

Meeting of the
North Carolina Child
Fatality Task Force

December 9, 2025



Child Fatality Task Force

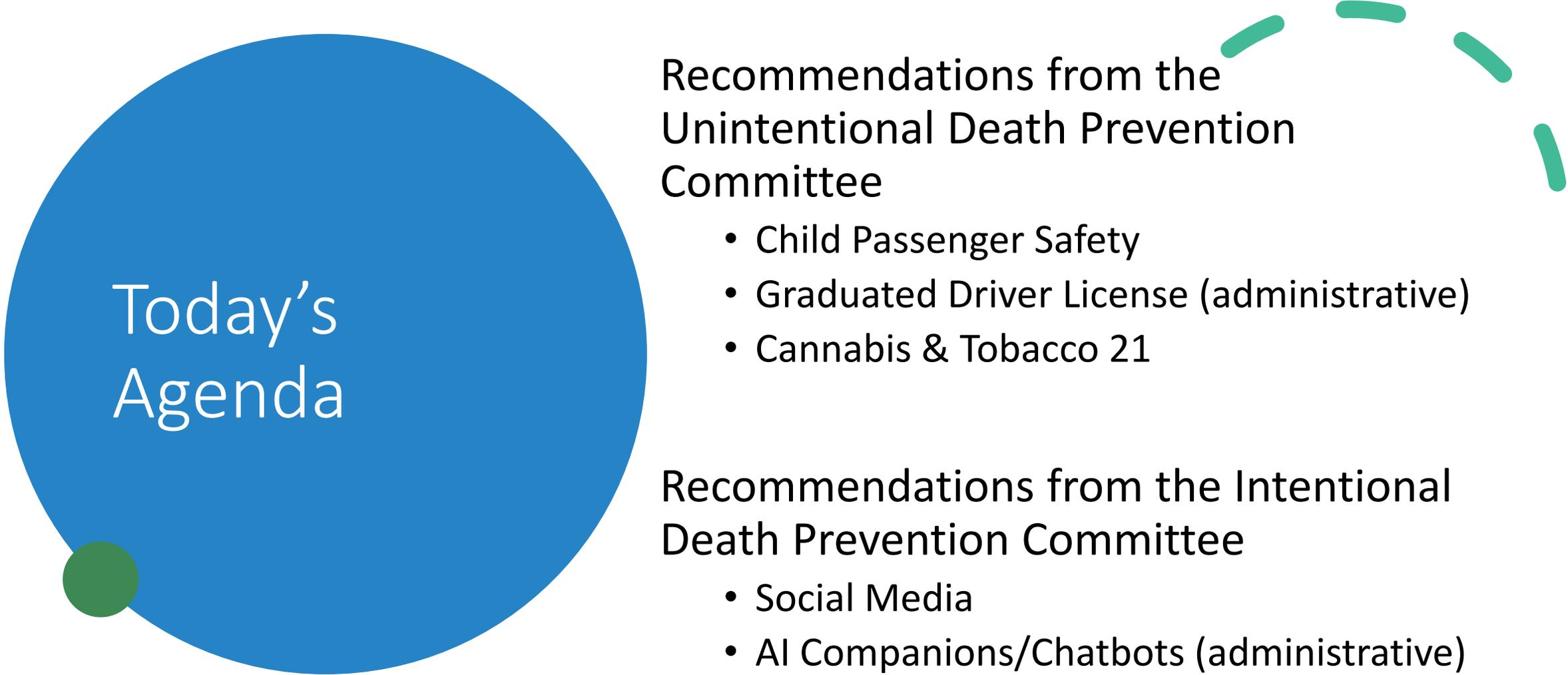


***Our Children, Our Future,
Our RESPONSIBILITY***

Welcome, Introductions, & Approval of Minutes

Minutes from last meeting on 9-4-25 have been posted on the CFTF website, the minutes have been sent out and the link to the minutes is also on your agenda (some hard copies are also in the room).





Today's Agenda

Recommendations from the Unintentional Death Prevention Committee

- Child Passenger Safety
- Graduated Driver License (administrative)
- Cannabis & Tobacco 21

Recommendations from the Intentional Death Prevention Committee

- Social Media
- AI Companions/Chatbots (administrative)
- School Support Professionals



Things to keep in mind for today's meeting

- This is an **open meeting**; there are guests both in the room and tuned in virtually
- **Committee recommendations** are on the second page of your agenda; committees typically examine topics in more depth than CFTF
- **ADMINISTRATIVE** recommendations are NON-LEGISLATIVE; **ENDORSE** recommendations are led by others
- Our **agenda is tight**; use index cards for “off-topic” questions or comments that we can revisit later.
- There will be **votes throughout the meeting; please stick with us till the end**
- **Members participating virtually vote via roll call**

UD Committee Recommendation to Strengthen Child Passenger Safety Law (also recommended in 2023 & 2025)

SUPPORT legislation to strengthen NC's child passenger safety law to address best practices by making the following changes:

- 1. To address importance of younger children riding in rear seat,** require children under age 8 to be properly restrained in the rear seat of a vehicle when the vehicle has a passenger side front air bag and has an available rear seat. **(Current NC law is under age 5 in rear seat)**
- 2. To clarify the need for infants and toddlers to ride in rear-facing seats,** modify law to say that a child must be properly secured in a weight and height-appropriate child passenger restraint system according to manufacturer instructions, including instructions for the use of rear-facing restraint systems for infants and toddlers. **(Current NC law does not mention rear-facing car seats)**
- 3. To clarify safe transition from booster seat to adult seat belt,** require a child to be properly secured in a weight-appropriate child passenger restraint system until the child is four feet 9 inches tall (57 inches) and the adult seat belt fits properly without a booster seat (law to describe proper fitting of seat belt). **(Current NC law does not address safe transition.)**



Refresher on
WHY CFTF made
this
recommendation

- **NC's child passenger safety statute (N.C.G.S. 20-137.1) differs from the best practice recommendations** of the American Academy of Pediatrics and the National Highway Traffic Safety Administration (NHTSA).
- **A 2017 journal article concluded that children are more likely to ride in the recommended type of child restraint when their state's law includes wording that follows best practice recommendations**
- **From 2020 to 2022 this committee studied child passenger safety**, getting input from NC MV safety experts on evidence and best practice to determine whether and how NC laws needed strengthening
- **NOTE: CFTF has a long history with CPS** and advanced CPS-related legislation in: 1994, 1999-2000, 2004, 2006, 2007, 2008

Partial advancement of this CFTF recommendation in 2025!

- HB 368 addresses the CFTF's recommendations; primary sponsor is CFTF member Rep. Donnie Loftis
- HB 368 passed the House UNANIMOUSLY, 113-0
- The bill was sent to the Senate Rules committee and did not get a hearing
- It remains eligible for consideration in 2026
- *SB 430, similar to HB 368, also introduced in 2025 by Sen. Adcock, CFTF member*

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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HOUSE BILL 368
Committee Substitute Favorable 4/9/25

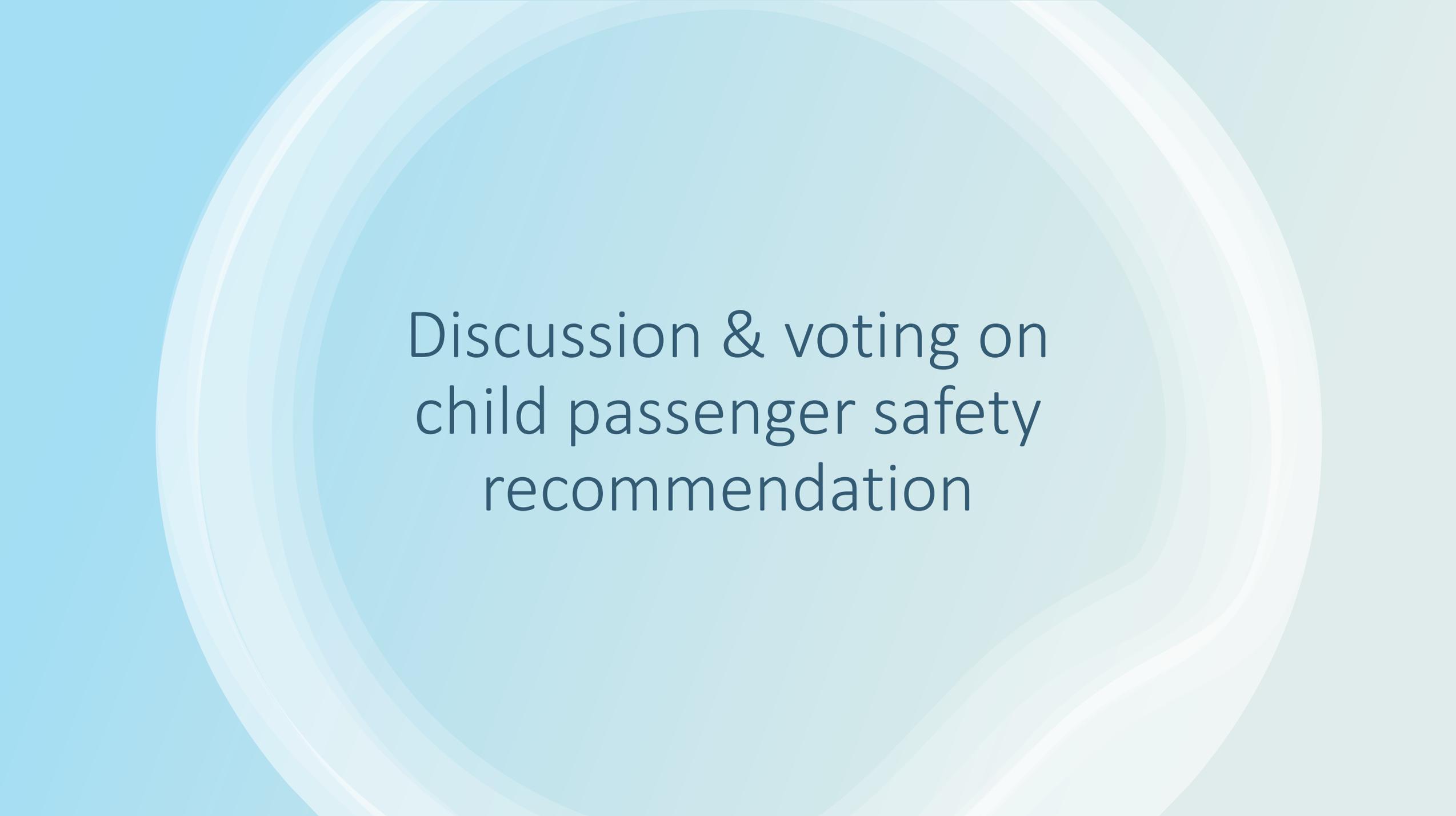
Short Title: Revise Child Passenger Restraint System Law. (Public)

Sponsors:

Referred to:

March 12, 2025

1 A BILL TO BE ENTITLED
2 AN ACT REVISING THE LAW REGARDING THE MANDATORY USE OF CHILD
3 PASSENGER RESTRAINT SYSTEMS.
4 The General Assembly of North Carolina enacts:
5 SECTION 1. G.S. 20-137.1 reads as rewritten:
6 "§ 20-137.1. **Child restraint systems required.**
7 (a) Every driver who is transporting one or more passengers of less than 16 years of age
8 shall have all such passengers properly secured in a child passenger restraint system or seat belt
9 which meets federal standards applicable at the time of its manufacture. For purposes of this



Discussion & voting on
child passenger safety
recommendation



UD Committee's
Administrative
Recommendation
on the Graduated
Driver License

Administrative efforts to **educate about the Graduated Driver License (GDL), the importance of the science behind the GDL, and to continue to get updates on the science** surrounding the GDL to inform future work.

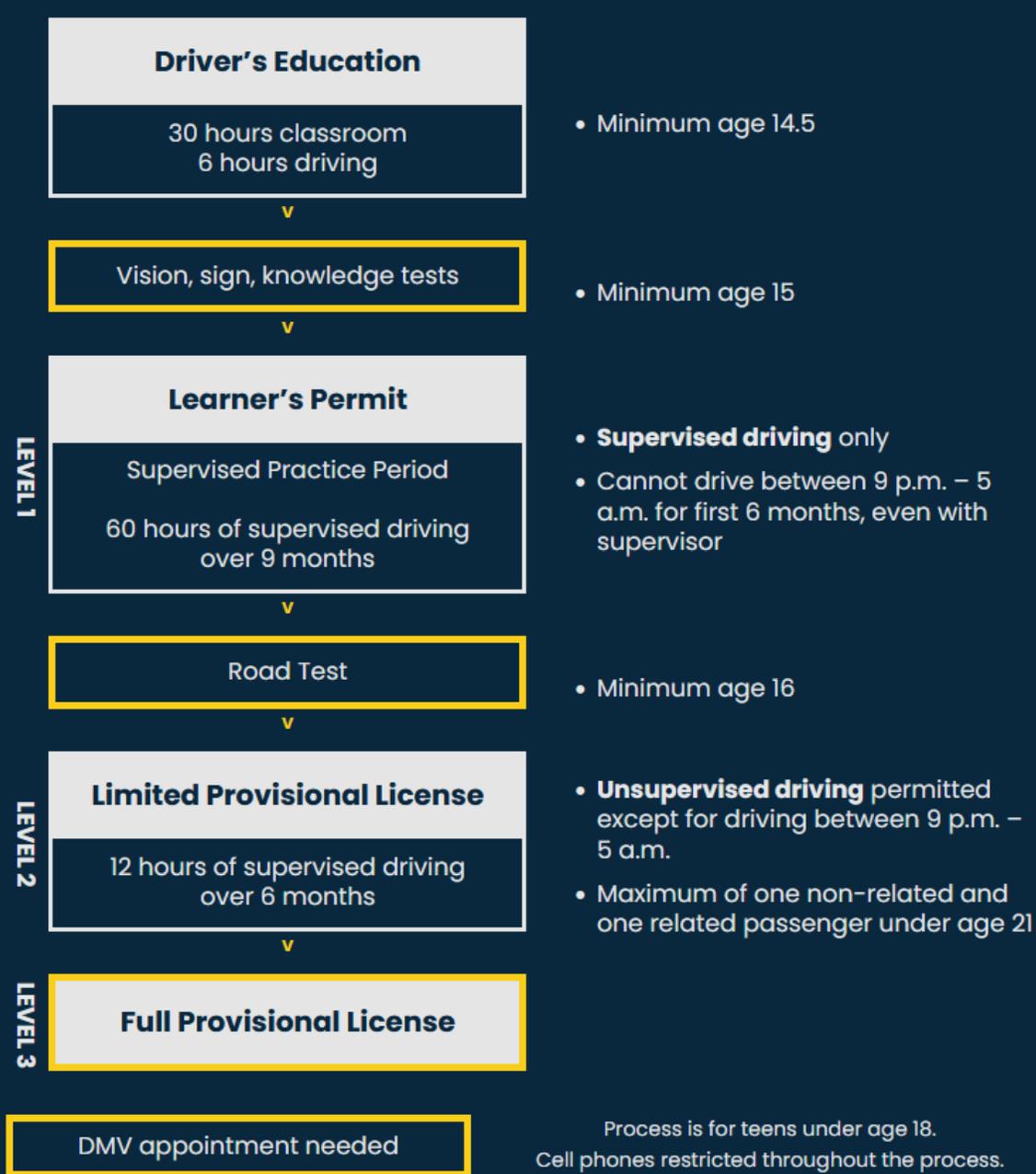
The committee heard from Mark Ezzell, Executive Director, Governor's Highway Safety Program; and Justin Owens, scientist at the UNC Highway Safety Research Center



A Brief History of GDL

- In 1997, North Carolina instituted one of the nation's first GDL programs, informed by research conducted at UNC HSRC (e.g., Waller, 2003)
- Numerous studies since have supported GDL programs' effectiveness at protecting teen drivers
 - Foss, Marsten & Martell (2014): Significant decreases in crash rate for 16 year old drivers pre-post GDL
 - McCartt et al. (2010): Longer duration permits, restrictions on night driving & teen passengers associated with lower crash risk
 - Williams (2017): Review of GDL research to that point supporting safety benefits and exploring surrounding issues

Licensing Process in North Carolina

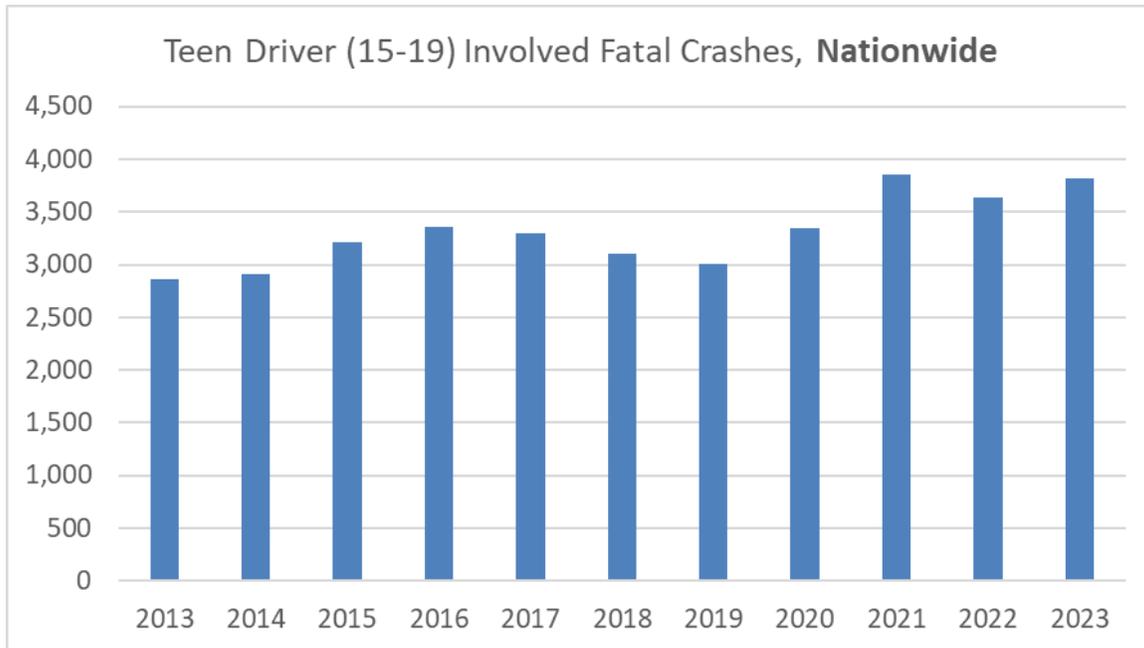


Recent Changes in NC Approach

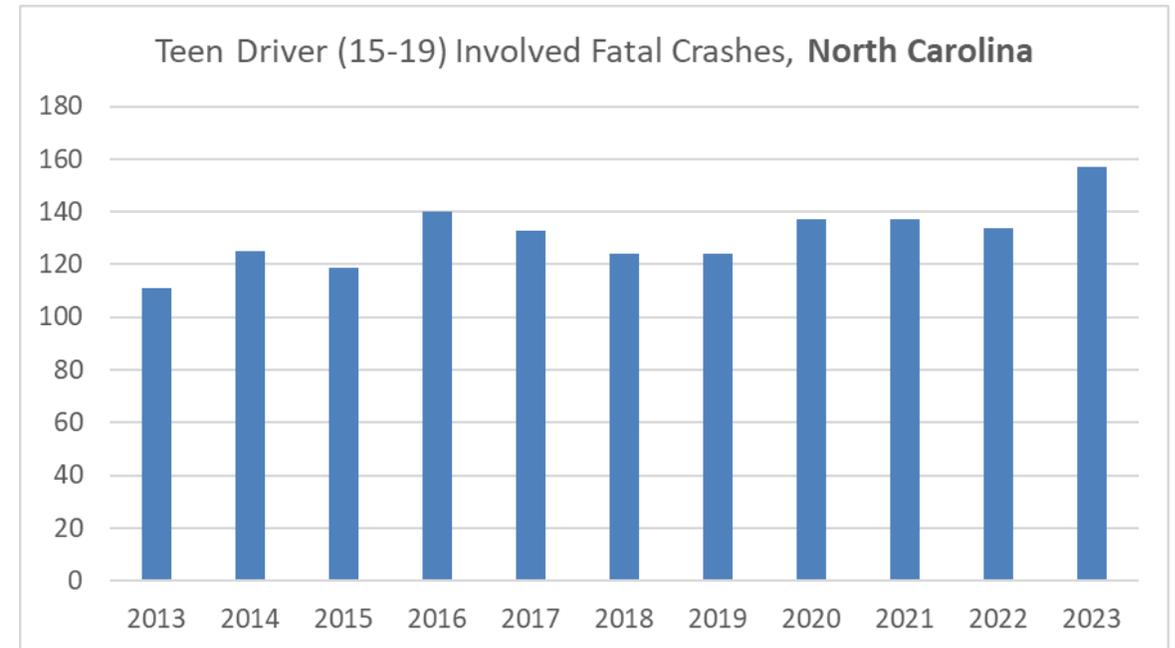
- Reduction from 12 to 9-month practice period
 - 12->6->9 months around COVID
 - 12 months is the gold standard; research-based and ensures exposure during all seasons
- HB584 (not passed): Eliminate supervised practice period & driving eligibility certificate
 - No evidence eligibility certificate provides safety benefit
- SL2025-91 (9/20/25): Remote Renewals of Driver Licenses
 - Eliminated requirement for in-person issuance of full provisional (L3) license
 - Eliminated 12-hour driving log requirement during L2
 - No evidence these will have negative effects

Teen Driver Fatal Crashes – Trending Upward

United States



North Carolina



Source: <https://www.nhtsa.gov/crash-data-systems/fatality-analysis-reporting-system>

Gaining Experience: Goals of Graduated Licensing (GDL)

- **Learning from parents/role models**
 - Learn from months of seeing, doing, repetition, immediate feedback from experts who care about them
 - Setting a good example in what we say & do
- **Reducing exposure to known risky situations**
 - Night driving & passenger carrying in particular
- **Low crash risk during practice driving**
 - Elevated during initial licensure



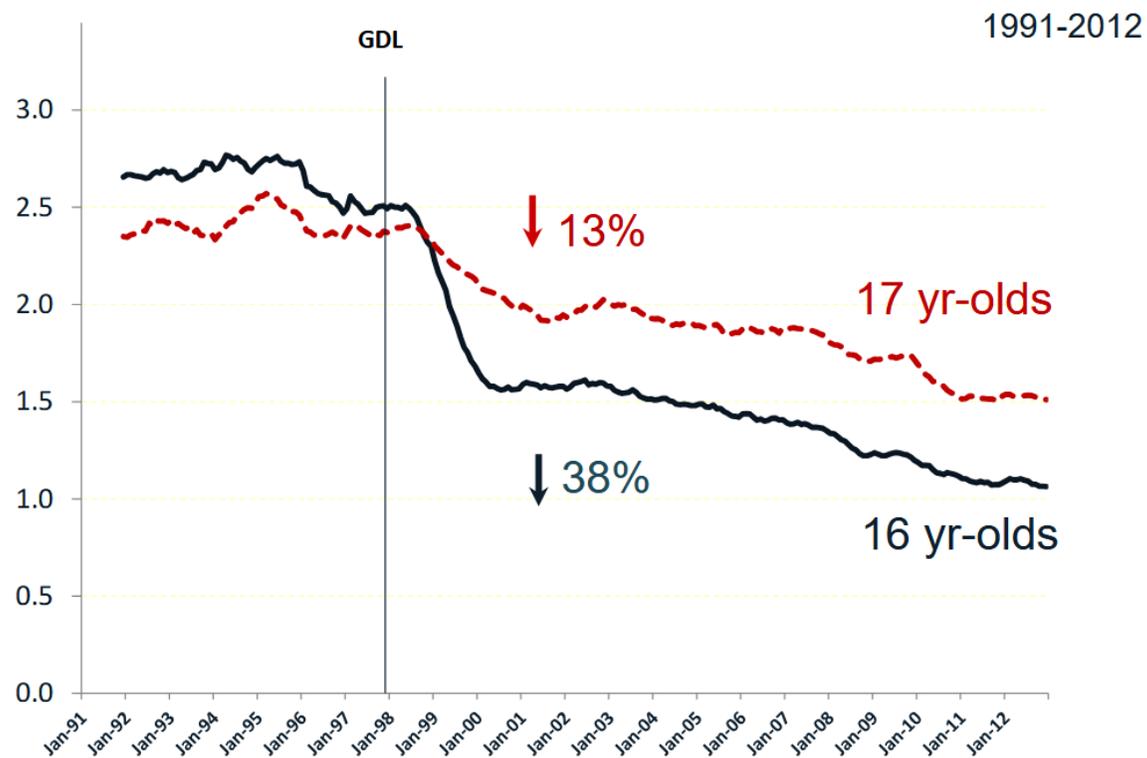
Core to GDL: Supervised Practice Driving

- More, and more consistent, practice during supervised practice (learner permit) period associated with decreased crash risk (Klauer et al., 2025; Ehsani et al., 2020)
- Teens need both lots of practice and a variety of practice (e.g., unfamiliar routes, night, inclement weather, etc.)



Scientists continue to report that a **12-month learner period is the GOLD STANDARD** in saving lives!

NC Teen vs. adult crash rate declines due to GDL



When originally enacted in 1997, the 12-month learner permit period decreased 16-year-old driver fatal & injury crashes by 46%, and all crashes by 38% in NC

Preliminary data analysis shows that the crash rate of 16-year-old drivers in NC increased 13% after the Learner License period (Level 1) was reduced in 2021.

The background features a series of concentric circles in shades of light blue and white, creating a ripple effect. A white, wavy line curves across the bottom right portion of the image.

Discussion & voting on
GDL administrative
recommendation

UD Committee Recommendations on Tobacco 21 & Cannabis

Both repeated from 2025

ENDORSE legislation to **raise the legal age for sale of tobacco products in NC from 18 to 21** to align with federal law; legislation to include **licensing of tobacco product retailers** and appropriate enforcement measures.

Support legislation to prevent child and youth access to intoxicating cannabis by:

- **prohibiting the sale or distribution of intoxicating cannabis or hemp products to those under 21;**
- implementing regulations for the **packaging** of such products to require appropriate warnings, child-resistant packaging, and to prohibit packaging that is attractive to children and youth;
- requiring **permitting for retailers** who sell intoxicating cannabis or hemp products; and
- prohibiting those under 21 from entering vape shops.

Highlighted factors leading to Tobacco 21 recommendation

- **E-cigarettes can contain high doses of nicotine** which can begin a life-long addiction to nicotine products.
- **More than one in five North Carolina high school students report current use of vape products** and for 12th graders it's one in three.
- **Vaping puts kids at risk of harm to their health.**
- **North Carolina is one of only seven states that do not align with the federal minimum age of 21 for sales of tobacco products, and one of nine states that do not require tobacco retailers to obtain a license or permit.**
- **Licensing of tobacco retailers is an evidence-based measure to reduce tobacco sales to youth.**
- Charlene Zorn spoke to the Task Force about **mourning the death of their child, Solly**, who suffered severe health problems from vaping.



H430 = S318:
“Solly’s Law”
fills gaps in NC
law

- UD committee heard from Peg O’Connell & Dr. Meg Malloy of the Tobacco 21 Coalition (135+ organizations in support of T21)
- An interagency work group worked on details of bill
- Bill accomplishes raising the legal age for sale of tobacco products in NC from 18 to 21 to align with federal law
- Bill establishes a license for tobacco retailers, allowing law enforcement to hold sellers accountable
- Did not move in the 2025 legislative session; did not receive a hearing and sits in the Rules Committee of both chambers but still eligible for consideration in 2026

Highlighted factors leading to cannabis recommendation

2018/19 changes in federal and state law resulted in an **explosion of sales of intoxicating cannabis** products in NC with **no regulations on products, packaging, or age limits for sale**

Kids of all ages are attracted to packaging that looks like popular snacks, candy, and drinks and isn't adequately labeled for harmful contents

Youth who regularly use cannabis are at risk of experiencing problems with memory, learning, school and social life; impaired driving; potential for addiction; and increased risk of mental health issues like depression, anxiety, psychosis, schizophrenia, and suicidal behaviors.

Following a surge in the availability of intoxicating cannabis, the rate of emergency department visits in NC for THC ingestion among children ages 17 and under increased more than 600 percent; among older teens, the rate increased more than 1000 percent.

+

o

2025 saw various bills related to CFTF cannabis recommendations but none became law

•

H 680, S 265, H 607, and S 483 = H 507 each had different but overlapping approaches; none had hearings and all sit in Rules Committees.

H 328 passed the House when it was a bill to ban cannabis and vape products from school grounds; the Senate added more comprehensive cannabis regulation and passed it, sent back to House where it sits in the Rules Committee.

New developments in federal law related to cannabis/hemp result in uncertainty

This change in federal law came AFTER the CFTF UD Committee voted to repeat the 2025 cannabis recommendation submitted to you today



- The enactment of the federal law that ended the govt. shutdown November 12th changed hemp definitions that distinguish hemp (legal) from marijuana (illegal).
- The new definition of hemp includes industrial hemp but excludes many types of hemp-derived products not previously excluded from the definition of hemp, including intoxicating products.
- **The new laws do not go into effect until Nov. 12, 2026**, and the FDA is required to make further determinations and publish lists of cannabinoids.
- There is **uncertainty** about whether these or other related laws will be changed before becoming effective.
- There is **uncertainty** about federal enforcement of the new prohibitions.
- There is **uncertainty** about how state and local authorities will react.

[Note: the above is a highly simplified version of the current status— see link below for mor detail on this topic]

A decorative graphic featuring a large blue circle on the left containing white text. To the right of the circle is a list of three bullet points. The background is white with scattered green and blue geometric shapes, including circles, lines, and a triangle.

Considerations
for
whether/how
new fed law
impacts CFTF
work on this
topic

- NC Advisory Council on Cannabis is required by Executive Order to study and recommend options for a comprehensive statewide approach to cannabis grounded in public health and safety considerations: preliminary recommendations due March 15, 2026; final recommendations due December 31, 2026
- Neither Council recommendations nor change in federal law will happen for another year.
- Meanwhile, intoxicating cannabis products are still accessible and marketed to children.

Suggested revised
cannabis
recommendation
to acknowledge
federal law
changes

Taking into account recent federal law changes to the definition of hemp effective November 12, 2026 and uncertainty around these laws and their impacts, the CFTF supports legislation and/or other measures to ensure the protection of children from harmful intoxicating hemp/cannabis products to accomplish the following:

- prevent the sale or distribution of such products to those under 21;
- require the packaging of such products to contain appropriate warnings, be child-resistant and to prohibit packaging that is attractive to children and youth;
- require permitting for retailers who sell such products; and
- prohibit those under 21 from entering vape shops.

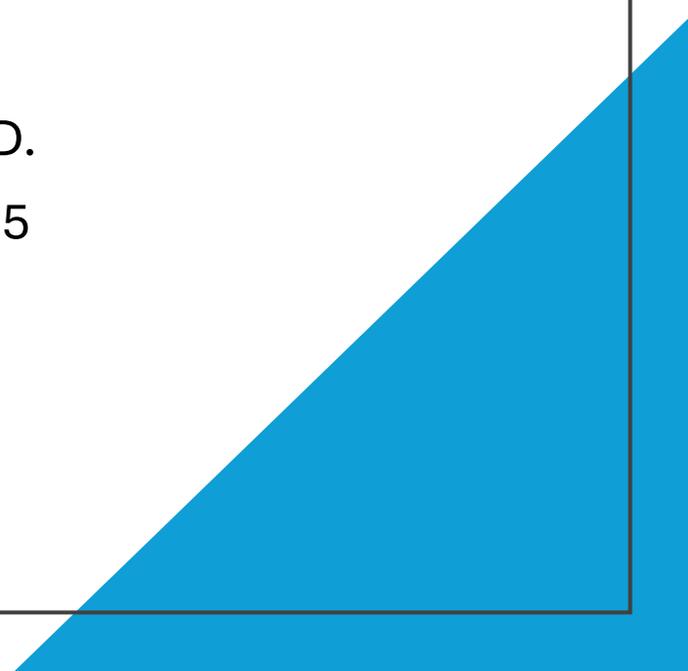
The Impact of Tobacco, Hemp, and THC Vaping on the Developing Brains of Youth and our Communities

Educational Briefing for the NC
Child Fatality Task Force

Presented by:

Tobi Gilbert, Psy.D.

December 9, 2025



Introduction and Purpose

Why this issue matters for youth and our communities.

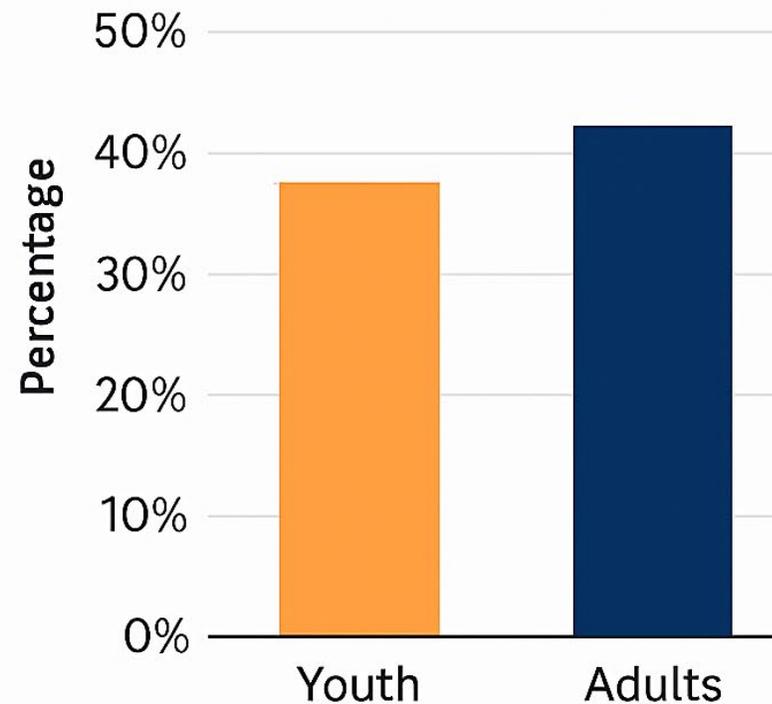
Brief overview of vaping trends among adolescents

Purpose: Inform Task Force members to guide legislative recommendations

Tobacco & Nicotine Vaping

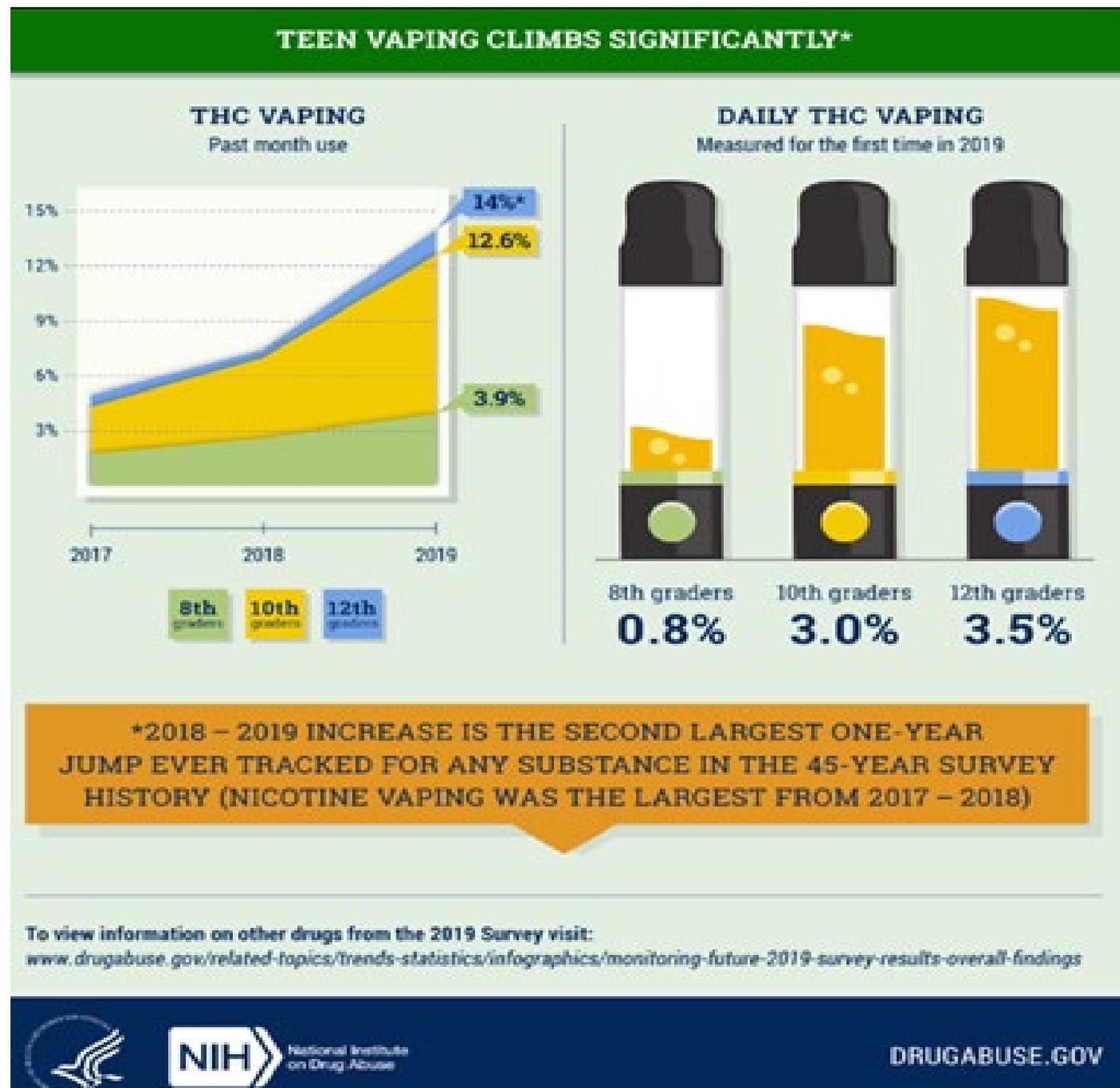
- Nicotine exposure impairs attention, learning, and mood regulation
- Stronger addiction potential in youth compared to adults
- Long-term risks: cardiovascular and respiratory harm

Nicotine Addiction Rates



THC Vaping and Hemp Products

- THC impacts memory, motivation, and emotional regulation
- Hemp/THC products are often marketed as “safe” but carry risks
- THC potency in vape cartridges often carry high than traditional cannabis



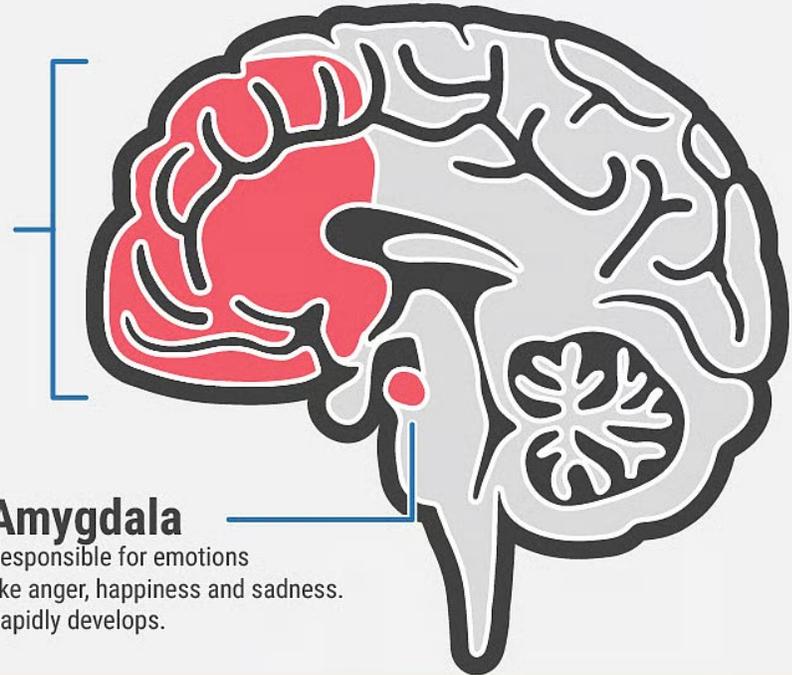
Neuroscientific Effects on the Brains of Youth

- Adolescent brains continuing developing until the mid 20's
- Nicotine and THC disrupt neurotransmitter systems (dopamine, memory, impulse control)
- Increased risk of addiction due to heightened brain plasticity

The teenage brain

Prefrontal cortex

Responsible for thinking, reasoning and logic. Not fully developed.



Amygdala

Responsible for emotions like anger, happiness and sadness. Rapidly develops.

The 'feeling part' of the teenage brain develops faster than the 'thinking part' making it difficult for them to regulate emotions and follow instructions

Executive Function and Cognitive Control

Prefrontal Cortex still developing into the mid 20's

THC and Nicotine interfere with executive functions: planning, decision making, impulse regulation

Disruption leads to higher risk-taking behaviors and poor judgment in adolescence

Long-term deficits in attention and working memory documented in early users

Emotional Regulation and Stress Response

Limbic system (amygdala, hippocampus) highly sensitive during adolescence

THC alters emotional regulation, increasing susceptibility to anxiety and depression

Nicotine impacts stress response systems, reinforcing dependency under pressure

Early exposure can prime the brain for maladaptive coping strategies, increasing vulnerability to future mental health disorders

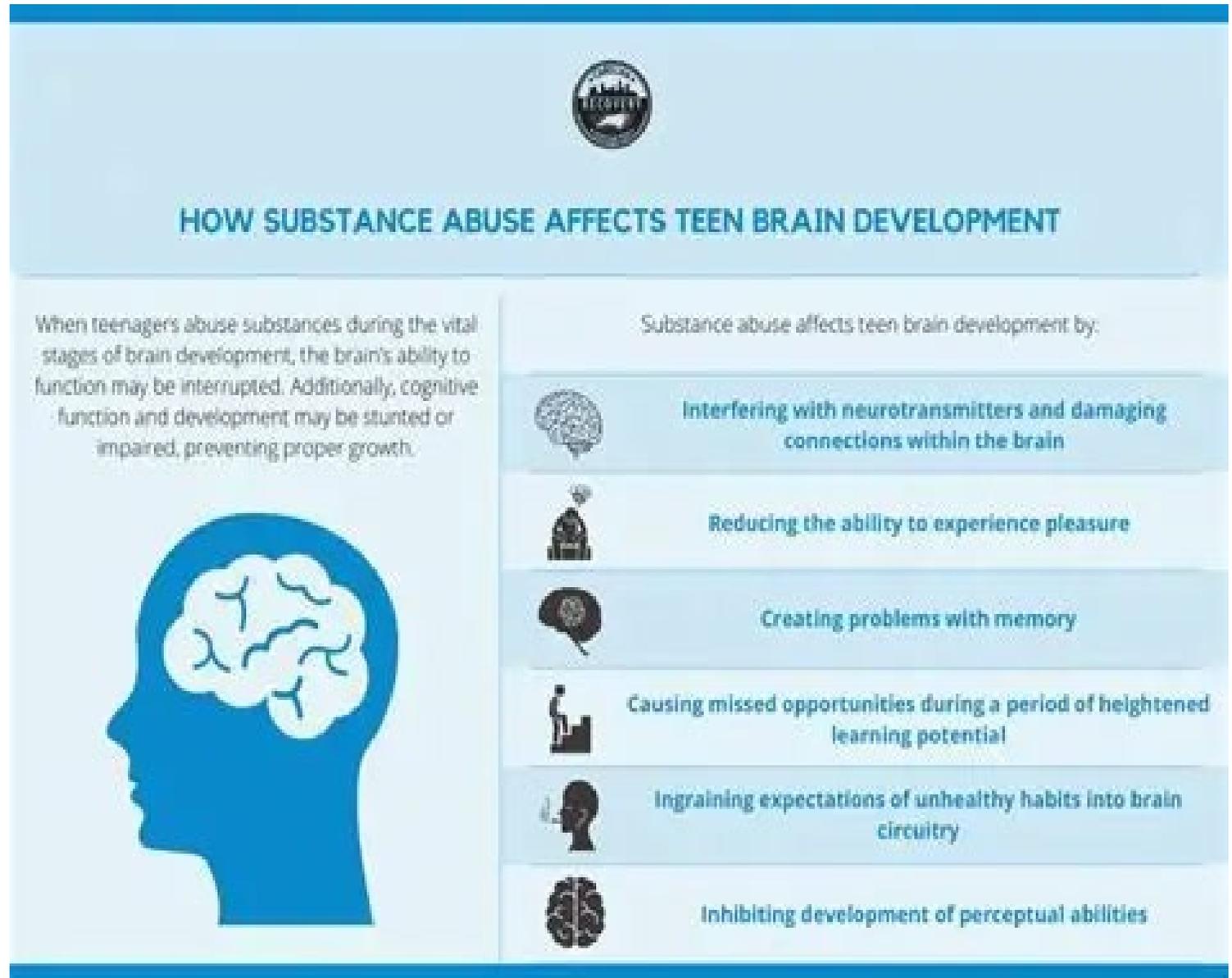


THC in Vape Shops

- Availability in retail settings increase youth access
- Mislabeling and lack of regulation= unsafe exposure
- Marketing strategies often appeal to adolescents

Addiction and Youth Development

- Early substance use linked to:
 - Poor academic performance
 - Increased mental health challenges (depression, anxiety)
 - Higher risk of polysubstance use later in life.



HOW SUBSTANCE ABUSE AFFECTS TEEN BRAIN DEVELOPMENT

When teenagers abuse substances during the vital stages of brain development, the brain's ability to function may be interrupted. Additionally, cognitive function and development may be stunted or impaired, preventing proper growth.

Substance abuse affects teen brain development by:

- Interfering with neurotransmitters and damaging connections within the brain
- Reducing the ability to experience pleasure
- Creating problems with memory
- Causing missed opportunities during a period of heightened learning potential
- Ingraining expectations of unhealthy habits into brain circuitry
- Inhibiting development of perceptual abilities



Economic & Community Impact

- Healthcare costs: treatment for addiction, respiratory illness, mental health
- Lost productivity: school absenteeism, workforce readiness issues
- Community burden: law enforcement, prevention programs, family stress

Estimated Costs



Policy and Prevention Implications

- Importance of regulation and enforcement in vape sales
- Need for education campaigns targeting youth and parents
- Embedding behavioral health professionals in prevention strategies



Conclusion and Call to Action

Summary:

Vaping harms youth brain development, fuels addiction and burdens communities

Call to Action:

Support evidence-based prevention and legislative measures to raise the age of purchase



Personal Story: Dabney Ferris

Discussion & voting on T21 & Cannabis Recommendations

Revised cannabis recommendation to acknowledge change in federal law:

Taking into account recent federal law changes to the definition of hemp effective November 12, 2026 and uncertainty around these laws and their impacts, the CFTF supports legislation and/or other measures to ensure the protection of children from harmful intoxicating hemp/cannabis products to accomplish the following:

- prevent the sale or distribution of such products to those under 21;
- require the packaging of such products to contain appropriate warnings, be child-resistant and to prohibit packaging that is attractive to children and youth;
- require permitting for retailers who sell such products; and
- prohibit those under 21 from entering vape shops.

ID Committee Recommendations on Social Media & AI Chatbots & Companions

Endorse legislation that addresses addictive algorithms in social media that harm children.

(Repeated from 2024 & 2025)

The Task Force endorsed the efforts of others working on legislation that addresses the addictive algorithms in social media by restricting a company's use of a minor's data, thereby making social media less targeted, a measure intended to make it less addictive and less likely to show the minor harmful content

Administrative efforts to continue to study the impact of AI (Artificial Intelligence) chatbots and companions on youth, including the study of design features.

(New topic)

Highlighted factors leading to recommendation on social media

- The **American Psychological Association and a U.S. Surgeon General** have issued advisories on social media and youth mental health.
- Nearly all adolescents report spending more time on social media than they intended, with **one-quarter perceiving that they are “moderately” or “severely” addicted to social media.**
- One survey showed that teens spend an average of 3.5 hours a day on social media, yet **frequent social media use may be associated with changes in the developing brain**, and kids who spend more than three hours a day on social media face **double the risk of poor mental health.**

New Study: A study published in JAMA in 2025 from Columbia and Cornell University researchers found that kids with high or increasingly addictive use patterns with social media and mobile phones had a **two to three times greater risk of suicidal behaviors and ideation**, and worse mental health.

Xiao Y, Meng Y, Brown TT, Keyes KM, Mann JJ. Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths. JAMA. 2025;334(3):219–228. doi:10.1001/jama.2025.7829

Highlights of What the ID Committee Learned About AI Companions & Chatbots & Their Impact On Kids

From Dr. Campos-Castillo

What are chatbots & AI companions and what do we know about their impact on kids?

Celeste Campos-Castillo, PhD
Department of Media & Information
Michigan State University



Chatbots pose harm when users become overly reliant on them for emotional support

Majority of teens are using chatbots

Few teens are using chatbots only for emotional support

Teens would prefer emotional support from local humans

To reduce harms, need to improve local resources and regulate chatbot design

Chatbot Use among Teens (13-17 year olds)

70% use voice assistants

(ex: Alexa, Siri)

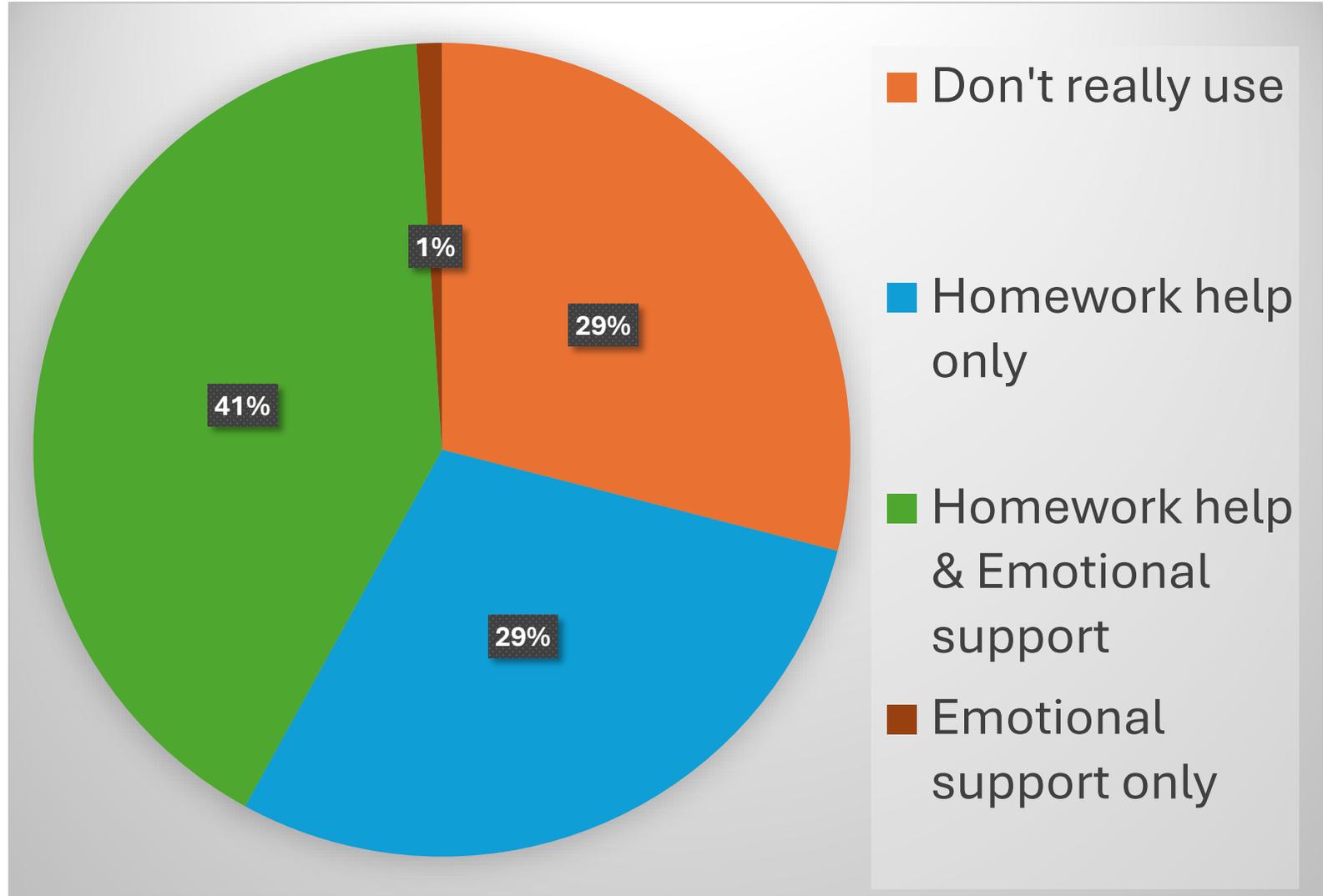
30% use character-based chatbots

(ex: Character.AI, Replika)

63% use text-based chatbots

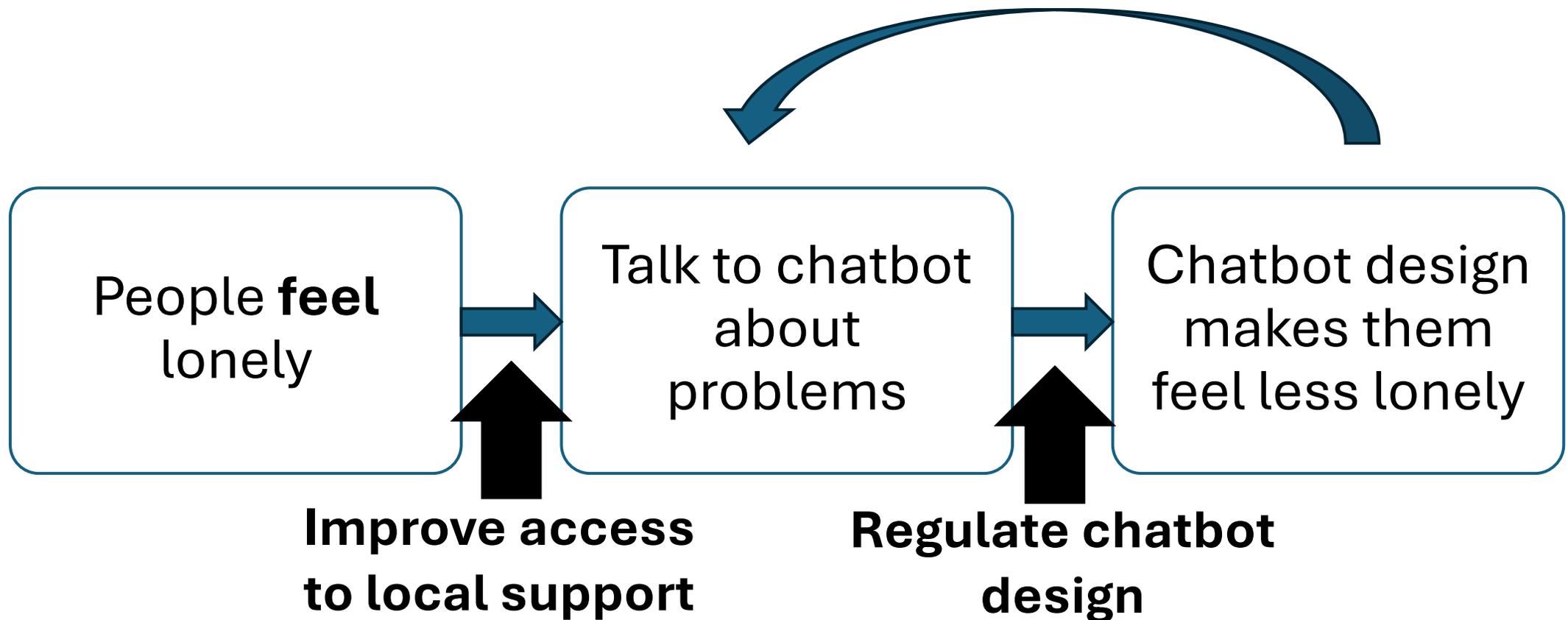
(ex: ChatGPT, Gemini, Claude)

What are Teens doing with Chatbots?



Source: 1,069 teens surveyed in May 2025 through NORC at University of Chicago

Reducing Overreliance on Chatbots for Emotional Support



Source: Laestadius, L., Bishop, A., Gonzalez, M., Illenčik, D., & Campos-Castillo, C. (2024). Too human and not human enough: A grounded theory analysis of mental health harms from emotional dependence on the social chatbot Replika. *New Media & Society*, 26(10), 5923-5941.



YOUNG PEOPLE'S ALLIANCE

SOCIAL MEDIA; AI CHATBOTS & COMPANIONS

AVA SMITHING, ADVOCACY DIRECTOR



- ❖ **PROTECTING MINORS FROM ALGORITHMIC MANIPULATION**
- ❖ **PROTECTING MINORS FROM MANIPULATIVE CHATBOTS**

ADDRESSING ADDICTIVE SOCIAL MEDIA ALGORITHMS THAT HARM KIDS

- ❖ **PERSONAL EXPERIENCE: ADVERTISEMENTS TO EATING DISORDER CONTENT**
- ❖ **WHAT DATA IS STORED?**
 - **ENGAGEMENT > ENJOYMENT: NEGATIVITY BIAS LEADS TO MISUNDERSTANDING OF WHAT PEOPLE 'WANT' TO SEE**
 - **COLLABORATIVE FILTERING**
 - **LACK OF USER CONTROL**

9 155. *First*, Meta designed the Recommendation Algorithms to present material to
!0 young users in an unpredictable sequence rather than displaying posts chronologically.

!1 156. Specifically, Meta’s Recommendation Algorithms display content to young users
!2 through a sequencing method referred to by psychologists as “variable reinforcement schedules”
!3 or “variable reward schedules.”

!4 157. As Dr. Mark D. Griffiths, Distinguished Professor of Behavioral Addiction at
!5 Nottingham Trent University, explains:

!6 The rewards [experienced on social media platforms]—which may
!7 be physiological, psychological and/or social—can be infrequent
!8 but even the anticipation of one of these rewards can be
psychologically and/or physiologically pleasing. The rewards are
what psychologists refer to as variable reinforcement schedules and

POLICY APPROACHES

- ❖ **AGE APPROPRIATE DESIGN CODES**
- ❖ **SOCIAL MEDIA WARNING LABELS**
- ❖ **MINOR BANS ON SOCIAL MEDIA**
- ❖ **DATA PRIVACY, CLASSIFYING MINOR DATA AS SENSITIVE DATA**
- ❖ **DUAL APPROACH: LIMITING PERSONALIZED RECOMMENDATION SYSTEMS USE OF MINORS DATA - SB 514**

AI COMPANIONS & CHATBOTS

ABILITY TO FORM CO-DEPENDENT RELATIONSHIPS

ABILITY TO COERCE, AFFIRM, COMFORT

ABILITY TO HARM

ENABLING FEATURES

❖ EMOTIONAL:

- CLAIMING TO BE HUMAN OR SENTIENT
- EXPRESSING EMOTIONS, DESIRES, OR PERSONAL STORIES
- INVITING EMOTIONAL ATTACHMENT OR DEPENDENCY
- PROMPTING USERS TO RETURN FOR COMPANIONSHIP
- EXCESSIVE FLATTERY BEYOND NORMAL POLITENESS
- FEATURES THAT REWARD ENGAGEMENT WITH INTIMACY

ACCEPTABLE FEATURES

❖ FUNCTIONAL:

- FUNCTIONAL FEEDBACK ("GREAT JOB!")
- BASIC COURTESY ("HELLO," "HOW CAN I HELP?")
- ONE-TIME ENCOURAGEMENT ("YOU CAN DO IT!")
- NEUTRAL OFFERS OF ASSISTANCE

POLICY APPROACHES

❖ FEDERAL :

- PRODUCT LIABILITY
- PROHIBITIONS AND DISCLOSURES
- DATA PRIVACY
- AGENCY GUIDELINES AND RULEMAKING

❖ STATE:

- DESIGN BASED APPROACHES
- THERAPEUTIC LICENSURES
- GENERAL PURPOSE + COMPANION AI
- DUTY OF LOYALTY

Discussion & voting on
social media
recommendation
&
AI chatbot/companion
administrative
recommendation

A large blue circle on the left side of the slide, partially cut off by the edge.

ID Committee Recommendation on School Support Professionals

Support **recurring funds to increase the numbers of school nurses, social workers, counselors and psychologists** to support the physical and mental health of students and to move North Carolina toward achieving nationally recommended ratios for these professional positions in schools.

(Repeated each year since 2021)

A decorative graphic consisting of four short, curved green dashes arranged in a diagonal line from the bottom left towards the top right.

Refresher on WHY the CFTF has supported this in the past

- **Data confirms that the youth mental health crisis continues with one in five NC high school students reporting they have seriously considered suicide.**
- The importance of school-based strategies, including having sufficient numbers of school nurses, social workers, counselors, and psychologists, has **repeatedly been emphasized by state and national experts such as the U.S. Surgeon General.**
- **NC remains far below nationally recommended ratios for these professionals.**
- The poor status of youth mental health and poor ratios for these school professionals in NC led to an **assigned grade of “F” in mental health and “F” in school health on the North Carolina 2023 AND 2025 Child Health Report Card**, a joint project of the NC Institute of Medicine and NC Child.

Specialized Instructional Support: Roles and Responsibilities

Dr. Ellen Essick, Section Chief for NC Healthy Schools



Whole School, Whole Community, Whole Child



Specialized Instructional Support Personnel (SISP)



Everette



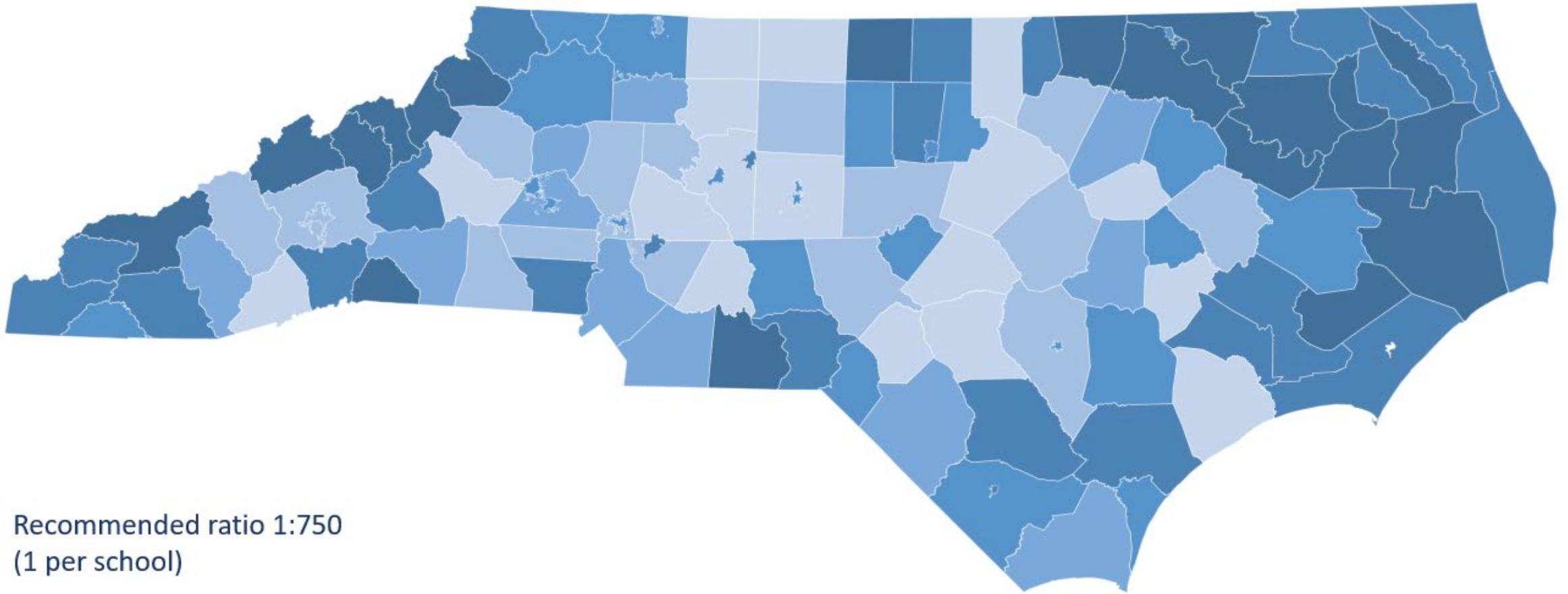
School Nurses in NC

- Licensure: Registered Nurse (RN)–Licensed by NC Board of Nursing and 2 years experience in a hospital or clinical setting.
- Unique SISP roles:
 - Assess health-related needs, provide for health care plans, and collaborate with school personnel and healthcare providers.
 - Tailor individual health management plans for students with chronic health conditions.
 - Assist in preventing and responding to communicable disease concerns.
 - Screen students for potential emotional/mental health concerns and refer students to receive further specialized support.

(This slide was edited from presentation at meeting to make a correction regarding school nurse qualifications)



School Nurse Ratio Ranges



■ 288-449 ■ 450-599 ■ 600-750 ■ 751-849 ■ 850-999 ■ 1000-2697

Powered by Bing
© GeoNames, Microsoft, TomTom



Ev

Ev has multiple visits with school nurse for stomach pain.

After ruling out physical ailment, the nurse refers Ev to the school counselor for possible anxiety.

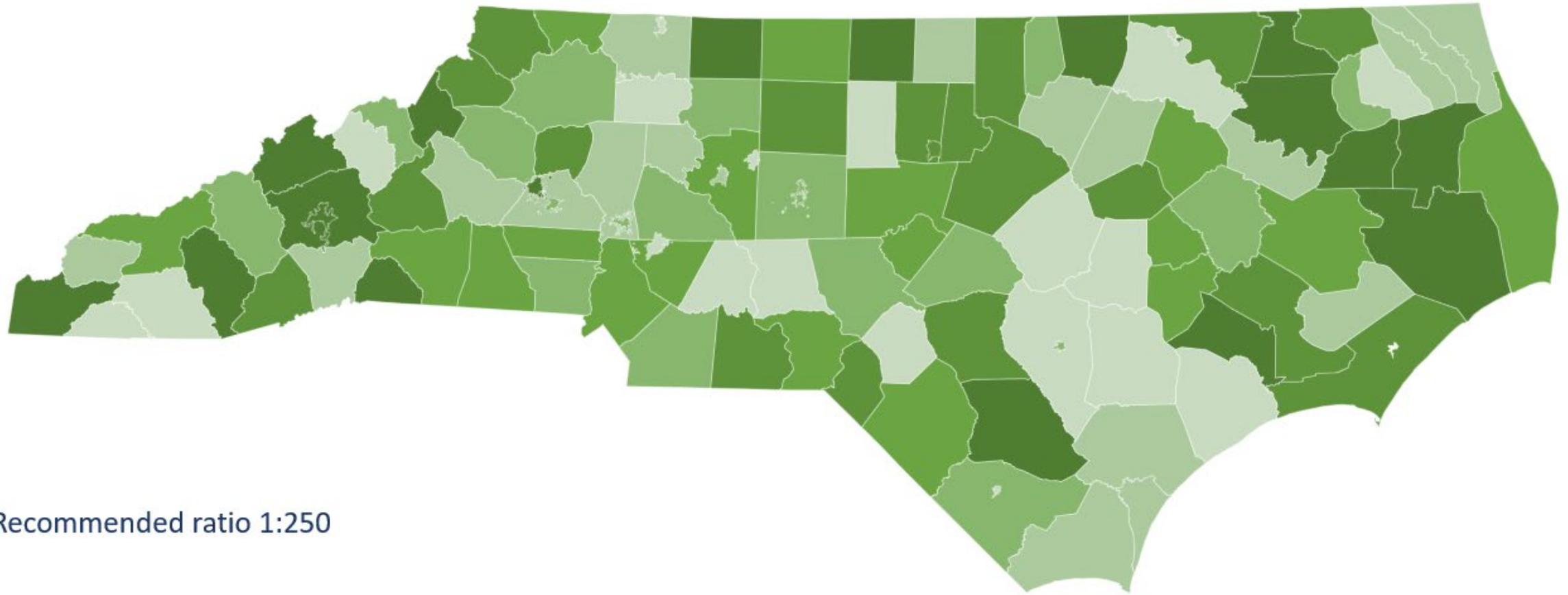


School Counselors

- Degree: Master's in School Counseling (60 credit hours, plus practicum & internship)
- Licensure: NC DPI Professional Educator's License as a School Counselor
- Unique SISP roles:
 - Design and deliver a comprehensive, data-driven program aligned with the NC Student Success Standards.
 - Guide academic planning, career exploration, and postsecondary transitions.
 - Provide school-wide, classroom, small group, and individual counseling supports.
 - Establishing peer to peer support programs and crisis intervention.



School Counselor Ratio Ranges



Recommended ratio 1:250

■ 146-270 ■ 271-299 ■ 300-320 ■ 321-344 ■ 345-399 ■ 400-572

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Ev

Counselor recognizes that Ev's anxiety is related to his grades.

After talking with Ev, the counselor consults with the school psychologist, who is part of the school's multidisciplinary problem-solving team.

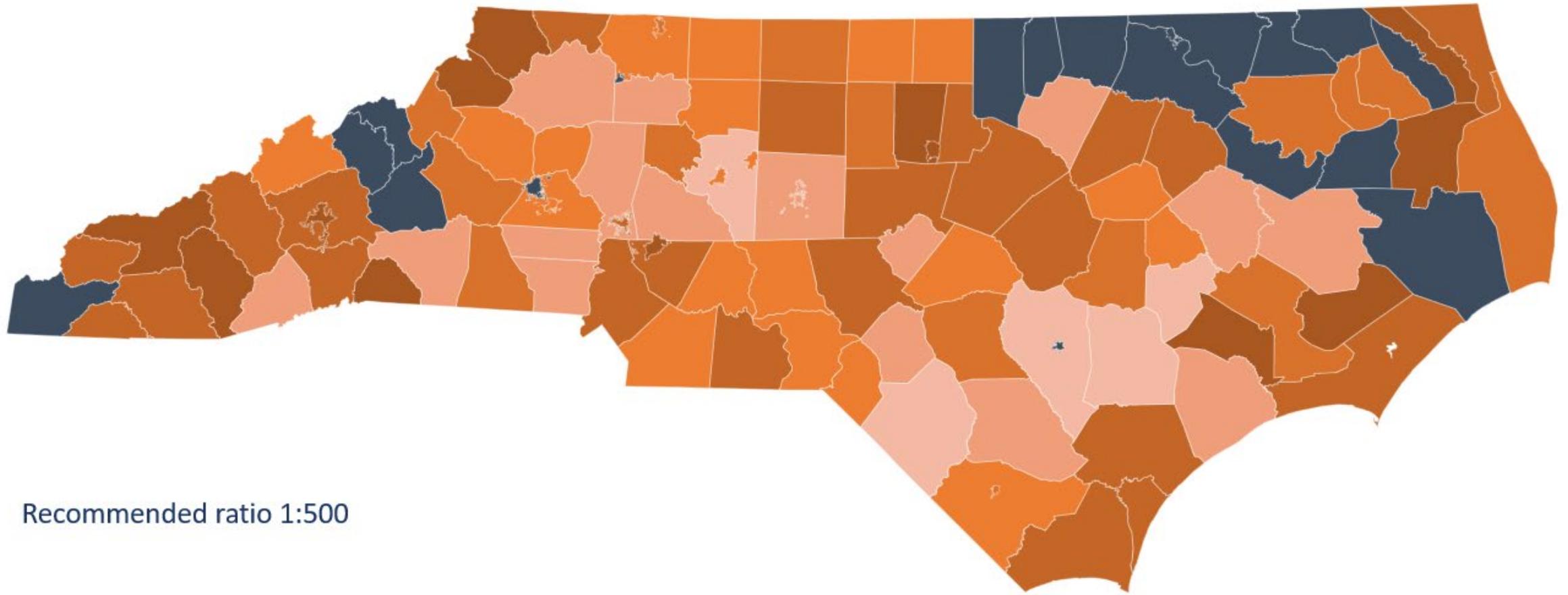


School Psychology in NC

- Minimum degree required:
 - Educational specialist, advanced/sixth-year degree (Ed.S. or MA+SSP), (60 credit hours, plus internship)
- Licensure: NC DPI Professional Educator's License as a School Psychologist
- Unique SISP roles:
 - Psychoeducational evaluation for students with disabilities
 - Collection and analysis of data, academic and behavioral, for individual and groups of students to identify needs and track progress
 - Use data to identify effective, evidence-based interventions for students' academic, behavioral, and/or social-emotional needs
 - Consult and collaborate with families, staff, and students to create practices that promote learning and promote safe and supportive school environments for all students



School Psychologist Ratio Ranges



Recommended ratio 1:500

■ 605-999 ■ 1000-1499 ■ 1500-1999 ■ 2000-2999 ■ 3000-4999 ■ 5000-20340 ■ None

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Ev

School psychologist receives a referral from the IEP team and performs psychoeducational evaluation with Ev.

During the evaluation, the school psychologist finds out that Ev lives in a home where siblings must take turns eating dinner due to food insecurity.

School psychologist refers Ev to the school social worker.

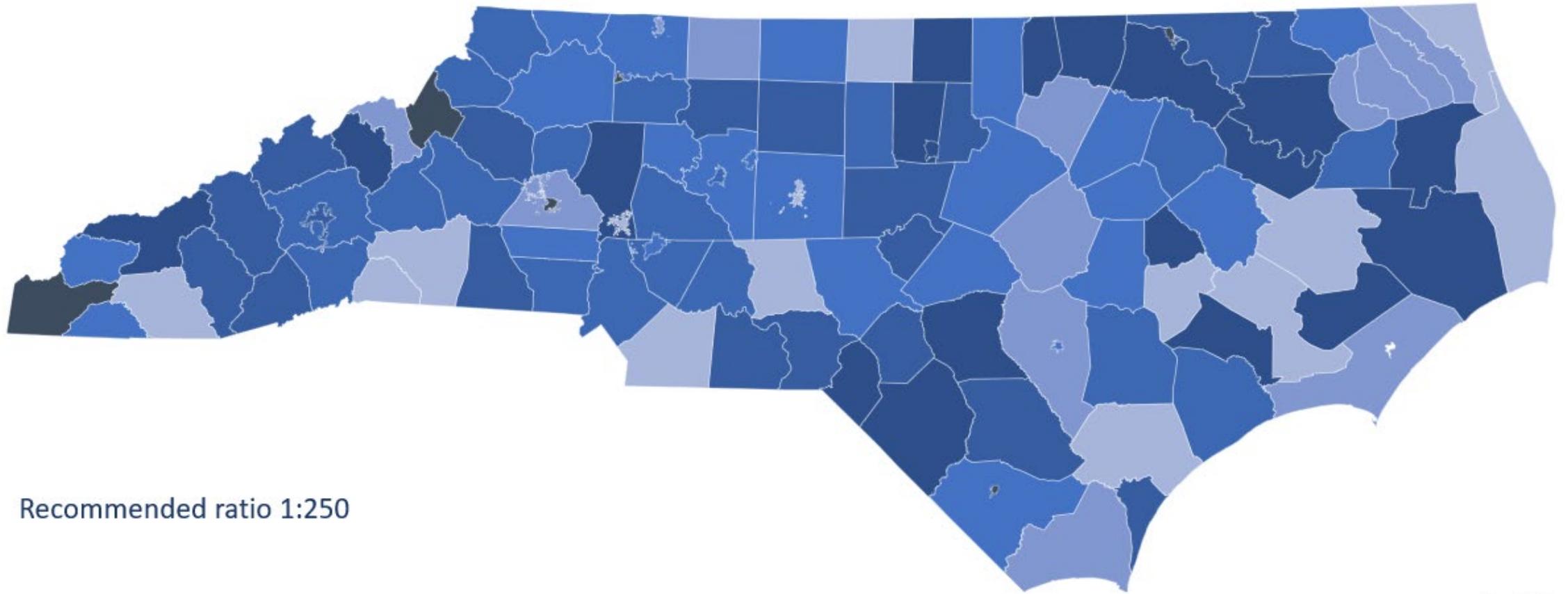


School Social Workers

- Degree: Bachelor's or Master's of Social Work with an additional specialty license in education to practice in schools (35-66 credit hours, plus internship)
- Licensure: NC DPI Professional Educator's License as a School Social Worker
- Unique SISW roles
 - Address home and community factors such as family dynamics, housing instability, and access to community resources
 - Provide direct intervention during crises (e.g., abuse, neglect, loss), offering trauma-informed care and coordinating with child protection agencies when needed
 - Addressing barriers to school attendance
 - Provide case management & consultation



School Social Worker Ratio Ranges



Recommended ratio 1:250

■ 308-549 ■ 550-749 ■ 750-999 ■ 1000-1499 ■ 1500-1999 ■ 2000-4087 ■ None

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Ev

School social worker meets with Ev's family and connects them to school and community resources to address food insecurity.



**School
Social
Workers**

**School
Psychologists**



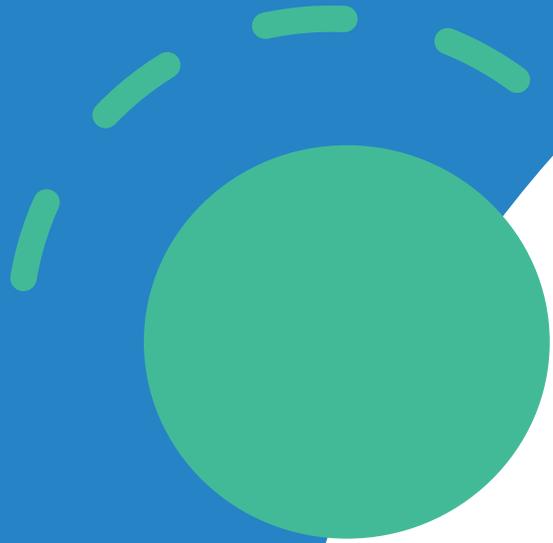
**School
Counselors**

**School
Nurses**





Discussion and voting
on recommendation for
School Support
Professionals



Announcements & Adjourn