North Carolina Collaborative for Children, Youth, and Families

February 26, 2010 9:00 am to 11:00 am

LOCATION: Mental Health Association, Inc., 1331 Sunday Dr. Raleigh, NC 27607

http://www.nccollaborative.org

Gary Ander, Alamance DSS Sheila Bazemore, NC DPI Off Sch Readi Andrew Behnke, NCSU, Coop.Ext. Sonia Johnson, Bladen Co. Fam Prtnr Lisa S Cyndie Bennett, DCD, DHHS Libby Jones, Parent, Co-Chair Michael Bishop MHA Linda Jones Alamance DSS Z Joe S Candice Britt, DSS Catherine Joyner, DPH-CMPCT Alexa June Britt, Office of Educ. Services, DHHS Jamal Carr, DJJDP Elizabeth Kurzer, Dept. of Commerce Jink Keith Letchworth, ECU Johanna Chase, NCDPI School Health Ed Andrea Lewis, DCD Jamifer Mahan, MHANC Jackie Copeland, Crossroads LME Gail Cormier, NC Families United Kiesha Crawford, AOC X Erin McLaughlin, MHA, Inc X Alma Kiesha Crawford, AOC X Erin McLaughlin, MHA, Inc X Alma Karen DeBord, NCSU, Coop.Ext Angela Mendell, Bladen County SOC Angel Dowden, NC DPI Special Projects Marts Debord, NC CH Sch SW Martia Fernandez, DMHDDSAS Martin Pharr, DJJDP (Judy Stevens) Coordinator Kirstin Frescoln AOC Triff Grant, CSFT LME Coord, Durham Ctr Tiffany Price, UNC SW Jen Bred. Jen Gut Tiffany Price, UNC SW Jen Bred. Jen Gut Tiffany Price, UNC SW Jen Bred. Jen Gut Tiffany Price, UNC SW	n E. Robinson, DMHHDSAS Rosch, Duke Univ CCFP fer Rothman, NAMI-NC Salo, SOC Coord, Guilford Center	
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	ESTS:	
Kelly Graves, CYFCP UNC-G Tiffany Purdy, Beacon Center (LME) Teres	Hood	
	sa Harvey	
Billie Guthrie, Community Backyard Rebecca Reeve, NC Healthy Schools Lisa F	Pace	
Joe Haenn, NC DPI Off of School Readine Jack Register, NASW-NC Tracy	Frisbee	
Jann Harris, DHHS Heather Reynolds, NC DPI PBS X Moira	Conlon	
Melissa Hill, NASW-NC Frank Rider, FFCMH Rob 1	Thompson	
List	updated 9-9-09	

Feb. 26, 2010	
1. Welcome & Introductions	
2. Approval of Attendance/Minutes from 2-12-2010 Meeting	Approved
3a. Discussion Topics/ Presentations	Rob Thompson- Covenant with NC's Children presented on Raise the Age Campaign: passed out: Action for Children Factsheet, and Covenant Brochure
	Covenant- 65 Plus advocacy org/agencies, Purpose : Ensure continuum of services for all aspects of child, providing holistic-view of child. Membership from across the state advocate for positive child policies.
	Raise the Age: NC is the only state that automatically prosecutes child at age 16 as an adult, which has numerous repercussions. It doesn't matter if the crime is something minor or serious, all 16 and 17 year olds are automatically charged as adults. Judges in NC do not have the authority to move the case to the juvenile system. Raising the Age would simply allow Judges the authority to determine if the case would be heard in a juvenile or adult court.
	Mr. Thompson noted that:
	Youth less likely to repeat if they go through the youth system v. the adult system.
	Youth in the adult system don't have access to services and there is less follow-up
	Child system: access to counseling, services, court counselors, incorporates parents, works to rehabilitate youth towards being a productive member of society
	Child felonies make it difficult (almost impossible) to get jobs, into military services, into college, and (in some instances) youth would no longer qualify for federal Stafford loans for college, etc
	Brain development, youth brains react based more on emotion than logical thought, youth have less of an ability to make good rational decisions
	Cost issue: it will cost more to have 16 and 17 year olds move through the juvenile system, will double the population in juvenile court, but over time will there will be more cost savings and less recidivism.
	Court system costs more money in juvenile justice system because of the services that are provided and the amount of time and follow up that comes with helping ensure a youth becomes a productive member of society.
	 What is going on with the Raise the Age Campaign?: Historically, legislators didn't want to appear to be weak on crime, so such a bill has not been popular. (In the adult system, the youth gets far less punishment than in the youth system where they are required to attend numerous counseling sessions and participate is rehab type programs) Others think, children should have known better, and must be punished regardless. Others are concerned about the cost.

H1414 was the original bill number, entitled Youth Accountability: Action on the Bill: was heard in two House committees but stalled in appropriations when fiscal research came back with a very high estimated cost. Child advocates believe the fiscal note is an over-estimation.

Child advocates feel the need to get the policy in place as soon as possible because it will take time to implement. However, advocates will hold off trying to pass during this short session due to the economic issues facing the state.

- 1. Will push bill in 2011.
- 2. Action for Children will do Town Halls. Covenant, will interview youth and ask them to reflect on their experiences. Goal is to show results and experiences of those in adult system and those with similar charges who are 15 and in the juvenile system.

If you know of any youth interested in speaking about their experiences, contact Rob Thompson at the Covenant with NC's Children.

Heather Reynolds with DPI, presented an update on Positive Behavioral Support (PBS)

PBS presentation: ask Damie to link presentation to website

Quick Background: Applied Behavior Analysis outgrowth---led to PBS (science)

Implemented originally in Oregon in late 90s and has since grown. Evaluation data support. Ensures youth are developing social as well as academic skills.

80 % need only routine guidance, 15% in yellow (need a little more support, 2-5 with principle, 5% need individualized plans....but do still need to be in mainstream).

Kids aren't all green, yellow or red all the time...it's more of a continuum...so PBS is working with that continuum in mind.

PBS in NC: 8 regional coordinators, training, TA, coaching, coordinating, behavior expertise, connections, tools for data collection, evaluation strategies

PBS has numerous different tools to develop a positive learning and social environment: example, warm fuzzies and trust building techniques, etc...

- DPI has been receiving more requests from Higher Ed on the state leadership team, and getting more university requests,
- Goal for PBS would be to see training in PBS be in licensure requirements

NC current currently has over 800 schools with PBS

Most are still elementary schools, (may be hard to see that high schoolers are still kids on the inside and need help with social development)

NC PBS has a Recognition Program, which helps ensure schools respond to the evaluation surveys: There are three tiers of recognition: Schools need to meet 80 % score on fidelity measure, 85% or 90%...it has been a huge success...

School-wide Fidelity Tool—once schools attain 85% over mean in Exp. Taught and Average...then academic improvements will become evident (assuming academic time is being used well.)

Note: Sometimes there are trends where "bad behavior" spikes for the 1st year but then it goes down: some possible reasons for this is that teachers doing all their paperwork and getting in all of a sudden, kids are testing the new program, etc...

PBS trainers spend lots of time planning for staff interest and motivation. Additionally, staff need support of the administration and positive reenforcement while PBS is being rolled out, and the science behind PBS which is why it is so successful must be continuously stressed and re-enforced.

Outcome data:

- 1. ODR- measured by 100 students per school day (so DPI can look at all different schools equally) The current trend is .29 in NC for k-6 who use PBS while the national rate is .34...EXCELLENT!
- 2. ODR rate and Annual Yearly Progress: Schools with ODR lower than .44 (which is NC's average) have much higher AYP rates. Over 80 % instead of 60%
- 3. Suspension per 100 students by year: marked decrease
 - Kids with fewer short term suspensions pass their reading tests at the end of the year...(thus more likely to graduate because they are better able to read their text books in subjects such as science and social studies and English.—Erin's commentary)
- 4. % of high schools that meet ABC growth targets: 62% with PBS compared 59% in schools that do not use PBS
- 5. Improved graduation rate 50% compared to 46%, and this is just the beginning of PBS...it has only been around for a few years...(as time progresses with PBS the graduation rate is likely to increase, as more children have the benefit of less suspension and better working relationships with their teachers---Erin's commentary)

Teaches continuum of support for academics and behavior...RTI and PBS work hand in hand as complementary tools.

Future of PBS:

- 1. Implementation with PBS: 800+ schools use PBS, which means 32% of the state is currently using PBS in schools.
 - Critical mass has been attained.
- 2. Trying to add 2 more pbs positions, and lea coordinator positions to support leas for schools to be truly successful.

3c. Collaborative Partner Updates

April 21 at Ed Building, School Based Mental Health strategic planning meeting will be held.

Kristin Sullivan, with DRNC—Seclusion and Restraint has been published, DRNC will be using the report as a spring board to ask schools to ban seclusion and restraint.

Students at NC State are designing a visual campaign to educate the public about mental illness and the need for community style housing for persons with mental illness. If interested in the final products contact State Collaborative.

Cultural Competency has developed an outline of info to guide agencies in cultural competency. It is available on the State Collaborative Website.

3b. Agenda Items for Future Meetings

Rebecca will not be at 3/12 meeting. Possible topics are:

- Identifying another parent or youth to participate in our meetings
- Ongoing efforts to include funding for more parents and youth in grant proposals
- A review of State Collaborative work groups
- The process of connecting with local collaboratives around the State
- The feasibility of using calls to mental health hotlines to show where in the State additional support may be most useful in actualizing System of Care principals
- Whether the State Collaborative should evaluate Child and Family Team training
- Whether the State Collaborative should advocate for ways of ensuring that behavioral health care medical records are maintained when providers close

Currently scheduled for 3/26:

Tristan's Quest SKIP Initiative for children of incarcerated parents

Work Group & Partners meeting

Training and T/A, 2nd Friday after NC Collaborative mtg. @ NC MHA

Martha Lowrance, Johna Hughes and Mark O'Donnell

School-based Behavioral Health 4th Friday after NC Collaborative mtg. @ NC MHA

Keith Letchworth

Youth in Transition 2nd Wednesday from 2 - 4 PM @ NC Judicial Center

Lana Dial and Trishana Jones

Data and Evaluation

Alexandra Forter Sirota

Audio visual & Conference Call needs: Erin McLaughlin, Erin.Mclaughlin@mha-nc.org (please provide one week's notice)

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