…North Carolina Collaborative for Children, Youth, and Families

August 26, 2011 9:00 am to 11:00 am Meeting Minutes

LOCATION: National Center for Child Traumatic Stress Training Room
North Carolina Mutual Life Insurance Company Building
411 West Chapel Hill Street, Suite 200
Durham, NC 27701 http://www.nccollaborative.org

Name/Affiliation		Name/Affiliation		Name/Affiliation	
Gary Ander, Alamance DSS		Johna Hughes, UNC-CH/SW		Alicia Sellers, Nat't Ctr Child Trauma. Stress	
Daniel, Garson-Angert, DPH		Kathryn Hunsucker, SOC Coord, Onslow-Carteret LME		Joe Simmons, NC DPI EC	
Sheila Bazemore, NC DPI Off School Readiness		Sonia Johnson, Bladen Co. Family Partner		Liz Snyder, Duke Univ	
Kimberly Blackshear, Ntl Ctr Child Traum. Strss		Hope Jones DMHDDSA		Alicia Spain, Beacon Center(LME)	
Andrew Behnke, NCSU, Coop.Ext.		**Libby Jones, NC Families United, Parent, Co-Chair**		Kurt Stephenson, AOC	
Jonathan Best, NCMHCD		Linda Jones Alamance DSS			
		Trishana Jones, DOA,YA&I		Leslie Starsoneck, Ctr/Child & Family Health	
Emily Jackson, DSS		Catherine Joyner, DPH-CMPCT		Chary Sundstrom, NC School Psych. Assn.	
Janine Britt, SE Regional LME		Narell Joyner, Meck Cares SOC State Liaison		Linda Swann, Sandhills NAMI/NC	
June Britt, Office of Educ. Services, DHHS				Alma Taylor, DVR	
Ric Bruton, SOC Coord.,AC LME		Keith Letchworth, ECBH		Angela Taylor, DJJDP	
Jamal Carr, DJJDP		Andrea Lewis, DCD		Katie Tise, CCFH	
Nancy Carter, SAYSO, ILR, Inc.		Mary Lloyd, Family Partner		Jeffery Watson, DOA, YA&I	
Brendon Comer, Gateway College		Martha Lowrance, DOA,YA&I		**Rebecca Wells, UNC-CH/SPH, Co-Chair**	
Jackie Copeland, Crossroads LME		Jennifer Mahan, ASNC		Jerry Wilkinson, DPH, Part C B-2 yrs	
Gail Cormier, NC Families United		Gerri Mattson, DPH		Connie Windham, Alamance Alliance	
Kiesha Crawford, AOC		Erin McLaughlin		Monique Bethel Winslow, DPH	
Rodney Crooms, DRNC		Angela Mendell, Bladen County SOC		Rick Zechman, DSS	
Lana Dial, AOC/CIP		Chris Minard, Healthy School -DPI		Marla Satterfield, NC Ctr Excellence for Inte.Care	
Beth Glueck, Center of Excellence		Tara Minter, DOA			
Damie Jackson-Diop, NC Families United, Youth M.O.V.E.		Mary Neil Morris SE Regional LME		**GUESTS:**	
Angel Dowden, NC DPI Special Projects		Stephanie Nantz, DOA/YA&I			
Dean Duncan, UNC-CH Sch SW		Mark O'Donnell, DMHDDSAS			
Jeff Eads, CenterPoint		Martin Pharr, DJJDP (Judy Stevens)			
Linda Evans, Moore County Schools		Tiffany Price, UNC SW			
Maria Fernandez, DMHDDSAS		Deborah Prickett, 21st Century Comm. Learning			
Alex Fonville, Five County COG SOC Coordinator		Tiffany Purdy, Beacon Center (LME)			
Kirstin Frescoln AOC		Kay Paksoy, NASW-NC			
Terri Grant, CSFT LME Coord,,Durham Ctr		Heather Reynolds, NC DPI / PBIS			
Kelly Graves, CYFCP UNC-G		Frank Rider, FFCMH			
Iris Green, DRNC		Susan E. Robinson, DMHHDSAS			
Cynthia Daniels Hall, NAMI		Joel Rosch, Duke Univ CCFP			
Ann Hancock,LME		Jennifer Rothman, NAMI-NC			
Melissa Hill, NASW-NC		Lisa Salo, SOC Coord, Guilford Center			
Judy Holland, Ntl Ctr for Child Traum. Stress		Paul Savery, DMH/DD/SAS			
				List updated 3-4-11	

August 26, 2011 **1. Welcome & Introductions**	
2. Approval of minutes from 5-13-2011 meeting	Please pass requested meeting minute edits to Courtney Cormier at Courtney.e.cormier@gmail.com

3a. Discussion Topics/ Presentations
 	
3b. Participant and Partner Updates
 	
3c. Agenda Items for Future Meetings
	Brad Trotter started the meeting my announcing that there have been several deaf adults successfully placed in supported living in Raleigh, and it is working out so far.
	
	Brad has been with the division for about 12 years and has developed services for deaf children and therapeutic foster care. He works with people who sign language and those who use vision more than spoken language or those who are hard of hearing. Over time, he has seen more and more people using auditory language mixed with signing. He also pointed out that working with those who are both deaf and blind pose very unique challenges.
	
	His overview of services slide show is available on the collaborative website. The following is a very brief description:
	• The best population estimates, due to inconsistencies in "deaf" definitions, is from 1974, estimating that there is a 221/100,000 chance someone is deaf.
	• There are approximately 1,000-1,900 deaf people in NC that have severe mental illness.
	• Cognitive abilities of deaf people are the same as hearing kids when measured with an IQ test; but many IQ tests pose a disadvantage to the deaf due to the unique challenges they have to overcome.
	• Axis 1 disorders in deaf people are about the same as the hearing population.
	• Axis II disorders are higher.
	• 95% of deaf children have hearing parents. Brad continued to share that when he imagined growing up in an all deaf family (as he is deaf himself) he thought "wow!" Deaf children from a deaf family have an advantage when it comes to language acquisition.
	• He noted the challenges families face after receiving a diagnosis that a child is deaf, and the stressors that the families take on. One of the biggest choices is whether or not to send a child to a school for the hearing impaired- they will have consistent interaction with children like themselves, however, will be far away from their family.
	• In the past 10 years, Cochlear implant use has skyrocketed.
	• Deaf kids are particularly vulnerable to abuse since perpetrators see them as being unable to communicate abuse.
	  ○ Some startling statistics based on research from Sullivan Boys town Hospital:
	  ▪ 50% of deaf girls have been sexually abused
	  ▪ 54% of deaf boys have been sexually abused.
	  ▪ Perpetrators of sexual abuse are usually from outside the family
	  ▪ Mental, physical, neglect, or maltreatment usually comes from inside the family.
	• There is treatment for trauma available- usually consisting of a collaborative effort with a qualified, sign language fluent interpreter. Having an interpreter does present problems, as things are often lost in translation. Having a therapist, doctor, or professional that knows sign language is often the best option for treatment of any kind.
	• There are options for residential treatment, but since few exist, when one fails, it is hard to find another placement option.
	
	Rachael Regan was the next to present (there is a corresponding slide show on the collaborative website).
	• There are approximately 2,200 children with hearing loss in NC that are of school age.
	  ○ 10% are in schools for the deaf; 90% are in the public school system with supplementary aid
	• 90% of deaf children struggle with language development.
	• Even though a child might have a hearing implant, it is still hard to hear.
	• Children gain only about 1.5 years of literacy between the ages of 8-18!!
	• Deaf children have a graduation rate of only 8%
	• She stressed the fact that children need to be taught how to advocate for themselves by speaking up to say "I need to sit here" or "I can't hear you," etc. Accessible and

non-frustrating communication is key to success

Deidre Dockery from the NC Division of Services for the blind did an overview of services.

- There are about 100,000 individuals in NC that are visually impaired, and approximately 27,000 are deaf-blind.
- There are 9 Categories of visual impairment (see slide show for definitions)
- Children in school systems are checked for hearing or visual impairments, however, not everything is tested for unless a child is recommended for special education services.
- Diabetic Retinopathy is a disease caused by childhood obesity and diabetes.
- Hemianopia is usually caused by a child that has a stroke.
- Usher syndrome is a hereditary and progressive disease that causes deaf-blindness and is usually discovered around the time a child takes their drivers ed test. This is significantly traumatizing.
- Educational accommodations can be very helpful to young people diagnosed with diseases such as Usher Syndrome. They need to make psychological and social adjustments and prep for education as youth go blind.
- There are 18 staff members at DPI that support hearing/blind needs.
- Transcription programs are throughout the state that can help students in preparation for the future.

Heather from DPI gave a quick overview and will give a more detailed presentation at a future collaborative meeting.

- They are 10 years into PBIS project evaluating implementation into schools.
- Similar programs, like SEFL, out of Vanderbilt University are starting to appear
- The program is expanding implementation and using evaluation to continue good work and fidelity.
- When they added a PBIS regional Coordinator, there was a 53% increase in schools implementing program
- The best practice is to make the entire school environment more pleasant.
- There are tools to use implementation inventory for schools to self report, and the average score is increasing.
- They are working to build the PBIS capacity to connect schools with training and System of Care to principals.
- There are currently over 1000 schools implementing PBIS. This is excellent news!

Minutes by Courtney Cormier
Next Meeting 9/9/11

9/9: Revisit current strategic priorities

9/23: Data sharing session (could include NCTOPPS); maybe MRS evaluation

10/28: possible: Multiple Response System evaluation (Nicole Lawrence & Holly McNeill)

Work Group & Partner Updates

- **Training and T/A,** 2nd Friday after NC Collaborative mtg. @ Duke
Martha Lowrance & Mark O'Donnell

- **School-Based Behavioral Health** 4th Friday after NC Collaborative mtg. @ Duke
Susan Robinson

- **Youth in Transition** 2nd Wednesday from 2 - 4 PM @ NC Judicial Center
Lana Dial & Trishana Jones