we've already had.

11 But in terms of applying universal  
12 criteria to identify a disability that we know  
13 exists, whether you're in or outside a school,  
14 just kind of to me goes back to just making good  
15 decisions for kids. That's just where the  
16 universal criteria show up, is in the DSM.

17 MS. MEBANE: There's some really good  
18 clarification in the DSM too about this criteria  
19 specifically. I was just wondering if you guys  
20 had considered putting a statement maybe saying  
21 "for further clarification see DSM." I don't  
22 know.

23 MS. MAKOR: I think there's -- what  
24 the DSM gives us in those several other pages are  
25 like the levels of severity that we then apply

1 intervention, and I think through that lens we do  
2 the educational relevance and we provide guidance  
3 through our professional learning and ongoing  
4 coaching support that we have established with the  
5 districts.

6 So, yeah, it would be translated in  
7 that way, but it's kind of -- it's laid out in a  
8 way that it helps establish severity to enhance  
9 how we intervene, and that's the same lens we  
10 would take for education relevance for the  
11 student.

12 Thank you so much for the opportunity  
13 to come and talk to you about this today, and I'm  
14 happy to be available for anything else that comes  
15 up. Thank you.

16 MS. THOMAS: Thanks, Lynn. So I just  
17 wanted to follow up real quickly. So the ask from  
18 the Board was that we do this and we make sure we  
19 presented this to try to provide you with clarity  
20 and understanding. We are also going to -- in our  
21 scheduling right now -- we're hoping that's going  
22 to go out in the next day or two, but we're  
23 scheduling a parent forum in every region from  
24 June 20th through July 25th to do this  
25 presentation. Again, it will not be another

1 public comment period, but it will be forums -- a  
2 night set up from 5:00 to 7:00 where we can do  
3 this presentation and take questions from parents  
4 about understanding and clarity of the policy  
5 change.

6 And so once -- I think we have two,  
7 Dreama? We have one location to confirm and  
8 verify. Once that is done, it will go to this  
9 Council, to the Council on Developmental  
10 Disabilities, to all of our stakeholder groups  
11 that support parents and families. It will go to  
12 each district, and they will be asked to send it  
13 out through their parent resource network that  
14 they have. It will be posted through DPI. I mean  
15 I'm all but getting a plane to fly across the  
16 state with a banner to say we're having these.

17 So just know that we are making  
18 extreme efforts. We held the public comment  
19 periods and really no one showed up. It's very  
20 hard to get people -- you know, you can't make  
21 people come there. So this is another platform to  
22 see if this helps, if we can present this  
23 information for clarification and, hopefully,  
24 answer questions and ease some of the anxiety.  
25 Because we really are trying to do what's best for

1 kids.

2 And then, finally, I was asked -- and  
3 I see your question, so I get to you -- I was  
4 asked, Leanna, if the Council would, before the  
5 August board meeting, provide a statement back to  
6 the State Board regarding your feelings on the  
7 policy change.

8 THE CHAIRPERSON: I think we can do  
9 that.

10 MS. THOMAS: Okay. Yes, ma'am?

11 MS. MOOREFIELD: I just wanted to  
12 ask, those regional meetings, will they be  
13 available virtually as well? Some of our meetings  
14 are pretty big.

15 MS. THOMAS: We have not set that up.  
16 It will probably depend on whether the facility  
17 where we're going into -- because we had to find  
18 free space to go into, but if they have the  
19 capacity, we certainly are happy to do a webinar.  
20 It may not be as interactive just based on what  
21 the capacity is there, but we can certainly try to  
22 do that.

23 MS. MOOREFIELD: I just know a lot  
24 of -- a lot of like these types of things that  
25 come up and I'm not able to go because we have six

1 therapies a week or---

2 MS. THOMAS: Yes. Understood.

3 MS. MOOREFIELD: So virtual would be  
4 great.

5 MS. THOMAS: It's also -- we're going  
6 to post all of them. So if you live in the  
7 southern part of Region 3 below Wake County and  
8 you want to go to one that's closer to you in  
9 another region, that's fine. It's not going to be  
10 region specific because you're going to get the  
11 same -- the same presentation in all three of  
12 those regions. We just don't have the time or  
13 capacity to do more than one.

14 I would like your feedback. We did  
15 schedule those from 5:00 to 7:00 p.m. because we  
16 felt that would be best for families. Thoughts?  
17 I mean I know there's never a perfect time, but it  
18 seems so many people work that if we do it during  
19 the day, then it doesn't make it an option for  
20 those that have jobs.

21 THE CHAIRPERSON: I think 6:00 to  
22 8:00 might be slightly better because a lot of  
23 families get off at 5:00. If you're here in the  
24 Raleigh area, you tend to compute an hour to get  
25 home, so I mean just---

1 MS. THOMAS: Okay. We will take that  
2 back and see if we can make any time adjustments.  
3 I don't know if our facilities are bound to that,  
4 but we will work to see if we can make that  
5 happen.

6 Anything else for me on this?  
7 Because now I'm keeping you from lunch. Thank  
8 you.

9 THE CHAIRPERSON: I just want to say  
10 thank you for all your flexibility of working with  
11 us on this. I appreciate it.

12 MS. THOMAS: Absolutely. Absolutely.

13 THE CHAIRPERSON: All right. Who's  
14 hungry? They usually give us about 30 minutes for  
15 lunch. We have quite a bit still to go through  
16 today. I'm going to see if we have any written  
17 public comments. I know we have one that was  
18 emailed in, so -- but we'll work on that and be  
19 kind of I'm working through lunch. Does that  
20 sound like a plan? Let's plan on getting back to  
21 work at 12:40.

22 **(A luncheon recess was taken from**  
23 **12:20 p.m. to 12:57 p.m.)**

24 THE CHAIRPERSON: We're going to go  
25 ahead and get into public comment. We had one

1 that came in the last week of May. It's a parent  
2 or not a parent, but someone working with a parent  
3 in Moore County. The issue is surrounding  
4 contracting. They're trying to contract with  
5 TEACCH. Their county's attorney is saying they  
6 have to use the county's contract. TEACCH is  
7 saying we can't use the County's contract because  
8 we contract with too many schools. The concern is  
9 this being a barrier to other schools from being  
10 able to access services.

11 And I'm thinking that maybe how we  
12 can start to maybe look at this, if my LEAs -- if  
13 you two know if it's an issue with your schools or  
14 not -- is there any way we can universalize the  
15 contracting process for the whole state to make  
16 contracting easier for service providers and  
17 school districts? So can I get a little bit of  
18 feedback if that's an issue that you-all have  
19 or---

20 MS. GRANT: We do have to use our  
21 contracts that were drawn up by our board  
22 attorneys. That is one thing. One of the things  
23 that we do, though, when we have people we're  
24 contracting with that may have to have their  
25 information as well, then we work to try to merge

1 the two. Like I'll get creative and say see  
2 example A or see example B. So you've actually  
3 got both contracts you're working because a lot of  
4 the times, they're not contradictory. They're  
5 saying the same thing, just in a different way  
6 maybe.

7 So I ran into that a couple of times,  
8 but we've always been able to work it out because,  
9 ultimately, it's just getting the service, and the  
10 board attorneys know that. So if we have to give  
11 a little bit on the amount of insurance or  
12 something like that, then we can always go back to  
13 our board attorney and discuss adjusting it.

14 MS. HUTCHINSON: I can't imagine  
15 being able to do a uniform contract across the  
16 state because our needs are so unique and so  
17 different. And we do employ different attorneys  
18 and they have different prior knowledge coming to  
19 the table, or when we look at our LEA self-  
20 assessments, we have different areas of priority,  
21 and that might filter into our contracts as well.

22 So I can imagine that there are  
23 certain elements that would be somewhat universal,  
24 but for example, if you're in a very rural county  
25 out by the coast, transportation might be one rate

1 of pay, and if you live in, you know, a very  
2 easily accessible district, transportation might  
3 be a different rate of pay; or, you know, you live  
4 in Charlotte-Meck and it's going to take you an  
5 hour to get five miles, you know, so it might  
6 be -- you really have to reflect on your own needs  
7 of your own district and the individual provider  
8 that you're working with.

9 And I think that when you use the  
10 term contracts, it's very broad because you've got  
11 things like VI and HI that we'd die to get people  
12 in those areas.

13 MS. GRANT: Yes, that's true.

14 MS. HUTCHINSON: Yeah. And, you  
15 know, audiology and those kinds of things are so  
16 tough, but yet, if you said, you know, something  
17 that's very highly readily available, we might  
18 really have to reflect differently on it or we  
19 might be working with a third-party vendor like a  
20 hospital or a group home kind of thing and a  
21 therapist or ADA. That might be a really  
22 different structured contact.

23 THE CHAIRPERSON: It has to be more  
24 like a simpler type situation because -- I mean  
25 they're saying that they're being told by this

1 agency that they can't because they work with too  
2 many districts -- that can't use their--- So I  
3 mean I just wanted to toss that out to see if  
4 you-all had any experience with that situation and  
5 what could possibly be done.

6 MS. HUTCHINSON: I know from personal  
7 experience, if someone came to me and they have a  
8 contract from another district, my first answer is  
9 well, let me take a look at it and see. Like that  
10 might be a great model that we could -- would  
11 benefit us in a great way, but I definitely  
12 couldn't just -- a universal contract, I don't  
13 feel like would be the right thing for our  
14 students.

15 THE CHAIRPERSON: I didn't mean like  
16 specifics in there. Just kind of like a format,  
17 okay, we agree to provide services XYZ at this  
18 rate of pay -- you know, all that could be  
19 customized. But, yeah, I just wanted to throw  
20 that out there because that was what the concern  
21 was that was posted.

22 MS. MEBANE: Did they happen to say  
23 what the differences in the contracts were?

24 THE CHAIRPERSON: Basically, what she  
25 said is that--- All right. Let's see. This is

1 Moore County. That they can't do this because  
2 they work with so many districts that if they had  
3 to do this with various districts, they would have  
4 to up the rate versus using their standard  
5 contract. Went on to say, "I need the original  
6 contract with an email to our attorney." But,  
7 yeah, it's -- so---

8 MS. HUTCHINSON: There's one little  
9 intricacy. Like charter schools, we have to have  
10 a certain clause in our contracts that  
11 traditionally LEAs don't. It's like a  
12 nonindebtedness clause, and that would be very  
13 different from place to place.

14 THE CHAIRPERSON: It was just an idea  
15 that I thought might, but it might not. You-all  
16 have the experience, so---

17 MS. GRANT: I wonder if they tried to  
18 work with the EC director. Is it a -- it doesn't  
19 say if it's a charter?

20 THE CHAIRPERSON: No. It's Moore  
21 County and TEACCH.

22 MS. GRANT: I'm familiar with  
23 TEACCH's contract. We never really had an issue  
24 with our contract versus theirs, but each district  
25 is very different.

1 THE CHAIRPERSON: Yeah. Okay. That  
2 was interesting. Okay. As far as the autism  
3 policy letter, I haven't heard back yet from Katie  
4 Holler or Abby. There's going to be an ad hoc  
5 committee to work on that. That will be myself,  
6 Cynthia, Teresa Mebane as well as Katie Holler,  
7 and Abby Childers, who is our Policy and  
8 Procedures person or committee chair. So we're  
9 going to work on that.

10 I plan on trying to have us have a  
11 call-in meeting -- I haven't really discussed this  
12 with Tish or Carol Ann -- in probably late July.  
13 We'll schedule that later, and we'll have a sample  
14 letter out to you guys about two weeks prior so we  
15 can discuss it if anybody has any changes there.  
16 That's what that's going to be.

17 One thing I wanted to put out there,  
18 I'm willing to maintain or remain the Chair of  
19 this. However, if anybody is interested in  
20 running for Chair, I'll open up the floor for  
21 nominations next month so that if anybody would  
22 like to take on being Chair, we'll have an  
23 election next month and we'll go from there. So  
24 just in case anybody was wanting to do that. So  
25 we'll figure that out next month.

1 All right. So let's look back to our  
2 annual report. I know there's one name I needed  
3 to add and one spelling correction I needed to do.  
4 And don't worry, if you decide to go for Chair, I  
5 will still be willing to present in October for  
6 the Board, but you'll have to do it from there on.

7 But if you want to take a look at the  
8 recommendations.

9 MS. GRANT: You are going to update  
10 the names?

11 THE CHAIRPERSON: Yes. That's on the  
12 yellow sheet. So if your name is on the yellow  
13 sheet, you will be -- I will make sure that you  
14 are on the thing. I think it's yellow. It's not  
15 yellow. This is what I'm referring to. It's  
16 green. Why did I call it the yellow sheet?

17 MS. PHILLIPS: [Inaudible].

18 THE CHAIRPERSON: Are you not on it?

19 MS. PHILLIPS: I'm the last one, but  
20 [inaudible] NCDPI-Homeless Education, Lisa  
21 Phillips.

22 THE CHAIRPERSON: Okay. Thank you.  
23 So I added some subnotes for recommendation 1,  
24 adding the word "current" -- I haven't gotten to  
25 the wordsmithing yet -- and to target all students

1 of higher ed for more specific training for  
2 principals and assistant principals or like higher  
3 ed administration piece.

4 I've also added concerned principals  
5 and assistants are making decisions without having  
6 met the student, and a webinar base mode of  
7 delivery, and I'll incorporate all those into  
8 rationale for the recommendation. Is there any  
9 further discussion on that?

10 Hearing none, we'll move forward.  
11 "Training provided during higher ed for mental  
12 health and behavioral support." We know this is a  
13 large area of need. Is there anyone we  
14 specifically want to target with that training  
15 for -- during higher ed because that would be  
16 everybody? Do you want to make that for all  
17 incoming teachers or broadly higher ed and  
18 specifically special education certificates?

19 MS. HUTCHINSON: You're talking about  
20 the first aid mental health?

21 THE CHAIRPERSON: I'm talking about  
22 number 2, the recommendations, "Training provided  
23 during higher ed for mental health and behavioral  
24 support."

25 MS. MOOREFIELD: I think it should be

1 provided -- you're talking about having training  
2 within like teacher prep---

3 THE CHAIRPERSON: Yes, teacher prep  
4 programs.

5 MS. MOOREFIELD: Because mental  
6 health doesn't necessarily call it a disability.  
7 A kid can be a regular ed kid and have a mental  
8 health issue. I think that should be part of all  
9 teachers'---

10 MS. GRANT: I agree.

11 MS. TERHAAR: I think too at the  
12 graduate and undergraduate level because -- if you  
13 specify that, oftentimes at the grad level we get  
14 people who had their undergraduate work so long  
15 ago that they don't have the currency. So maybe  
16 put in there something about that the training is  
17 provided for undergrad and graduate levels in  
18 education, broad. That way, maybe it would also  
19 include administrators, teachers, the whole  
20 shebang.

21 MS. MOOREFIELD: I know that North  
22 Carolina has stopped lateral entry. They're  
23 calling it something else.

24 MS. TERHAAR: [Inaudible].

25 MS. MOOREFIELD: Yeah, whatever it's

1 called. Anyway, with the lateral entry program as  
2 well.

3 MS. HUDGENS: If I could just offer a  
4 general reminder, we still have our ladies on the  
5 phone, so if you can lean into your microphones,  
6 they'll be able to pick that up on the polycom.  
7 Thank you.

8 THE CHAIRPERSON: Okay. An area of  
9 need which we know about, targeting all teachers  
10 at graduate and undergraduate levels in education,  
11 administrators and teaching and include lateral  
12 entry because they go after they've gone to get  
13 their degrees.

14 MS. PHILLIPS: Well, here's my  
15 question: Could you have it a little more  
16 open-ended so that it's covering just about anyone  
17 who goes into education? It's not just about  
18 administrators. Going back to what she was  
19 saying, I liked how you phrased it because I felt  
20 like, okay, that would include the social  
21 workers -- that would include, you know, if you  
22 want to go for licensure in social work,  
23 psychologists, OT, physical education. I thought  
24 that was really more comprehensive, and then it  
25 gives you flexibility when there are changes that

1 are being made.

2 MS. HODGES: All current and future  
3 educators?

4 MS. TERHAAR: Current and future  
5 people in education. Sometimes educators captures  
6 only teachers. So I like to -- across fields in  
7 education to me is---

8 THE CHAIRPERSON: Across fields of  
9 education.

10 MR. BAKER: It needs to be across  
11 disciplines.

12 MS. TERHAAR: Yeah, across  
13 disciplines, excellent.

14 MS. PHILLIPS: In the educational  
15 setting. And I do think that it needs to not just  
16 reflect, you know, at a level of K through 12, but  
17 we have a lot of pre-K programs and we have -- you  
18 know, children who are taking classes at higher  
19 institutes of education, you know, our community  
20 colleges and our universities. So I think that  
21 language needs to be included as well, how we  
22 ensure we're talking all grade spans, not just---

23 MS. HODGES: Are we talking about  
24 teacher assistants? Are we talking about  
25 custodial staff? Are we talking about--- I'm a

1 school counselor. I provide trauma training, and  
2 it was required of any staff member in the  
3 building. So we're moving further and further  
4 sort in that direction, and I'm just questioning  
5 if that's what our recommendation is as well.

6 MS. TERHAAR: I know the words for  
7 all the people who work in the schools, which is  
8 parallel to the cross disciplinary---

9 THE CHAIRPERSON: Targeting all  
10 teachers and graduate levels in all fields of  
11 education study across disciplines -- across  
12 disciplines.

13 MS. TERHAAR: I don't know if I'd put  
14 teachers in there because, again, that narrows it.

15 THE CHAIRPERSON: All individuals  
16 enrolled in graduate and undergraduate levels  
17 of---

18 MR. BAKER: So I assume we're talking  
19 about classified and certified positions, correct?

20 THE CHAIRPERSON: Yes.

21 MS. PHILLIPS: And, Leanna, if you'll  
22 change the language so undergrad and then grad  
23 rather than saying grad and then undergrad. Did  
24 you get that?

25 THE CHAIRPERSON: Yeah.

1 Undergraduate and graduate programs of education  
2 study -- programs in all fields of educational  
3 study.

4 MS. CARTER: So if you're doing  
5 education with a capital E and to the point about  
6 those working with zero to five, it would be more  
7 likely to be either in child development or in  
8 early childhood, but if it's education with a  
9 lowercase e, then that's a broader field that we  
10 would get.

11 THE CHAIRPERSON: So we want to go  
12 with lowercase e?

13 **(Multiple Council Members replied**  
14 **affirmatively.)**

15 THE CHAIRPERSON: Okay. I didn't  
16 have to fix that one. Right now I'm still kind of  
17 just making an outline, and I'll make it all  
18 pretty soon, and then any final wordsmithing, we  
19 can do. I just want to get the facts of what we  
20 want down so that we know what they are.

21 Anything further for number 2 for the  
22 training provided during higher ed?

23 **(No audible response.)**

24 THE CHAIRPERSON: Okay. We can move  
25 on to number 3. This was our recommendations that

1 we had made to the Governor's Crime Commission. I  
2 just copied and pasted and stuck them in here too.  
3 I think I kind of abbreviated some. I don't think  
4 I actually copy and pasted. Is there anything  
5 further we want to say about any of those things?

6 MS. TERHAAR: There was something  
7 brought up in our discussion today -- we addressed  
8 this -- about having there be training -- well, it  
9 says training for teachers and staff, but then  
10 also that piece about evaluating -- having an  
11 evaluation cycle for improving things after a  
12 drill, but I don't know how you want to say that,  
13 with the idea being that the plan is active, it  
14 changes, it's dynamic, and it should be  
15 incorporating the needs of the students in the  
16 building for that year.

17 So that the idea is annually it gets  
18 revised as well. So there's that dynamic cycle  
19 within a year when a drill occurs, right, and how  
20 well did we address the needs of the kids who have  
21 these five plans here, right, and then also from  
22 year to year being sure that you adapt and  
23 individualize for the cohort of students you have  
24 there.

25 MS. ROBINSON: So would that be an

1 amendment to number 6, "Consistent practice and  
2 drills with debriefing for quality improvement"?

3 THE CHAIRPERSON: "Consistent  
4 practice and drills with debriefing---" I like  
5 that wording.

6 MS. HUTCHINSON: You could even put  
7 in there something like updated based on  
8 enrollment changes because enrollments do change  
9 from August to December at times, and that can  
10 really change your plan.

11 MS. GRANT: Did you put evidence  
12 of -- like having evidence of? That's what you  
13 we're looking for, right?

14 MS. TERHAAR: There was another piece  
15 to it, yes.

16 MS. GRANT: You can have it written  
17 in a plan, but what evidence do you have that it  
18 was actually executed.

19 THE CHAIRPERSON: "So consistent  
20 practice and drills with debriefing for---"

21 MS. ROBINSON: Quality improvement.

22 THE CHAIRPERSON: ---"quality  
23 improvement."

24 MS. ROBINSON: And maybe to add onto  
25 that including a review of plan -- the plan

1 implementation -- or implementation of the plan.  
2 We get to the plan exists. Implementation of  
3 plans and successful outcomes or something.

4 MS. MEBANE: Or maybe having  
5 something like a checklist.

6 MS. GRANT: Because you ultimately  
7 want to show you change your practices based on  
8 the way that the practice is executed.

9 MS. TERHAAR: So you're collecting  
10 and analyzing the data based on the implementation  
11 of the plan and making revisions accordingly. I  
12 can't say that again.

13 MS. GRANT: That was perfect.

14 THE CHAIRPERSON: "Consistent  
15 practice and drills with debriefing for quality  
16 improvement of plan implementation and quality  
17 outcomes." Do we want to say anything  
18 specifically--- We have training for teachers and  
19 staff. Do you want to also address training for  
20 SROs?

21 MS. PHILLIPS: I wonder if we could  
22 say something more open-ended again like "school  
23 system personnel"? Because, you know, we're not  
24 including substitutes. We're not -- we're saying  
25 teachers and staff, but how are we defining staff.

1 If we say "and school system personnel," wouldn't  
2 that technically include like SROs because our  
3 SROs---

4 THE CHAIRPERSON: They're employed by  
5 the sheriff or city.

6 MS. PHILLIPS: Right. But they are  
7 working in that particular building and they are  
8 still responsible for reporting to administration  
9 there. What's the language? We need to---

10 MS. HUTCHINSON: I think we need to  
11 do that both ways because I think I can see, when  
12 it says school system personnel, somebody could  
13 read that as that means not SROs because they're  
14 not employed by the school system typically.

15 MS. PHILLIPS: So maybe we just  
16 change the language so it's---

17 THE CHAIRPERSON: "Training for  
18 school personnel to include school resource  
19 officers."

20 MS. PHILLIPS: Including SROs and  
21 other crisis---

22 MS. ROBINSON: Other individuals who  
23 interface with children.

24 MS. PHILLIPS: Yes.

25 THE CHAIRPERSON: Other first

1 responders.

2 MS. ROBINSON: Well, it could also be  
3 you have a volunteer in there or you could -- you  
4 know, there are those other standing folks in the  
5 school too.

6 MS. MOOREFIELD: And every school  
7 district has different contracted services. You  
8 might contract buses. You might contract nurses.  
9 So some sort of language about any -- any  
10 professional having interaction with students  
11 during the day.

12 MS. TERHAAR: And other professionals  
13 who work with children.

14 MS. MEBANE: It has to be within the  
15 school setting.

16 MS. PHILLIPS: Yeah, the school  
17 environment, yeah, or the school setting.

18 THE CHAIRPERSON: "Training for  
19 school system personnel to include anyone who  
20 interfaces with students in the school  
21 environment."

22 MS. MOOREFIELD: And are we including  
23 things like after school or sports or things like  
24 that where the coach or the advisor may not be  
25 employed by the school? They may be a community

1 member or a contractor as well.

2 MS. MEBANE: We could put including  
3 extracurricular.

4 THE CHAIRPERSON: Or school property.

5 MS. MOOREFIELD: Because that would  
6 cover bus and everything else.

7 MS. PHILLIPS: Or is that something  
8 that a school system should be allowed to define?  
9 Because every school system's going to be  
10 different, you know. Their setup's different who  
11 they have for schools who may be providing  
12 services, that kind of thing.

13 THE CHAIRPERSON: Also, the question  
14 is, does it stretch to, okay, if it's on school  
15 property, if the school rents the gymnasium for  
16 certain activities, or whatever, that are not  
17 necessarily school-related, does that impact that  
18 as well. Let's say you have one that rents out  
19 for a church service or something on Sundays.  
20 Some churches do that.

21 MS. GRANT: I see that as separate  
22 because that's a whole separate contract in our  
23 district. That's just a contract with us to use  
24 our building.

25 MR. BAKER: It is a separate

1 contract.

2 MS. GRANT: We wouldn't be able to  
3 mandate them to come in for training.

4 MR. BAKER: Absolutely.

5 THE CHAIRPERSON: So for school-  
6 related activities.

7 MS. JOHNSON: This is just a  
8 technicality, but if you say "school district  
9 personnel," comma, "including," then you're still  
10 saying they have to be personnel. So I would say  
11 "school district personnel and other professionals  
12 who may --" something along those lines. Does  
13 that make sense?

14 MS. PHILLIPS: Yeah.

15 MR. BAKER: That makes sense.

16 MS. PHILLIPS: That might be where  
17 you go back to saying as determined by the LEA or  
18 the charter school or the school district.

19 MS. MOOREFIELD: I think I might use  
20 the word "any" rather than "other." I don't know  
21 why. I'm not sure that I would use professional  
22 either because if you're talking about a coach who  
23 is just a community member, they're not there as a  
24 professional, but just any person having  
25 interaction with students on school property or

1 something like that.

2 THE CHAIRPERSON: Well, I mean there  
3 probably should be training, at least a briefing,  
4 for the 101 parent volunteers you might have on  
5 picture day or field day.

6 MS. MOOREFIELD: I mean, you know, if  
7 they could be there when something occurs, then,  
8 yeah. But I mean that's where the webinar is good  
9 because you can't -- like I know in Wake County,  
10 you can't -- you can't even go on a field trip as  
11 a volunteer without applying -- you know, filling  
12 out all kinds of stuff.

13 THE CHAIRPERSON: Without a criminal  
14 background check and everything else, yeah.

15 MS. MOOREFIELD: Yeah. So I mean a  
16 short -- a short little web video or whatever  
17 that's accessible all the time for, you know, if  
18 you want to just refresh yourself.

19 THE CHAIRPERSON: Volunteer  
20 orientation as available through the school system  
21 online as a webinar. "Training for school system  
22 personnel and any individual who interfaces with  
23 students." Do you want to keep school property,  
24 during the school program, during---

25 MR. BAKER: School-related

1 activities.

2 THE CHAIRPERSON: During school-  
3 related activities.

4 MS. PHILLIPS: School-sponsored  
5 because related can also be pretty gray. But  
6 school-sponsored activities---

7 THE CHAIRPERSON: School-sanctioned,  
8 like we're a student club that's here after school  
9 working on---

10 MS. PHILLIPS: Maybe not even school-  
11 sponsored. Administered.

12 THE CHAIRPERSON: School-  
13 administered?

14 MS. PHILLIPS: Administered, uh-huh,  
15 because that's what the districts are all trying  
16 to come to.

17 THE CHAIRPERSON: Like a group of  
18 students who are meeting after school on the  
19 property to discuss the plight that they're in and  
20 others.

21 MS. CARTER: So if you're going to  
22 list, give a little more detail in there, you  
23 might want to say the training might look  
24 different for someone who's there as a volunteer  
25 and part of orientation. Once a year, I come in

1 and I do whatever, picture day, book fair, as  
2 opposed to as a teacher. Because I think to say  
3 everybody who's ever on that campus has to go  
4 through training, you don't want to put a barrier  
5 to a parent who just -- "tomorrow I need to come  
6 in and help out. Well, I have to go through this  
7 training first."

8 So I think it needs to be mindful  
9 that what you need to get from the depth could be  
10 related to your role, your position, your level of  
11 impact, and so I mean I don't think we would be  
12 dictating what that is. I think it's just --  
13 would be acknowledging---

14 THE CHAIRPERSON: Yeah. This  
15 training can vary depending on the role you have  
16 while on the campus.

17 MS. GRANT: I think if we use the  
18 language from the proposed legislation -- with  
19 House Bill 434, it specifically says, "Each local  
20 board of ed shall adopt and implement a mental  
21 health training program for school personnel who  
22 work directly with students in grades K-12." To  
23 me, we're seeing more mental health issues in our  
24 pre-K system than we usually have. So we may have  
25 a recommendation of pre-K-12, and youth mental

1 health is the number-one topic to include in the  
2 training for them. I think if we use some of that  
3 same language that we're not [inaudible].

4 But that kind of sums it up that the  
5 local board of ed shall adopt a mental health  
6 training program.

7 THE CHAIRPERSON: I've referenced HB  
8 434 in my notes to look that up and try to pull in  
9 some of that legislative language in there as  
10 well.

11 MS. GRANT: It is the second page.  
12 It's B on the top of the second page.

13 MS. CARTER: This is specific for  
14 crisis response, right? This training that's  
15 being referenced in this, on how to respond to  
16 emergencies?

17 THE CHAIRPERSON: I think so. For  
18 the volunteers, I think it would be crisis  
19 response. For you're regular staff, I think it  
20 would go more than just crisis response and to  
21 prevention and identification.

22 MS. GRANT: It's always two different  
23 roles.

24 THE CHAIRPERSON: Yeah. That's why I  
25 said that training will vary based on your role.

1 If you're that volunteer that comes in on picture  
2 day and to work in the book store, you know, three  
3 times a year, you don't need the same level of  
4 training as, say, the PE coach, you know, or  
5 something like that.

6 MS. GRANT: And I will say too in my  
7 experience with -- we have schools -- like if we  
8 were to train -- we train all of the staff  
9 volunteer subs. Within the school, the  
10 administrators have to have a level of training  
11 too because what crisis response looks like here  
12 looks very different than if you're at this  
13 school. Do you-all see the same thing?

14 MR. BAKER: The very same thing.

15 MS. GRANT: It needs to trickle all  
16 the way down to the training that occurs because  
17 if I'm a substitute and I go into a high school, I  
18 may need to know something very different to do  
19 than if I go into that preschool classroom.

20 MR. BAKER: It's the same way when --  
21 you know, every school is required to submit their  
22 own safety plan because, again, it's going to be  
23 dependent on your school, the layout of the  
24 school, the makeup of the school, culture, all of  
25 those sorts of things play a role. So it would be

1 hard to have something that's uniform.

2 THE CHAIRPERSON: This isn't really  
3 requesting anything uniform. Just that the school  
4 district, you know, recognizes the need for  
5 training for crisis management for all people  
6 involved.

7 Number 4, we have "List of students  
8 who require unique assistance during a crisis."  
9 Number 3, "Open dialogue between school, district,  
10 and state professionals sharing challenges and  
11 successes." That kind of ties into the after  
12 action report or the briefing of number 6.

13 MS. MOOREFIELD: Going back to number  
14 4, with the list of students requiring assistance,  
15 should we put any kind of language in there about  
16 basic and pertinent information about what that  
17 assistance might be, or no?

18 THE CHAIRPERSON: My question would  
19 be, would that be getting into violating FERPA  
20 and -- HIPAA and FERPA?

21 MS. MOOREFIELD: That's why I'm  
22 saying like basic but pertinent. So not a  
23 diagnosis or anything like that, but you know,  
24 aversion to loud noises or, you know, however you  
25 correctly word, you know, doesn't handle chaos

1 well or, you know, in a wheelchair, you know,  
2 vision loss, things like that that a first  
3 responder might need to know, that, you know, they  
4 may need to carry the student. They may need  
5 to -- you know, and so very basic but pertinent  
6 information.

7 MS. GRANT: That's where we have it  
8 specific to the classrooms because if you see the  
9 plan, they have the map of the school, and then we  
10 have highlighted those classrooms that have  
11 special needs that are low-incidence populations  
12 and then which schools have children in  
13 wheelchairs that have class on the second floor  
14 and what's the safety -- where's the safety spot  
15 for them to go to and all that stuff.

16 But then when they look at a  
17 highlight, then they know to go and there's an  
18 attachment to the plan that outlines the specific  
19 needs of that classroom, but that's new. We've  
20 just done that this year because I kind of freaked  
21 out when I looked at the plans and realized, oh,  
22 my gosh, they're there. But when you have a class  
23 of children with autism and a class of children  
24 with severe and profound, you know, multiple  
25 disciplines here, they look very different, but

1 there's no real difference to an emergency  
2 management person who pulls up the plan and sees  
3 that.

4 THE CHAIRPERSON: But it's not just  
5 in those classrooms. I mean look at [name  
6 redacted]. He's high functioning. He'd be in  
7 regular ed throughout and probably academically  
8 gifted in areas, but the fire alarm goes off --  
9 and he knows it's not a drill because everybody's  
10 acting a little bit differently because they know  
11 it's not a drill. He's going to go find the fire  
12 extinguisher and go look for the fire. That's  
13 [name redacted], you know. You've got to  
14 recognize some of our kids---

15 MS. GRANT: [Inaudible]. I agree.

16 THE CHAIRPERSON: And he wouldn't be  
17 the one you would think that would need a plan.

18 MS. MOOREFIELD: Information like  
19 that, though, the teacher--- Okay. Wait. I  
20 think I've lost---

21 THE CHAIRPERSON: But when you get to  
22 know someone in high school and they're trading  
23 classes four, five, six times a day, they're never  
24 in the same class, and then you have A schedule  
25 and B schedule.

1 MS. MOOREFIELD: This crisis  
2 management -- this plan that we're discussing is  
3 not -- is not something that we would hand to  
4 emergency services, right? Because my thought is  
5 that okay, well, if I'm the teacher, I know what  
6 [name redacted]'s reactions are going to be. I  
7 know what this kid's reactions are going to be,  
8 so EMS doesn't necessarily need to know all of  
9 that.

10 So are we talking about a crisis  
11 management plan that stays in the school, or we  
12 talking about information that needs to be shared  
13 with an outsider?

14 THE CHAIRPERSON: And that might be  
15 where we need to make a deviation. Do we need to  
16 make sure that our first responders are getting a  
17 tour of the school every year and say "This is  
18 where the AU classroom is. These are some of the  
19 things you can expect from children with autism  
20 and the support they may need exiting the  
21 classroom. This is the, you know, severe and  
22 profound, or this classroom has six kids in  
23 wheelchairs in it. This is what they're going to  
24 need"? You don't have six adults in that  
25 classroom for six chairs probably, you know.

1 MS. GRANT: Right, right. And I  
2 would agree with you, but there's a lot of times  
3 the teacher might not be there, and so we need to  
4 be prepared---

5 THE CHAIRPERSON: Yeah.

6 MS. MOOREFIELD: Right. But  
7 there's -- so like I know when I had to leave sub  
8 plans, you know, part of my sub notebook was,  
9 okay, here -- you know, just again the basic  
10 pertinent, not, you know, HIPAA-level, information  
11 about my kids, but okay, this is what you need to  
12 know about this handful of kids. So that -- I  
13 mean -- and I'm assuming -- and I know that  
14 commonsense is not universal---

15 THE CHAIRPERSON: It's not the first  
16 day of school and you just met this kid.

17 MS. MOOREFIELD: ---I would assume  
18 that teachers do leave information like that for  
19 their subs and that the subs are supposed to  
20 familiarize themselves with that information  
21 before the day starts or before their time there  
22 starts.

23 So, yeah, I was just wondering are we  
24 talking about something that we're going to hand  
25 to an emergency service provider or are we talking

1 about something that is in-house because I think  
2 it would be different.

3 MS. GRANT: We have both because I  
4 guess the way -- when you're working with  
5 emergency management, the way we kind of looked at  
6 it was there may be times when the only person in  
7 a command center is an emergency management person  
8 who's outside of the school, and that  
9 communication is very limited from classroom to  
10 principal to command center.

11 So our district wanted it very clear  
12 to whoever is pulling out that plan because the  
13 only people who have access to that are those who  
14 are really responsible for the safety of everybody  
15 in that school. So we have both. Does that makes  
16 sense?

17 MS. MOOREFIELD: I love your -- what  
18 you guys do about having the map and having it  
19 highlighted, and I think that that's something  
20 that would be beneficial for, you know, the 911  
21 center so that when an emergency call comes in,  
22 they can pull it up and then be able to -- you  
23 know, whoever is communicating with the personnel  
24 at the school can say, okay, you've got this kind  
25 classroom with kids with disabilities up in this

1 corner. Here's the room number or whatever.

2 Because just at my home, Cary Police  
3 have in their database that if they get a 911 call  
4 from my number, I have a child in a wheelchair who  
5 is nonverbal and this is where their room is  
6 located in my house so that they know where to go  
7 and check. So I think that that might be  
8 something -- providing it to, you know, whoever  
9 the responders are wherever the dispatch comes  
10 from.

11 MS. GRANT: And I will tell you --  
12 Leanna, you made a good point -- one of the things  
13 that we're still working out is how to notate  
14 where the children like your son are who may be in  
15 a regular classroom, but how do we -- I'd get  
16 scared if there was an active shooter, you know,  
17 situation and a child may be running and not  
18 responding to an officer, and they don't know that  
19 that's a child with autism that is not going to  
20 respond because they're in a kind of mode.

21 So how do we identify, you know,  
22 children with that level of need so that they  
23 don't get misidentified in a situation? I mean  
24 you hope that would never happen, but we always  
25 plan for -- you know, it's not if it will happen,

1 but when so that we make sure we have it all in  
2 place. And so we're still trying to work out how  
3 do we identify to outsiders---

4 MR. BAKER: That just speaks to just  
5 the difficulty [inaudible]. So it becomes very  
6 scary when you start talking about and thinking  
7 about those kinds of situations, but we just can't  
8 fully plan for everything because we just don't  
9 know what's going to happen.

10 MS. GRANT: And that's the importance  
11 of having the drills, doing the tabletop drills,  
12 continuing at the forefront with those because  
13 that way, you know, bringing parents in, having  
14 the students. We didn't think about a lot of  
15 things. I think you had said that. A little girl  
16 that's in a wheelchair that's upstairs in a high  
17 school, where she was concerned, "What happens  
18 if -- I can't get down the stairs if the elevator  
19 goes out. How is that going to happen? Where am  
20 I suppose to go?"

21 So having all the stakeholders at the  
22 table and coming up that solid plan, and it has to  
23 be fluid because the needs of children change all  
24 the time. So that's what makes it kind of  
25 difficult in really working with emergency

1 management people outside stakeholders, our  
2 firefighters and police. And once I got on our  
3 district safety team and realized what about this  
4 or what about this or what about this, I mean it  
5 was difficult and scary.

6 THE CHAIRPERSON: You'd never realize  
7 that [name redacted] could be a child who does  
8 that. Some days he might, some days he might not,  
9 yeah, and so if you're in that situation, you  
10 never know what they're going to do, but he's a  
11 fixer.

12 MS. BIGLEY: And to that point, I'd  
13 just like the comment that at my former district,  
14 we did a lot of that. We involved our EMS. We  
15 got a grant to do regional trainings in each of  
16 the regions of our district that involved -- we  
17 had our own police force employed by the system,  
18 so our SROs, the sheriffs, the firefighters, EMS,  
19 the local police, and then school teams.

20 But on our district team, we also had  
21 EC, student services, DSS, maintenance. You know,  
22 it was just totally comprehensive. We had people  
23 from [inaudible] County. We had transportation.  
24 We had everyone. And at some of the regional, we  
25 did after action reports after the tabletops with

1 all of those meetings because I mean there were  
2 like 75 people in some of these meetings because,  
3 you know, we were trying to flesh through all of  
4 these details.

5 The police -- even though they had,  
6 you know, maps of all of our schools, they still  
7 wanted tear-offs of where are those special needs  
8 classrooms, how do we deal with these children,  
9 what supplies do you need when you're getting out  
10 of the building, how are we going to deal with,  
11 you know, trying to get down this road when we  
12 know parents are going to hear first, and it's  
13 going to be flooded, you know, and then we think  
14 the buses are going to get there.

15 Okay. You say you can get all your  
16 buses in including our EC buses -- I had three  
17 self-contained classes at one point on the  
18 campus -- and, you know, let's try it. And so  
19 even at the district level -- I was at the  
20 district level and a Student Services Director at  
21 that point, but we did that. We did those  
22 trainings, and it's not easy when you actually do  
23 them.

24 And then, you know, those after  
25 action reports, having that discussion after you

1 go, yeah, what about our AU friends; they are  
2 going to process this very differently. And as  
3 much as you train and try, they might present very  
4 differently in an emergency situation.

5 You know, a lot of those  
6 conversations came up and we didn't have all the  
7 answers, but it was that conversation. It was the  
8 EMS folks going, "Oh, wow. Okay. We didn't think  
9 about that. We didn't plan for that," kind of a  
10 thing. But doing those drills, even with our  
11 buses, to say okay, we've got an emergency now at  
12 this school. You say you can get there in X  
13 number of minutes. Let's try it, and then working  
14 through those problems that we wound up having  
15 when it didn't happen.

16 MS. MOOREFIELD: I absolutely echo  
17 what you were saying because it's -- even in the  
18 larger counties, disabilities is not something  
19 that our EMS have to deal with a lot. My adapted  
20 van broke down a couple of weeks ago. I had no  
21 way to get home because you can't put a wheelchair  
22 in a tow truck. You can't get an Uber. You  
23 can't -- the only way to transport this kid is to  
24 call an ambulance. And then I'm pretty sure that  
25 the insurance is not going to say, "Sure, we'll

1 foot that \$600 bill because, you know, your car  
2 was stranded." Luckily, I have a friend who has  
3 an adapted van.

4 But the officer that -- because it  
5 was at a college graduation that we got stranded,  
6 and the officer came to just sit until -- you  
7 know, make sure we were safe until we got some  
8 kind of help, and he even said, "I don't know what  
9 we would do. I don't know how we would get you  
10 guys to safety." And it was hot and it was -- so  
11 they really don't. It's not something that comes  
12 up for them.

13 MS. BIGLEY: So that collaboration,  
14 that conversation and having them on your district  
15 team, it starts with having -- like Christy said,  
16 you know, all of a sudden, I realized I'm on the  
17 district team, and wow, we don't have plans for  
18 these things. Having that comprehensive -- is  
19 really important.

20 THE CHAIRPERSON: Do all the  
21 districts or most of the districts have EMS  
22 involved in their teams, or is that right there  
23 something that we might need to make sure---

24 MS. HUTCHINSON: I think that's part  
25 of the whole school safety that she was speaking

1 about earlier, the required school safety plan,  
2 if you read that legislation that's required, that  
3 is required.

4 MS. MOOREFIELD: Is that the 434?

5 MS. HUTCHINSON: It's the one she  
6 spoke about earlier on the purple sheet.

7 MS. GRANT: The school omnibus bill  
8 is a different one.

9 MS. MOOREFIELD: Oh, okay. All  
10 right.

11 MS. GRANT: But I think, in terms of  
12 who's at the table on a safety committee, like our  
13 district safety committee, the same people haven't  
14 always been there. So that's up to the district  
15 on how that's formed, which is when we started  
16 realizing the value of who we needed.

17 So, no, not all districts have. They  
18 have people from emergency management who are kind  
19 of, I guess, the big people over like -- I say the  
20 big people, but they're kind of over the area,  
21 regional people, but in terms of emergency  
22 management, fire department, those are separate  
23 people we had to bring to the table.

24 THE CHAIRPERSON: And you've got to  
25 keep in mind that in a lot of these rural

1 districts, your fire department is volunteer so  
2 they might have three people that can go during  
3 the middle of the day.

4 MS. GRANT: House Bill 76 is the  
5 other one.

6 MS. BIGLEY: We did ours in the  
7 evening time. We had school teams and then all  
8 those people there and had like dinner, you know,  
9 had like pizza. And just -- from the top down to  
10 the EMS and the fire department and sheriff's  
11 department, they mandated all their people to go  
12 in all those different areas, and then the local  
13 municipalities too, the local police departments.  
14 It just -- it all fit together with the school,  
15 and so that's just getting the value in that  
16 conversation.

17 MS. MOOREFIELD: I found that when  
18 you show up with a pizza at a fire department,  
19 they do pay attention. They do, and they take you  
20 on a tour of everything.

21 MS. BIGLEY: We got a grant for it  
22 too. Our EMS -- I can't remember. It wasn't a  
23 FEMA grant, but he got some kind of grant for us,  
24 so we weren't even out of pocket, you know. I  
25 think there were like eight of them that we did.

1 Food for thought.

2 MS. GRANT: So that just encompassed  
3 the last three things -- the drills and --  
4 consistent practice and drills training.

5 THE CHAIRPERSON: So I think I've  
6 come up with -- "List of students who require  
7 unique assistance during a crisis available to  
8 EMS." Because you're going to have one for the  
9 school bus and one for the -- I can see it now.  
10 Somebody walking up on [name redacted], you know,  
11 wielding a fire extinguisher, "What are you doing,  
12 kid?" They'd just call, "I've got [name redacted]  
13 here. Okay. Never mind. He's one of the  
14 students with autism."

15 MS. GRANT: I don't think it's just  
16 EMS because what if the fire department goes in or  
17 the police? So didn't you say EMS?

18 THE CHAIRPERSON: EMS, emergency  
19 management---

20 MS. GRANT: Oh, emergency management.  
21 Thank you. What am I thinking?

22 THE CHAIRPERSON: Emergency medical  
23 services?

24 MS. GRANT: Yeah.

25 MS. MOOREFIELD: Leanna, did you add

1 any location like a list and location of students  
2 who require -- that would include, you know, like  
3 the maps and the -- like a class list for a kid if  
4 they're in middle school or high school or  
5 something like that, just so they know  
6 approximately where the kid might be?

7 THE CHAIRPERSON: Yeah. Something  
8 like, "[Name redacted], anywhere around the  
9 school. [Name redacted], room 373."

10 MS. MOOREFIELD: The kid supervising.

11 MS. ROBINSON: Number 1, it doesn't  
12 specifically say "safety crisis plans," but I  
13 wonder if we want to just have it there just as a  
14 reminder. It's assumed.

15 THE CHAIRPERSON: Student-specific  
16 crisis plans or emergency---

17 MS. ROBINSON: Safety and crisis  
18 plans.

19 THE CHAIRPERSON: Because you've got  
20 to have a crisis plan just for a completely  
21 different kind of crisis, and this one---

22 MS. ROBINSON: That's correct. So  
23 seizure versus---

24 THE CHAIRPERSON: Or just emergency  
25 plan?

1 MS. ROBINSON: Safety plan also  
2 includes suicide?

3 THE CHAIRPERSON: Yeah. So that was  
4 "Student-specific safety crisis plan discussed at  
5 IEP meeting but not part of the IEP," because we  
6 had that discussion. "Goals that support  
7 successful execution of the plan should be  
8 included in the IEP, if appropriate." So that  
9 might be, okay, the AU class has a fire drill once  
10 a week to get used to the whole idea of going  
11 outside quickly and quietly and orderly, which we  
12 would want that for their classroom preparing.

13 Anything else for the whole area  
14 number 3?

15 **(No audible response.)**

16 THE CHAIRPERSON: That kind of turned  
17 into 7 on mine because I put as number 1,  
18 "District safety plans need to include EMS at all  
19 levels." That was referring to a simple fireman  
20 all the way to the emergency management system  
21 manager so that you have the input for planning.

22 MS. MOOREFIELD: And dispatch or --  
23 is that what you call like the people who are  
24 communicating with the officers and the personnel  
25 that are at the crisis? Is that dispatch who's

1 like giving them information?

2 THE CHAIRPERSON: Yeah.

3 MS. MOOREFIELD: Telecommunications  
4 or something like that.

5 MS. GRANT: I always say 911 and they  
6 always correct me. It's tele---

7 THE CHAIRPERSON: Not telemarketing.

8 MS. MOOREFIELD: Who's on their  
9 computer? Look it up.

10 THE CHAIRPERSON: Including dispatch.  
11 I'm just going to put that for the time being.  
12 See, the thing is, my concern there is knowing  
13 where is your -- if you're calling 911, where is  
14 your 911 office located at because a lot of them  
15 are becoming more and more centralized. I don't  
16 think every county has their own local 911. It's  
17 all enhanced now and everything goes to a  
18 smaller---

19 MS. MOOREFIELD: Well, I mean you can  
20 look and see where your particular house or  
21 school -- you know, if you make the call from  
22 there which dispatch center it's going to go to.  
23 They'll tell you that, but at a district level  
24 where there are multiple schools, you know, those  
25 maps and documents can be emailed so that they're

1 digital copies that, you know, the dispatcher just  
2 pulls up the school and it's right there.

3 MR. BAKER: Telecommunicator.

4 MS. GRANT: Thank you.

5 THE CHAIRPERSON: "Including  
6 telecommunication professionals." Usually, once  
7 the EMS team has been dispatched and have arrived  
8 at the scene, your 911 involvement usually ends  
9 there because you have your own command system set  
10 up on-site. So I'd say your local EMS, police --  
11 or EMT, medical, police, and fire should all have  
12 appropriate documentation for your school.

13 MS. MOOREFIELD: Well, they have  
14 computers in their vehicles as well.

15 THE CHAIRPERSON: Yeah, the police  
16 do.

17 MS. MOOREFIELD: EMS does. I'm very  
18 well-versed in the EMS---

19 THE CHAIRPERSON: I'm sure you are.

20 MS. MOOREFIELD: ---in the EMS part.

21 MS. HUDGENS: Just a reminder,  
22 they're having a little bit of difficulty,  
23 virtually, hearing.

24 MS. MOOREFIELD: Oh, sorry. So if we  
25 had -- if we had those digital documents and

1 information -- and I believe that there are  
2 laptops installed in fire trucks as well, if I'm  
3 not mistaken.

4 THE CHAIRPERSON: It might be  
5 dependent upon where you live. Because our newest  
6 fire truck, I think, is a 2001 model, and that was  
7 given to us [inaudible].

8 MS. MOOREFIELD: On available --  
9 available laptops that are in vehicles. That  
10 would be something helpful that they could -- they  
11 could pull up.

12 THE CHAIRPERSON: Let's see.

13 MR. BAKER: We had to keep, too, at  
14 the school level and actually at our district  
15 level, physical copies. So you had digital copies  
16 as well, but you had physical copies. What if the  
17 communication grid went down or something of that  
18 nature; you need to have a physical copy of  
19 emergency plans.

20 THE CHAIRPERSON: I've got "Local EMS  
21 should have physical and digital copies of plans  
22 and maps of buildings -- and annotated maps of  
23 buildings."

24 MS. MOOREFIELD: Multi-tiered with  
25 interactive links.

1 THE CHAIRPERSON: That would be  
2 interesting if we could get our EMS systems on  
3 ECATS.

4 MS. MOOREFIELD: That would drive  
5 them out of their professions too.

6 THE CHAIRPERSON: Anyway. All right.  
7 Okay. That looks good for section 3.

8 I had put last year's recommendations  
9 under number 4. Is there anything there that we  
10 should continue? I mean obviously we felt they  
11 were good recommendations. Is there anything  
12 that's particularly burning that we should keep on  
13 our recommendation list?

14 MS. TERHAAR: I like the first three.

15 THE CHAIRPERSON: Yes, I still like  
16 the first three too.

17 MS. MOOREFIELD: I mean that's a lot  
18 of work just right there.

19 THE CHAIRPERSON: And number 4  
20 because it ties into what we've already been  
21 talking about.

22 MS. HUTCHINSON: Yeah, it looks like  
23 the whole section we just did was 4 elaborated.

24 THE CHAIRPERSON: Yeah. So we'll  
25 keep the first four.

1 MS. GRADY: Is 6 a concern still?

2 THE CHAIRPERSON: "The Mental Health  
3 Tiered Support Program."

4 MS. GRADY: I think that's speaking  
5 specifically about like mental health supports,  
6 not---

7 THE CHAIRPERSON: That was your  
8 thing, Cynthia.

9 MS. DANIELS-HALL: So the work we're  
10 doing now is not so much on the Mental Health  
11 Tiered Support programs. It's actually looking at  
12 the programs that are available in various school  
13 districts across North Carolina and seeing how  
14 they can be replicated into other districts. So  
15 we're looking more at children that are being  
16 returned to the system, children that are coming  
17 from PRFTs, children that are coming back from  
18 juvenile youth programs and things of that nature,  
19 and how we're serving them now.

20 So that's what we're really looking  
21 at in our mental health -- school-based mental  
22 health group. I've got to think about that,  
23 Leanna, and see if I want to keep that one.

24 MS. MOOREFIELD: I'm looking at,  
25 let's see, number 1, 2, 3 -- maybe 1, 2, 3. I

1 think there was one other that I can't see right  
2 now, but they seem like fairly simple  
3 recommendations that would just involve a letter  
4 or a statement that we would recommend that a  
5 parent or teacher of exceptional children be  
6 included in these various groups and  
7 organizations. So I don't think we should drop  
8 that. I think those are probably fairly short and  
9 simple to get done.

10 MS. GRANT: And with number 7, they  
11 have changed the requirement for testing for  
12 adapted curriculum licensure. I'm not sure if we  
13 want to keep that or not.

14 THE CHAIRPERSON: I'll take that off,  
15 then. So any comments on number 5? That's more  
16 of just a comment that we had thought [inaudible].  
17 I'll take that off for the time being. We don't  
18 need too many -- too many recommendations. You  
19 can have too much of a good thing because we've  
20 got a lot here.

21 MS. ROBINSON: So 1 through 4 and a  
22 question mark for 6?

23 THE CHAIRPERSON: That moved up to 5  
24 when I deleted number 4. Okay. That sounds good.

25 I know that we're kind of probably

1 went over with that a little tiny bit, but we  
2 still have some time left for committee work. If  
3 anybody wants to break into your committees. In  
4 the recommendations, there was a committee  
5 section. So if your committee did anything  
6 specific that you want to highlight, that would be  
7 wonderful. Ongoing projects envisioned---

8 MS. ROBINSON: I'm sorry. I would  
9 just offer that the Department of Public  
10 Instruction has at least 30 trained individuals to  
11 provide youth mental health first aid who went  
12 through the training. So there's folks accessible  
13 across the region for that as well as through all  
14 the local management entities.

15 THE CHAIRPERSON: The MCOs.

16 MS. ROBINSON: Yeah, the MCOs. And  
17 that's true for suicide prevention training as  
18 well. So I saw that as an opportunity. I just  
19 wanted to make sure that we've equipped, through  
20 DHHS, DPI to train us as well.

21 THE CHAIRPERSON: I think we're  
22 actually looking at having a presentation on  
23 mental health first aid, youth specific at an  
24 upcoming meeting based on some conversation we had  
25 earlier today when we had a little bit of time

1 between sessions. So that's something that we're  
2 still working on, but I knew that was something  
3 that we would -- mental health is very important.  
4 I've heard really good results out of that  
5 program, so---

6 MS. ROBINSON: Would you like me to  
7 work on that with you?

8 THE CHAIRPERSON: You can, yeah.  
9 If you want to do a presentation on that, we  
10 can work with Tish and Carol Ann, and we'll work  
11 that out. That would be fine. It makes it easier  
12 when we already know the person we'd like to ask  
13 to do it.

14 If we can break down into  
15 subcommittees and then have one person fill out  
16 their section of this and either let me have it or  
17 email it to me or we'll figure that part out.

18 **(Committee Work held from 1:58 p.m.**  
19 **to 2:26 p.m.)**

20 THE CHAIRPERSON: All right. Without  
21 further ado, equity in IDEA.

22 MS. HUDGENS: Good afternoon,  
23 everybody. I have Nancy Johnson on the line for  
24 us, and I hope that you'll be able to hear her.  
25 If not, if you will kind of raise your thumb up

1 and I'll adjust the volume on the phone. Thank  
2 you.

3 All right, Nancy, you're up.

4 DR. JOHNSON: Okay. Great. Good  
5 afternoon, everyone. Can you hear me?

6 MS. HUDGENS: I'm working on the  
7 volume. Try it again now.

8 DR. JOHNSON: Okay. Can everyone  
9 hear me? Good afternoon.

10 **(Multiple council members responded**  
11 **affirmatively.)**

12 MS. HUDGENS: You're good to go,  
13 Nancy.

14 DR. JOHNSON: Okay. Great. Thank  
15 you. Good afternoon. I'm here to talk to you  
16 this afternoon about the new regulations, equity  
17 in IDEA regarding significant disproportionality  
18 and how states determine which districts have  
19 significant disproportionality in identification,  
20 placement, and discipline, as it relates to the  
21 rates of students with disabilities.

22 So for some of you who have been with  
23 the Advisory Council for more than a year, you may  
24 recall that a couple of years ago, we did seek  
25 input from you, as one of our stakeholder groups,

1 regarding the proposed changes and changes we  
2 would need to make to significant  
3 disproportionality determinations.

4 So, Carol Ann, if you'll move the  
5 slide for me to the next slide.

6 MS. HUDGENS: There's a little bit of  
7 a lag. Sorry, Nancy.

8 DR. JOHNSON: No problem. Okay. So  
9 this -- I'm not going to go over this totally, but  
10 this gives you a visual of a timeline, and as you  
11 can see, back in December 19, 2016, the new  
12 regulations were published and they became  
13 effective immediately but then gave time to  
14 implement.

15 The first compliance date was July  
16 1st of 2018, which meant we would be implementing  
17 them this spring in 2019. However, states were  
18 notified that the US Office of Special Ed Programs  
19 was going to postpone those or delay the  
20 regulations because they felt like they needed to  
21 get some more input and make some changes. So  
22 states were allowed to postpone them for two  
23 years, which would push them up -- our  
24 determinations into the spring of 2021. So that's  
25 what North Carolina did, and they actually issued

1 that delay on June 29th of 2018.

2 Now recently in March, we learned  
3 that a federal judge, due to a court case called  
4 CO Protection Advocacy Agency -- Colorado, I  
5 believe, Protection and Advocacy Agency versus  
6 Betsy DeVos, that the US Office of Special Ed  
7 Programs had violated the law by delaying the  
8 regulation and they could no longer do that.

9 Now the Department of Justice has  
10 filed an appeal about that, but then on May 20th,  
11 the US Office of Special Ed Programs issued a  
12 statement to the states letting them know they  
13 expected us to implement the new standards from  
14 the 2016 regulation. So that is what I'm going to  
15 be talking with you about, is where the  
16 regulations changed in comparison [inaudible].

17 You need to know back in -- well, in  
18 March when all this was happening, I was already  
19 in the process of analyzing all of our data based  
20 on our old regulations, and then once we got the  
21 issuance in May, we had to start over again using  
22 the new requirements.

23 Okay. Carol Ann, I'm ready to move  
24 on. There we go. Okay. So I'm just going to  
25 over where the changes are. Everything you see in

1 red is new for us in comparison to what our old  
2 regulations looked like. Some of these things --  
3 for those of you who were involved in meetings  
4 with us when we reported the stakeholders who were  
5 giving us input, you'll see that some of these  
6 things are things -- recommendations you may have  
7 made. Cell size. Sometimes it's the numerator  
8 we're calculating from, and the maximum cell size  
9 we're allowed to use is ten, and that is what all  
10 the stakeholders in North Carolina proposed to us  
11 that we go with that.

12 We did use a cell size of ten in  
13 discipline. That is new for identification and  
14 placement. We did not presumably use a cell size  
15 or numerator. N size, that is the denominator,  
16 and we -- in the past, we were using a denominator  
17 or an N size of 30. We were using it based on the  
18 number of students with disabilities in one of  
19 those categories into consideration.

20 So the only thing there that has  
21 changed for us is that for identification, we're  
22 required to apply the N size to the enrollment of  
23 the LEA rather than the number of students with  
24 disabilities, and that's a slight change there for  
25 us.

1 Another change is that we are  
2 required to use a standard methodology, and we  
3 must use a risk ratio. We were already using a  
4 risk ratio for identification and placement. We  
5 were using a state average rate for discipline so  
6 the risk ratio is new for discipline. We have not  
7 used that in past years.

8 Now we have to come to some agreement  
9 about what our risk ratio would be. This is the  
10 one area where there was slight differences from  
11 the different stakeholder groups in the area of  
12 discipline. Everyone agreed with using --  
13 continuing to use the 3.0 risk ratio for  
14 identification and placement.

15 We had people ranging everywhere from  
16 a 2.5 risk ratio to recommending a 4.0 risk ratio  
17 for discipline, and we decided that most of the  
18 input we got that it would be easiest for  
19 everybody involved to understand, for us to  
20 explain it to parents, to LEAs, to actually  
21 implement it, if we use a 3.0 risk ratio across  
22 the board.

23 Remember, we're looking at  
24 significant disproportionality, not just for a  
25 district who's disproportionate, but that we

1 determine [inaudible]. So for this first year,  
2 because we had to implement so quickly, we went  
3 across the board with a 3.0 risk ratio.

4 The other area is reasonable  
5 progress. We already had in existence that if a  
6 district -- if we considered a district with three  
7 consecutive years, we -- I didn't put three  
8 consecutive years on here because we look at the  
9 current year and two previous years. That  
10 continues to be allowed in the new regulations,  
11 but that is not a change. We've already  
12 implemented that.

13 We were also already implementing  
14 reasonable progress. In North Carolina,  
15 reasonable progress was, as long as you got below  
16 a 5.0 risk ratio, you made reasonable progress.  
17 Well, the new regulations require that you show  
18 progress in your risk ratio each year if you're  
19 using consecutive years. So the consensus, at  
20 least of the stakeholders, was that we go ahead  
21 and continue that 5.0 risk ratio because if we  
22 just allow districts to show progress if they're  
23 at a 12.5 risk ratio, that's extremely high. So  
24 we want to them to get it below 5.0. So we kept  
25 that piece.

1                   And then we said because these  
2 fluctuate so much and particularly with small  
3 districts, one or two kids either way can shift  
4 the risk ratio by a whole percentage point. So we  
5 said that reasonable progress -- this is something  
6 OSEP eventually will have to approve, but based on  
7 how OSEP does APR reasonable progress, we said  
8 that as long as a district each year had not --  
9 was less than a 0.2 increase in their risk ratio  
10 for each of the two years, because we look at both  
11 years, and they are below the 5.0 risk ratio, we  
12 will consider them to have made reasonable  
13 progress.

14                   Okay. So that's one thing. And  
15 before I move on to the other areas, I did want to  
16 say that -- well, yeah, I do want to say that we  
17 have this year -- under the new regulations, we  
18 identified fewer LEAs than we did the previous  
19 year, and that was a little bit surprising. We  
20 did identify a few more -- we identified nine LEAs  
21 altogether, and last year we had around 16 LEAs,  
22 but the reason being, we had a few more in the  
23 area of identification, but we had a lot less in  
24 the area of discipline.

25                   So I'm going to have Carol Ann move

1 on to the next slide and explain to you about  
2 discipline. Discipline is the area that is the  
3 most different of the other areas. In past years,  
4 we looked at three different types of disciplinary  
5 actions. This year we are required to look at  
6 five different types of disciplinary actions, two  
7 of which we used to look at, the greater than ten  
8 days out-of-school suspension, like an individual  
9 child getting an eleventh or greater day of  
10 suspension or an in-school suspension for an  
11 individual child that is greater than ten days.  
12 We still look at that data. We don't have a lot  
13 of students in those two categories.

14 The new categories we're required to  
15 look at is a student getting an individual  
16 suspension out of school less than ten days, an  
17 individual in-school suspension of less ten days,  
18 and then total disciplinary removal. So that is  
19 not looking at individual students. It's looking  
20 at the number of incidences of all suspensions,  
21 the five suspensions -- types of suspensions we  
22 mentioned. So we are analyzing the data based on  
23 that.

24 The difference is, this year we had  
25 one district that fell under in the area of total

1 disciplinary removal, and they happened to be on  
2 the warning list for the previous year for  
3 short-term suspensions that accumulated --  
4 out-of-school suspensions that accumulated to  
5 greater than ten days in a school year.

6 But if you'll note, we no longer  
7 review less than ten-day out-of-school suspensions  
8 that accumulate to greater than ten days in a  
9 school year for a kid, and that was our area where  
10 we had most of our districts on the list for  
11 significant disproportionality. Now that data  
12 does feed into the total disciplinary removal, but  
13 we're not looking at it separately.

14 Now saying that we only have one  
15 district now, you do need to know that I'm still  
16 putting together a warning list, and those are  
17 districts that are at a 3.0 risk ratio in  
18 identification, placement, or discipline in this  
19 current year and may have been for previous years,  
20 but have made enough progress just to remain on  
21 the warning list.

22 And we have a lot more districts that  
23 will be on the warning list for identification and  
24 discipline. Not too many more for placement, but  
25 identification and discipline, we're going to have

1 over a hundred LEAs on the warning list, which is  
2 letting them know you need to be looking at your  
3 data because in future years, you may have  
4 significant disproportionality.

5 With that said, the other area that  
6 we have made changes in, in their early  
7 intervening plan that they submit through  
8 [inaudible] project, they will have to identify  
9 [inaudible] factors that they must address that  
10 relate to the area of significant  
11 disproportionality.

12 For example, if they're identified in  
13 discipline, they'll have to target their plan  
14 towards disciplinary practices, and they'll have  
15 to explain what they felt contributed to the  
16 significant disproportionality such as lack of  
17 professional development or underidentification of  
18 students of a certain race or lack of  
19 implementation of infidelity and implementation  
20 [inaudible]. So they'll have to dig down into the  
21 root causes and identify that for us in the plan.

22 The other thing that is new is that  
23 in the past, funds were only allowed to be spent  
24 on students who had not ever been identified as  
25 being a student with a disability. Funds can now

1 be spent on students with disabilities also but  
2 not exclusively. So their plan can be used for  
3 both students without and with disabilities.

4 And, lastly, the other change is, we  
5 do have to -- in the past, we have only looked at  
6 school-age children ages six through 21. We will  
7 be, in future years, including preschool students  
8 ages three, four, and five in the area of  
9 identification and in the area of discipline, and  
10 that becomes effective next July for the 2021  
11 determination.

12 Okay. So those are all the changes.  
13 I know I went through those quickly, but I did  
14 want to be available to answer any questions that  
15 you might have.

16 MS. HUDGENS: Nancy, I have one  
17 question for the virtual participants. For the  
18 significant disproportionality, are those lists of  
19 LEAs on the public website?

20 DR. JOHNSON: The list just went out.  
21 They are not, to my knowledge, on the public  
22 website, but I believe that we can get them up.  
23 That is public information. So we will -- I'll  
24 make a note of that.

25 MS. HUDGENS: Thank you.

1 DR. JOHNSON: And I'm not the guru in  
2 getting stuff up on the public website [inaudible]  
3 have that done or whoever there at DPI. But I  
4 don't know long [inaudible] how long it takes to  
5 publish it, but I will let you know.

6 Are there questions? I know I went  
7 through that in a hurry.

8 MS. HUDGENS: Well, it looks like you  
9 must have done a fabulous job because everyone  
10 here appears to have their need for knowledge met  
11 today on disproportionality.

12 DR. JOHNSON: That's great. Either  
13 that or they're tired from being there all day and  
14 overloaded with information.

15 MS. HUDGENS: Well, we won't comment  
16 on that one.

17 THE CHAIRPERSON: We plead the Fifth.

18 DR. JOHNSON: Okay.

19 MS. HUDGENS: And I'm checking  
20 virtually, and our virtual participants just say  
21 thank you, Nancy, for the information.

22 DR. JOHNSON: Okay. Great. Thank  
23 you. I appreciate the opportunity to speak to  
24 you, and if you have any questions, you can feel  
25 free to email me. I didn't include it in the

1 presentation, but my email is N, as in Nancy, T,  
2 as in Tom, J-o-h-n-s-o@UNCC.edu.

3 MS. HUDGENS: Okay. Nancy, I am  
4 going to mute your line now and turn it back over  
5 to Leanna for the rest of our agenda. Thank you.

6 DR. JOHNSON: Thank you.

7 THE CHAIRPERSON: And next up is we  
8 have one announcement, and we'll go ahead and do  
9 that one, and then open it up for any other  
10 announcements.

11 MS. DANIELS-HALL: So we would like  
12 to congratulate---

13 THE CHAIRPERSON: Any guesses who?  
14 No guesses?

15 MS. DANIELS-HALL: ---Teresa Mebane.

16 THE CHAIRPERSON: Teresa Mebane.  
17 She's finishing her second term on the Council,  
18 her second two-year term. So it's bittersweet.

19 MS. MEBANE: So this is the last  
20 meeting?

21 THE CHAIRPERSON: Through July, but  
22 this is sadly, according to the rules and  
23 everything. You can come as a guest. You can  
24 come and watch. You don't have to leave. But I  
25 want to thank you for all your work that you've

1 done on this Council. You were chairing it before  
2 I began it, I remember, right?

3 MS. MEBANE: What?

4 THE CHAIRPERSON: You were chairing  
5 it before I started.

6 MS. MEBANE: No.

7 THE CHAIRPERSON: I thought she was?

8 MS. DANIELS-HALL: I thought she was  
9 too. We've known you so long, we thought you had  
10 been chair.

11 THE CHAIRPERSON: Nicole Jimerson was  
12 the chair, but I think she was the chair before  
13 Nicole.

14 MS. MEBANE: No.

15 THE CHAIRPERSON: You weren't?

16 MS. THOMAS: I think they're thinking  
17 of the other blond.

18 MS. BYNUM: Jill Searcy.

19 MS. DANIELS-HALL: Jill Searcy, yes,  
20 the other blond.

21 THE CHAIRPERSON: Thank you for all  
22 your hard work here. Are there any other  
23 announcements?

24 MS. THOMAS: Can I get one since I --  
25 instead of doing updates today, I thought it was

1 more important that you hear around the autism  
2 policy changes.

3 So I do have one exciting  
4 announcement. This week we have conducted across  
5 the state ECATS training for our LEAs who have  
6 year-round schools. They had first priority, and  
7 then other LEAs have been a part of that, and we  
8 are scheduled to go live the week of July 15th.  
9 So we are very, very excited.

10 I would like to offer that at your  
11 next Council meeting, if you would so desire, we  
12 could give you a drive-through, show off the new  
13 product.

14 THE CHAIRPERSON: Let's see how easy  
15 it is to do an IEP now.

16 MS. THOMAS: I think the good thing  
17 you're going to find is that your school teams are  
18 not going to start talking to you about DEC-1,  
19 DEC-2, and DEC-3. They're going to talk to you  
20 about the process. We're going to talk about a  
21 referral. We're going to talk about an annual  
22 review. We're going to talk about a reevaluation.  
23 So the numbers will be gone, and I know people are  
24 very tied of those numbers.

25 But Carol Ann has worked really,

1 really hard on this. We started working on the  
2 forms about four and a half to five years ago.  
3 Pulled a large stakeholder group, had every  
4 available stakeholder type there. So we had  
5 parents there as well as teachers and directors  
6 and IHE folks and lawyers and our staff, and so  
7 this team worked for about a year and a half to  
8 really consolidate the forms into the process and  
9 not a thing or a number.

10 And the system is set up so that if  
11 you say there's a behavior problem, you have to do  
12 a behavior plan. It's very interconnected and  
13 very intuitive, and once you pull up the child's  
14 name, you don't have to enter it every time you go  
15 to a page. I mean it's very fluid. So we think  
16 it's going to save teachers time just in not  
17 duplicating information that they've had to do in  
18 the past.

19 So we're excited. We are also not  
20 foolish to think that there won't be hiccups or  
21 bugs. I mean there always is. You know, have you  
22 ever gotten a new phone and it worked immediately  
23 every time on everything? It's an electronic  
24 system.

25 But we've got a really good staff, a

1 really good partnership with Public Consulting  
2 Group, and we have worked on this for five and a  
3 half years. So we've gotten rid of as many bugs  
4 as we can, and we'll continue to tweak and  
5 continue to add, and there will be additional  
6 functionality added.

7 In July, we will come up live with  
8 the special ed module and service documentation  
9 module, and then in December or early January, the  
10 MTSS module will roll out.

11 **(Inaudible question.)**

12 MS. THOMAS: No. We do not, from the  
13 state level, have a 504 module. LEAs may choose  
14 to do it as an add-on, and they may add on a 504  
15 module, but that will be a local decision and  
16 individualized.

17 We are providing this to the state,  
18 as you know, for free. So there's no charge to  
19 LEAs to use the system. It is not required to do  
20 the MTSS module or service documentation. An  
21 early warning system is required and our special  
22 ed module. So this will be the only special ed  
23 module in the state, which will greatly enhance  
24 our kiddos who transfer from county to county.  
25 And everything is in one system, and it will be

1 easier for us.

2 So we are looking at how we can do  
3 maybe do some -- we will be planning to do some  
4 monitoring. Excuse me. I guess I should stop  
5 talking because I can't get rid of the frog.  
6 We're hoping we're going to be able to do a lot  
7 more virtually because we will be able to see  
8 everything, not just what's being reported from  
9 third parties.

10 So I just wanted to share that bit of  
11 news with you today.

12 MS. HODGES: Congratulations.

13 MS. THOMAS: Thank you.

14 THE CHAIRPERSON: Thank you,  
15 everyone, for your active participation today. We  
16 will have our next meeting in September. Be on  
17 the lookout for information regarding the autism  
18 policy update letter that we have to do by August.  
19 Once again, probably the second week of July, have  
20 out to you with a meeting about two weeks later  
21 before the end of July.

22 All right. Is there any last-minute  
23 questions, concerns?

24 **(No audible response.)**

25 THE CHAIRPERSON: Every one drive

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safely. I look forward to seeing you soon.

(At 2:50 p.m., the quarterly meeting  
adjourned.)

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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  
189, 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 16th day of July,  
2019.

A handwritten signature in cursive script that reads "Rebecca P. Scott". The signature is written in black ink and is positioned above a solid horizontal line.

Rebecca P. Scott