

2009

**SENATE
MENTAL HEALTH &
YOUTH SERVICES**

MINUTES

MEMBERSHIP

SENATE MENTAL HEALTH AND YOUTH SERVICES 2009-2010 Biennium

Senator Ellie Kinnaird, Co-Chair Room 2115, LB 733-5804 Kathie Young Committee Assistant	Senator Malcolm Graham, Co-Chair Room 620 LOB, 733-5650 Regina George-Brown Committee Assistant
Senator Martin Nesbitt, Jr Room 300-B 715-3001 Jan Lee	Senator Charlie Dannelly Room 2010 LB 733-5955 Dee Hodge
Senator Larry Shaw Room 311 LOB 733-9349 Barbara Lee	Senator James Forrester Room 1129 LB 715-3050 Mary Cannon
Senator Jim Jacumin Room 1113 LB 715-7823 Alice Falcone	Senator Ed Jones Room 623 LOB 715-3032 Irma Avent-Hurst
Senator John Snow Room 2111 LB 733-5875 Rebecca Butler	
Staff	
Shirley Iorio Research Division 733-2578	
Shawn Parker Research Division 733-2578	

North Carolina General Assembly
Through Senate Committee on
Mental Health & Youth Services

Date: 08/14/2009
Time: 11:55
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2009-2010 Biennium

Bill	Introducer	Short Title	Latest Action	Leg. Day	In Date	Out Date
H0088=	England	HEALTHY YOUTH ACT.	*SR Ch. SL 2009-213		04-29-09	04-30-09
J088=	England	HEALTHY YOUTH ACT.	*SR Ch. SL 2009-213		05-04-09	05-05-09
J088=	England	HEALTHY YOUTH ACT.	*SR Ch. SL 2009-213		05-06-09	06-10-09
J115=	McLawhorn	JOINT DV COMMITTEE/ RECOMMENDATIONS.	*SR Ch. SL 2009-342		04-21-09	07-01-09
H0358	Bordsen	CLARIFY CONSECUTIVE TERMS - AGING & CHILD COM.	*SR Ch. SL 2009-142		04-13-09	06-03-09
H0576	Braxton	REMOVE ENDORSEMENT FOR DENIED ACCESS LME	*SR Ch. SL 2009-189		05-19-09	06-10-09
H0659=	Bordsen	STUDY EXISTING CHILDREN/YOUTH PROGRAMS.	SR Ch. SL 2009-126		04-16-09	06-03-09
H0673	Earle	SUPPORT FOR DEVELOPMENTAL DISAB. SERVICES.	*SR Ch. SL 2009-186		05-19-09	06-03-09
H1046	M. Alexander	CHILD CARE FACILITIES RULES.	*SR Ch. SL 2009-187		05-19-09	06-10-09
H1087	Braxton	MHDDSA CLIENT RIGHTS/ PROVIDER ENTITIES.	*SR Ch. SL 2009-190		05-19-09	06-10-09
H1129	Mobley	CLARIFY SILVER ALERT- ALL AGES.	SR Ch. SL 2009-143		05-20-09	06-03-09
S0223=	Julia Boseman	JOINT DV COMMITTEE/ RECOMMENDATIONS.	S Ref To Com On Mental Health & Youth Services		02-19-09	
S0526=	Julia Boseman	SCHOOL VIOLENCE PREVENTION ACT.	*SR Ch. SL 2009-212		04-29-09	04-30-09
S0611	Bob Atwater	STATE FUNDS ACCOUNTABILITY/DD SERVICES.	S Ref to Mental Health & Youth Services. If fav, re-ref to Appropriations/ Base Budget		03-17-09	
S0615	Bob Atwater	DHHS SUPPORT/PERSONS W/DEV: DISABILITIES.	S Ref To Com On Mental Health & Youth Services		03-17-09	
S0721	David W. Hoyle	ALLOW ELECTRONIC SUPRVSN./MH/DD FACILITIES.	S Ref to the Com on Mental Health Reform, if favorable, Judiciary III		03-24-09	05-06-09

'\$' indicates the bill is an appropriation bill.

A bold line indicates the bill is an appropriation bill.

'*' indicates that the text of the original bill was changed by some action.

'=' indicates that the original bill is identical to another bill.

Senate Mental Health & Youth Services Committee
Wednesday, April 15, 2009, 12:00 Noon
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Presentations:

**Eating Disorders by Dr. Cynthia Bulk, Professor, Nutrition and
Psychiatry, UNC**

Other Business

Adjournment

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, APRIL 15, 2009

MINUTES

Mental Health & Youth Services committee met April 15, 2009 at 12:00 noon in Room 414 of the Legislative Office Building. Five members were present, including Senator Ellie Kinnaird, who presided.

Senator Kinnaird called the meeting to order, introduced the staff and pages.

Senator Kinnaird introduced Dr. Cynthia Bulik, Ph.D, FAED, Jordan Distinguished Professor of Eating Disorders, University of North Carolina at Chapel Hill. Dr. Bulik introduced her staff and visitors. She gave her presentation on Eating Disorders. (See attachment 1)

Tori Totes, UNC RN, admissions coordinators spoke about the intake program and specific client's stories. (See attachment 2)

Mae Lynn Reyes spoke about the programs needs in the Latino Community

Janice Lynch presented views from the other side...What it's like to have been through the program from her personnel prospective.

Christie Fernandez, founder Christian Ministry for Eating Disorders, Abuse, and Sexual Assault, spoke about the benefits and need for support groups. (See attachment 3)


Senator Kinnaird thanked the presenters and adjourned the meeting at 1:00 p. m.



Senator Ellie Kinnaird, Chair

Kathie Young, Legislative Assist.

Eating Disorders Fighting Stigma with Science


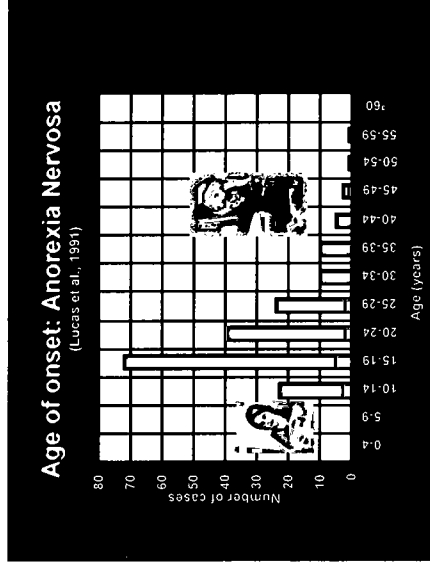


Cynthia M. Bulik, PhD, FRCPS, FRCPE
Jordan Distinguished Professor
University of North Carolina
Chapel Hill, NC

UNC
NATIONAL CENTER FOR EATING DISORDERS

Anorexia Nervosa


- Low body weight (<85%)
- Intense fear of gaining weight
- Distorted body image
- Extreme focus on shape/weight
- Denial of illness
- Amenorrhea
- About 1% of females
- More common in females

Anorexia Nervosa: Mortality


Anorexia nervosa has the highest mortality rate of any psychiatric disorder

Over 10 times more likely to die than age matched peers




Bulimia Nervosa

- Recurrent binge-eating
- Feeling out of control
- Compensatory behavior
 - Vomiting
 - Excessive exercise
 - Fasting
- Extreme focus on shape/weight
- About 1.6-2% of females
- More common in females



Binge Eating Disorder

- Recurrent binge-eating
- No compensatory behavior
- Often overweight or obese
- Distressed by binge-eating
- 3.5% of females, 2% of males
- 6-250,000 women, 3,000-6,000 men
- Associated with obesity
- Medical and psychological risks



Crave

Why You Binge Eat and How To Stop

DEBORAH M. BULLIE, Ph.D.
Author of Crave: Why You Binge Eat and How To Stop

Eating Disorders do NOT discriminate

• Affect all ethnicities
 • Affect all ages
 • Affect all genders
 • Affect all social classes
 • Affect all religions
 • Affect all professions
 • Affect all professions



10 000 000 Americans

blaming FAMILIES

The Past (?)

blaming the INDIVIDUAL

blaming SOCIETY



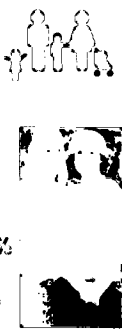
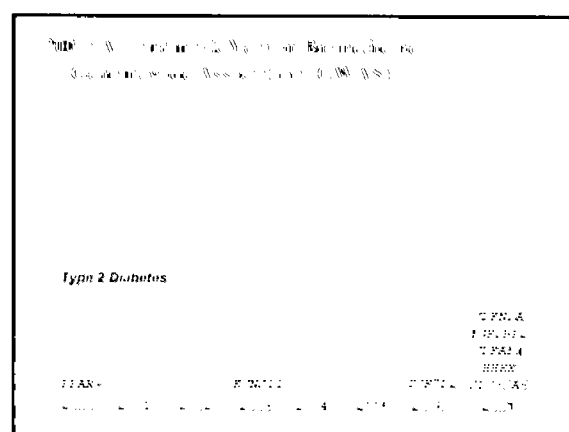
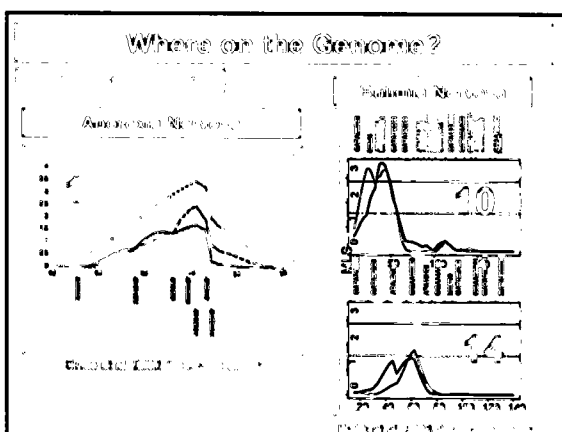
Eating Disorders are Serious Mental Illnesses... Not Choices

Viewing eating disorders as personal choices...

- Devalues seriousness of disorders
- Undermines treatment and recovery
- Provides NO guidance for families:
"If she would only eat!"
- Our quest for genes that influenced eating disorders was greeted initially with disbelief

What We Know Now

- Eating disorders run in families
- Relatives are at 7-12 times greater risk
- Genetic factors are at play
 - Heritability of anorexia nervosa -31-53%
 - Heritability of bulimia nervosa -50-60%
 - Heritability of binge eating disorder -41%

Genetics of Serious Psychiatric Disorders

Disorder	Cases
Attention deficit	2,958
Autism	2,400
Bipolar disorder	7,700
Major depression	10,310
Schizophrenia	9,936
Totals	33,304

Over 50,000 samples & 25 billion genotypes
Where Are Eating Disorders?

Genetic Consortium for Anorexia Nervosa (GCAN)



Samples available

AN = 4304

BN = 1652

BED = 504

Controls = 4221

Environment is NOT Off the Hook!

- Environment can exert both positive and negative influences

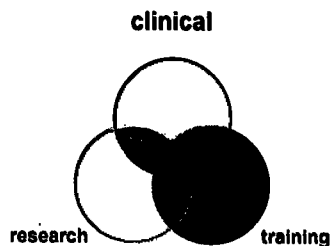


genes load
the gun,

the environment

pulls the trigger.

Unified Program Mission



UNC Research Mission

- National Institutes of Child Health and Human Development
100,000 Births in Norway
- National Institutes of Health
Interdisciplinary Obesity Center
- National Institute of Mental Health
Genetics Studies of Eating Disorders
Couple-Based treatment for Adults with Anorexia (UCAN)
Comparing face to face versus on-line treatment for bulimia
NURTURE: Intervention for Moms with Histories of Eating Disorders
- First and only NIMH sponsored Post-doctoral Training Grant for Eating Disorders
- Agency for Healthcare Quality Research
Evidence Based Review of Eating Disorders Treatment
- Other sources: The Price Foundation, the Alexander von Humboldt Stiftung, the Mental Health Initiative, the Duke Endowment, The Foundation of Hope, the National Eating Disorders Association, the Academy for Eating Disorders

Training Mission

- Interns, residents, fellows and trainees
 - Psychiatry and Child Psychiatry
 - Psychology
 - Social Work
 - Nutrition
 - Nursing
- Community outreach–AHEC
- Yearly conference highly successful
- PhD and MPH students
- Post-doctoral fellows
- Three junior faculty K (career development) awards
- Foreign scholars (Holland, Finland, Norway, Brazil, Germany, Sweden, Mexico, Puerto Rico, Austria, Spain, New Zealand)



Our Clinical Mission

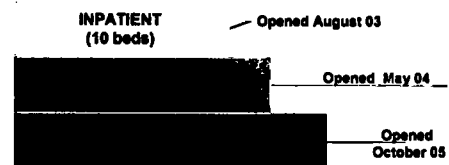
- “comprehensive specialized approach to the treatment of anorexia nervosa, bulimia nervosa, and related conditions for individuals of all ages.”
- “provide the most current and state of the science evidence-based treatments to help individuals suffering from eating disorders to achieve a lasting recovery.”

Where Can Families and Patients Find Treatment?

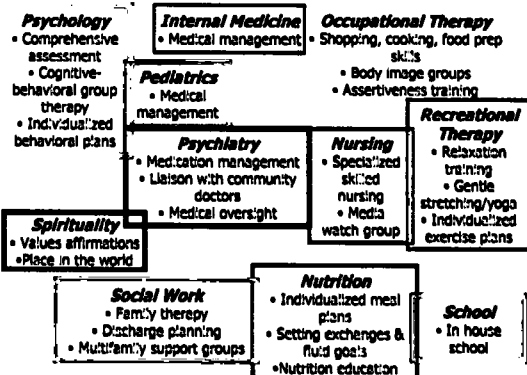


UNC Eating Disorders Program Structure

Comprehensive Step-Down Program



Inside Our Program




North Carolina

- Guardedly proud but not complacent
- Senator John Kerr, Ms. Rita Robbins, Dr. Robert Golden
- First endowed professorship in eating disorders in the country
- After 6 years, the UNC Eating Disorders Program is known worldwide for clinical care, training, and research
- More work to do to serve the citizens of NC



www.unc-eatingdisorders.org (919) 936-7002

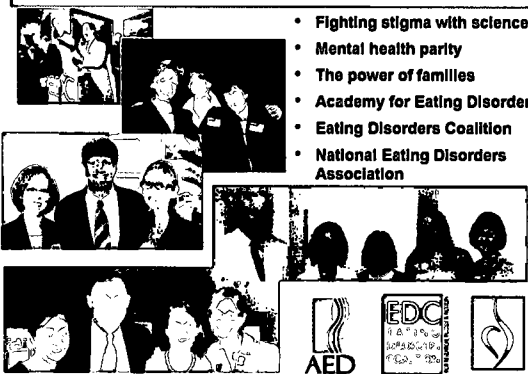
UNC Eating Disorders Program



Welcome to the UNC Eating Disorders Program

Established in 2003 the University of North Carolina Eating Disorders Program is composed from the rich and diverse clinical experience of our faculty and staff. The UNC program has developed into a model interdisciplinary, comprehensive, university-based program. One of the highest standards of care for individuals with eating disorders and their families. Our program is our people. The UNC faculty and staff work with you to understand the unique needs of each patient and family and to develop a treatment plan accordingly. The UNC treatment program is evidenced by being on the leading edge of clinical and basic research. From center to bedside, basic researchers associated with the program are working to understand the causes of eating disorders and to develop new treatments. Our clinical researchers are also working to improve and tailor treatment. To hear more about the philosophy and goals of the UNC program, take a moment to view the video below.


Patient and Family Advocacy



- Fighting stigma with science
- Mental health parity
- The power of families
- Academy for Eating Disorders
- Eating Disorders Coalition
- National Eating Disorders Association

AED EDC

WORLDWIDE CHARTER FOR ACTION ON EATING DISORDERS




AED World Summit Task Force

WISH WANTS OF PEOPLE WITH EATING DISORDERS AND CAREGIVERS


- I WANT TO BE RESPECTED AS AN INDIVIDUAL WITH HUMAN DIGNITY
- II WANT THE CLINICAL AND RESEARCH COMMUNITY TO BE OPEN TO MY VOICE
- III WANT TO ACCESSIBLE, HIGH QUALITY, POLY SPECIALTY, SPECIALIZED CARE
- IV WANT TO BE INFORMED, FULLY INFORMED, AND APPROPRIATE, SAFE LEVELS OF CARE
- V WANT MY CARES TO BE TO BE INFORMED, VALUED AND RESPECTED AS A TREATMENT DECISION
- VI WANT TO BE AWARE OF THE APPROPRIATE APPROPRIATE SUPPORT AND PROFESSIONAL SUPPORT

How Can You Help?

- destigmatize eating disorders!
- always include eating disorders when discussing serious mental illnesses.
- always remember eating disorders when discussing obesity.
- empower parents and patients with genetic information.
- advocate for your constituents seeking care and coverage
- continue to improve treatment and adequate insurance coverage.
- underscore seriousness of eating disorders and influence legislation and funding.



Thank you





February 2009

Vol. 4 Issue 1

The University of North Carolina Eating Disorders Program

CONNECTION

The UNC Eating Disorders Program Staff Acknowledges National Eating Disorders Awareness Week Feb 22-28



This vibrant picture captures only a fraction of the wonderful clinicians and researchers who work with the UNC Eating Disorders Program. But when I write the labels “clinicians” and “researchers” I realize I am setting up a false dichotomy. At UNC, our goal is to bring research and practice together. One of the biggest challenges facing academic eating disorders programs is disseminating evidence-based treatments. We can work so incredibly hard within our ivory towers developing treatments that we know are effective, but if those treatments remain behind our walls, we are failing to bridge the research-practice divide.

Several faculty in the UNC Eating Disorders Program are actively engaged in both traditional and innovative strategies to improve dissemination. Our traditional approaches include community presentations, AHEC trainings, our yearly conference, new books, and broad media outreach. Our more innovative approaches include incorporating technology into treatment including text messaging, internet-based therapy programs, and therapeutic chat groups. What is clear is that we cannot bring everyone who needs treatment to UNC. The global financial crisis is placing additional barriers to access to care.

(cont'd page 2)

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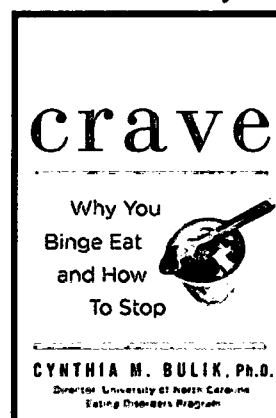
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Dymek-Valentine, Emily Pisetsky, Stephanie
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From the Director's Desk (cont'd)

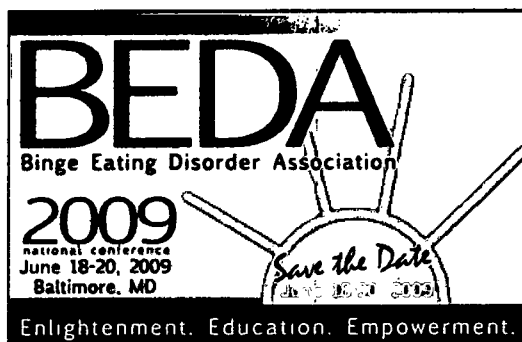
One group of individuals with eating disorders have been especially harmed by the research-practice divide. Binge eating disorder (BED) is less well known than anorexia or bulimia nervosa but is actually considerably more common. Health professionals estimate 5,250,000 American women and 3,000,000 men suffer from BED. BED is characterized by recurrent episodes of binge eating in the absence of compensatory behaviors. BED is often, but not always, associated with overweight or obesity and people with this disorder often have difficulty finding treatment, in part, because it is still not an officially recognized eating disorder.

In an interesting confluence of events, I was becoming increasingly concerned about the difficulties faced by individuals with BED finding treatment and how misinformed or even uninformed many people are about the condition. I decided to write a book that would give people some basic facts about the disorder, but also disseminate some basic evidence-based self-help strategies that could help people begin to get a handle on their binge eating. You can read more about the book which is called "Crave: Why You Binge Eat and How to Stop" at www.cravethebook.com. The book is also scheduled to be introduced on Good Morning America in March.



At the same time as I was working on this book, a new organization was emerging on the scene. Led by CEO and Founder Chevese Turner, the Binge Eating Disorder Association (BEDA) was developing their mission. BEDA is the international multidisciplinary provider and patient organization focusing on the unmet need for preventing, diagnosing, and treating BED. They are committed to facilitating awareness, quality of care, and recovery for those who live and those who work with BED through education, resources, research, and best-practice guidelines. BEDA will be holding its first conference in Baltimore, MD on June 18-20. For more information see www.bedaonline.com.

The key word is partnership. We can better bridge the divide by creating partnerships with groups like BEDA. Their conference in June will bring hundreds of professionals together and be the perfect opportunity to disseminate evidence-based practices. BEDA can also help sufferers evaluate treatment options and learn how to evaluate whether programs are truly delivering evidence-based interventions. In this age of marketing, patients and families need guidance to help navigate their way through glossy brochures in order to identify the best evidence-based care. UNC can develop and refine evidence-based treatments and organizations like BEDA can help us train others to deliver them and help patients find qualified providers.



When a new medication is developed, pharmaceutical companies can send their reps out to educate physicians about the new compounds. We don't have a similar mechanism for psychotherapy! As wonderful as it would be to send a psychologist in a nice suit with a rolling briefcase from office to office marketing "cognitive behavioral therapy in a box," our dissemination task is much more difficult. Yet UNC continues to be dedicated to training professionals and disseminating interventions to eliminate the research-practice chasm.

NEW Faces

James Jensen, MD, Inpatient Attending Psychiatrist

The UNC Eating Disorder Program is pleased to introduce our newest faculty member, Dr. Jim Jensen. In August, Dr. Jensen, his wife Deborah, and his 12-year-old twin boys, Cole and Emery, relocated to Chapel Hill from Madison, WI. Dr. Jensen is working in the Department of Psychiatry as a child and adolescent psychiatrist, and will work with both the inpatient and partial hospitalization programs.



Dr. Jensen spent October through December as the attending psychiatrist on the inpatient eating disorders unit. He reported that he was "delighted" with his first three months on the unit. He described the program as "incredibly well organized and well implemented." He remarked that he was impressed with the clinical outcomes, with how well the different levels of care are integrated, and with the treatment team's "talent, enthusiasm, and commitment." He also remarked that he is grateful to the staff for being "so welcoming."

Dr. Jensen attended medical school at Jefferson Medical College in Philadelphia, completed his internship in Medicine and his psychiatry residency at Beth Israel Deaconess Medical Center in Boston, and his child and adolescent psychiatry fellowship at Children's Hospital in Boston. Prior to his faculty position at UNC, Dr. Jensen was the Director of Training for Child and Adolescent Psychiatry at the Medical College of Wisconsin. Dr. Jensen is also a part-time graduate student in the MFA program at U.W., Madison, and is currently taking a class in Animation and Digital Media. He hopes to combine his interests in digital art and psychiatry to create multimedia programs for teaching psychiatry and possibly creating novel psychiatric interventions.

Kathleen Lezama, Project Coordinator

As we have continued to grow, the sheer number of projects going on at any one time in the Eating Disorders Program is daunting! The UNC Eating Disorder Program is pleased to introduce our newest team member, Kathleen Lezama, CCRC. Kathleen is the project coordinator for the BEACH clinical trial and is assisting with all ongoing clinical trials. In this role she will wear several hats: recruiting and scheduling research participants for their clinical and research assessments, coordinating data acquisition and entry with the data management team, maintaining records for regulatory agencies such as the IRB and FDA, and assisting with the annual UNC Eating Disorders Program conference.



Kathleen previously worked with *Dr. Brownley*, from 2003 to 2005, serving as her study coordinator on various projects related to appetite hormones. From 2005 to 2008 she worked in the UNC Program in Digestive Health as coordinator of a multi-center study on dietary supplements and cancer prevention. She holds a Clinical Research Coordinator certification from the Association of Clinical Research Professionals, and is also a certified fitness instructor/personal trainer. We are thrilled to have her back in the Department of Psychiatry working with our team!

Kathleen lives with her husband, Manuel, and 3 children in Chapel Hill. In her "free time" she teaches Pilates classes and takes continuing education courses in Spanish.

National Eating Disorders Gala

by Millie Maxwell

Every so often I have what I call a "snow globe" moment. Life is peaceful, beautiful, and maybe even serene, and then unexpectedly someone briefly but vigorously shakes my thinking. This was my experience at the National Eating Disorders Association's (NEDA) Connect for the Cause Benefit in New York. The setting was picturesque: a crisp, cool, late autumn night, cocktails, a delightful five-course meal at the Jumeirah Essex House at Central Park, and about 300 people from both the NY area and throughout the country who joined together to raise awareness and money for eating disorders.



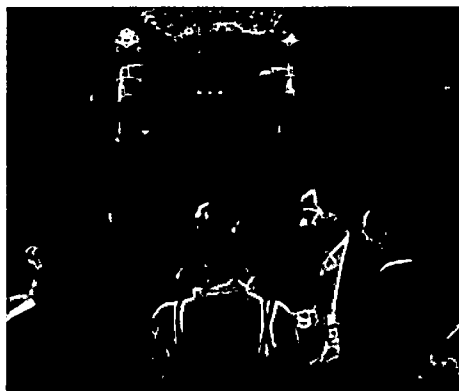
Millie Maxwell and Jane Ellen Andrews.

I met Jennifer Schaefer, author of *Life without Ed*; Don Nielsen, chair and co-founder of NEDA; Lynn Greffe, CEO of NEDA; and Robbie Munn, a board member and quite possibly one of the most fun people ever! I also sat with Buddy Howard, the esteemed auctioneer for the evening, who is a NEDA board member and a new, good friend to our program. This was my first NEDA event, so I had no idea what to expect. I think I imagined impassioned, fervent speeches imploring advocacy and possibly expressing anger and frustration by the need to do more. Indeed, there was passion, but it was warm, joyous, and fitting for the occasion, even festive. Families, survivors, advocates, and therapists—most of whom were strangers to each other—celebrated by showing gratitude for a loved one, for each other, and for support.

I considered it a bonus that Zina Garrison, a former world class tennis player, was the honored speaker. I am an avid tennis player and spent my youth watching her play. I even recall her handing my idol, Chris Evert, her final loss. Still, I had no idea she had suffered from bulimia nervosa. Even so, this shouldn't have been earth shattering news. Millions of people struggle with eating disorders everyday.

Then, Garrison recounted the time she reached the finals of Wimbledon—arguably the most sought after title in the tennis world. She was playing #1 ranked Martina Navratilova, and Garrison described having binged and purged on strictly lettuce and broccoli for the entire week before the biggest match of her life. Here, the shaking of my globe began. I thought...

Hold up. Rewind. What, how can that be? Nothing else? No protein, no pasta, not even on game day? How could she purge before playing tennis? How could she not nourish herself or give herself enough protein, fuel, hydration to play in the finals of Wimbledon? Shoot, I carbo-load in hopes I can win some park league match. This doesn't make any sense. Wimbledon is every tennis player's dream...heck, Wimbledon was my dream. Zina, how could you throw away the dream!? I'm in disbelief, (clearly I misheard—who would want to binge on broccoli?). No wait, I'm angry (ended Chrissie's career and now trashed the dream). Nope, I'm sad...really, really sad. What must it have been like for her clearly to be so great and not be able to see it? Ok, this disconnect is mind-boggling to me.



Millie (left) mingles with Jennifer Schaefer (partially hidden), Buddy Howard (right), and other supporters.

Now don't misunderstand. I am not naïve. It's not like the power of eating disorders are wholly new to me. I see people everyday fighting a life and death battle, engulfed in what often just doesn't make sense to their families, their therapists, even themselves. I am privileged to know these people. Like Garrison, there is greatness in every single one of them that they don't see....and I get it. But Garrison helped me get it again and reminded me that eating disorders are sometimes stronger than people's hard-earned goals and long-held dreams. (cont'd on page 6)

Awards and Honors

Academy for Eating Disorders Research Grant

For the second year in a row, the Academy for Eating Disorders is awarding research grants for trainees. Post-doctoral fellow **Jocilyn Dellava** has been awarded an AED Research Grant for her study "Dietary Intake and Physical Activity in Women Recovered from Anorexia Nervosa."

Little is known about the long-term diet and physical activity in individuals who have recovered from anorexia. This study can help provide a better understanding of diet, exercise, personality, health habits, and overall life-style of those who recover from anorexia. This could lead to improvements in treatment, improved follow-up care in individuals recovered from anorexia, and provide information about overall lifestyle and health habits in recovered individuals.

Recruitment is ongoing for Jocilyn's study. She can be contacted at dellava@med.unc.edu.

Mental Health Initiative: Help for Dads!

In October of this year, **Stephanie Zerwas**, and **Millie Maxwell** received a grant from the MINT: Mental Health Initiative foundation to design an intervention curriculum to prevent disordered eating in teenage girls. The transition to adolescence can be bewildering for girls. They show a decline in their self-esteem and self-confidence as they transition to middle school. We're partnering with fathers to help them support and guide their daughters through this transition. It can be hard for any parent to know how to respond as their girls talk about their body dissatisfaction and engage in "fat talk" among their friends. Dads find themselves at a complete loss in these situations. We are so thrilled to have wonderful consultants on this project. Buddy Howard lives in Raleigh, is a NEDA board member, and author of an upcoming book about his own experience as the father of a daughter recovered from anorexia nervosa. Jane Brown, PhD is an expert on media influence on adolescent health within the UNC School of Journalism. We conducted our first focus group with fathers in January and learned a lot from their insights into the challenges their girls face as they become teenagers. For more information call 919.966.2882 or email us at dads@unc.edu.

UNC Eating Disorders Program Board of Visitors Scholarship 2009

We are thrilled to announce the first recipient of the UNC Board of Visitors Clinician Scholarship. Made possible by fundraising efforts of our own Board, **Kelly Hoback**, LRT/CTRS, our Recreational Therapist will be attending the International Conference for Eating Disorders at Cancún, Mexico in April. Kelly's application stood out by including a detailed explanation of how she would share what she learned with the team upon return. Upon learning of her award, Kelly said, "I am truly thankful for the opportunity to attend the 2009 AED International Conference on Eating Disorders in Cancun Mexico! I would like to extend my sincere gratitude to all who played a role in sacrifice of their time and energy to make these monies possible."



I am hopeful I will gain knowledge and insight to enhance my skills and abilities as a recreational therapist as it applies to working with this diverse population. Muchas Gracias!"

Academy for Eating Disorders Junior Investigator Travel Award

Each year at the Annual International Conference on Eating Disorders an invitation-only Research Teaching Day is hosted for promising junior investigators. The program is funded by the National Institute of Mental Health (PIs Striegel-Moore and Bulik) with supplementary funding from the Academy for Eating Disorders for international applicants.

This year, we are proud to announce that **Emily Pisetsky**, who is currently a clinical psychology graduate student at UNC and the primary coordinator for the UCAN couples study has been awarded a fellowship!

She will attend the special session hosted by Ruth Striegel-Moore, **Cindy Bulik**, Ross Crosby, Tim Walsh and **Mae-Lynn Reyes** and present a paper entitled "Anorexia Nervosa and Bulimia Nervosa: Shared Genetic and Environmental Risk Factors."

Visiting Scholars by Lauren Rebh-Harrelson

Dr. Claudia Unikel Santoncini received her doctorate in Health Psychology in 2003 from the National Autonomous University of Mexico in Mexico City. She is a full-time researcher at the Epidemiological and Psychosocial Research Office of the National Institute of Psychiatry in Mexico City. She is a visiting professor at the UNC Eating Disorders Program for the next three months.



LRH: So tell me, what brings you to UNC?

CUS: Well, I had this idea in my mind that I wanted to collaborate with a team of researchers in a country other than Mexico. I had thought about France, because I speak French, but coordinating was quite difficult. It was really through the fortune of speaking with *Mae Lynn* [Reyes, a UNC Assistant Clinical Professor in Psychiatry from Puerto Rico] that I found out about the opportunity to come and work with *Cindy* [Bulik].

LRH: Are there any similarities or differences that you've noticed about working with our team as compared to your work environment in Mexico City?

CUS: The biggest difference is seeing how you work as a team. At my work, I am one of the only people doing eating disorders research which is a new area of study in Mexico. While we have an outpatient eating disorders clinic, the clinicians are separate from the researchers. I see patients in a weekly cognitive behavioral therapy group, but other clinicians don't do research. I have a few colleagues doing eating disorders research in Mexico City with whom I meet for coffee, but it's a very different sort of collaboration. Lately I have found that I can collaborate via internet with colleagues that live in other parts of Mexico which has worked well for me. So to see how many of you are collaborating on projects, it's amazing to observe how much can get done at once. It's really great to be able to get many other colleagues' feedback and opinions on my work. It's also wonderful to get to go to your large research team meetings and get to see what other people are doing. I'm really enjoying it.

LRH: What are you currently working on?

CUS: The project is working on a dataset of about 2000 Mexican adolescents from Estado de Mexico. Well, one study that I've recently done compared self-reported BMI to actual body image. I'm very interested in shame and familial criticism. I became interested this area after reading a book called *Body Shame: Conceptualisation, Research and Treatment*, which talks about shame in terms of eating disorders, but also other areas, like acne, burns, and physical disabilities.

LRH: Do you think there is a culturally-specific aspect of shame that might be different in women of Mexican heritage than individuals with different cultural backgrounds?

CUH: That's a good question. Well, Latino people in general try not to show how they're feeling. It maybe OK to express emotions, but not always the real ones. So it could be possible that expression of shame could be affected by this.

LRH: You mentioned earlier that you are of French-Mexican descent. Were you influenced by both traditions?

CUS: My mother is French and my father, Mexican. I grew up in Mexico City but was influenced a lot by my mother's culture. Although I haven't traveled much to Europe, I don't feel 100% Mexican. I also have family from Russia, Italy, and Romania.

LRH: Have you had any time to explore Chapel Hill or surrounding areas?

CUS: I've been very busy since I've gotten here! My 12 year old daughter is here with me. So far, I've gone to dinner, the supermarket, the mall, and walked around Franklin Street. I'm hoping to see more before I leave.

LRH: Claudia, thank you for taking the time to speak with us!

CUS: Thank you. It was wonderful to speak to you as well!

NEDA Gala (cont'd)

After being shaken up a little, I decided to do some shaking...booty shaking. We all danced and laughed and celebrated. I admit I didn't expect to learn much at this event; it wasn't a conference or a workshop, and there were no tangible learning objectives or continuing education credits, but I brought home much more than expected. In addition to a Billie Jean King signed tennis racquet that I "won" in the silent auction, my real souvenir from the trip was a fresh understanding of our patients and an instilled desire to continue finding opportunities to challenge myself. I also brought home a resolve to do my part—with childlike wonderment and enthusiasm—to shake up as many other people's globes as possible.

Clinical Trial Update

This page is an update on ongoing clinical trials associated with the UNC Eating Disorders Program. More information can be found at www.unceatingdisorders.org under Research.

Cognitive Behavioral Therapy for Bulimia Nervosa



We are so excited to report that our bulimia treatment study, CBT4BN: The Cognitive Behavioral Solution, is now underway! CBT4BN is an innovative program which provides cognitive behavioral group therapy specifically designed to treat bulimia nervosa. Two groups are underway. The first receives all therapy in traditional face to face group therapy format and the second, in an online chat group.

Online chat groups are an amazing way to bring treatment to peoples' fingertips through their computers. So far the chat group participants have given feedback that they really enjoy their sessions. They don't have to worry about coordinating their travel or paying for gas or parking, and they've been able to make their weekly sessions even when they're traveling out of state or out of the country. It's too soon to tell if online chat group therapy is just as effective as face to face therapy.

We have calls every week from interested participants about the study and new groups will be starting in February.

For more information call 919.966.2882, email at cbt4bn@unc.edu, or visit us online at www.cbt4bn.unc.edu.

Chromium for Binge Eating Disorder (BEACH)



BEACH (BINGE EATING AND Chromium) is an exciting new investigation assessing the effect of a dietary supplement on eating behavior, mood, body weight, and glucose regulation in people with binge eating disorder (BED). Chromium is an essential element found in common foods such as whole-grain breads and cereals, molasses, spices, and some bran cereals and vegetables. Chromium supplementation helps patients with atypical depression who struggle with overeating and low mood. Dr. Kim Brownley, Principal Investigator, is a recipient of a 2008 National Alliance for Research on Schizophrenia and Depression (NARSAD) Young Investigator Award, which is funding this study.

BEACH assesses the usefulness of chromium as a potential treatment for BED. BEACH is open to overweight individuals ages 18 to 55. Assessments include interviews and questionnaires with a research clinician, and testing to evaluate body composition, sweet taste preference, and to screen for diabetes. Phone-based interviews assess their usual dietary intake patterns throughout the study. Treatment lasts for 6 months with a 3-month follow-up assessment.

For more information, visit our website or contact the study coordinator, Kathleen Lezama, at (919) 843-2483 or by email at BEACH_Study@unc.edu.



Uniting Couples in the treatment of Anorexia Nervosa (UCAN)

UCAN is a research program funded by the National Institute of Mental Health and run by the UNC Eating Disorders team. UCAN aims to help couples work together in the treatment of anorexia nervosa. Couples participate in UCAN over a period of six months and return for follow-up treatment three months after the end of the original six-month period.

UCAN was recently featured on the WRAL Evening News. The clip can be viewed at: <http://www.wral.com/lifestyles/healthteam/story/4468602/> and a more extensive story at <http://www.unchealthcare.org/site/newsroom>.

We are actively enrolling couples now. Couples in which one member has anorexia nervosa, who are over the age of 18, in a committed relationship, and living together are invited to enquire about the study.

Comprehensive individual therapy, psychiatric consultation, nutritional counseling, and either couples therapy or family supportive therapy are provided free of charge. Interested participants can contact the coordinator Emily Pisetsky at (919) 966-3065 or send a message to our study email at UCAN@unc.edu.

News and Updates

The Order of the Chocolate Fish



The Order of the Chocolate Fish is an award that we give to a staff member who went above and beyond the call of duty in her or his dedication to work in the Eating Disorders Program. Being a member of the OCF is a high honor and it carries with it the added benefit of being able to eat a wonderfully tasty chocolate fish. This cycle, the Order of the Chocolate Fish goes to **Dr. Stephanie Zerwas**. Stephanie receives this honor on the basis of emerging straight from her post-doctoral fellowship into the rock-and-roll world of coordinating the CBT4BN study.

Never far from her Blackberry and Google, Stephanie has brought a Rahm Emmanuel-like efficiency to the UNC Eating Disorders research team. She has mastered aspects of information technology she never thought existed and has ushered both UNC and the University of Pittsburgh through a technologically complicated study design.

Stephanie received her PhD in clinical and developmental psychology from the University of Pittsburgh and completed her clinical internship at the University of California San Diego. Stephanie continuously aims to broaden our perspectives in research team meeting. Meetings are spiced with her frequent interjections prefaced by "From my developmental perspective..." which have helped us all ensure that we are always considering developmental perspectives and theory in the research ideas we are developing and conclusions we are drawing.

Together with *Millie Maxwell, PhD*, Stephanie received a grant from the Mental Health Initiative to develop a preventive intervention for fathers with daughters in grades 6-9 (see accompanying story p. 5).

For coordinating a major study, landing a grant, and for her wonderful way of saying "Let Me Google That for You," we are honored to present lifetime membership in the OCF to Dr. Stephanie Zerwas.



Stephanie and Rahm? Are they texting each other or Obama?

nurture

Save the Dates

AED International Conference on Eating Disorders

April 28-May 2, 2009

Cancun, Mexico

www.aedweb.org

Binge Eating Disorder Association National Conference

June 18-20, 2009

Baltimore, MD

www.beda-online.com

NURTURE is a collaborative pilot study for mothers who have suffered from disordered eating in the past with children under age 3. NURTURE is a research program funded by the National Institute of Mental Health, Dr. Bulik is the Principal Investigator. The treatment was developed in conjunction with Virginia Commonwealth University (Dr. Suzanne Mazzeo) and Duke University (Dr. Nancy Zucker). NURTURE hopes to promote confident parenting and a positive feeding environment. Women participate in NURTURE over a 4 month period. Participation can help moms gain new confidence in parenting skills and can help us understand the best way to help to mothers with histories of eating disorders. Interested moms contact nurture@unc.edu or call (919) 966-2882 .

WORLDWIDE CHARTER FOR

ACTION

ON EATING DISORDERS



rights and expectations for people with eating disorders and their families

PREAMBLE

IN RECOGNITION that eating disorders – anorexia nervosa, bulimia nervosa, binge eating disorder and related disorders – are serious mental disorders that devastate the physical, psychological, and social well-being of millions of people of all ages and their families and loved ones; with one of the highest mortality rates (in the case of anorexia nervosa) of any psychiatric disorder

IN RECOGNITION that the highest quality of treatment involves a partnership among the treatment providers, the patient, and the patient's families or loved ones

IN RECOGNITION that patients with eating disorders and their families have a right to be involved in treatment decisions and to be involved in respectful ongoing communication with the treatment providers regarding important treatment-related information and developments

IN RECOGNITION that patients with eating disorders have a right to high quality evidence-based care delivered by competent practitioners at an appropriate intensity and duration

IN RECOGNITION that patients have the right to fully funded (by insurance or government) specialised eating disorder treatment provided at the earliest possible time

IN RECOGNITION that this Charter advocates universal ideals and standards of care which the government, the providers of healthcare and the public should strive to achieve

THE PARTIES HERETO ADOPT THIS CHARTER AND CALL UPON ITS OBSERVANCE BY ALL CONCERNED

CHARTER HISTORY

This Charter provides people with eating disorders, and their families and loved ones, with a list of their basic rights and reasonable expectations regarding eating disorder treatment and services. It was produced through collaboration between the Academy for Eating Disorders and other professional and patient/carer organizations around the world. The content is drawn from the results of a large web-based survey of key stakeholders (people with eating disorders, their families and other carers, and eating disorder health professionals) undertaken between February and May 2006.

This document was written in full knowledge that the quality and accessibility of eating disorder programs and services is not equal

around the world. This is therefore an aspirational rather than a contractual document. The Charter will serve as a tool to assist people with eating disorders and their loved ones in identifying high quality, appropriate services and practices, and to guide them in challenging unhelpful, outdated, and anti-therapeutic practices. This Charter will provide service planners and providers with the basic building blocks for quality program and service development.

The core value underlying this document is that a partnership among patients, their families, and the treating team, with rights and responsibilities for all sides, is imperative for any quality eating disorder service or individual healthcare encounter.

THE RIGHTS OF PEOPLE WITH EATING DISORDERS AND CARERS

I

RIGHT TO COMMUNICATION/PARTNERSHIP WITH HEALTH PROFESSIONALS

II

RIGHT TO COMPREHENSIVE ASSESSMENT AND TREATMENT PLANNING

III

RIGHT TO ACCESSIBLE, HIGH QUALITY, FULLY FUNDED, SPECIALISED CARE

IV

RIGHT TO RESPECTFUL, FULLY-INFORMED, AGE-APPROPRIATE, SAFE LEVELS OF CARE

V

RIGHT OF CARERS TO BE INFORMED, VALUED AND RESPECTED AS A TREATMENT RESOURCE

VI

RIGHT OF CARERS TO ACCESSIBLE, APPROPRIATE SUPPORT AND EDUCATION RESOURCES

I

RIGHT TO COMMUNICATION/PARTNERSHIP WITH HEALTH PROFESSIONALS

- As in all physical and mental disorders, eating disorder patients have a right to have their condition taken seriously.
- Patients have a right to be treated with empathy and respect.
- Patients have a right to have their illness, its antecedents, maintaining factors, health risks, prognosis and treatment options fully explained to them in user-friendly terms and to be given the opportunity to ask questions and discuss any concerns they have about their illness or its treatment.
- Patients have a right to a full explanation and rationale for hospital/treatment program rules and regulations.
- Patients have a right to being actively involved in decisions about their care.
- In regard to service evaluation and planning:*
 - The input of patients and carers should be integrated in to the planning and setting up of new eating disorder services.
 - Patient and carer satisfaction should be routine outcomes included in the evaluation of services.

II

RIGHT TO COMPREHENSIVE ASSESSMENT AND TREATMENT PLANNING

- Patients have a right to a comprehensive assessment of their physical, emotional and social needs.
- Patients have the right to a Care Plan.

III

RIGHT TO ACCESSIBLE, HIGH QUALITY, FULLY FUNDED, SPECIALISED CARE

- Patients should expect to be treated by a health care practitioner who is competent in the assessment and treatment of physical and psychological aspects of their disorder.
- Patients have a right to the availability of accessible local specialised treatment services.
- Patients should have the right to equal access to fully funded specialised treatment and care.

IV

RIGHT TO RESPECTFUL, FULLY INFORMED, AGE-APPROPRIATE, SAFE LEVELS OF CARE

- Patients have a right to be informed about the evidence-base for any treatments they are being offered including its harms and benefits and about alternative treatments.
- Where appropriate patients have a right to be informed about the treatment outcomes achieved in a particular treatment facility and how they compare to published outcome figures.
- Patients should be alerted to any health risks as they arise and to have these monitored and taken into account in any treatment decisions.
- Patients should expect that their treatment will address both their nutritional and physical health and safety and their psychological health and quality of life.
- Patients should expect that their treatment will include a focus on relapse prevention.
- Patients should expect that the duration of treatment matches the nature and severity of their illness.
- In Regard to In-Patient and Residential Treatment:*
 - Patients should be treated in the least restrictive environment compatible with their physical risk.
 - Children and adolescents should be treated in age-appropriate treatment facilities.
 - Threats, coercion or punishments have no place in the treatment of eating disorders.
 - In life-threatening situations, where detention and/or refeeding against the person's will are critical for their health and safety, treatment interventions should be provided in a specialist Unit. Moreover, any such procedures should be conducted with the utmost respect for the individual's dignity and only after giving full consideration to all available alternatives.
- In Regard to Out-Patient Treatment:*
 - Patients have a right to be told how to access care in a crisis.
- In Regard to Transitions Between Services:*
 - Patients have a right to expect that health care practitioners will help them to plan for and manage the transition between hospital and the community.
 - Patients have a right to expect comprehensive, written handovers between services at the point of transition between one service and another.



RIGHT OF CARERS TO BE INFORMED, VALUED AND RESPECTED AS A TREATMENT RESOURCE

We use the term 'carer' here to denote any family member, partner or close other of a person with an eating disorder

- Carers have a right to be treated with empathy and respect.
- Carers have a right to be seen as a resource and a valued partner in the treatment of their loved one.
- Where appropriate, carers should be involved in the assessment and treatment of a person with an eating disorder. The precise nature and degree of carer involvement should be based on the wishes of the patient and their carers.
- Carers should be informed if the risks associated with the patient's eating disorder are high and where the patient is in the community be given clear instructions on how to act on these.



RIGHT OF CARERS TO ACCESSIBLE, APPROPRIATE SUPPORT AND EDUCATION RESOURCES

- Carers should be offered support to facilitate their care-giving role.
- Carers have a right to receive information and education about the illness of their close other.

THIS CHARTER CALLS UPON THOSE RESPONSIBLE FOR POLICY AND PRACTICE TO:

- Educate and inform the community with programs that:
 - De-stigmatize eating disorders by promoting the understanding that an eating disorder is not an illness of choice and by raising awareness of the causes of eating disorders
 - Increase public awareness of the signs and symptoms eating disorders
 - Make available comprehensive information about eating disorder services and resources
- Connect with the media to provide accurate information on eating disorders and to help shift the culture's perspective on body image issues and weight and food issues
- Develop and implement effective prevention programs targeting schools and universities
- Educate and train health care practitioners at all levels in the recognition and treatment of eating disorders to improve the quality of care
- Provide sufficient specialist services based on regional need
- Provide people with access to fully funded specialised treatment and care
- Fund research into eating disorders.

WORLDWIDE CHARTER FOR
ACTION
ON EATING DISORDERS

The Charter for Action Project is sponsored by the
Academy for Eating Disorders

Phone: +1 847 498 4274 Fax: +1-847 480 9282
Email: aed@aedweb.org Web: www.aedweb.org



VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services April 15, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
<i>Jan McCall</i>	<i>CFSA - N</i>
<i>Jennifer Mahan</i>	<i>MHANC</i>
<i>RIN Juke</i>	<i>Renewing Hearts</i>
<i>Brittany Bland</i>	<i>Renewing Hearts</i>
<i>Leah Byrd</i>	<i>Nurse of The Day - WFA BMC - ATP</i>
<i>Barbara Candel</i>	<i>B&C</i>
<i>John H. Bewdish</i>	<i>Astra Zeneca</i>
<i>Mae Lynn Reyes</i>	<i>Mae CK</i>
<i>TORI Toles</i>	<i>UNC</i>
<i>Janice R. Lynel</i>	<i>UNC</i>
<i>Emily Bulik - Sullivan</i>	<i>Chapel Hill High School</i>

VISITOR REGISTRATION SHEET

Name of Committee **Mental Health and Youth Services April 15, 2009.**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

[illegible]

Senate Mental Health & Youth Services Committee
Wednesday, April 29, 2009, 4:00 PM
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Bills

SB 526	School Violence Prevention Act.
HB 88	Healthy Youth Act.

Senator Boseman
Representative Adams
Representative England, M.D.
Representative Fisher
Representative Wilkins, Jr.

Presentations

Other Business

Adjournment

**NORTH CAROLINA GENERAL ASSEMBLY
SENATE**

MENTAL HEALTH & YOUTH SERVICES COMMITTEE REPORT

**Senator Eleanor Kinnaird, Co-Chair
Senator Malcolm Graham, Co-Chair**

Thursday, April 30, 2009.

Senator GRAHAM,
submits the following with recommendations as to passage:

FAVORABLE

H.B.(CS #2) 88	Healthy Youth Act.	
	Sequential Referral:	None
	Recommended Referral:	None

**UNFAVORABLE AS TO BILL, BUT FAVORABLE AS TO COMMITTEE SUBSTITUTE
BILL**

S.B.	526	School Violence Prevention Act.	
		Draft Number:	PCS15254
		Sequential Referral:	None
		Recommended Referral:	None
		Long Title Amended:	Yes

TOTAL REPORTED: 2

Committee Clerk Comments:

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, APRIL 29, 2009

MINUTES

Mental Health & Youth Services committee met April 29, 2009 at 4:00 P. M. in Room 414 of the Legislative Office Building. Eight members were present, including Senator Malcomb Graham, who presided. .

Senator Graham called the meeting to order, introduced the staff and pages.

Representative England explained House Bill 88 Healthy Youth Act.
Representative Fisher made remarks about the bill.

Senator Graham recognized Patrice Yancey, APPCNC, who spoke in support of the bill (See attachment (a)).

Bill Brooks, President and Executive Director, of NC Family Policy Council, spoke against the bill.

Senator Graham took question from the committee members

Senator Jones moved a favorable report. The motion carried.

Senator Dannelly moved a PCS to Senate Bill 526 School Violence Prevention Act. The motion carried.

Senator Boseman explained the PCS for Senate Bill 526 School Violence Prevention Act.

Senator Graham recognized Linda Gunter, NCAE, who spoke in support of the bill.

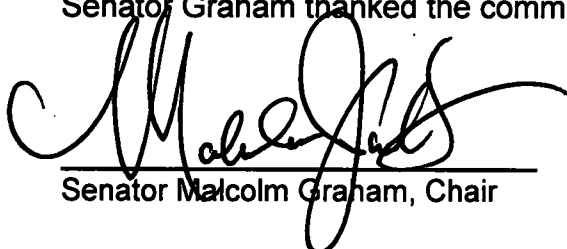
Bill Brooks, President and Executive Director, of NC Family Policy Council, spoke against the bill.

Julia Leggett, ARC of NC, spoke in favor of the bill on behalf of the disabled population of North Carolina.

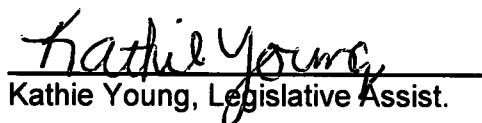
Committee member's questions were answered.

Senator Shaw moved an unfavorable as to bill but favorable as to committee substitute bill. The motion carried.

Senator Graham thanked the committee and adjourned the meeting at 5:00 p. m.



Senator Malcolm Graham, Chair



Kathie Young, Legislative Assist.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

4

HOUSE BILL 88
Committee Substitute Favorable 4/8/09
Committee Substitute #2 Favorable 4/9/09
Fourth Edition Engrossed 4/16/09

Short Title: Healthy Youth Act.

(Public)

Sponsors:

Referred to:

February 9, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE FOR ABSTINENCE UNTIL MARRIAGE AND
3 COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS IN GRADES SEVEN
4 THROUGH NINE.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. This act shall be known as the "Healthy Youth Act of 2009."

7 SECTION 2. G.S. 115C-81(e1)(1)l. reads as rewritten:

8 "l. ~~Abstinence until marriage education; An abstinence until marriage~~
9 ~~program and an abstinence-based comprehensive sexuality education~~
10 ~~program; and~~".

11 SECTION 3. G.S. 115C-81(e1)(3) is repealed.

12 SECTION 4. G.S. 115C-81(e1)(4) reads as rewritten:

13 "(4) ~~The State Board of Education shall evaluate abstinence until marriage~~
14 ~~curricula and their learning materials and shall develop and maintain a~~
15 ~~recommended list of one or more approved abstinence until marriage~~
16 ~~curricula. The State Board may develop an abstinence until marriage~~
17 ~~program to include on the recommended list. The State Board of Education~~
18 ~~shall not select or develop a program for inclusion on the recommended list~~
19 ~~that does not include the positive benefits of abstinence until marriage and~~
20 ~~the risks of premarital sexual activity as the primary focus. The State Board~~
21 ~~shall include on the recommended list only programs that include, in~~
22 ~~appropriate grades and classes, instruction that: Each local school~~
23 ~~administrative unit shall offer an abstinence until marriage program~~
24 ~~commencing in the seventh grade that includes the following instruction:~~

- 25 a. Teaches that abstinence from sexual activity outside of marriage is
26 the expected standard for all school-age children;
27 b. Presents techniques and strategies to deal with peer pressure and
28 offering positive reinforcement;
29 c. Presents reasons, skills, and strategies for remaining or becoming
30 abstinent from sexual activity;
31 d. Teaches that abstinence from sexual activity is the only certain
32 means of avoiding out-of-wedlock pregnancy, sexually transmitted
33 diseases when transmitted through sexual contact, including
34 HIV/AIDS, and other associated health and emotional problems;



* H 8 8 - V - 4 *

- e. Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS;
- f. Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual activity;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student; and
- h. Provides factually accurate biological or pathological information that is related to the human reproductive system."

SECTION 5. G.S. 115C-81(e1) is amended by adding two new subdivisions to

read:

"(4a) Each local school administrative unit shall also offer an abstinence-based comprehensive sexuality health education program commencing in the seventh grade that includes the following instruction:

- a. Teaches respect for marriage;
- b. Teaches that abstinence from sexual activity is the only certain way to prevent unintended pregnancy, reduce the risk of sexual transmission of diseases, including HIV/AIDS, and provide information about the value of abstinence;
- c. Teaches about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases;
- d. Teaches about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy;
- e. Teaches functional knowledge and essential skills to promote and maintain healthy behaviors that value lifelong good health and avoidance of risky behaviors such as alcohol and drug abuse, intravenous drug abuse, and unprotected sexual activity;
- f. Teaches awareness of sexual assault, sexual abuse, and risk reduction. The instruction and materials shall:
 - 1. Focus on healthy relationships;
 - 2. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction;
 - 3. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse; and
 - 4. Examine common misconceptions and stereotypes about sexual assault and sexual abuse;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student;
- h. Provides that materials used in instruction shall be age appropriate for use with students; and
- i. Provides that information conveyed during the instruction shall be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

(4b) Each local school administrative unit shall (i) submit to all parents or guardians of students in grades seven through nine consent forms explaining the two available tracks, abstinence until marriage and abstinence-based

comprehensive sexuality health education, and explain that a parent or guardian may chose to have his or her child not enroll in either track, and (ii) ask that each parent or guardian select a track for his or her child and return the signed consent form to the school. The consent form shall contain a statement in bold print that if the signed form is not returned to the school, the student shall not be enrolled in either track and will receive no sexuality health education. Each school board shall adopt a policy directing schools to notify parents or legal guardians who did not sign and return the consent form that the consent form has not been received and that their student will not be receiving any sexuality health education. The policy shall direct that such notice be in writing and may be provided by certified mail, telefax, e-mail, or any other written method reasonably designed to achieve actual notice to the parent or legal guardian. Any parent or guardian may at any time withdraw his or her child from participation in either program. The school shall provide parents an opportunity to examine the curriculum for both options before requiring the parents to select an option."

SECTION 6. G.S. 115C-81(e1)(5) reads as rewritten:

"(5) The State Board of Education shall make available to all local school administrative units for review by the parents and legal guardians of students enrolled at that unit any State-developed objectives for instruction, any approved textbooks, the list of reviewed materials, and any other State-developed or approved materials that pertain to or are intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, to the avoidance of out-of-wedlock pregnancy, or to the abstinence until marriage curriculum. ~~curriculum~~ or abstinence-based comprehensive sexuality curriculum. The review period shall extend for at least 60 days before use."

SECTION 7. G.S. 115C-81(e1)(6) is repealed.

SECTION 8. G.S. 115C-81(e1)(7) reads as rewritten:

"(7) Each school year, before students may participate in any portion of (i) a program that pertains to or is intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, or to the avoidance of out-of-wedlock pregnancy, (ii) an abstinence until marriage program, or (iii) ~~a comprehensive sex~~ an abstinence-based comprehensive sexuality education program, whether developed by the State or by the local board of education, the parents and legal guardians of those students shall be given an opportunity to review the objectives and materials. Local boards of education shall adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students' participation in any or all of these programs."

SECTION 9. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

"(11) Each local school administrative unit shall provide a comprehensive school health education program that meets all the requirements of this subsection and all the objectives established by the State Board. Each local board of education may expand on the subject areas to be included in the program and on the instructional objectives to be met."

SECTION 10. This act is effective when it becomes law and applies beginning with the 2010-2011 school year.



**HB 88/SB 221 Healthy Youth Act
Supporting Organizations**

1. Action for Children
2. Adolescent Pregnancy Prevention Campaign of North Carolina
3. Alianza Latina Pro-educación en Salud
4. American Civil Liberties Union of North Carolina
5. Covenant with North Carolina's Children
6. Durham Coalition on Adolescent Pregnancy Prevention
7. Equality NC
8. Guilford County Board of Health
9. March of Dimes
10. NARAL
11. National Association of Social Workers – North Carolina Chapter
12. North Carolina Association of Educators
13. North Carolina Folic Acid Council
14. North Carolina National Organization for Women
15. North Carolina Nurses Association
16. North Carolina Pediatric Society
17. North Carolina School Community Health Alliance
18. North Carolina School Social Workers Association
19. Old North State Medical Society
20. Planned Parenthood of Central North Carolina
21. Planned Parenthood Health Systems
22. Prevent Child Abuse North Carolina
23. Project Safe – NCCU
24. Wake Teen Medical Services
25. Parents and Teens across North Carolina.

Last updated 03/17/09



Support for HB 88/SB 221

The Healthy Youth Act

WHAT DOES THE BILL DO? The proposed legislation sets up a two-track system for teaching sexuality education in North Carolina – one for abstinence until marriage and another for abstinence-based comprehensive sexuality education. It gives parents the option to have their children enrolled in abstinence until marriage programs or abstinence-based comprehensive sexuality education programs. Every school system would be required to offer both programs in grades 7-9 and parents would select the program in which they wish their child to enroll.

BACKGROUND OF THE ISSUE:

North Carolina law currently mandates the teaching of abstinence until marriage. The law allows the teaching of an expanded program or comprehensive sexuality education, but only after a process that has created confusion for many school officials and personnel.

There is an urgent need in North Carolina to address this public health concern in an aggressive and reasoned way.

- According to a 2006 report, North Carolina had the ninth highest teen pregnancy rate in the nation¹ and now has the 14th highest teen birth rate.²
- In 2007, over 20,000 pregnancies were reported in young women aged 10 to 19.³
- In 2006, North Carolina was rated 5th for number of reported cases of HIV infection⁴ and there were 89 cases reported in youth ages 0 to 19.⁵
- In 2006, North Carolina was ranked 10th for the number of reported Chlamydia and syphilis cases, and ranked 8th for the number of gonorrhea cases.⁶
- There were over 17,000 cases of Chlamydia, syphilis, and gonorrhea for young people ages 10 to 19 in North Carolina in 2006.⁷
- Effective health information is based on information that saves lives. North Carolina's youth deserve to receive life-saving information included in programs that emphasize abstinence, but also provide complete health education.

¹ *U.S. Teen Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity*, The Guttmacher Institute, p. 11, last updated September 2006.

² "Teen Birth Rates: Where Does Your State Rank?" *U.S. News and World Report*, Jan. 8, 2009, available at <http://health.usnews.com/articles/health/2009/01/08/teen-birthrates-where-does-your-state-rank.html>.

³ North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics, available at <http://www.schs.state.nc.us/SCHS/data/pregnancies/2007/>.

⁴ State Health Facts, available at <http://www.statehealthfacts.org/comparemaptable.jsp?ind=521&cat=11>

⁵ *North Carolina HIV/STD Quarterly Surveillance Report*, North Carolina Department of Health and Human Services, Division of Public Health, Vol. 2006, No.4.

⁶ State Health Facts, available at <http://www.statehealthfacts.org/comparecat.jsp?cat=2>.

⁷ *North Carolina HIV/STD Quarterly Surveillance Report*, North Carolina Department of Health and Human Services, Division of Public Health, Vol. 2006, No.4.

- Failing to effectively address teen pregnancy is costly (for society and for individuals), is associated with higher drop-out rates, perpetuates a growing poverty rate especially children living in poverty, and is associated with many other difficult outcomes.

A two-track system is already offered in New Hanover County Schools and has been well received by parents.

- New Hanover County Schools have offered the two-track program for more than ten (10) years, leaving the decision regarding what type of sexuality education a child has up to the parent.
- According to teachers in the New Hanover County Schools, due to parent demand, the number of teachers hired and classes offered on abstinence-based comprehensive sexuality education outnumbers the abstinence only until marriage programs by a margin of three to one.
- Such an approach gives parents options so that health education can align with family values and gives health educators flexibility to use the best public health approaches for prevention.

REASONS TO SUPPORT THIS BILL:

Abstinence-based comprehensive sexuality education has widespread support in North Carolina.

- In a 2003 parent opinion survey conducted by the NC Departments of Instruction and Health and Human Services, 91% of parents of middle or high school students said they support sex education that includes information about STDs and HIV/AIDS transmission and prevention, abstinence, and contraceptive use in school. 96% of respondents said that parents ought to decide how sex ed is taught in school.⁸
- Students want complete education – information on both abstinence and contraception.⁹ They will get information – the question is whether it is correct information.

Abstinence-based comprehensive sexuality education programs provide youth with life-saving information that will help them avoid risky behavior and prepare them to make good health decisions throughout a lifetime.

- Teen years are formative and connected to our whole lives – decision-making abilities and tendencies that will affect health practices and relationship practices for the life-span are formed early on.
- Education is the best tool we have to help youth make good decisions and to actually impact rates of teen pregnancy and HIV/STDs.
- We know what works to prevent teen pregnancy. Abstinence-based comprehensive sex education is supported by sound, exhaustive research on what works to change or reinforce behavior. Conversely, programs that focus only on abstinence have no such evidence of being effective and in some cases can be harmful.

THIS BILL IS SUPPORTED BY: Action for Children; Adolescent Pregnancy Prevention Campaign of North Carolina; Alianza Latina Pro-educación en Salud; American Civil Liberties Union of North Carolina; Covenant with North Carolina's Children; Durham Coalition on

⁸ *North Carolina Parent Opinion Survey of Public School Sexuality Education*, N.C. Department of Health & Human Services and the N.C. Department of Public Instruction, October 2003.

⁹ *With One Voice; Parents and Teens Sound Off About Teen Pregnancy*, The National Campaign to Prevent Teen Pregnancy, p. 19, 2007.

Adolescent Pregnancy Prevention; Equality NC; Guilford County Board of Health; March of Dimes; NARAL; National Association of Social Workers – North Carolina Chapter; North Carolina Association of Educators; North Carolina Folic Acid Council; North Carolina National Organization for Women; North Carolina Nurses Association; North Carolina Pediatric Society; North Carolina School Community Health Alliance; North Carolina School Social Workers Association; Old North State Medical Society; Planned Parenthood of Central North Carolina; Planned Parenthood Health Systems; Prevent Child Abuse North Carolina; Project Safe – NCCU; Wake Teen Medical Services and Parents and Teens across North Carolina.

Last updated March 17, 2009.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

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1

SENATE BILL 526*

Short Title: School Violence Prevention Act.

(Public)

Sponsors: Senators Boseman; Albertson, Atwater, Clodfelter, Dannelly, Dorsett, Garrou, Jenkins, Kinnaird, Malone, McKissick, Purcell, Shaw, Stein, and Weinstein.

Referred to: Education/Higher Education.

March 12, 2009

A BILL TO BE ENTITLED

AN ACT TO ENACT THE SCHOOL VIOLENCE PREVENTION ACT.

Whereas, the General Assembly of North Carolina finds that a safe and civil environment in school is necessary in order for students to learn and achieve high academic standards; and

Whereas, bullying and harassment, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and a school's ability to educate its students in a safe environment; and

Whereas, bullying and harassing behaviors create a climate that fosters violence in our schools; and

Whereas, it is essential to enact a law that seeks to protect the health and welfare of North Carolina students and improve the learning environment for North Carolina students; and

Whereas, to do so, State and national data and anecdotal evidence have established the need to identify the most vulnerable targets and potential victims of bullying and harassment; and

Whereas, the sole purpose of this law is to protect all children from bullying and harassment, and no other legislative purpose is intended nor should any other intent be construed from passage of this law; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Subchapter VI of Chapter 115C of the General Statutes is amended by adding a new Article to read:

"Article 29B.

"School Violence Prevention.

"§ 115C-407.5. Bullying and harassing behavior.

(a) As used in this Article, "bullying or harassing behavior" is any pattern of gestures or written, electronic, or verbal communications, or any physical act or any threatening communication, that takes place on school property, at any school-sponsored function, or on a school bus, and that:

(1) Places a student or school employee in actual and reasonable fear of harm to his or her person or damage to his or her property; or

(2) Creates or is certain to create a hostile environment by substantially interfering with or impairing a student's educational performance, opportunities, or benefits. For purposes of this section, "hostile environment" means that the victim subjectively views the conduct as bullying or harassing behavior and the conduct is objectively severe or pervasive enough



1 that a reasonable person would agree that it is bullying or harassing
2 behavior.

3 Bullying or harassing behavior includes, but is not limited to, acts reasonably perceived as
4 being motivated by any actual or perceived differentiating characteristic, such as race, color,
5 religion, ancestry, national origin, gender, socioeconomic status, academic status, gender
6 identity or expression, physical appearance, sexual orientation, or mental, physical,
7 developmental, or sensory disability, or by association with a person who has or is perceived to
8 have one or more of these characteristics.

9 (b) No student or school employee shall be subjected to bullying or harassing behavior
10 by school employees or students.

11 (c) No person shall engage in any act of reprisal or retaliation against a victim, witness,
12 or a person with reliable information about an act of bullying or harassing behavior.

13 (d) A school employee, student, or volunteer who has witnessed or has reliable
14 information that a student or school employee has been subject to any act of bullying or
15 harassing behavior shall report the incident to the appropriate school official.

16 **"§ 115C-407.6. Policy against bullying or harassing behavior.**

17 (a) Before December 31, 2009, each local school administrative unit shall adopt a
18 policy prohibiting bullying or harassing behavior.

19 (b) The policy shall contain, at a minimum, the following components:

20 (1) A statement prohibiting bullying or harassing behavior.

21 (2) A definition of bullying or harassing behavior no less inclusive than that set
22 forth in this Article.

23 (3) A description of the type of behavior expected from each student and school
24 employee.

25 (4) Consequences and appropriate remedial action for a person who commits an
26 act of bullying or harassment.

27 (5) A procedure for reporting an act of bullying or harassment, including a
28 provision that permits a person to report such an act anonymously. This shall
29 not be construed to permit formal disciplinary action solely on the basis of
30 an anonymous report.

31 (6) A procedure for prompt investigation of reports of serious violations and
32 complaints of any act of bullying or harassment, identifying either the
33 principal or the principal's designee as the person responsible for the
34 investigation.

35 (7) A statement that prohibits reprisal or retaliation against any person who
36 reports an act of bullying or harassment, and the consequence and
37 appropriate remedial action for a person who engages in reprisal or
38 retaliation.

39 (8) A statement of how the policy is to be disseminated and publicized,
40 including notice that the policy applies to participation in school-sponsored
41 functions.

42 (c) Nothing in this Article shall prohibit a local school administrative unit from
43 adopting a policy that includes components beyond the minimum components provided in this
44 section or that is more inclusive than the requirements of this Article.

45 (d) Notice of the local policy shall appear in any school unit publication that sets forth
46 the comprehensive rules, procedures, and standards of conduct for schools within the school
47 unit and in any student and school employee handbook.

48 (e) Information regarding the local policy against bullying or harassing behavior shall
49 be incorporated into a school's employee training program.

1 (f) To the extent funds are appropriated for these purposes, a local school
2 administrative unit shall, by March 1, 2010, provide training on the local policy to school
3 employees and volunteers who have significant contact with students.

4 "§ 115C-407.7. Prevention of school violence.

5 Schools shall develop and implement methods and strategies for promoting school
6 environments that are free of bullying or harassing behavior.

7 "§ 115C-407.8. Construction of this Article.

8 (a) This Article shall not be construed to permit school officials to punish student
9 expression or speech based on an undifferentiated fear or apprehension of disturbance or out of
10 a desire to avoid the discomfort and unpleasantness that always accompany an unpopular
11 viewpoint.

12 (b) This Article shall not be interpreted to prevent a victim of bullying or harassing
13 behavior from seeking redress under any other available law, either civil or criminal.

14 (c) Nothing in this Article shall be construed to require an exhaustion of the
15 administrative complaint process before civil or criminal law remedies may be pursued
16 regarding bullying or harassing behavior.

17 (d) The provisions of this Article are severable, and if any provision of this Article is
18 held invalid by a court of competent jurisdiction, the invalidity shall not affect other provisions
19 of this Article which can be given effect without the invalid provision.

20 (e) The provisions of this Article shall be liberally construed to give effect to its
21 purposes.

22 (f) Nothing in this act shall be construed to create any classification, protected class,
23 suspect category, or preference beyond those existing in present statute or case law."

24 **SECTION 2.** This act is effective when it becomes law and applies, unless
25 otherwise provided in G.S. 115C-407.6 as enacted by Section 1 of this act, beginning with the
26 2009-2010 school year.

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

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**SENATE BILL 526*
PROPOSED COMMITTEE SUBSTITUTE S526-CSSQ-25 [v.3]**

4/29/2009 3:57:22 PM

Short Title: School Violence Prevention Act.

(Public)

Sponsors:

Referred to:

March 12, 2009

A BILL TO BE ENTITLED

AN ACT TO ENACT THE SCHOOL VIOLENCE PREVENTION ACT AND TO DEFINE BULLYING OR HARASSING BEHAVIOR AS USED IN THE ACT AS ANY PATTERN OF GESTURES OR WRITTEN, ELECTRONIC, OR VERBAL COMMUNICATIONS, OR ANY PHYSICAL ACT OR ANY THREATENING COMMUNICATION, THAT TAKES PLACE ON SCHOOL PROPERTY, AT ANY SCHOOL-SPONSORED FUNCTION, OR ON A SCHOOL BUS, AND THAT PLACES A STUDENT OR SCHOOL EMPLOYEE IN ACTUAL AND REASONABLE FEAR OF HARM TO HIS OR HER PERSON OR DAMAGE TO HIS OR HER PROPERTY; OR CREATES OR IS CERTAIN TO CREATE A HOSTILE ENVIRONMENT BY SUBSTANTIALLY INTERFERING WITH OR IMPAIRING A STUDENT'S EDUCATIONAL PERFORMANCE, OPPORTUNITIES, OR BENEFITS; TO DEFINE HOSTILE ENVIRONMENT AS USED IN THE AT AS MEANING THE VICTIM SUBJECTIVELY VIEWS THE CONDUCT AS BULLYING OR HARASSING BEHAVIOR AND THE CONDUCT IS OBJECTIVELY SEVERE OR PERVASIVE ENOUGH THAT A REASONABLE PERSON WOULD AGREE THAT IT IS BULLYING OR HARASSING BEHAVIOR; TO PROVIDE THAT BULLYING OR HARASSING BEHAVIOR INCLUDES, BUT IS NOT LIMITED TO, ACTS REASONABLY PERCEIVED AS BEING MOTIVATED BY ANY ACTUAL OR PERCEIVED DIFFERENTIATING CHARACTERISTIC, SUCH AS RACE, COLOR, RELIGION, ANCESTRY, NATIONAL ORIGIN, GENDER, SOCIOECONOMIC STATUS, ACADEMIC STATUS, GENDER IDENTITY, PHYSICAL APPEARANCE, SEXUAL ORIENTATION, OR MENTAL, PHYSICAL, DEVELOPMENTAL, OR SENSORY DISABILITY, OR BY ASSOCIATION WITH A PERSON WHO HAS OR IS PERCEIVED TO HAVE ONE OR MORE OF THESE CHARACTERISTICS; AND TO REQUIRE ALL LOCAL SCHOOL ADMINISTRATIVE UNITS TO ADOPT A POLICY PROHIBITING BULLYING AND HARASSING BEHAVIOR AS REQUIRED BY THE ACT.

Whereas, the General Assembly of North Carolina finds that a safe and civil environment in school is necessary in order for students to learn and achieve high academic standards; and

Whereas, bullying and harassment, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and a school's ability to educate its students in a safe environment; and



Whereas, bullying and harassing behaviors create a climate that fosters violence in our schools; and

Whereas, it is essential to enact a law that seeks to protect the health and welfare of North Carolina students and improve the learning environment for North Carolina students; and

Whereas, to do so, State and national data and anecdotal evidence have established the need to identify the most vulnerable targets and potential victims of bullying and harassment; and

Whereas, the sole purpose of this law is to protect all children from bullying and harassment, and no other legislative purpose is intended nor should any other intent be construed from passage of this law; Now, therefore,
The General Assembly of North Carolina enacts:

SECTION 1. Subchapter VI of Chapter 115C of the General Statutes is amended by adding a new Article to read:

"Article 29B.

"School Violence Prevention.

"§ 115C-407.5. Bullying and harassing behavior.

(a) As used in this Article, "bullying or harassing behavior" is any pattern of gestures or written, electronic, or verbal communications, or any physical act or any threatening communication, that takes place on school property, at any school-sponsored function, or on a school bus, and that:

(1) Places a student or school employee in actual and reasonable fear of harm to his or her person or damage to his or her property; or

(2) Creates or is certain to create a hostile environment by substantially interfering with or impairing a student's educational performance, opportunities, or benefits. For purposes of this section, "hostile environment" means that the victim subjectively views the conduct as bullying or harassing behavior and the conduct is objectively severe or pervasive enough that a reasonable person would agree that it is bullying or harassing behavior.

Bullying or harassing behavior includes, but is not limited to, acts reasonably perceived as being motivated by any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, socioeconomic status, academic status, gender identity, physical appearance, sexual orientation, or mental, physical, developmental, or sensory disability, or by association with a person who has or is perceived to have one or more of these characteristics.

(b) No student or school employee shall be subjected to bullying or harassing behavior by school employees or students.

(c) No person shall engage in any act of reprisal or retaliation against a victim, witness, or a person with reliable information about an act of bullying or harassing behavior.

(d) A school employee, student, or volunteer who has witnessed or has reliable information that a student or school employee has been subject to any act of bullying or harassing behavior shall report the incident to the appropriate school official.

"§ 115C-407.6. Policy against bullying or harassing behavior.

(a) Before December 31, 2009, each local school administrative unit shall adopt a policy prohibiting bullying or harassing behavior.

(b) The policy shall contain, at a minimum, the following components:

(1) A statement prohibiting bullying or harassing behavior.

(2) A definition of bullying or harassing behavior no less inclusive than that set forth in this Article.

(3) A description of the type of behavior expected for each student and school employee.

- counseling*
- (4) Consequences and appropriate remedial action for a person who commits an act of bullying or harassment.
- (5) A procedure for reporting an act of bullying or harassment, including a provision that permits a person to report such an act anonymously. This shall not be construed to permit formal disciplinary action solely on the basis of an anonymous report.
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- (8) A statement of how the policy is to be disseminated and publicized, including notice that the policy applies to participation in school-sponsored functions.

(c) Nothing in this Article shall prohibit a local school administrative unit from adopting a policy that includes components beyond the minimum components provided in this section or that is more inclusive than the requirements of this Article.

(d) Notice of the local policy shall appear in any school unit publication that sets forth the comprehensive rules, procedures, and standards of conduct for schools within the school unit and in any student and school employee handbook.

(e) Information regarding the local policy against bullying or harassing behavior shall be incorporated into a school's employee training program.

(f) To the extent funds are appropriated for these purposes, a local school administrative unit shall, by March 1, 2010, provide training on the local policy to school employees and volunteers who have significant contact with students.

"§ 115C-407.7. Prevention of school violence.

Schools shall develop and implement methods and strategies for promoting school environments that are free of bullying or harassing behavior.

"§ 115C-407.8. Construction of this Article.

(a) This Article shall not be construed to permit school officials to punish student expression or speech based on an undifferentiated fear or apprehension of disturbance or out of a desire to avoid the discomfort and unpleasantness that always accompany an unpopular viewpoint.

(b) This Article shall not be interpreted to prevent a victim of bullying or harassing behavior from seeking redress under any other available law, either civil or criminal.

(c) Nothing in this Article shall be construed to require an exhaustion of the administrative complaint process before civil or criminal law remedies may be pursued regarding bullying or harassing behavior.

(d) The provisions of this Article are severable, and if any provision of this Article is held invalid by a court of competent jurisdiction, the invalidity shall not affect other provisions of this Article which can be given effect without the invalid provision.

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reporting requirements

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

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1

SENATE BILL 526*

Short Title: School Violence Prevention Act.

(Public)

Sponsors: Senators Boseman; Albertson, Atwater, Clodfelter, Dannelly, Dorsett, Garrou, Jenkins, Kinnaid, Malone, McKissick, Purcell, Shaw, Stein, and Weinstein.

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Whereas, to do so, State and national data and anecdotal evidence have established the need to identify the most vulnerable targets and potential victims of bullying and harassment; and

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24 **SECTION 2.** This act is effective when it becomes law and applies, unless
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26 2009-2010 school year.

Senate Mental Health & Youth Services Committee
Wednesday, May 6, 2009, 12:00 Noon
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Bills

SB 721 Allow Electronic Suprvsn./MH/DD Facilities. Senator Hoyle

Presentations

Other Business

Adjournment

**NORTH CAROLINA GENERAL ASSEMBLY
SENATE**

MENTAL HEALTH & YOUTH SERVICES COMMITTEE REPORT

**Senator Eleanor Kinnaird, Co-Chair
Senator Malcolm Graham, Co-Chair**

Wednesday, May 06, 2009

Senator KINNAIRD,
submits the following with recommendations as to passage:

FAVORABLE

S.B.	721	Allow Electronic Suprvsn./MH/DD Facilities..
		Sequential Referral: None
		Recommended Referral: None

TOTAL REPORTED: 1

Committee Clerk Comments:

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, May 6, 2009

MINUTES

Mental Health & Youth Services committee met May 6, 2009 at 12:00 noon. in Room 414 of the Legislative Office Building. Four members were present, including Senator Ellie Kinnaird, who presided.

Senator Kinnaird called the meeting to order, introduced the pages.

Senator Hoyle explained SB 721 Allow Electronic Suprvsn. /MH/DD Facilities

Jim Swomlola, Chief Executive Officer, Grandfather Home for Children, spoke in support of the electronic supervision safety cameras.

Committee member's questions were answered.

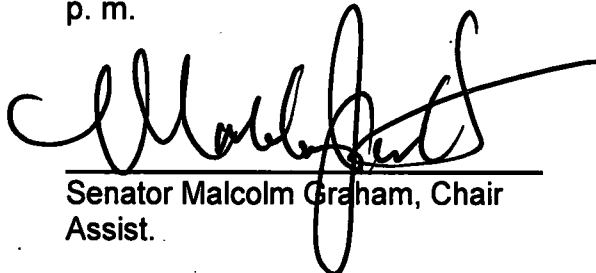
Jessie Goodman, DHHS explained the difference in the State requirement for supervision standards during client sleep hours and this bill explaining the state laws would not allow the change the bill requested.

Sandy Sands, lobbyist for Grandfather Home suggested removing "alternate" from lines 24 and 28 to make the bill workable.

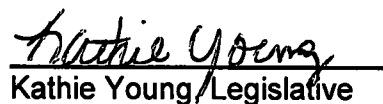
Senator Kinnaird requested committee member to pass the bill as is and asked Senator Nesbitt to work with the agency and staff to write substitute language that would address the needs of Grandfather Homes and the State laws. The committee agreed.

Senator Shaw moved a favorable report. The motion carried.

Senator Kinnaird thanked the committee and adjourned the meeting at 12:40 p. m.



Senator Malcolm Graham, Chair
Assist.



Kathie Young, Legislative

S.B. 721

SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO REQUIRE THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES ESTABLISHING ACCEPTABLE ELECTRONIC SUPERVISION STANDARDS AND ALTERNATE STAFFING REQUIREMENTS AT FACILITIES FOR CHILDREN AND ADOLESCENTS WITH MENTAL ILLNESS OR DEVELOPMENTAL DISABILITIES DURING CLIENT SLEEP HOURS.

Introduced by Senator(s)

Hoyle

Doyle *Loos*

Joe Sam Green

Principal Clerk's Use Only

FILED MAR 19 2009

PASSED 1st READING

MAR 24 2009

AND REFERRED TO COMMITTEE

ON *Mental Health*

Youth Services

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

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1

SENATE BILL 721

Short Title: Allow Electronic Suprvsn./MH/DD Facilities. (Public)

Sponsors: Senators Hoyle; Goss and Queen.

Referred to: Mental Health & Youth Services.

March 24, 2009

A BILL TO BE ENTITLED

AN ACT TO REQUIRE THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES ESTABLISHING ACCEPTABLE ELECTRONIC SUPERVISION STANDARDS AND ALTERNATE STAFFING REQUIREMENTS AT FACILITIES FOR CHILDREN AND ADOLESCENTS WITH MENTAL ILLNESS OR DEVELOPMENTAL DISABILITIES DURING CLIENT SLEEP HOURS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 143B-147(a)(2) reads as rewritten:

"(a) There is hereby created the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services with the power and duty to adopt, amend and repeal rules to be followed in the conduct of State and local mental health, developmental disabilities, substance abuse programs including education, prevention, intervention, screening, assessment, referral, detoxification, treatment, rehabilitation, continuing care, emergency services, case management, and other related services. Such rules shall be designed to promote the amelioration or elimination of the mental illness, developmental disabilities, or substance abuse problems of the citizens of this State. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall have the authority:

(2) To adopt rules for the licensing of facilities for the mentally ill, developmentally disabled, and substance abusers, under Article 2 of Chapter 122C of the General Statutes. These rules shall include all of the following:

a. Standards for the use of electronic supervision devices as an alternate means of continuous supervision at facilities for children and adolescents with mental illness or developmental disabilities during client sleep hours.

b. Alternate staffing requirements at facilities for children and adolescents with mental illness or developmental disabilities when continuous electronic supervision that meets the standards established pursuant to sub-subdivision a. of this subdivision is present, which requirements allow staff to be asleep though available to respond immediately to clients as needed during client sleep hours.

...."

SECTION 2. This act is effective when it becomes law.





SENATE BILL 721: Allow Electronic Suprvsn./MH/DD Facilities

2009-2010 General Assembly

Committee: Senate Mental Health & Youth Services
Introduced by: Sen. Hoyle
Analysis of: First Edition

Date: March 30, 2009
Prepared by: Shawn Parker
Legislative Analyst

SUMMARY: *Senate Bill 721 directs the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services to adopt rules establishing standards for electronic monitoring and alternate staffing requirements at facilities for children and adolescents with mental illness or developmental disabilities during client sleep hours.*

CURRENT LAW:

The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services (Commission) has the authority to adopt rules for the licensing of facilities governed by Article 2 of Chapter 122C.

BILL ANALYSIS: Senate Bill 721 directs the Commission to adopt rules, by including within it's rule making authority for the licensing of facilities for Article 2 facilities, to establish standards for the use of electronic supervision devices as an alternate means of continuous supervision at facilities for children and adolescents with mental illness or developmental disabilities and to change staffing requirements (number of staff required to be awake) for facilities that utilize approved monitoring.

EFFECTIVE DATE: This act is effective when it becomes law.

BACKGROUND:

Current rules provide that a staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach and staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous.¹

The minimum number of direct care staff during child or adolescent sleep hours at such facilities is as follows:

- two direct care staff shall be present and one shall be awake for one through four children or adolescents;
- two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and
- three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.²

S721-SMSQ-21(e1) v1

¹ 10A NCAC 27G.1701

² 10A NCAC 27G.1704

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services May 6, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
<i>[Signature]</i>	WC SR
<i>[Signature]</i> Jim Swinkola	Jim Swinkola, CEO Grandfather Home Banner Elk
<i>[Signature]</i> Ann Swinkola	" "
<i>[Signature]</i> Fred Welch	Eastern Seaboard UCF NC
Jennifer Mahan	MHANC
Pat Porter	General Assembly - research
<i>[Signature]</i> Chuck Stone	<i>[Signature]</i> SEANC
Kan McLeod	CFSA - NC
Anndiese Dolph	DRNC
Meghan Jones	DRNC

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services May 6, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Julia Leggett	The Arc of NC
Yvonne Copeland	NCCCP
Stephanie Alexander	DHSR
JOAN KAYE	DMH/DD/SAS
Harry Simon	NC League of Municipalities
Bob Hedrick	NCPL
Jesse Goodman	DHHS

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, MAY 27, 2009

MINUTES

Mental Health & Youth Services committee met May 27, 2009 at 12:00 noon. in Room 414 of the Legislative Office Building. Eight members were present, including Senator Malcomb Graham, who presided.

Senator Graham called the meeting to order and introduced the pages.

Representative Fisher explained HB 88 Healthy Youth Act. Senator Jones moved a PCS on the floor. The motion carried. Senator Nesbitt explained the PCS. Senator Nesbitt asked Shawn Parker, Research Staff, to explain Section 5.

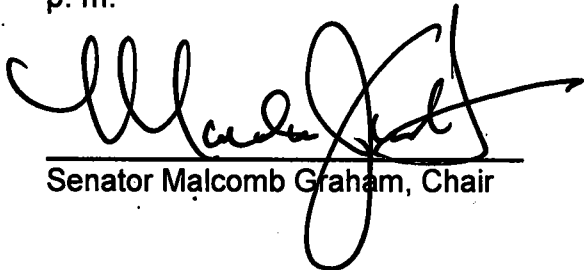
Senator Dannelly moved for a favorable report. Sen. Forrester ask to postpone a vote on the bill and to ask school personnel to speak to the bill.

Brian Lewis, NCAE answered questions from Committee Members.

LeAnne Winner, NC School Board Association reported the Association supported the PCS.

No vote was taken

Senator Graham thanked the committee and adjourned the meeting at 12:30 p. m.



Senator Malcomb Graham, Chair

Kathie Young, Legislative Assist.

Senate Mental Health & Youth Services Committee
Wednesday, May 27, 2009, 12:00 Noon
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Bills

HB 88 Healthy Youth Act.

Representative Adams
Representative England, M.D.
Representative Fisher
Representative Wilkins, Jr.

Presentations

Other Business

Adjournment

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

D

HOUSE BILL 88
Committee Substitute Favorable 4/8/09
Committee Substitute #2 Favorable 4/9/09
Fourth Edition Engrossed 4/16/09
PROPOSED SENATE COMMITTEE SUBSTITUTE H88-CSSQ-38 [v.1]

5/12/2009 2:12:09 PM

Short Title: Healthy Youth Act.

(Public)

Sponsors:

Referred to:

February 9, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE FOR ABSTINENCE UNTIL MARRIAGE AND
3 COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS IN GRADES SEVEN
4 THROUGH NINE.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. This act shall be known as the "Healthy Youth Act of 2009."

7 SECTION 2. G.S. 115C-81(e1)(1)l. reads as rewritten:

8 "l. Abstinence until marriage education; An abstinence until marriage
9 program and an abstinence-based comprehensive sexuality education
10 program; and".

11 SECTION 3. G.S. 115C-81(e1)(3) is repealed.

12 SECTION 4. G.S. 115C-81(e1)(4) reads as rewritten:

13 "(4) ~~The State Board of Education shall evaluate abstinence until marriage~~
14 ~~curricula and their learning materials and shall develop and maintain a~~
15 ~~recommended list of one or more approved abstinence until marriage~~
16 ~~curricula. The State Board may develop an abstinence until marriage~~
17 ~~program to include on the recommended list. The State Board of Education~~
18 ~~shall not select or develop a program for inclusion on the recommended list~~
19 ~~that does not include the positive benefits of abstinence until marriage and~~
20 ~~the risks of premarital sexual activity as the primary focus. The State Board~~
21 ~~shall include on the recommended list only programs that include, in~~
22 ~~appropriate grades and classes, instruction that: Each local school~~
23 ~~administrative unit shall offer an abstinence until marriage program~~
24 ~~commencing in the seventh grade that includes the following instruction:~~

- 25 a. Teaches that abstinence from sexual activity outside of marriage is
26 the expected standard for all school-age children;
27 b. Presents techniques and strategies to deal with peer pressure and
28 offering positive reinforcement;
29 c. Presents reasons, skills, and strategies for remaining or becoming
30 abstinent from sexual activity;

- d. Teaches that abstinence from sexual activity is the only certain means of avoiding out-of-wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, including HIV/AIDS, and other associated health and emotional problems;
- e. Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS;
- f. Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual activity;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student; and
- h. Provides factually accurate biological or pathological information that is related to the human reproductive system."

SECTION 5. G.S. 115C-81(e1) is amended by adding two new subdivisions to

read:

"(4a) Each local school administrative unit shall also offer an abstinence-based comprehensive sexuality health education program commencing in the seventh grade that includes the following instruction:

- a. Teaches respect for marriage;
- b. Teaches that abstinence from sexual activity is the only certain way to prevent unintended pregnancy, reduce the risk of sexual transmission of diseases, including HIV/AIDS, and provide information about the value of abstinence;
- c. Teaches about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases;
- d. Teaches about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy;
- e. Teaches functional knowledge and essential skills to promote and maintain healthy behaviors that value lifelong good health and avoidance of risky behaviors such as alcohol and drug abuse, intravenous drug abuse, and unprotected sexual activity;
- f. Teaches awareness of sexual assault, sexual abuse, and risk reduction. The instruction and materials shall:
 - 1. Focus on healthy relationships;
 - 2. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction;
 - 3. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse; and
 - 4. Examine common misconceptions and stereotypes about sexual assault and sexual abuse;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student;
- h. Provides that materials used in instruction shall be age appropriate for use with students; and
- i. Provides that information conveyed during the instruction shall be objective and based upon scientific research that is peer reviewed and

accepted by professionals and credentialed experts in the field of sexual health education.

(4b) Each local school administrative unit shall (i) submit to all parents or guardians of students in grades seven through nine consent forms explaining the two available tracks, abstinence until marriage and abstinence-based comprehensive sexuality health education, and explain that a parent or guardian may chose to have his or her child not enroll in either track, and (ii) ask that each parent or guardian select a track for his or her child and return the signed consent form to the school. The consent form shall contain a statement in bold print that if the signed form is not returned to the school, the student will be enrolled in the abstinence-based comprehensive sexuality health education program. Any parent or guardian may at any time withdraw his or her child from participation in either program. The school shall provide parents an opportunity to examine the curriculum for both options before requiring the parents to select an option."

SECTION 6. G.S. 115C-81(e1)(5) reads as rewritten:

"(5) The State Board of Education shall make available to all local school administrative units for review by the parents and legal guardians of students enrolled at that unit any State-developed objectives for instruction, any approved textbooks, the list of reviewed materials, and any other State-developed or approved materials that pertain to or are intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, to the avoidance of out-of-wedlock pregnancy, or to the abstinence until marriage ~~curriculum-curriculum~~ or abstinence-based comprehensive sexuality curriculum. The review period shall extend for at least 60 days before use."

SECTION 7. G.S. 115C-81(e1)(6) is repealed.

SECTION 8. G.S. 115C-81(e1)(7) reads as rewritten:

"(7) Each school year, before students may participate in any portion of (i) a program that pertains to or is intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, or to the avoidance of out-of-wedlock pregnancy, (ii) an abstinence until marriage program, or (iii) ~~a comprehensive sexan~~ abstinence-based comprehensive sexuality education program, whether developed by the State or by the local board of education, the parents and legal guardians of those students shall be given an opportunity to review the objectives and materials. Local boards of education shall adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students' participation in any or all of these programs."

SECTION 9. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

"(11) Each local school administrative unit shall provide a comprehensive school health education program that meets all the requirements of this subsection and all the objectives established by the State Board. Each local board of education may expand on the subject areas to be included in the program and on the instructional objectives to be met."

SECTION 10. This act is effective when it becomes law and applies beginning with the 2010-2011 school year.



HOUSE BILL 88: Healthy Youth Act

2009-2010 General Assembly

Committee: Senate Mental Health & Youth Services
Introduced by: Reps. England, Fisher, Adams, Wilkins
Analysis of: PCS to Fourth Edition
H88-CSSQ-38

Date: May 19, 2009
Prepared by: Shawn Parker
Legislative Analyst

SUMMARY: *House Bill 88 establishes an abstinence-based comprehensive sexuality education program and directs local school administrative units to provide parents and legal guardians of students in grades seven through nine a choice between this unit of study and the current unit of study (abstinence only until marriage program) as part of the Healthy Living curriculum.*

The Senate Committee Substitute provides if a consent form is not returned, the student will be enrolled in the abstinence-based comprehensive sexuality education program.

BILL ANALYSIS:

Section 1 provides the act to be known as the "Healthy Youth Act of 2009".

Section 2 expands the components of a comprehensive school health education program to include both an abstinence until marriage education or an abstinence-based comprehensive sexuality education program.

Section 3 repeals G.S. 115C-81(e1)(3) which pertains to the development of objectives for instruction in the prevention of STDs, including HIV/AIDS, that includes emphasis on the importance of parental involvement, abstinence from sex until marriage, and avoiding intravenous drug use. The substance of these objectives is included in the provisions of the new abstinence-based comprehensive sexuality health education program as described in G.S. 115C-81(e1)(4a).

Section 4 directs each local school administrative unit to offer an abstinence until marriage program to students beginning in the seventh grade. The section requires the instruction of the program shall follow current statutory requirements:

- *Teaches that abstinence from sexual activity outside of marriage is the expected standard for all school-age children;*
- *Presents techniques and strategies to deal with peer pressure and offering positive reinforcement;*
- *Presents reasons, skills, and strategies for remaining or becoming abstinent from sexual activity;*
- *Teaches that abstinence from sexual activity is the only certain means of avoiding out-of-wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, including HIV/AIDS, and other associated health and emotional problems;*
- *Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS;*
- *Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual activity;*
- *Provides opportunities that allow for interaction between the parent or legal guardian and the student; and*
- *Provides factually accurate biological or pathological information that is related to the human reproductive system.*

Section 5 directs each local school administrative unit to offer an abstinence-based comprehensive sexuality education program to students beginning in the seventh grade. This program must include:

- *Teach respect for marriage;*
- *Teach that abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy, reduce the risk of sexual transmission of STDs, including HIV/AIDS, and provide information regarding the value of abstinence;*

House Bill 88

Page 2

- *Teach about sexually transmitted diseases, including the effectiveness of FDA-approved methods of reducing the risk of contracting an STD;*
- *Teach about the effectiveness of and safety of FDA-approved contraceptive methods in preventing pregnancy;*
- *Teach functional knowledge and essential skills to promote and maintain healthy behaviors; and*
- *Teach awareness of sexual assault, sexual abuse, and risk reduction.*

The instruction must also:

- *Use material that is age appropriate;*
- *Provide opportunities for interaction between the parent or legal guardian and the student; and*
- *Provide that the information given is objective and based upon peer-reviewed scientific research.*

The section directs each local school administrative unit to provide to all parents or guardians of students in grades seven through nine consent forms to be signed and returned indicating the selected course of study for the student. The form shall explain both units of study and explain that a parent or a guardian may choose not to enroll his or her child in either unit. The form shall indicate in bold print that if the form is not returned the student will assigned to the abstinence-based comprehensive sexuality education program.

Sections 6 and 8 makes conforming changes in G.S. 115C-81(e1)(5) and G.S. 115C-81(e1)(7).

Sections 7 and 9 repeal 115C-81(e1)(6) and recodify provisions from the subdivision that do not relate to the current process for providing a comprehensive sex education program.

CURRENT LAW: G.S. 115C-81 provides the Basic Education Program. Subsection (e1) describes a comprehensive school health education program that is to be taught to students in grades K-9. The State Board of Education (SBE) is required to supervise the development and operation of a statewide comprehensive health education program. LEAs must provide a comprehensive school health education program in grades K-9 that meets all of the requirements of the law and the objectives set by the State Board.

EFFECTIVE DATE: This act is effective when it becomes law and applies beginning with the 2010-2011 academic school year.

Sara Kamprath contributed to this summary.

H88-SMSQ-80(CSSQ-38) v1

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

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HOUSE BILL 88
Committee Substitute Favorable 4/8/09
Committee Substitute #2 Favorable 4/9/09
Fourth Edition Engrossed 4/16/09

Short Title: Healthy Youth Act.

(Public)

Sponsors:

Referred to:

February 9, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE FOR ABSTINENCE UNTIL MARRIAGE AND
3 COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS IN GRADES SEVEN
4 THROUGH NINE.

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24 ~~commencing in the seventh grade that includes the following instruction:~~

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26 the expected standard for all school-age children;
27 b. Presents techniques and strategies to deal with peer pressure and
28 offering positive reinforcement;
29 c. Presents reasons, skills, and strategies for remaining or becoming
30 abstinent from sexual activity;
31 d. Teaches that abstinence from sexual activity is the only certain
32 means of avoiding out-of-wedlock pregnancy, sexually transmitted
33 diseases when transmitted through sexual contact, including
34 HIV/AIDS, and other associated health and emotional problems;



* H 8 8 - V - 4 *

- e. Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS;
- f. Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual activity;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student; and
- h. Provides factually accurate biological or pathological information that is related to the human reproductive system."

SECTION 5. G.S. 115C-81(e1) is amended by adding two new subdivisions to

read:

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- a. Teaches respect for marriage;
- b. Teaches that abstinence from sexual activity is the only certain way to prevent unintended pregnancy, reduce the risk of sexual transmission of diseases, including HIV/AIDS, and provide information about the value of abstinence;
- c. Teaches about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases;
- d. Teaches about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy;
- e. Teaches functional knowledge and essential skills to promote and maintain healthy behaviors that value lifelong good health and avoidance of risky behaviors such as alcohol and drug abuse, intravenous drug abuse, and unprotected sexual activity;
- f. Teaches awareness of sexual assault, sexual abuse, and risk reduction. The instruction and materials shall:
 - 1. Focus on healthy relationships;
 - 2. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction;
 - 3. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse; and
 - 4. Examine common misconceptions and stereotypes about sexual assault and sexual abuse;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student;
- h. Provides that materials used in instruction shall be age appropriate for use with students; and
- i. Provides that information conveyed during the instruction shall be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

(4b) Each local school administrative unit shall (i) submit to all parents or guardians of students in grades seven through nine consent forms explaining the two available tracks, abstinence until marriage and abstinence-based

comprehensive sexuality health education, and explain that a parent or guardian may chose to have his or her child not enroll in either track, and (ii) ask that each parent or guardian select a track for his or her child and return the signed consent form to the school. The consent form shall contain a statement in bold print that if the signed form is not returned to the school, the student shall not be enrolled in either track and will receive no sexuality health education. Each school board shall adopt a policy directing schools to notify parents or legal guardians who did not sign and return the consent form that the consent form has not been received and that their student will not be receiving any sexuality health education. The policy shall direct that such notice be in writing and may be provided by certified mail, telefax, e-mail, or any other written method reasonably designed to achieve actual notice to the parent or legal guardian. Any parent or guardian may at any time withdraw his or her child from participation in either program. The school shall provide parents an opportunity to examine the curriculum for both options before requiring the parents to select an option."

SECTION 6. G.S. 115C-81(e1)(5) reads as rewritten:

"(5) The State Board of Education shall make available to all local school administrative units for review by the parents and legal guardians of students enrolled at that unit any State-developed objectives for instruction, any approved textbooks, the list of reviewed materials, and any other State-developed or approved materials that pertain to or are intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, to the avoidance of out-of-wedlock pregnancy, or to the abstinence until marriage ~~curriculum~~curriculum or abstinence-based comprehensive sexuality curriculum. The review period shall extend for at least 60 days before use."

SECTION 7. G.S. 115C-81(e1)(6) is repealed.

SECTION 8. G.S. 115C-81(e1)(7) reads as rewritten:

"(7) Each school year, before students may participate in any portion of (i) a program that pertains to or is intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, or to the avoidance of out-of-wedlock pregnancy, (ii) an abstinence until marriage program, or (iii) ~~a comprehensive sex~~an abstinence-based comprehensive sexuality education program, whether developed by the State or by the local board of education, the parents and legal guardians of those students shall be given an opportunity to review the objectives and materials. Local boards of education shall adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students' participation in any or all of these programs."

SECTION 9. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

"(11) Each local school administrative unit shall provide a comprehensive school health education program that meets all the requirements of this subsection and all the objectives established by the State Board. Each local board of education may expand on the subject areas to be included in the program and on the instructional objectives to be met."

SECTION 10. This act is effective when it becomes law and applies beginning with the 2010-2011 school year.

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services May 20, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Paul Woolventon	Fegethville server
Alison Kiser	Planned Parenthood
Melissa Reed	PPTHS
Don Trobary	MH/KA/SAS center
Rev. Arman Cheek	CAL
Immi Fitzgerald	CAL
James Rumsor	
Jennifer Mchen	MHANC
Chris A. Nickels	IK-61-210
Delma DeCamillis	UNC. 10G
Sara Riggins	John Locke Foundation

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services May 20, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jordan Schrader	preg
Conor Brockett	NCSBA
Shirley Harris	WCPSS
Katherine Joyce	NCA SA
Leanne W. Miller	NCSBA
David Gardner	DPI
Paula Hudson Collins	SBE
Jefferson	Civil Rights
Linda Gunter	NCAE
Sarah Preston	ACLU-NC
Rob Thompson	Covenant w/ NC's Children

VISITOR REGISTRATION SHEET

Name of Committee **Mental Health and Youth Services May 20, 2009.**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME _____

FIRM OR AGENCY AND ADDRESS

Paula A. Wolf

NC - Now

I am Palmquist

ENC

BRIAN LEWIS

NCAE

Senate Mental Health & Youth Services Committee
Wednesday, June 3, 2009, 12:00 Noon
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Bills

HB 673	Support for Developmental Disab. Services.	Representative Earle Representative Barnhart Representative Hurley Representative Brisson
HB 358	Clarify Consecutive Terms - Aging & Child Com.	Representative Bordsen Representative Pierce Representative Farmer- Butterfield
HB 659	Study Existing Children/Youth Programs.	Representative Bordsen Representative Earle Representative Johnson. Representative Alexander
HB 1129	Clarify Silver Alert-All Ages.	Representative Mobley Representative Parmon Representative Womble Representative Burris-Floyd

Presentations

Other Business

Adjournment

**NORTH CAROLINA GENERAL ASSEMBLY
SENATE**

MENTAL HEALTH & YOUTH SERVICES COMMITTEE REPORT
Senator Eleanor Kinnaird, Co-Chair
Senator Malcolm Graham, Co-Chair

Wednesday, June 03, 2009

Senator KINNAIRD,
submits the following with recommendations as to passage:

FAVORABLE

H.B.(CS #1) 358	Clarify Consecutive Terms - Aging & Child Com.	
	Sequential Referral:	None
	Recommended Referral:	None
H.B. 659	Study Existing Children/Youth Programs.	
	Sequential Referral:	None
	Recommended Referral:	None
H.B. 1129	Clarify Silver Alert-All Ages.	
	Sequential Referral:	None
	Recommended Referral:	None

**UNFAVORABLE AS TO COMMITTEE SUBSTITUTE BILL NO. 2, BUT FAVORABLE
AS TO SENATE COMMITTEE SUBSTITUTE BILL**

H.B.(CS #2) 673	Support for Developmental Disab. Services.	
	Draft Number:	PCS10992
	Sequential Referral:	Appropriations/Base Budget
	Recommended Referral:	None
	Long Title Amended:	No

TOTAL REPORTED: 4

Committee Clerk Comments:

HB 358 will be handled on the floor by Sen. Forrester
HB 659 will be handled on the floor by Sen. Graham
HB 1129 will be handled on the floor by Sen. Jacumin

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, JUNE 03, 2009

MINUTES

Mental Health & Youth Services committee met June 3, 2009 at 12:00 noon. in Room 414 of the Legislative Office Building. Five members were present, including Senator Ellie Kinnaird, who presided.

Senator Kinnaird called the meeting to order and introduced the pages.

Senator William Purcell explained HB 673 Support for Developmental Disab. Services. Senator Snow offered a Purposed Committee Substitute the motion carried. Dave Richard, Executive Director The ARC of NC explained the differences in # 36 & 37. Senator Dannelly moved for a favorable report of the Senate committee substitute. The motion carried.

Representative Bordsen explained HB 358 Clarify Consecutive Terms – aging & Child Com. Senator Dannelly moved for a favorable report. The motion carried.

Representative Bordsen explained HB 659 Study Existing Children/Youth Programs. Roz Savitt, NC Child Care Coalition, asked for the report to be comprehensive. Sen. Graham moved for a favorable report. The motion carried.

Representative Mobley explained HB 1129 Clarify Silver Alert-All Ages. Sen. Jacumin moved for a favorable report. The motion carried.

Senator Kinnaird thanked the committee and adjourned the meeting at 12:40 p. m.


Senator Ellie Kinnaird, Chair


Kathie Young, Legislative Assist.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

D

HOUSE BILL 673
Committee Substitute Favorable 4/13/09
Committee Substitute #2 Favorable 5/13/09
PROPOSED SENATE COMMITTEE SUBSTITUTE H673-CSSF-38 [v.1]

6/2/2009 7:17:24 PM

Short Title: Support for Developmental Disab. Services.

(Public)

Sponsors:

Referred to:

March 19, 2009

A BILL TO BE ENTITLED
AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND
SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE
SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) is amended by adding the following new
subdivision to read:

"(b) The primary functions of an LME are designated in this subsection and shall not be
conducted by any other entity unless an LME voluntarily enters into a contract with that entity
under subsection (c) of this section. The primary functions include all of the following:

...

(8) Each LME shall develop a waiting list of persons with intellectual or
developmental disabilities that are waiting for specific services. The LME
shall develop the list in accordance with rules adopted by the Secretary to
ensure that waiting list data are collected consistently across LMEs. Each
LME shall report this data annually to the Department. The data collected
should include numbers of persons who are:

- a. Waiting for residential services.
- b. Potentially eligible for CAP-MRDD.
- c. In need of other services and supports funded from State
appropriations to or allocations from the Division of Mental Health,
Developmental Disabilities, and Substance Abuse Services, including
CAP-MRDD."

SECTION 2. G.S. 122C-112.1(a) is amended by adding the following new
subdivisions to read:

"§ 122C-112.1. Powers and duties of the Secretary.

(a) The Secretary shall do all of the following:

...

(35) Develop and adopt rules governing a statewide data system containing
waiting list information obtained annually from each LME as required under
G.S. 122C-115.4(b)(8). The rules adopted shall establish standardized

criteria to be used by LMEs to ensure that the waiting list data are consistent across LMEs. The Department shall use data collected from LMEs under G.S. 122C-115.4(b)(8) for statewide planning and needs projections. The creation of the statewide waiting list data system does not create an entitlement to services for individuals on the waiting list. The Department shall report annually to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services its recommendations based on data obtained annually from each LME. The report shall indicate the services that are most needed throughout the State, plans to address unmet needs, and any cost projections for providing needed services.

(36) The Department shall ensure that developmental disability services funded from State appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, including CAP-MRDD are authorized on a quarterly, semiannual, or annual basis, in accordance with guidelines issued by the Department, unless a change in the individual's person-centered plan indicates a different authorization frequency.

(37) The Department shall develop new developmental disability service definitions for developmental disability services funded from State appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, including CAP-MRDD that allow for person-centered and self-directed supports."

SECTION 3. This act becomes effective July 1, 2009.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

3

HOUSE BILL 673
Committee Substitute Favorable 4/13/09
Committee Substitute #2 Favorable 5/13/09

Short Title: Support for Developmental Disab. Services.

(Public)

Sponsors:

Referred to:

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND
SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE
SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) is amended by adding the following new
subdivision to read:

"(b) The primary functions of an LME are designated in this subsection and shall not be
conducted by any other entity unless an LME voluntarily enters into a contract with that entity
under subsection (c) of this section. The primary functions include all of the following:

...
(8) Each LME shall develop a waiting list of persons with intellectual or
developmental disabilities that are waiting for specific services. The LME
shall develop the list in accordance with rules adopted by the Secretary to
ensure that waiting list data are collected consistently across LMEs. Data
collected should include numbers of persons that are:

- a. Waiting for residential services.
- b. Potentially eligible for CAP-MRDD.
- c. In need of other services and supports funded from State
appropriations to or allocations from the Division of Mental Health,
Developmental Disabilities, and Substance Abuse Services, including
CAP-MRDD.

The LME shall annually report the data maintained to the Department."

SECTION 2. G.S. 122C-112.1(a) is amended by adding the following new
subdivisions to read:

"§ 122C-112.1. Powers and duties of the Secretary.

(a) The Secretary shall do all of the following:

...
(35) Develop and adopt rules governing a statewide data system containing
waiting list information obtained annually from each LME as required under
G.S. 122C-115.4(b)(8). The rules adopted shall establish standardized
criteria to be used by LMEs to ensure that the waiting list data are consistent
across LMEs. The Department shall use data collected from LMEs under
G.S. 122C-115.4(b)(8) for statewide planning and needs projects. The
creation of the statewide waiting list data system does not create an



* H 6 7 3 - V - 3 *

entitlement to services for individuals on the waiting list. The Department shall report annually to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services its recommendations based on data obtained annually from each LME. The report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and any cost projects to provide needed services.

(36) The Department shall ensure that developmental disability services funded from appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, including CAP-MRDD are authorized on a quarterly, semiannually, or annual basis, in accordance with guidelines issued by the Department, unless a change in the individual's person-centered plan indicates a different authorization frequency.

(37) The Department shall develop new developmental disability service definitions for developmental disability services funded from appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, including CAP-MRDD that allow for person-centered and self-directed supports."

SECTION 3. This act becomes effective July 1, 2009.



HOUSE BILL 673: Support for Developmental Disab. Services

2009-2010 General Assembly

Committee:	Senate Ref to Mental Health & Youth Services. If fav, re-ref to Appropriations/Base Budget	Date:	June 3, 2009
Introduced by:	Reps. Earle, Brisson, Barnhart, Hurley	Prepared by:	Shirley Iorio, Ph D. Legislative Analyst
Analysis of:	PCS to the Third Edition H673-CSSF-38		

SUMMARY: *The Proposed Committee Substitute (PCS) for House Bill 673 would require the Secretary of the Department of Health and Human Services (Secretary) to adopt rules to govern a statewide data system containing waiting list information obtained annually from each Local Management Entity (LME). Each LME would be required to develop, according to the rules adopted by the Secretary, a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. However, the establishment of the statewide waiting list data system would not create an entitlement to services for individuals on the waiting list.*

The Department of Health and Human Services (DHHS) would be required to (i) ensure that funded developmental disability services would be authorized according to guidelines it develops and (ii) develop new developmental disability service definitions that allow for person centered and self-directed supports.

The PCS makes technical changes.

House Bill 673 has a serial referral to Appropriations.

CURRENT LAW: G.S. 122C-115.4 sets forth the functions of local management entities (LME). LMEs are responsible for the management and oversight of the public system of mental health, developmental disabilities, and substance abuse services at the community level.

G.S. 122C-112.1 delineates the powers and duties of the Secretary of the Department of Health and Human Services.

BILL ANALYSIS:

Section 1 of the bill would amend G.S. 122C-115.4(b) by adding to the primary functions of LMEs a requirement to develop a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The list would have to be developed according to rules adopted by the Secretary to ensure that the waiting list data would be collected consistently across the LMEs. Each LME would have to report the data annually to DHHS. The data collected should include numbers of persons who are:

- Waiting for residential services.
- Potentially eligible for CAP-MRDD.
- In need of other services and supports funded from State appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MHDDSAS), including CAP-MRDD.

Section 2 of the House Bill 673 would amend G.S. 122C-112.1 by adding to the powers and duties of the Secretary a requirement to develop and adopt rules to govern a statewide data system containing the

House Bill 673

Page 2

LME waiting list information. The rules would establish standardized criteria to be used by the LMEs to ensure that the waiting list data are consistent across the LMEs. DHHS would be required to do the following:

- Use this data for statewide planning and needs projections.
- Ensure that developmental disabilities services funded from State appropriations to or allocations from MHDDSAS, including CAP-MRDD are authorized, according to guidelines issued by DHHS, on a quarterly, semiannual, or annual basis unless a change in the individual's person-centered plan indicates a different authorization frequency.
- Develop new developmental disability service definitions for developmental disability services funded from State appropriations to or allocations from MHDDSAS, including CAP-MRDD that allow for person-centered and self-directed supports.

DHHS would be required to report annually to the Joint Legislative Oversight Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services. The report would indicate the services that are most needed throughout the State, plans to address unmet needs, and any cost projections for providing needed services.

EFFECTIVE DATE: The act would become effective July 1, 2009.

H673-SMSF-75(e3) v2

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

2

HOUSE BILL 358
Committee Substitute Favorable 3/19/09

Short Title: Clarify Consecutive Terms - Aging & Child Com.

(Public)

Sponsors:

Referred to:

March 3, 2009

A BILL TO BE ENTITLED
AN ACT TO CLARIFY APPOINTMENT TO CONSECUTIVE TERMS ON THE NORTH
CAROLINA STUDY COMMISSION ON AGING AND THE LEGISLATIVE STUDY
COMMISSION ON CHILDREN AND YOUTH.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 120-182 reads as rewritten:

"§ 120-182. Commission; membership.

The Commission shall consist of 17 members, as follows:

- (1) The Secretary of the Department of Health and Human Services or the Secretary's delegate shall serve ex officio as a non-voting member;
- (2) Eight shall be appointed by the Speaker of the House of Representatives, five being members of the House of Representatives at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults; and
- (3) Eight shall be appointed by the President Pro Tempore of the Senate, five being members of the Senate at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults.

Any vacancy shall be filled by the appointing authority who made the initial appointment and by a person having the same qualifications. All initial appointments shall be made within one calendar month from the effective date of this Article. Members' terms shall last for two years. ~~Members may be reappointed for two consecutive terms~~ Members may be appointed to a maximum of three consecutive terms and may be appointed again after having been off the Commission for two years."

SECTION 2. G.S. 120-217 reads as rewritten:

"§ 120-217. Commission membership; terms; compensation.

(a) The Commission shall consist of 26 members, as follows:

- (1) Eleven members appointed by the Speaker of the House of Representatives, among them:
 - a. Five shall be members of the House of Representatives at the time of their appointment, of whom at least one shall also serve on the House of Representatives Appropriations Subcommittee on Health and Human Services, one of whom also serves on the Joint Legislative Education Oversight Committee, one of whom also serves on the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, and one

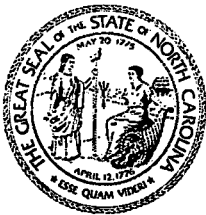


* H 3 5 8 - V - 2 *

- 1 of whom also serves on the House of Representatives Appropriations
2 Subcommittee on Justice and Public Safety,
3 b. One shall be the director of a local health department,
4 c. One shall be the director of a county department of social services,
5 d. One shall be the parent of a child who is at risk for behavioral, social,
6 health, or safety problems or academic failure,
7 e. One shall be a licensed physician who is knowledgeable about the
8 health needs of children and youth,
9 f. One shall be a chief district court judge recommended by the Council
10 of Chief District Judges, and
11 g. One shall be a representative from the Covenant with North Carolina
12 Children.
- 13 (2) Eleven members appointed by the President Pro Tempore of the Senate, as
14 follows:
15 a. Five shall be members of the Senate at the time of their appointment,
16 of whom at least one shall also serve on the Senate Appropriations
17 Committee on Health and Human Services, at least one of whom
18 shall also serve on the Joint Legislative Education Oversight
19 Committee, at least one of whom shall also serve on the Joint
20 Legislative Oversight Committee on Mental Health, Developmental
21 Disabilities, and Substance Abuse Services, and at least one of whom
22 also serves on the Senate Appropriations Committee on Justice and
23 Public Safety,
24 b. One shall be the director of a mental health area authority,
25 c. One shall be a representative of the Association of County
26 Commissioners,
27 d. One shall be a representative of a local board of education,
28 e. One shall be a licensed attorney whose practice includes the
29 representation of parents accused of criminal or civil abuse or
30 neglect,
31 f. One shall be a chief district court judge recommended by the Council
32 of Chief District Judges,
33 g. One shall be a representative from Action for Children of North
34 Carolina, and
35 h. One shall be a representative from the North Carolina Child Fatality
36 Task Force.
- 37 (3) The following shall serve ex officio as nonvoting members of the
38 Commission:
39 a. The Secretary of Health and Human Services, or the Secretary's
40 designee,
41 b. The State Superintendent of Public Instruction, or the
42 Superintendent's designee,
43 c. The Secretary of Administration, or the Secretary's designee, and
44 d. The Director of the Administrative Office of the Courts, or the
45 Director's designee.
- 46 (b) Any vacancy shall be filled by the appointing authority who made the initial
47 appointment and by a person having the same qualification. Members' terms shall last for two
48 years. ~~Members may be reappointed for two consecutive terms~~ Members may be appointed to a
49 maximum of three consecutive terms and may be appointed again after having been off the
50 Commission for two years.

1 (c) Commission members shall receive no salary as a result of serving on the
2 Commission and the Task Force on the Coordination of Children's Services but shall receive
3 necessary subsistence and travel expenses in accordance with G.S. 120-3.1, 138-5, and 138-6,
4 as applicable."

5 **SECTION 3.** This act is effective when it becomes law.



HOUSE BILL 358: Clarify Consecutive Terms - Aging & Child Com

2009-2010 General Assembly

Committee:	Senate Mental Health & Youth Services	Date:	June 2, 2009
Introduced by:	Reps. Bordsen, Farmer-Butterfield, Pierce	Prepared by:	Shawn Parker
Analysis of:	Second Edition		Legislative Analyst

SUMMARY: *House Bill 358 seeks to clarify the number of consecutive terms for which members may be appointed to the North Carolina Study Commission on Aging and the Legislative Study Commission on Children and Youth.*

CURRENT LAW:

NC Study Commission on Aging – The Commission consists of 17 members: eight (8) appointed by the Speaker of the House of Representatives, eight (8) appointed by the President Pro Tempore of the Senate, and the Secretary of the Department of Health and Human Services or delegate as a non-voting member. Members' terms last for two years. G.S. 120-182 currently states that members may be reappointed for two consecutive terms. The Commission members do not receive a salary, but do receive subsistence and travel expenses.

Legislative Study Commission on Children and Youth – The Commission consists of 26 members: eleven (11) appointed by the Speaker of the House of Representatives, eleven (11) appointed by the President Pro Tempore of the Senate, and the four (4) following: Secretary of Health and Human Services or designee, State Superintendent of Public Instruction or designee, Secretary of Administration or designee, and Director of the Administrative Office of the Courts or designee. Members' terms last for two years. G.S. 120-217(b) currently states that members may be reappointed for two consecutive terms. Commission members do not receive a salary, but do receive subsistence and travel expenses for serving on the Commission.

BILL ANALYSIS:

Section 1 of House Bill 358 seeks to clarify the number of consecutive terms that a member of the NC Study Commission on Aging may serve, by specifying that members may be appointed to a maximum of three consecutive terms.

Section 2 of the bill seeks to clarify the number of consecutive terms that a member of the Legislative Study Commission on Children and Youth may serve, by specifying that members may be appointed to a maximum of three consecutive terms.

This bill would become effective when it becomes law.

BACKGROUND:

There is some ambiguity regarding the interpretation of the current language for each of the above commissions with regard to the number of consecutive terms a member could serve. This bill seeks to clarify that issue.

Theresa Matula, substantially contributed to this summary.

H358-SMSQ-103(e2) v1

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

H

1

HOUSE BILL 659*

Short Title: Study Existing Children/Youth Programs. (Public)

Sponsors: Representatives Bordsen, M. Alexander, Earle, Johnson (Primary Sponsors); Farmer-Butterfield, Fisher, Harrison, Hurley, Lucas, Martin, Randleman, Rapp, Sager, Womble, and Wray.

Referred to: Juvenile Justice.

March 19, 2009

A BILL TO BE ENTITLED

AN ACT AUTHORIZING THE JOINT LEGISLATIVE PROGRAM EVALUATION OVERSIGHT COMMITTEE TO DIRECT THE PROGRAM EVALUATION DIVISION TO STUDY EXISTING PROGRAMS RELATING TO CHILDREN AND YOUTH IN NORTH CAROLINA, AS RECOMMENDED BY THE JOINT LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH.

The General Assembly of North Carolina enacts:

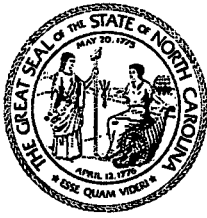
SECTION 1.(a) The Joint Legislative Program Evaluation Oversight Committee shall include in the 2009-2010 Work Plan for the Program Evaluation Division of the General Assembly a study of existing programs that directly or indirectly benefit children and youth in this State. The Division shall identify the programs and their sources of funding and determine whether the programs have clear goals, indicators, or benchmarks by which to measure the programs' success.

SECTION 1.(b) The Program Evaluation Division shall submit its findings and recommendations to the Joint Legislative Program Evaluation Oversight Committee, the Joint Legislative Study Commission on Children and Youth, and the Fiscal Research Division at a date to be determined by the Joint Legislative Program Evaluation Oversight Committee.

SECTION 2. This act is effective when it becomes law.



* H 6 5 9 - V - 1 *



HOUSE BILL 659: Study Existing Children/Youth Programs

2009-2010 General Assembly

Committee:	Senate Mental Health & Youth Services	Date:	June 3, 2009
Introduced by:	Reps. Bordsen, M. Alexander, Earle, Johnson	Prepared by:	Shirley Iorio, Ph D
Analysis of:	First Edition		Legislative Analyst

SUMMARY: *House Bill 659 would direct the Program Evaluation Division of the General Assembly to study existing programs relating to children and youth in North Carolina.*

BILL ANALYSIS: House Bill 659 would require the Joint Legislative Program Evaluation Oversight Committee to include in the Program Evaluation Division's (Division) 2009-2010 Work Plan a study of existing programs that directly or indirectly benefit children and youth in North Carolina. The study would include (i) identification of the programs and their sources of funding and (ii) determination of whether the programs have clear goals, indicators, or benchmarks by which to measure the programs' success.

The Division would submit its findings and any recommendations to the Joint Legislative Program Evaluation Oversight Committee, the Joint Legislative Study Commission on Children and Youth, and the Fiscal Research Division on a date to be determined by the Joint Legislative Program Evaluation Oversight Committee.

EFFECTIVE DATE: This act would become effective when it becomes law.

BACKGROUND: This study is a recommendation of the Joint Legislative Study Commission on Children and Youth.

Susan Sitze, Counsel to the House Juvenile Justice Committee, contributed to this summary.

H659-SMSF-74(e1) v1

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

H

1

HOUSE BILL 1129

Short Title: Clarify Silver Alert-All Ages. (Public)

Sponsors: Representatives Mobley, Parmon, Womble, Burris-Floyd (Primary Sponsors); Adams, K. Alexander, M. Alexander, Allen, Bryant, Farmer-Butterfield, Fisher, Glazier, Hall, Harrison, Holliman, Hurley, Insko, Jones, Lucas, Luebke, Martin, Pierce, Rapp, Ross, Samuelson, Stevens, Tarleton, Weiss, and Wray.

Referred to: Aging, if favorable, State Government/State Personnel.

April 7, 2009

A BILL TO BE ENTITLED

AN ACT TO CLARIFY A SILVER ALERT MAY BE ISSUED FOR A PERSON OF ANY AGE WHO IS BELIEVED TO BE SUFFERING FROM DEMENTIA OR OTHER COGNITIVE IMPAIRMENT.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 143B-499.8 reads as rewritten:

"§ 143B-499.8. North Carolina Silver Alert System established.

(a) There is established within the North Carolina Center for Missing Persons the Silver Alert System. The purpose of the Silver Alert System is to provide a statewide system for the rapid dissemination of information regarding a missing person who is believed to be suffering from dementia or other cognitive impairment.

(b) If the Center receives a report that involves a missing person who is believed to be suffering from dementia or other cognitive impairment, for the protection of the missing person from potential abuse or other physical harm, neglect, or exploitation, the Center shall issue an alert providing for rapid dissemination of information statewide regarding the missing person. The Center shall make every effort to disseminate the information as quickly as possible when the person's status as missing has been reported to a law enforcement agency.

(c) The Center shall adopt guidelines and develop procedures for issuing an alert for missing persons believed to be suffering from dementia or other cognitive impairment and shall provide education and training to encourage radio and television broadcasters to participate in the alert. The guidelines and procedures shall ensure that specific health information about the missing person is not made public through the alert or otherwise.

(d) The Center shall consult with the Department of Transportation and develop a procedure for the use of overhead permanent changeable message signs to provide information on the missing adult person meeting the criteria of this section when information is available that would enable motorists to assist in the recovery of the missing person. The Center and the Department of Transportation shall develop guidelines for the content, length, and frequency of any message to be placed on an overhead permanent changeable message sign."

SECTION 2. This act is effective when it becomes law.





HOUSE BILL 1129: Clarify Silver Alert-All Ages

2009-2010 General Assembly

Committee:	Senate Mental Health & Youth Services	Date:	June 2, 2009
Introduced by:	Reps. Mobley, Parmon, Womble, Burris-Floyd	Prepared by:	Shawn Parker Legislative Analyst
Analysis of:	First Edition		

SUMMARY: *House Bill 1129 changes to word "adult" to "person" in order to conform current law with the intent of S.L. 2008-83.*

CURRENT LAW:

S.L. 2007-469 as amended by S.L. 2008-83 established the Silver Alert System, within the North Carolina Center for Missing Persons, to provide for the rapid dissemination of information regarding a missing person who is believed to be suffering from dementia or other cognitive impairment. When the Center receives a report that involves a missing person who is believed to be suffering from dementia or other cognitive impairment, for the protection of the missing person from potential abuse or other physical harm, neglect, or exploitation, the Center is required to issue an alert¹.

BILL ANALYSIS:

House Bill 1129 amends G.S. 143B-499.8(d) to change the word "adult" to person. S.L. 2008-83 amended the Silver Alert System law to authorize a Silver Alert for a person of any age believed to be suffering from dementia or other cognitive impairment, but did not replace the word "adult" G.S. 143B-499.8(d).

House Bill 1129 would become effective when it becomes law.

BACKGROUND:

In the first quarter (January –March) of 2009, 67 Silver Alerts were issued and 65 missing persons have been recovered unharmed. Colorado, Georgia, Missouri, Oklahoma, Texas, and Virginia also have Silver Alert Programs in place.

S.L. 2003-191 established the Amber Alert system, and G.S. 143B-499.7 provides the following criteria for issuing an Amber Alert:

- The child is 17 years of age or younger;
- The abduction is not known or suspected to be by a parent of the child, unless the child's life is suspected to be in danger of injury or death;
- The child is believed:
 - To have been abducted, or
 - To be in danger of injury or death;
- The child is not a runaway or voluntarily missing; and
- The abduction has been reported to and investigated by a law enforcement agency.

If the abduction of the child is known or suspected to be by a parent of the child, the Center, in its discretion, may disseminate information through the AMBER Alert System if the child is believed to be in danger of injury or death.

Sara Kamprath and Theresa Matula contributed to this summary.

H1129-SMSQ-102(e1) v1

Over on Back

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services June 03, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Emily Doyle	NCPAPA
Ashley Vroom	NLASA
Katherine Joyce	NLASA
Pat Porter	General Assembly Research
David Boy	MWC
Tracy Kimbrell	Parker Poe
Lu McLeod	CESTA-NC
Emily Gallimore	NCBA
Rick Zechman	NC DSS
Trishana Jones	NC YAHU
Antia	NHA-NC
Bob Hedrick	NCPC
Bulchard	CCPS- ALE
Roz Savitt	NC child Care Coalition

Anna liese Dolph
Geoffrey Louden
Julia Leggett
S. W. Johnson
Paige Johnson
Victoria Hawkins
Mbecca Traver
Bill Brooks

- DR NC
- Governor's Office
The Arc of NC
DNHS
PPCNC
Bone & Assoc.
NCAAC
NCFAC

DAVE

RICHARD

ARC NC

Senate Mental Health & Youth Services Committee
Wednesday, June 10, 2009, 12:00 Noon
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Bills

HB 1046	Child Care Facilities Rules.	Representative Alexander
HB 115	Joint DV Committee/Recommendations.	Representative Ross
		Representative Farmer-Butterfield
		Representative Johnson
		Representative McLawhorn
HB 576	Remove Endorsement For Denied Access LME	Representative Braxton
		Representative Brisson
HB 1087	MHDDSA Client Rights/Provider Entities.	Representative Braxton
HB 88	Healthy Youth Act.	Representative Adams
		Representative England, M.D.
		Representative Fisher
		Representative Wilkins, Jr.

Presentations

Other Business

Adjournment

**NORTH CAROLINA GENERAL ASSEMBLY
SENATE**

MENTAL HEALTH & YOUTH SERVICES COMMITTEE REPORT
Senator Eleanor Kinnaird, Co-Chair
Senator Malcolm Graham, Co-Chair

Thursday, June 10, 2010

Senator GRAHAM,
submits the following with recommendations as to passage:

FAVORABLE

H.B.(CS #2) 576	Remove Endorsement For Denied Access LME	
	Sequential Referral:	None
	Recommended Referral:	None
H.B.(CS #2) 1046	Child Care Facilities Rules.	
	Sequential Referral:	None
	Recommended Referral:	None

**UNFAVORABLE AS TO COMMITTEE SUBSTITUTE BILL NO. 2, BUT FAVORABLE
AS TO SENATE COMMITTEE SUBSTITUTE BILL**

H.B.(CS #2) 88	Healthy Youth Act.	
	Draft Number:	80465
	Sequential Referral:	None
	Recommended Referral:	None
	Long Title Amended:	Yes

TOTAL REPORTED: 3

Committee Clerk Comments:

HB 576 will be handled on the Senate floor by Sen. Kinnaird

HB 1046 will be handled on the Senate floor by Sen. Graham

HB 88 will be handled on the Senate floor by Sen. Graham and Sen. Kinnaird

**NORTH CAROLINA GENERAL ASSEMBLY
SENATE**

MENTAL HEALTH & YOUTH SERVICES COMMITTEE REPORT

**Senator Eleanor Kinnaird, Co-Chair
Senator Malcolm Graham, Co-Chair**

Thursday, June 10, 2010

Senator GRAHAM,
submits the following with recommendations as to passage:

**UNFAVORABLE AS TO BILL, BUT FAVORABLE AS TO SENATE COMMITTEE
SUBSTITUTE BILL**

H.B.	1087	MHDDSA Client Rights/Provider Entities.
		Draft Number: 11000
		Sequential Referral: None
		Recommended Referral: None
		Long Title Amended: No

TOTAL REPORTED: 1

Committee Clerk Comments:

Sen. Snow will handle on the Senate Floor

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, JUNE 10, 2009

MINUTES

Mental Health & Youth Services committee met June 10, 2009 at 12:00 noon. in Room 414 of the Legislative Office Building. Eight members were present; including Senator Malcomb Graham, who presided.

Senator Graham called the meeting to order and introduced the pages. Senator Graham removed HB 115 Joint DV Committee/Recommendations from today's agenda.

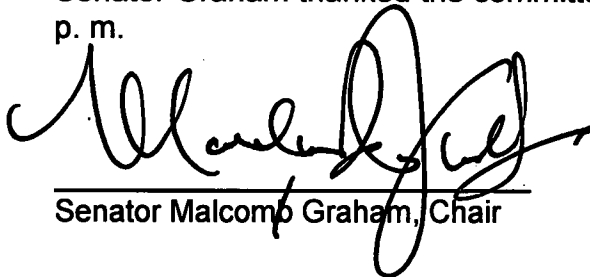
Representative Alexander explained HB 1046 Child Care Facilities Rules. Senator Dannelly moved a favorable report. The motion carried

Representative Braxton explained HB 576 Remove Endorsement for Denied Access LEM. Senator Jacumin moved for a favorable report. The motion carried.

Representative Braxton explained HB 1087 MHDDSA Client Rights/Providers Entries. Senator Dannelly offered an amendment. Senator Jones moved for a favorable report as amended to be rolled into a PCS. The motion carried.

Representative Fisher explained HB 88 Healthily Youth Act. Senator Kinnaird offered a PCS for discussion. The motion carried. Shawn Parker, Committee Counsel explained the changes made to the bill in the PCS. Marian Earls, NC Pediatric Society spoke in support of the bill. Senator Kinnaird move unfavorable to bill but favorable to Senate Committee Substitute. The motion carried.

Senator Graham thanked the committee and adjourned the meeting at 12:30 p. m.



Senator Malcomb Graham, Chair



Kathie Young, Legislative Assist.



HOUSE BILL 115:

Joint DV Committee/Recommendations

2009-2010 General Assembly

Committee:	Senate Mental Health & Youth Services	Date:	June 10, 2009
Introduced by:	Reps. McLawhorn, Ross, Farmer-Butterfield, Johnson	Prepared by:	Shirley Iorio, Ph D Legislative Analyst
Analysis of:	PCS to Third Edition H115-CSRK-66		

SUMMARY: *The Proposed Committee Substitute (PCS) to House Bill 115 would: (i) change the name of the agency which provides administrative support to both the North Carolina Council for Women and the North Carolina Domestic Violence Commission; (ii) expand the role of the North Carolina Council for Women and designate the qualifications for membership; (iii) revise the membership and staffing of the North Carolina Domestic Violence Commission; (iv) clarify the procedure for obtaining a domestic violence protective order and a civil no-contact order; (v) support an automated statewide domestic violence protective order notification system and investigate the costs; and (vi) study State oversight and coordination of services for victims of sexual violence.*

The PCS adds Section 7.1.

CURRENT LAW: G.S. 143B-393 creates the North Carolina Council for Women of the Department of Administration and sets out its functions and duties. G.S. 143B-394 provides the composition and selection of members for the North Carolina Council for Women. G.S. 143B-394.15 establishes the Domestic Violence Commission within the Department of Administration and sets out its purpose and membership. G.S. 50B-2(a) governs the filing of civil action alleging acts of domestic violence. G.S. 50B-4.1 governs violation of valid protective orders, and G.S. 50C-3 sets out the process for action for no-contact orders.

BILL ANALYSIS:

Section 1. The current support agency "North Carolina Council for Women/Domestic Violence Commission," would be renamed the "North Carolina Center for Women, Families, and Domestic Violence." The agency would continue fulfilling all of its current roles and responsibilities:

- Provide staff and administrative support to the North Carolina Council for Women.
- Fulfill all responsibilities relating to the administration of grants, funds, or fees which have been given by any provision of law to the North Carolina Council For Women.
- Provide staff and administrative support to the North Carolina Domestic Violence Commission.

Section 2. The current function of the North Carolina Council for Women is to advise the Governor, the principal State departments, and the State legislature concerning the education and employment of women in NC. This bill would expand the Council's advisory functions concerning women in NC to include health, pay equity, domestic violence, sexual violence, housing and child care.

Section 3 would provide specific criteria for Council membership. The North Carolina Council for Women is made up of 20 members appointed by the Governor. The members must be representative of age, sex, and ethnic backgrounds, and reflective of the geographic and cultural regions of the State.

Section 4 would set out the terms of the members of the North Carolina Council for Women. The terms for all persons who are members of the Council on the effective date of this act would expire June 30, 2009. Ten of the 20 appointed successors would have terms that would expire June 30, 2010, and the remaining 10 of the 20 appointed successors would have terms that would expire on June 30, 2011. The appointments for all successors would be for two year terms, and all appointees would remain until their successors are appointed and qualify.

Section 5. This section of the act would:

House Bill 115

Page 2

- Amend the statute governing the membership of the Domestic Violence Commission by changing "Executive Director" to "Chair" of the North Carolina Council for Women. Currently, the Executive Director of the support agency acts as Executive Director of both the Council for Women, and the NC Domestic Violence Commission. Changing the membership insures that the Executive Director of the Domestic Violence Commission is not also a member of the Commission.
- Remove the requirement that the Secretary assign an employee to serve as a Deputy Director with the North Carolina Council for Women to staff the Commission, leaving it to the Secretary's discretion as to how to staff the Commission. The Secretary of the Department of Administration is currently responsible for staffing the Domestic Violence Commission.

Section 6 would provide the procedure for a summons relating to a domestic violence protective order. This procedure would be identical to that currently required to obtain a civil no-contact order under Chapter 50C.

Section 7 would clarify the procedure for a summons relating to a civil no-contact order; only a single summons is issued.

Section 7.1 would clarify that the term "valid protective order" includes, for the purposes of violation of valid protective orders, an emergency or ex parte order entered under Chapter 50B.

Section 8 would require the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office to determine the financial and operational impact of developing an automated statewide domestic violence protective order notification system. The system is used in other states to notify holders of protective orders that the defendant is being released from confinement.

The Governor's Crime Commission would report the findings to the Joint Legislative Committee on Domestic Violence and the Fiscal Research Division by July 1, 2009.

Section 9 would require the North Carolina Domestic Violence Commission, in consultation with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition Against Sexual Assault, to study the issue of State oversight and coordination of services to victims of sexual violence and whether sexual violence should be included as a focus area of the Commission. The Commission would report its findings and recommendations to the Joint Legislative Committee on Domestic Violence by July 1, 2009.

EFFECTIVE DATE: Sections 6, 7 and 7.1 of the act would become effective for actions or motions filed on or after December 1, 2009. The remainder of the act would become effective when it becomes law.

BACKGROUND: Two separate entities, the N.C. Council for Women (a council appointed by the Governor), and the N.C. Domestic Violence Commission (a commission which is established by statute and includes legislative membership), are placed by statute under the Department of Administration for administrative support. In 2001, by special provision, the General Assembly eliminated the position of Executive Director of the Domestic Violence Commission. Shortly thereafter, additional positions were eliminated, and the Department created a single group of staff and personnel with administrative support responsibilities to both the Council For Women, and the N.C. Domestic Violence Commission. The Department of Administration named the joined administrative support personnel as an agency: The North Carolina Council for Women/Domestic Violence Commission. However, the Council For Women, and the N.C. Domestic Violence Commission remain as separate entities, with different statutory responsibilities.

Hal Pell, Counsel to JI, substantially contributed to this summary.

H115-SMSF-81(CSRK-66) v4

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

H

3

**HOUSE BILL 115*
Committee Substitute Favorable 3/25/09
Committee Substitute #2 Favorable 4/16/09**

Short Title: Joint DV Committee/Recommendations.

(Public)

Sponsors:

Referred to:

February 11, 2009

A BILL TO BE ENTITLED

AN ACT TO RENAME THE NORTH CAROLINA COUNCIL FOR WOMEN/DOMESTIC VIOLENCE COMMISSION AND CLARIFY ITS ROLE AND RESPONSIBILITIES, TO EXPAND THE ROLE OF THE NORTH CAROLINA COUNCIL FOR WOMEN AND DESIGNATE THE QUALIFICATIONS FOR MEMBERSHIP, TO REVISE THE MEMBERSHIP AND STAFFING OF THE NORTH CAROLINA DOMESTIC VIOLENCE COMMISSION, TO AMEND THE PROCEDURE FOR OBTAINING A DOMESTIC VIOLENCE PROTECTIVE ORDER OR CIVIL NO-CONTACT ORDER, TO SUPPORT A STATEWIDE DOMESTIC VIOLENCE PROTECTIVE ORDER NOTIFICATION SYSTEM AND INVESTIGATE THE COSTS, AND TO STUDY STATE OVERSIGHT AND COORDINATION OF SERVICES FOR VICTIMS OF SEXUAL VIOLENCE, AS RECOMMENDED BY THE JOINT LEGISLATIVE COMMITTEE ON DOMESTIC VIOLENCE.

The General Assembly of North Carolina enacts:

SECTION 1. The name of the current agency "North Carolina Council for Women/Domestic Violence Commission," located within the Department of Administration, shall be renamed the "North Carolina Center for Women, Families, and Domestic Violence." The successor agency shall have the responsibility of providing staff and administrative support to the North Carolina Council for Women and to the North Carolina Domestic Violence Commission. All responsibilities relating to the administration of State grants, funds, or fees, which have been given by statute, or any other provision of law, to the Department of Administration, North Carolina Council for Women, shall be administered by the North Carolina Center for Women, Families, and Domestic Violence.

SECTION 2. G.S. 143B-393 reads as rewritten:

"§ 143B-393. North Carolina Council for Women – creation; powers and duties.

There is hereby created the North Carolina Council for Women of the Department of Administration. The North Carolina Council for Women shall have the following functions and duties:

- (1) To advise the Governor, the principal State departments, and the State legislature concerning ~~the education and employment of women in the State of North Carolina; and~~ Carolina, including, but not limited to, the following issues:

- a. Employment.
- b. Education.
- c. Health.
- d. Pay equity.



e. Domestic violence.

f. Sexual violence.

g. Housing.

h. Child care.

(2) To advise the Secretary of Administration upon any matter the Secretary may refer to it; and

(3) To establish programs for the assistance of displaced homemakers as set forth in Part 10B of this Article."

SECTION 3. G.S. 143B-394 reads as rewritten:

"§ 143B-394. North Carolina Council for Women – members; selection; quorum; compensation.

(a) The North Carolina Council for Women of the Department of Administration shall consist of 20 members appointed by the Governor. The initial members of the Council shall be the appointed members of the North Carolina Council for Women, three of whose appointments expire June 30, 1977, and four of whose appointments expire June 30, 1978. Thirteen additional members shall be appointed in 1977, six of whom shall serve terms expiring June 30, 1978, and seven of whom shall serve terms expiring June 30, 1979. At the ends of the respective terms of office of the initial members of the Council and of the 13 members added in 1977, the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify. Any appointment to fill a vacancy on the Council created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term. ~~Members of the Council shall be representative of age, sex, ethnic and geographic backgrounds.~~

(b) Members shall be representative of age, sex, and ethnic backgrounds, as well as reflect the geographic and cultural regions of the State. The members shall meet the following criteria:

(1) Two members shall be representative of the educational community with specialized knowledge concerning available secondary and postsecondary education programs.

(2) Two members shall be representative of the medical community with specialized knowledge concerning women's health issues.

(3) One member shall be a representative of a center that is authorized to receive funding from the North Carolina Fund for Displaced Homemakers.

(4) One member shall be an employee of the North Carolina Employment Security Commission.

(5) One member shall be an attorney and member of the North Carolina State Bar who has studied issues relating to women.

(6) One member shall be from the business community.

(7) One member shall be a member of the law enforcement community with specialized knowledge of domestic violence and sexual violence issues.

(8) One member shall be a representative of a linguistic and cultural minority community.

(9) One member shall be a representative of a local service provider that provides services to victims of sexual violence and that is eligible to receive grant funds from the Sexual Assault and Rape Crisis Center Fund.

(10) One member shall be a representative of a local service provider that provides services to victims of domestic violence and is eligible to receive grant funds from the Domestic Violence Center Fund.

(11) One member shall be an academician who is knowledgeable about trends and data relating to women's issues, such as those described in G.S. 143B-393.

(12) One member shall be a representative of a college or university who has educational background and expertise in the field of women's studies.

(13) One member shall be a representative of the North Carolina Child Care Coalition.

(14) Five members shall be from the public at large.

(c) The Governor shall have the power to remove any member of the Council from office in accordance with the provisions of G.S. 143B-16 of the Executive Organization Act of 1973.

(d) The Governor shall designate a member of the Council to serve as chairman at the pleasure of the Governor.

(e) Members of the Council shall receive per diem and necessary travel and subsistence expenses in accordance with the provisions of G.S. 138-5.

A majority of the Council shall constitute a quorum for the transaction of business.

All clerical and other services required by the Council shall be supplied by the Secretary of Administration."

SECTION 4. The terms of all persons who are members of the North Carolina Council for Women on the effective date of this act shall expire on June 30, 2009. Ten of the 20 appointed successors shall have terms that expire on June 30, 2010, and the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify. The remaining 10 of the 20 appointed successors shall have terms that expire on June 30, 2011, and the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify.

SECTION 5. G.S. 143B-394.15 reads as rewritten:

...
"(c) Membership. – The Commission shall consist of 39 members, who reflect the geographic and cultural regions of the State, as follows:

...
(4) The following persons or their designees, ex officio:

- a. The Governor.
- b. The Lieutenant Governor.
- c. The Attorney General.
- d. The Secretary of the Department of Administration.
- e. The Secretary of the Department of Crime Control and Public Safety.
- f. The Superintendent of Public Instruction.
- g. The Secretary of the Department of Correction.
- h. The Secretary of the Department of Health and Human Services.
- i. The Director of the Office of State Personnel.
- j. The ~~Executive Director~~ Chair of the North Carolina Council for Women.
- k. The Dean of the School of Government at the University of North Carolina at Chapel Hill.
- l. The Chairman of the Governor's Crime Commission.

...
(l) Staffing. – The Secretary of the Department of Administration shall be responsible for staffing the Commission. ~~To that end, the Secretary shall, at a minimum, assign an employee to serve as a Deputy Director within the North Carolina Council for Women whose primary duties shall be to staff the Commission. The person assigned as Deputy Director shall have the education, experience, and any other qualifications necessary for the position."~~

SECTION 6. G.S. 50B-2(a) reads as rewritten:

"§ 50B-2. Institution of civil action; motion for emergency relief; temporary orders; temporary custody.

(a) Any person residing in this State may seek relief under this Chapter by filing a civil action or by filing a motion in any existing action filed under Chapter 50 of the General Statutes alleging acts of domestic violence against himself or herself or a minor child who resides with or is in the custody of such person. Any aggrieved party entitled to relief under this Chapter may file a civil action and proceed pro se, without the assistance of legal counsel. The district court division of the General Court of Justice shall have original jurisdiction over actions instituted under this Chapter. Any action for a domestic violence protective order requires that a summons be issued and served. The summons issued pursuant to this Chapter shall require the defendant to answer within 10 days of the date of service. Attachments to the summons shall include the complaint, notice of hearing, any temporary or ex parte order that has been issued, and other papers through the appropriate law enforcement agency where the defendant is to be served. No court costs shall be assessed for the filing, issuance, registration, or service of a protective order or petition for a protective order or witness subpoena in compliance with the Violence Against Women Act, 42 U.S.C. § 3796gg-5."

SECTION 7. G.S. 50C-3 (a) reads as rewritten:

"§ 50C-3. Process for action for no-contact order.

(a) Any action for a civil no-contact order requires that a ~~separate~~ summons be issued and served. The summons issued pursuant to this Chapter shall require the respondent to answer within 10 days of the date of service. Attachments to the summons shall include the complaint for the civil no-contact order, and any temporary civil no-contact order that has been issued and the notice of hearing on the temporary civil no-contact order."

SECTION 8. The Joint Legislative Committee on Domestic Violence supports the adoption of an automated statewide domestic violence protective order notification system. In order to determine the financial and operational impact of developing the system, the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office, shall (i) identify information in available databases relating to civil domestic violence protective orders, criminal no-contact order conditions, and postarrest conditions of release and (ii) determine the financial impact, including personnel costs, for implementing a domestic violence protective order notification system which interfaces with the North Carolina Statewide Automated Victim Assistance Notification System. The Governor's Crime Commission shall report the findings to the Joint Legislative Committee on Domestic Violence and the Fiscal Research Division by July 1, 2009.

SECTION 9. The North Carolina Domestic Violence Commission, in consultation with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition Against Sexual Assault, shall study the issue of State oversight and coordination of services to victims of sexual violence and whether sexual violence should be included as a focus area of the Commission. The study shall include, but is not limited to, a review of the organization and membership of entities in other states that provide (i) information and recommendations to state legislatures on domestic and sexual violence, and (ii) information and services to the public regarding these issues. The Commission shall report its findings and recommendations to the Joint Legislative Committee on Domestic Violence by July 1, 2009.

SECTION 10. Sections 6 and 7 of this act are effective for actions or motions filed on or after December 1, 2009. The remainder of this act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

D

HOUSE BILL 115*
Committee Substitute Favorable 3/25/09
Committee Substitute #2 Favorable 4/16/09
PROPOSED SENATE COMMITTEE SUBSTITUTE H115-CSRK-66 [v.2]

6/9/2009 2:27:42 PM

Short Title: Joint DV Committee/Recommendations.

(Public)

Sponsors:

Referred to:

February 11, 2009

A BILL TO BE ENTITLED

AN ACT TO RENAME THE NORTH CAROLINA COUNCIL FOR WOMEN/DOMESTIC VIOLENCE COMMISSION AND CLARIFY ITS ROLE AND RESPONSIBILITIES, TO EXPAND THE ROLE OF THE NORTH CAROLINA COUNCIL FOR WOMEN AND DESIGNATE THE QUALIFICATIONS FOR MEMBERSHIP, TO REVISE THE MEMBERSHIP AND STAFFING OF THE NORTH CAROLINA DOMESTIC VIOLENCE COMMISSION, TO AMEND THE PROCEDURE FOR OBTAINING A DOMESTIC VIOLENCE PROTECTIVE ORDER OR CIVIL NO-CONTACT ORDER, TO SUPPORT A STATEWIDE DOMESTIC VIOLENCE PROTECTIVE ORDER NOTIFICATION SYSTEM AND INVESTIGATE THE COSTS, TO CLARIFY THE APPLICATION OF A PENALTY ENHANCEMENT IF A DEFENDANT COMMITS AN OFFENSE WHILE UNDER A DOMESTIC VIOLENCE PROTECTIVE ORDER, AND TO STUDY STATE OVERSIGHT AND COORDINATION OF SERVICES FOR VICTIMS OF SEXUAL VIOLENCE, AS RECOMMENDED BY THE JOINT LEGISLATIVE COMMITTEE ON DOMESTIC VIOLENCE.

The General Assembly of North Carolina enacts:

SECTION 1. The name of the current agency "North Carolina Council for Women/Domestic Violence Commission," located within the Department of Administration, shall be renamed the "North Carolina Center for Women, Families, and Domestic Violence." The successor agency shall have the responsibility of providing staff and administrative support to the North Carolina Council for Women and to the North Carolina Domestic Violence Commission. All responsibilities relating to the administration of State grants, funds, or fees, which have been given by statute, or any other provision of law, to the Department of Administration, North Carolina Council for Women, shall be administered by the North Carolina Center for Women, Families, and Domestic Violence.

SECTION 2. G.S. 143B-393 reads as rewritten:

"§ 143B-393. North Carolina Council for Women – creation; powers and duties.

There is hereby created the North Carolina Council for Women of the Department of Administration. The North Carolina Council for Women shall have the following functions and duties:

- (1) To advise the Governor, the principal State departments, and the State legislature concerning ~~the education and employment of women in the State~~

of North Carolina; and Carolina, including, but not limited to, the following issues:

- a. Employment.
- b. Education.
- c. Health.
- d. Pay equity.
- e. Domestic violence.
- f. Sexual violence.
- g. Housing.
- h. Child care.

(2) To advise the Secretary of Administration upon any matter the Secretary may refer to it; and

(3) To establish programs for the assistance of displaced homemakers as set forth in Part 10B of this Article."

SECTION 3. G.S. 143B-394 reads as rewritten:

"§ 143B-394. North Carolina Council for Women – members; selection; quorum; compensation.

(a) The North Carolina Council for Women of the Department of Administration shall consist of 20 members appointed by the Governor. The initial members of the Council shall be the appointed members of the North Carolina Council for Women, three of whose appointments expire June 30, 1977, and four of whose appointments expire June 30, 1978. Thirteen additional members shall be appointed in 1977, six of whom shall serve terms expiring June 30, 1978, and seven of whom shall serve terms expiring June 30, 1979. At the ends of the respective terms of office of the initial members of the Council and of the 13 members added in 1977, the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify. Any appointment to fill a vacancy on the Council created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term. ~~Members of the Council shall be representative of age, sex, ethnic and geographic backgrounds.~~

(b) Members shall be representative of age, sex, and ethnic backgrounds, as well as reflect the geographic and cultural regions of the State. The members shall meet the following criteria:

- (1) Two members shall be representative of the educational community with specialized knowledge concerning available secondary and postsecondary education programs.
- (2) Two members shall be representative of the medical community with specialized knowledge concerning women's health issues.
- (3) One member shall be a representative of a center that is authorized to receive funding from the North Carolina Fund for Displaced Homemakers.
- (4) One member shall be an employee of the North Carolina Employment Security Commission.
- (5) One member shall be an attorney and member of the North Carolina State Bar who has studied issues relating to women.
- (6) One member shall be from the business community.
- (7) One member shall be a member of the law enforcement community with specialized knowledge of domestic violence and sexual violence issues.
- (8) One member shall be a representative of a linguistic and cultural minority community.
- (9) One member shall be a representative of a local service provider that provides services to victims of sexual violence and that is eligible to receive grant funds from the Sexual Assault and Rape Crisis Center Fund.

- 1 (10) One member shall be a representative of a local service provider that
2 provides services to victims of domestic violence and is eligible to receive
3 grant funds from the Domestic Violence Center Fund.
4 (11) One member shall be an academician who is knowledgeable about trends
5 and data relating to women's issues, such as those described in
6 G.S. 143B-393.
7 (12) One member shall be a representative of a college or university who has
8 educational background and expertise in the field of women's studies.
9 (13) One member shall be a representative of the North Carolina Child Care
10 Coalition.
11 (14) Five members shall be from the public at large.

12 (c) The Governor shall have the power to remove any member of the Council from
13 office in accordance with the provisions of G.S. 143B-16 of the Executive Organization Act of
14 1973.

15 (d) The Governor shall designate a member of the Council to serve as chairman at the
16 pleasure of the Governor.

17 (e) Members of the Council shall receive per diem and necessary travel and subsistence
18 expenses in accordance with the provisions of G.S. 138-5.

19 A majority of the Council shall constitute a quorum for the transaction of business.

20 All clerical and other services required by the Council shall be supplied by the Secretary of
21 Administration."

22 **SECTION 4.** The terms of all persons who are members of the North Carolina
23 Council for Women on the effective date of this act shall expire on June 30, 2009. Ten of the
24 20 appointed successors shall have terms that expire on June 30, 2010, and the appointment of
25 their successors shall be for terms of two years and until their successors are appointed and
26 qualify. The remaining 10 of the 20 appointed successors shall have terms that expire on June
27 30, 2011, and the appointment of their successors shall be for terms of two years and until their
28 successors are appointed and qualify.

29 **SECTION 5.** G.S. 143B-394.15 reads as rewritten:

30 ...
31 "(c) Membership. – The Commission shall consist of 39 members, who reflect the
32 geographic and cultural regions of the State, as follows:

33 ...
34 (4) The following persons or their designees, ex officio:

- 35 a. The Governor.
36 b. The Lieutenant Governor.
37 c. The Attorney General.
38 d. The Secretary of the Department of Administration.
39 e. The Secretary of the Department of Crime Control and Public Safety.
40 f. The Superintendent of Public Instruction.
41 g. The Secretary of the Department of Correction.
42 h. The Secretary of the Department of Health and Human Services.
43 i. The Director of the Office of State Personnel.
44 j. The ~~Executive Director~~ Chair of the North Carolina Council for
45 Women.
46 k. The Dean of the School of Government at the University of North
47 Carolina at Chapel Hill.
48 l. The Chairman of the Governor's Crime Commission.

49 ...
50 (l) Staffing. – The Secretary of the Department of Administration shall be responsible
51 for staffing the Commission. ~~To that end, the Secretary shall, at a minimum, assign an~~

~~employee to serve as a Deputy Director within the North Carolina Council for Women whose primary duties shall be to staff the Commission. The person assigned as Deputy Director shall have the education, experience, and any other qualifications necessary for the position."~~

SECTION 6. G.S. 50B-2(a) reads as rewritten:

"§ 50B-2. Institution of civil action; motion for emergency relief; temporary orders; temporary custody.

(a) Any person residing in this State may seek relief under this Chapter by filing a civil action or by filing a motion in any existing action filed under Chapter 50 of the General Statutes alleging acts of domestic violence against himself or herself or a minor child who resides with or is in the custody of such person. Any aggrieved party entitled to relief under this Chapter may file a civil action and proceed pro se, without the assistance of legal counsel. The district court division of the General Court of Justice shall have original jurisdiction over actions instituted under this Chapter. Any action for a domestic violence protective order requires that a summons be issued and served. The summons issued pursuant to this Chapter shall require the defendant to answer within 10 days of the date of service. Attachments to the summons shall include the complaint, notice of hearing, any temporary or ex parte order that has been issued, and other papers through the appropriate law enforcement agency where the defendant is to be served. No court costs shall be assessed for the filing, issuance, registration, or service of a protective order or petition for a protective order or witness subpoena in compliance with the Violence Against Women Act, 42 U.S.C. § 3796gg-5."

SECTION 7. G.S. 50C-3 (a) reads as rewritten:

"§ 50C-3. Process for action for no-contact order.

(a) Any action for a civil no-contact order requires that a ~~separate~~ summons be issued and served. The summons issued pursuant to this Chapter shall require the respondent to answer within 10 days of the date of service. Attachments to the summons shall include the complaint for the civil no-contact order, and any temporary civil no-contact order that has been issued and the notice of hearing on the temporary civil no-contact order."

SECTION 7.1. G.S. 50B-4.1 is amended by adding a new subsection to read:

"(h) For the purposes of this section, the term "valid protective order" shall include an emergency or ex parte order entered under this Chapter.

SECTION 8. The Joint Legislative Committee on Domestic Violence supports the adoption of an automated statewide domestic violence protective order notification system. In order to determine the financial and operational impact of developing the system, the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office, shall (i) identify information in available databases relating to civil domestic violence protective orders, criminal no-contact order conditions, and postarrest conditions of release and (ii) determine the financial impact, including personnel costs, for implementing a domestic violence protective order notification system which interfaces with the North Carolina Statewide Automated Victim Assistance Notification System. The Governor's Crime Commission shall report the findings to the Joint Legislative Committee on Domestic Violence and the Fiscal Research Division by July 1, 2009.

SECTION 9. The North Carolina Domestic Violence Commission, in consultation with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition Against Sexual Assault, shall study the issue of State oversight and coordination of services to victims of sexual violence and whether sexual violence should be included as a focus area of the Commission. The study shall include, but is not limited to, a review of the organization and membership of entities in other states that provide (i) information and recommendations to state legislatures on domestic and sexual violence, and (ii) information and services to the public regarding these issues. The Commission shall report its findings and recommendations to the Joint Legislative Committee on Domestic Violence by July 1, 2009.

1 **SECTION 10.** Sections 6, 7, and 7.1 of this act are effective for actions or motions
2 filed on or after December 1, 2009. The remainder of this act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

3

HOUSE BILL 1046
Committee Substitute Favorable 5/6/09
Committee Substitute #2 Favorable 5/13/09

Short Title: Child Care Facilities Rules.

(Public)

Sponsors:

Referred to:

April 6, 2009

A BILL TO BE ENTITLED

AN ACT TO TRANSFER THE AUTHORITY TO ADOPT RULES ESTABLISHING
STANDARDS APPLICABLE TO CHILD CARE CENTERS THAT PROVIDE
DEVELOPMENTAL DAY PROGRAMS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 143B-147(a) reads as rewritten:

"(a) There is hereby created the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services with the power and duty to adopt, amend and repeal rules to be followed in the conduct of State and local mental health, developmental disabilities, substance abuse programs including education, prevention, intervention, screening, assessment, referral, detoxification, treatment, rehabilitation, continuing care, emergency services, case management, and other related services. Such rules shall be designed to promote the amelioration or elimination of the mental illness, developmental disabilities, or substance abuse problems of the citizens of this State. Rules establishing standards for certification of child care centers providing Developmental Day programs are excluded from this section and shall be adopted by the Child Care Commission under G.S. 110-88. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall have the authority:

(1) To adopt rules regarding the

- a. Admission, including the designation of regions, treatment, and professional care of individuals admitted to a facility operated under the authority of G.S. 122C-181(a), that is now or may be established;
- b. Operation of education, prevention, intervention, treatment, rehabilitation and other related services as provided by area mental health, developmental disabilities, and substance abuse authorities, county programs, and all providers of public services under Part 4 of Article 4 of Chapter 122C of the General Statutes;
- c. Hearings and appeals of area mental health, developmental disabilities, and substance abuse authorities as provided for in Part 4 of Article 4 of Chapter 122C of the General Statutes; and
- d. and e. Repealed by Session Laws 2001-437, s. 1.21(a), effective July 1, 2002.
- f. Standards of public services for mental health, developmental disabilities, and substance abuse services.



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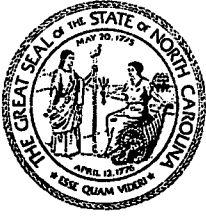
- (2) To adopt rules for the licensing of facilities for the mentally ill, developmentally disabled, and substance abusers, under Article 2 of Chapter 122C of the General Statutes.
- (3) To advise the Secretary of the Department of Health and Human Services regarding the need for, provision and coordination of education, prevention, intervention, treatment, rehabilitation and other related services in the areas of:
 - a. Mental illness and mental health,
 - b. Developmental disabilities,
 - c. Substance abuse.
 - d. Repealed by Session Laws 2001-437, s. 1.21(a), effective July 1, 2002.
- (4) To review and advise the Secretary of the Department of Health and Human Services regarding all State plans required by federal or State law and to recommend to the Secretary any changes it thinks necessary in those plans; provided, however, for the purposes of meeting State plan requirements under federal or State law, the Department of Health and Human Services is designated as the single State agency responsible for administration of plans involving mental health, developmental disabilities, and substance abuse services.
- (5) To adopt rules relating to the registration and control of the manufacture, distribution, security, and dispensing of controlled substances as provided by G.S. 90-100.
- (6) To adopt rules to establish the professional requirements for staff of licensed facilities for the mentally ill, developmentally disabled, and substance abusers. Such rules may require that one or more, but not all staff of a facility be either licensed or certified. If a facility has only one professional staff, such rules may require that that individual be licensed or certified. Such rules may include the recognition of professional certification boards for those professions not licensed or certified under other provisions of the General Statutes provided that the professional certification board evaluates applicants on a basis which protects the public health, safety or welfare.
- (7) Except where rule making authority is assigned under that Article to the Secretary of the Department of Health and Human Services, to adopt rules to implement Article 3 of Chapter 122C of the General Statutes.
- (8) To adopt rules specifying procedures for waiver of rules adopted by the Commission.
- (9) To adopt rules establishing a process for non-Medicaid eligible clients to appeal to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services decisions made by an area authority or county program affecting the client. The purpose of the appeal process is to ensure that mental health, developmental disabilities, and substance abuse services are delivered within available resources, to provide an additional level of review independent of the area authority or county program to ensure appropriate application of and compliance with applicable statutes and rules, and to provide additional opportunities for the area authority or county program to resolve the underlying complaint. Upon receipt of a written request by the non-Medicaid eligible client, the Division shall review the decision of the area authority or county program and shall advise the requesting client and the area authority or county program as to the Division's findings and the bases therefor.

1 Notwithstanding Chapter 150B of the General Statutes, the Division's
2 findings are not a final agency decision for purposes of that Chapter. Upon
3 receipt of the Division's findings, the area authority or county program shall
4 issue a final decision based on those findings. Nothing in this subdivision
5 shall be construed to create an entitlement to mental health, developmental
6 disabilities, and substance abuse services."

7 **SECTION 2.** G.S. 110-88 is amended by adding the following new subdivision to
8 read:

9 "(14) To adopt rules establishing standards for certification of child care centers
10 providing Developmental Day programs."

11 **SECTION 3.** This act becomes effective January 1, 2010.



HOUSE BILL 1046: Child Care Facilities Rules

2009-2010 General Assembly

Committee: Senate Mental Health & Youth Services
Introduced by: Rep. M. Alexander
Analysis of: Third Edition

Date: June 10, 2009
Prepared by: Shirley Iorio, Ph D
Legislative Analyst

SUMMARY: *House Bill 1046 would move the authority to adopt rules establishing standards for certification of child care centers that are providing developmental day programs from the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services (MHDDSAS) to the Child Care Commission.*

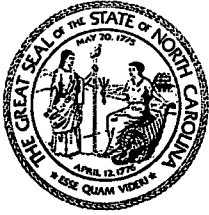
CURRENT LAW: G.S. 143B-147 creates the Commission for MHDDSAS in the Department of Health and Human Services. The Commission is charged with adopting rules to be followed in State and local mental health, developmental disabilities, and substance abuse programs.

Article 7 of Chapter 110 of the General Statutes creates the Child Care Commission. G.S. 110-88 sets forth the powers and duties of the Commission which include adopting rules for licensure as a child care facility.

BILL ANALYSIS: House Bill 1046 would amend G.S. 143B-147(a) to provide that rules establishing standards for child care centers that provide Developmental Day programs shall be adopted by the Child Care Commission rather than the Commission for MHDDSAS. The bill also would amend G.S. 110-88 to give the Child Care Commission the authority to adopt rules establishing standards for certification of child care centers providing Developmental Day programs.

EFFECTIVE DATE: The act would become effective January 1, 2010.

H1046-SMSF-80(e3) v1



HOUSE BILL 576: Remove Endorsement for Denied Access LME

2009-2010 General Assembly

Committee: Senate Mental Health & Youth Services
Introduced by: Reps. Braxton, Brisson
Analysis of: Third Edition

Date: June 9, 2009
Prepared by: Shawn Parker
Legislative Analyst

SUMMARY: *HB 576 authorizes a Local Management Entity to remove a provider's endorsement for failure to allow the LME access in accordance with rules established under G.S. 143B-139.1 or in the event of an emergency or in response to a complaint related to the health and safety of a client.*

HB 576 also codifies language directing an LME to make a referral to the Division of Health Service Regulation when there is reasonable cause to believe a facility is in violation of licensure rules and to make a referral to the local Division of Social Services when there is reasonable cause to believe abuse, neglect, or exploitation of a client has occurred.

CURRENT LAW: G.S. 122C-115.4(b) authorizes a local management entity (LME) to remove a mental health, developmental disability, or substance abuse service provider's endorsement for failing to:

- meet defined quality criteria;
- adequately document the provision of services;
- provide required staff training; or
- provide required data to the LME.

An LME is a mental health, developmental disabilities, and substance abuse area authority, county program, or consolidated human services agency. An endorsement is defined as "a verification and quality assurance process using statewide criteria and tools" set out in the Department of Health and Human Services Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services. The purpose of the endorsement of Medicaid Providers is to assure that individuals receive services and supports from organizations that comply with State and Federal laws and regulations and provide services in a manner consistent with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) State Reform Plan. The endorsement process provides an endorsing agency with objective criteria to determine the competency and quality of Medicaid Providers.

BILL ANALYSIS: House Bill 576 re-codifies subsection (b) of G.S. 122C-115.4 and provides that an LME has endorsement removal authority when a provider fails to allow access to the facility in accordance with rules established under G.S. 143B-139.1 (include rules governing monitoring) and in the event of an emergency or in response to a complaint related to the health or safety of a client.

The bill also directs the LME to make a referral to the Division of Health Service Regulation when there is reasonable cause to believe a facility is in violation of licensure rules and to make a referral to the local Division of Social Services when there is reasonable cause to believe abuse, neglect, or exploitation of a client has occurred. This language is consistent with existing policy.

EFFECTIVE DATE: This act is effective when it becomes law.

House Bill 576

Page 2

BACKGROUND:

§ 143B-139.1. Secretary of Health and Human Services to adopt rules applicable to local health and human services agencies.

The Secretary of the Department of Health and Human Services may adopt rules applicable to local health and human services agencies for the purpose of program evaluation, fiscal audits, and collection of third-party payments. The Secretary may adopt and enforce rules governing:

- (1) The placement of individuals in licensable facilities located outside the individual's community and ability of the providers to return the individual to the individual's community as soon as possible without detriment to the individual or the community.
- (2) The monitoring of mental health, developmental disability, and substance abuse services.
- (3) The communication procedures between the area authority or county program, the local department of social services, the local education authority, and the criminal justice agency, if involved with the individual, regarding the placement of the individual outside the individual's community and the transfer of the individual's records in accordance with law.
- (4) The enrollment and revocation of enrollment of Medicaid providers who have been previously sanctioned by the Department and want to provide services under this Article. (1975, c. 875, s. 45; 1997-443, s. 11A.101; 2002-164, s. 4.5.)

Martha Walston, counsel to House Finance, substantially contributed to this summary.

H576-SMSQ-110(e3) v1

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

3

HOUSE BILL 576
Committee Substitute Favorable 4/2/09
Committee Substitute #2 Favorable 5/12/09

Short Title: Remove Endorsement for Denied Access LME.

(Public)

Sponsors:

Referred to:

March 16, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO CLARIFY THAT A LOCAL MANAGEMENT ENTITY'S AUTHORITY
3 INCLUDES THE RIGHT OF ACCESS TO A PROVIDER FOR MONITORING AND IN
4 RESPONSE TO COMPLAINTS OR EMERGENCIES AND TO CLARIFY THAT A
5 LOCAL MANAGEMENT ENTITY MAY REMOVE A PROVIDER'S ENDORSEMENT
6 IF ACCESS FOR THESE PURPOSES IS DENIED.

7 The General Assembly of North Carolina enacts:

8 SECTION 1. G.S. 122C-115.4(b) reads as rewritten:

9 "(b) The primary functions of an LME are designated in this subsection and shall not be
10 conducted by any other entity unless an LME voluntarily enters into a contract with that entity
11 under subsection (c) of this section. The primary functions include all of the following:

12 (1) Access for all citizens to the core services and administrative functions
13 described in G.S. 122C-2. In particular, this shall include the implementation
14 of a 24-hour a day, seven-day a week screening, triage, and referral process
15 and a uniform portal of entry into care.

16 (2) Provider endorsement, monitoring, technical assistance, capacity
17 development, and quality control. An LME may remove a provider's
18 endorsement if a provider fails to meet defined quality criteria, fails to
19 adequately document the provision of services, fails to provide required staff
20 training, or fails to provide required data to the LME. provider fails to do any
21 of the following:

22 a. Meet defined quality criteria.

23 b. Adequately document the provision of services.

24 c. Provide required staff training.

25 d. Provide required data to the LME.

26 e. Allow the LME access in accordance with rules established under
27 G.S. 143B-139.1.

28 f. Allow the LME access in the event of an emergency or in response to
29 a complaint related to the health or safety of a client.

30 If at anytime the LME has reasonable cause to believe a violation of
31 licensure rules has occurred, the LME shall make a referral to the Division
32 of Health Service Regulation. If at anytime the LME has reasonable cause to
33 believe the abuse, neglect, or exploitation of a client has occurred, the LME
34 shall make a referral to the local Department of Social Services, Child
35 Protective Services Program, or Adult Protective Services Program.



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- 1 (3) Utilization management, utilization review, and determination of the
2 appropriate level and intensity of services. An LME may participate in the
3 development of person centered plans for any consumer and shall monitor
4 the implementation of person centered plans. An LME shall review and
5 approve person centered plans for consumers who receive State-funded
6 services and shall conduct concurrent reviews of person centered plans for
7 consumers in the LME's catchment area who receive Medicaid funded
8 services.
- 9 (4) Authorization of the utilization of State psychiatric hospitals and other State
10 facilities. Authorization of eligibility determination requests for recipients
11 under a CAP-MR/DD waiver.
- 12 (5) Care coordination and quality management. This function involves
13 individual client care decisions at critical treatment junctures to assure
14 clients' care is coordinated, received when needed, likely to produce good
15 outcomes, and is neither too little nor too much service to achieve the
16 desired results. Care coordination is sometimes referred to as "care
17 management." Care coordination shall be provided by clinically trained
18 professionals with the authority and skills necessary to determine
19 appropriate diagnosis and treatment, approve treatment and service plans,
20 when necessary to link clients to higher levels of care quickly and
21 efficiently, to facilitate the resolution of disagreements between providers
22 and clinicians, and to consult with providers, clinicians, case managers, and
23 utilization reviewers. Care coordination activities for high-risk/high-cost
24 consumers or consumers at a critical treatment juncture include the
25 following:
- 26 a. Assisting with the development of a single care plan for individual
27 clients, including participating in child and family teams around the
28 development of plans for children and adolescents.
- 29 b. Addressing difficult situations for clients or providers.
- 30 c. Consulting with providers regarding difficult or unusual care
31 situations.
- 32 d. Ensuring that consumers are linked to primary care providers to
33 address the consumer's physical health needs.
- 34 e. Coordinating client transitions from one service to another.
- 35 f. Conducting customer service interventions.
- 36 g. Assuring clients are given additional, fewer, or different services as
37 client needs increase, lessen, or change.
- 38 h. Interfacing with utilization reviewers and case managers.
- 39 i. Providing leadership on the development and use of communication
40 protocols.
- 41 j. Participating in the development of discharge plans for consumers
42 being discharged from a State facility or other inpatient setting who
43 have not been previously served in the community.
- 44 (6) Community collaboration and consumer affairs including a process to
45 protect consumer rights, an appeals process, and support of an effective
46 consumer and family advisory committee.
- 47 (7) Financial management and accountability for the use of State and local funds
48 and information management for the delivery of publicly funded services.
- 49 Subject to all applicable State and federal laws and rules established by the Secretary and
50 the Commission, nothing in this subsection shall be construed to preempt or supersede the
51 regulatory or licensing authority of other State or local departments or divisions."

1

SECTION 2. This act is effective when it becomes law.



HOUSE BILL 1087: MHDDSA Client Rights/Provider Entities

2009-2010 General Assembly

Committee: Senate Mental Health & Youth Services
Introduced by: Rep. Braxton
Analysis of: First Edition

Date: June 9, 2009
Prepared by: Shawn Parker
Legislative Analyst

SUMMARY: *House Bill 1087 would apply client rights and human rights committee requirements for mental health, developmental disabilities, and substance abuse services facilities and local management entities to provider entities.*

CURRENT LAW:

G.S. 122C-64 currently provides for the establishment of human rights committees responsible for the protection of the rights of clients, at each State facility, and each area authority and county program.

BILL ANALYSIS:

House Bill 1087 amends G.S. 122C-64 by extending the requirement to establish human rights committees to provider entities. The bill also renames "human rights committees" to "client rights and human rights committees".

EFFECTIVE DATE: The act is effective when it becomes law.

Barbara Riley and Theresa Matula made substantial contributions to this summary.

H1087-SMSQ-111(e1) v1

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

H

1

HOUSE BILL 1087

Short Title: MHDDSA Client Rights/Provider Entities. (Public)

Sponsors: Representatives Braxton; Farmer-Butterfield, Harrison, Insko, and Parmon.

Referred to: Mental Health Reform, if favorable, Health.

April 7, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO APPLY CLIENT RIGHTS AND HUMAN RIGHTS COMMITTEE
3 REQUIREMENTS FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES,
4 AND SUBSTANCE ABUSE SERVICES FACILITIES, AND LOCAL MANAGEMENT
5 ENTITIES, TO PROVIDER ENTITIES.

6 The General Assembly of North Carolina enacts:

7 SECTION 1. G.S. 122C-64 reads as rewritten:

8 "§ 122C-64. Client rights and Human rights committees.

9 Human rights committees responsible for protecting the rights of clients shall be established
10 at each State ~~facility and for each area authority and county program facility~~, for each local
11 management entity, and provider entities. The Commission shall adopt rules for the
12 establishment, composition, and duties of the committees and procedures for appointment and
13 coordination with the State and Local Consumer Advocacy programs. In multicounty area
14 authorities and multicounty programs, the membership of the client rights and human rights
15 committee shall include a representative from each of the participating counties."

16 SECTION 2. This act is effective when it becomes law.



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NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. 1087

DATE _____

S. B. No. _____

Amendment No. _____

COMMITTEE SUBSTITUTE _____

(to be filled in by
Principal Clerk)

Rep.)

Sen.)

Danville

1 moves to amend the bill on page 1, line 11

2 () WHICH CHANGES THE TITLE

3 by substitution of the word "entities." with "agency."

4
5 and on page 1, lines 13-15 by rewriting the

6 lines to read
7 "Advocacy programs. In a multicounty area
8 authorities and multicounty programs, the membership
9 of the ~~multicounty~~ human rights committee shall
10 include a representative from each of the participating
11 counties. The membership of the clients rights and
12 human rights committee for a multicounty program
13 or local management entity shall include a
14 representative from each of the participating
15 counties."

SIGNED

C. S. Danville
Chair on Senate

ADOPTED _____ FAILED _____ TABLED _____

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2009

H

2

HOUSE BILL 1087

Senate Mental Health & Youth Services Committee Substitute Adopted 6/10/09

Short Title: MHDDSA Client Rights/Provider Entities.

(Public)

Sponsors:

Referred to:

April 7, 2009

A BILL TO BE ENTITLED

AN ACT TO APPLY CLIENT RIGHTS AND HUMAN RIGHTS COMMITTEE REQUIREMENTS FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FACILITIES, AND LOCAL MANAGEMENT ENTITIES, TO PROVIDER ENTITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-64 reads as rewritten:

"§ 122C-64. Client rights and Human rights committees.

Human rights committees responsible for protecting the rights of clients shall be established at each State ~~facility and for each area authority and county program facility~~, for each local management entity, and provider agency. The Commission shall adopt rules for the establishment, composition, and duties of the committees and procedures for appointment and coordination with the State and Local Consumer Advocacy programs. ~~In multicounty area authorities and multicounty programs, the membership of the human rights committee shall include a representative from each of the participating counties.~~ The membership of the client rights and human rights committee for a multicounty program or local management entity shall include a representative from each of the participating counties."

SECTION 2. This act is effective when it becomes law.



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GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

4

HOUSE BILL 88
Committee Substitute Favorable 4/8/09
Committee Substitute #2 Favorable 4/9/09
Fourth Edition Engrossed 4/16/09

Short Title: Healthy Youth Act.

(Public)

Sponsors:

Referred to:

February 9, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE FOR ABSTINENCE UNTIL MARRIAGE AND
3 COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS IN GRADES SEVEN
4 THROUGH NINE.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. This act shall be known as the "Healthy Youth Act of 2009."

7 SECTION 2. G.S. 115C-81(e1)(1)l. reads as rewritten:

8 "l. ~~Abstinence until marriage education; An abstinence until marriage~~
9 ~~program and an abstinence-based comprehensive sexuality education~~
10 ~~program; and".~~

11 SECTION 3. G.S. 115C-81(e1)(3) is repealed.

12 SECTION 4. G.S. 115C-81(e1)(4) reads as rewritten:

13 "(4) ~~The State Board of Education shall evaluate abstinence until marriage~~
14 ~~curricula and their learning materials and shall develop and maintain a~~
15 ~~recommended list of one or more approved abstinence until marriage~~
16 ~~curricula. The State Board may develop an abstinence until marriage~~
17 ~~program to include on the recommended list. The State Board of Education~~
18 ~~shall not select or develop a program for inclusion on the recommended list~~
19 ~~that does not include the positive benefits of abstinence until marriage and~~
20 ~~the risks of premarital sexual activity as the primary focus. The State Board~~
21 ~~shall include on the recommended list only programs that include, in~~
22 ~~appropriate grades and classes, instruction that: Each local school~~
23 ~~administrative unit shall offer an abstinence until marriage program~~
24 ~~commencing in the seventh grade that includes the following instruction:~~

- 25 a. Teaches that abstinence from sexual activity outside of marriage is
26 the expected standard for all school-age children;
27 b. Presents techniques and strategies to deal with peer pressure and
28 offering positive reinforcement;
29 c. Presents reasons, skills, and strategies for remaining or becoming
30 abstinent from sexual activity;
31 d. Teaches that abstinence from sexual activity is the only certain
32 means of avoiding out-of-wedlock pregnancy, sexually transmitted
33 diseases when transmitted through sexual contact, including
34 HIV/AIDS, and other associated health and emotional problems;



* H 8 8 - V - 4 *

- e. Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS;
- f. Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual activity;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student; and
- h. Provides factually accurate biological or pathological information that is related to the human reproductive system."

SECTION 5. G.S. 115C-81(e1) is amended by adding two new subdivisions to

read:

"(4a) Each local school administrative unit shall also offer an abstinence-based comprehensive sexuality health education program commencing in the seventh grade that includes the following instruction:

- a. Teaches respect for marriage;
- b. Teaches that abstinence from sexual activity is the only certain way to prevent unintended pregnancy, reduce the risk of sexual transmission of diseases, including HIV/AIDS, and provide information about the value of abstinence;
- c. Teaches about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases;
- d. Teaches about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy;
- e. Teaches functional knowledge and essential skills to promote and maintain healthy behaviors that value lifelong good health and avoidance of risky behaviors such as alcohol and drug abuse, intravenous drug abuse, and unprotected sexual activity;
- f. Teaches awareness of sexual assault, sexual abuse, and risk reduction. The instruction and materials shall:
 - 1. Focus on healthy relationships;
 - 2. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction;
 - 3. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse; and
 - 4. Examine common misconceptions and stereotypes about sexual assault and sexual abuse;
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the student;
- h. Provides that materials used in instruction shall be age appropriate for use with students; and
- i. Provides that information conveyed during the instruction shall be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

(4b) Each local school administrative unit shall (i) submit to all parents or guardians of students in grades seven through nine consent forms explaining the two available tracks, abstinence until marriage and abstinence-based

comprehensive sexuality health education, and explain that a parent or guardian may chose to have his or her child not enroll in either track, and (ii) ask that each parent or guardian select a track for his or her child and return the signed consent form to the school. The consent form shall contain a statement in bold print that if the signed form is not returned to the school, the student shall not be enrolled in either track and will receive no sexuality health education. Each school board shall adopt a policy directing schools to notify parents or legal guardians who did not sign and return the consent form that the consent form has not been received and that their student will not be receiving any sexuality health education. The policy shall direct that such notice be in writing and may be provided by certified mail, telefax, e-mail, or any other written method reasonably designed to achieve actual notice to the parent or legal guardian. Any parent or guardian may at any time withdraw his or her child from participation in either program. The school shall provide parents an opportunity to examine the curriculum for both options before requiring the parents to select an option."

SECTION 6. G.S. 115C-81(e1)(5) reads as rewritten:

"(5) The State Board of Education shall make available to all local school administrative units for review by the parents and legal guardians of students enrolled at that unit any State-developed objectives for instruction, any approved textbooks, the list of reviewed materials, and any other State-developed or approved materials that pertain to or are intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, to the avoidance of out-of-wedlock pregnancy, or to the abstinence until marriage ~~curriculum-curriculum~~ or abstinence-based comprehensive sexuality curriculum. The review period shall extend for at least 60 days before use."

SECTION 7. G.S. 115C-81(e1)(6) is repealed.

SECTION 8. G.S. 115C-81(e1)(7) reads as rewritten:

"(7) Each school year, before students may participate in any portion of (i) a program that pertains to or is intended to impart information or promote discussion or understanding in regard to the prevention of sexually transmitted diseases, including HIV/AIDS, or to the avoidance of out-of-wedlock pregnancy, (ii) an abstinence until marriage program, or (iii) ~~a comprehensive sex~~ an abstinence-based comprehensive sexuality education program, whether developed by the State or by the local board of education, the parents and legal guardians of those students shall be given an opportunity to review the objectives and materials. Local boards of education shall adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students' participation in any or all of these programs."

SECTION 9. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

"(11) Each local school administrative unit shall provide a comprehensive school health education program that meets all the requirements of this subsection and all the objectives established by the State Board. Each local board of education may expand on the subject areas to be included in the program and on the instructional objectives to be met."

SECTION 10. This act is effective when it becomes law and applies beginning with the 2010-2011 school year.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

D

HOUSE BILL 88
Committee Substitute Favorable 4/8/09
Committee Substitute #2 Favorable 4/9/09
Fourth Edition Engrossed 4/16/09
PROPOSED COMMITTEE SUBSTITUTE H88-CSSQ-60 [v.1]

6/9/2009 4:54:42 PM

Short Title: Healthy Youth Act.

(Public)

Sponsors:

Referred to:

February 9, 2009

1 A BILL TO BE ENTITLED
2 AN ACT TO DIRECT LOCAL SCHOOL ADMINISTRATIVE UNITS TO PROVIDE
3 REPRODUCTIVE HEALTH AND SAFETY EDUCATION IN GRADES SEVEN
4 THROUGH NINE.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.** This act shall be known as the "Healthy Youth Act of 2009."

7 **SECTION 2.** G.S. 115C-81(e1)(1)l. reads as rewritten:

8 "l. ~~Abstinence until marriage education; Reproductive health and safety~~
9 ~~education; and~~".

10 **SECTION 3.** G.S. 115C-81(e1)(3) is repealed.

11 **SECTION 4.** G.S. 115C-81(e1)(4) reads as rewritten:

12 "(4) The State Board of Education shall evaluate ~~abstinence until marriage~~
13 ~~curricula~~ reproductive health and safety curricula and their learning
14 materials and shall develop and maintain a recommended list of one or more
15 approved ~~abstinence until marriage curricula~~ reproductive health and safety
16 curricula. ~~The State Board may develop an abstinence until marriage~~
17 ~~program to include on the recommended list. The State Board of Education~~
18 ~~shall not select or develop a program for inclusion on the recommended list~~
19 ~~that does not include the positive benefits of abstinence until marriage and~~
20 ~~the risks of premarital sexual activity as the primary focus. The State Board~~
21 ~~shall include on the recommended list only programs that include, in~~
22 ~~appropriate grades and classes, instruction that:~~ Each local school
23 administrative unit shall provide a reproductive health and safety education
24 program commencing in the seventh grade that includes the following
25 instruction:

- 26 a. Teaches that abstinence from sexual activity outside of marriage is
27 the expected standard for all school-age ~~children;~~ children.
28 b. Presents techniques and strategies to deal with peer pressure and
29 offering positive ~~reinforcement;~~ reinforcement.
30 c. Presents reasons, skills, and strategies for remaining or becoming
31 abstinent from sexual ~~activity;~~ activity.

- d. Teaches that abstinence from sexual activity is the only certain means of avoiding out-of-wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, including HIV/AIDS, and other associated health and emotional ~~problems; problems.~~
- e. Teaches that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including ~~HIV/AIDS; HIV/AIDS.~~
- f. Teaches the positive benefits of abstinence until marriage and the risks of premarital sexual ~~activity; activity.~~
- g. Provides opportunities that allow for interaction between the parent or legal guardian and the ~~student; and student.~~
- h. Provides factually accurate biological or pathological information that is related to the human reproductive system."

SECTION 5. G.S. 115C-81(e1) is amended by adding a new subdivision to read:

"(4a) Each local school administrative unit shall also include as part of the instruction required under subdivision (4) of this subsection the following instruction:

- a. Teaches about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases;
- b. Teaches about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy;
- c. Teaches awareness of sexual assault, sexual abuse, and risk reduction. The instruction and materials shall:
1. Focus on healthy relationships.
 2. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction.
 3. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse.
 4. Examine common misconceptions and stereotypes about sexual assault and sexual abuse.

Materials used in for instruction in the subject area of reproductive health and safety education shall be age appropriate for use with students. Information conveyed during this instruction shall be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education. Each local board of education shall adopt a policy and provide a mechanism to allow a parent or a guardian to withdraw his or her child from instruction required under subdivision (4) and subdivision (4a) of this subsection."

SECTION 6. G.S. 115C-81(e1)(5) reads as rewritten:

"(5) The State Board of Education shall make available to all local school administrative units for review by the parents and legal guardians of students enrolled at that unit any State-developed objectives for instruction, any approved textbooks, the list of reviewed materials, and any other State-developed or approved materials that pertain to or are intended to impart information or promote discussion or understanding in regard to the

1 prevention of sexually transmitted diseases, including HIV/AIDS, to the
2 avoidance of out-of-wedlock pregnancy, or to the ~~abstinence until marriage~~
3 ~~curriculum~~ reproductive health and safety education curriculum. The review
4 period shall extend for at least 60 days before use."

5 **SECTION 7.** G.S. 115C-81(e1)(6) is repealed.

6 **SECTION 8.** G.S. 115C-81(e1)(7) reads as rewritten:

7 "(7) Each school year, before students may participate in any portion of (i) a
8 program that pertains to or is intended to impart information or promote
9 discussion or understanding in regard to the prevention of sexually
10 transmitted diseases, including HIV/AIDS, or to the avoidance of
11 out-of-wedlock pregnancy, ~~(ii) an abstinence until marriage program, or (iii)~~
12 ~~a comprehensive sex or~~ (ii) a reproductive health and safety education
13 program, whether developed by the State or by the local board of education,
14 the parents and legal guardians of those students shall be given an
15 opportunity to review the objectives and materials. Local boards of
16 education shall adopt policies to provide opportunities either for parents and
17 legal guardians to consent or for parents and legal guardians to withhold
18 their consent to the students' participation in any or all of these programs."

19 **SECTION 9.** G.S. 115C-81(e1) is amended by adding a new subdivision to read:

20 "(11) Each local school administrative unit shall provide a comprehensive school
21 health education program that meets all the requirements of this subsection
22 and all the objectives established by the State Board. Each local board of
23 education may expand on the subject areas to be included in the program and
24 on the instructional objectives to be met."

25 **SECTION 10.** This act is effective when it becomes law and applies beginning
26 with the 2010-2011 school year.

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services June 10, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jeff Coppadge	Person Centered Partnerships 5601 Executive Center Dr, Charlotte NC, 28212
Monica W. Ramsay	Person Centered Partnerships, Inc. 5601 Executive Center Dr., Charlotte NC
Tracy S. Hamilton	Person Centered Partnerships, Inc. 5601 Executive Center Dr. Charl. NC 28212
Sharon S. Wallace	Person Centered Partnerships Inc 5601 Executive Center Dr St 201 Charlotte NC 28212
Michael Lawless	N.C. Pediatric Society
Merian Earls	N.C. Pediatric Society
Patricia Moss	Person Centered Partnerships Inc 5601 Executive Center Dr, Charlotte NC (Suite 201) 28212
Jennifer Ruben	Person Centered Partnerships Charlotte, N.C.
Lashawn Oliver	Person Centered Partnerships CHL NC 28212
Jason Wesson	Melange Health Solutions 2304 S. Miami Blvd. #221 Durham, NC 27703
Karmen Turlington	Melange Health Solutions 2304 S. Miami Blvd, Ste. 221 Durham, NC 27703

VISITOR REGISTRATION SHEET

Name of Committee **Mental Health and Youth Services June 10, 2009.**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

[illegible]

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services June 10, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Kim L. Olige, Clinician	Miracle House Inc 704 5354447 500 Executive Center Dr, Charlotte NC 28216
Brandon Oakley	Miracle House Person - Certified Partnerships (CEP) Charlotte NC Community Support Services provider
Thomas Hough	
Christina Ortiz	Miracle House
Julia Wright	Miracle House
Debra DeCanillo	UNC. IGT
Michael Boulware QP	Person Centered Partnerships Inc.
BRIAN LEWIS	NCAE
Leanne Wmiree	WCSBA
Randall Martoccio	ECU
Christie Martin	Personalized Therapy, Inc. 925 B Conference Dr
Martoccio	Greenville NC 27858

VISITOR REGISTRATION SHEET

Name of Committee: Mental Health and Youth Services June 10, 2009.

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Bill Brooks	NCFPC
Brittany Farrell	NCFPC
Sarah Preston	ACLU-NC
Michael Gordon	ACLU-NC
Danyle Crouler	NC Mental Health Alliance
Jim Stegall	U.C.P.S.
Denise Baker	DMH/DO/SAS
S. Wilson	DHHS
Martha Brock	Wake Co. CFAC (LME)
Patsy Y. Camp	Miracle Homes Inc. / Mecklenburg County
Sonia Nichols	Miracle Homes Inc. / Mecklenburg County

VISITOR REGISTRATION SHEET

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Kim McIntyre, MS, LPC, NCC	Personalized Therapy, Inc. 925-B Conference Dr., Greenville, NC
MIKE MIHOCH	PERSONALIZED THERAPY INC 27658 2530-A PLANTATION CENTER OK MATTHEWS NC 28105
Joseph Minanga	Personalized Therapy Inc 2530-A Plantation Center, Matthews, NC 28105
KARA EMERSON MD	North Carolina Psychiatric Association Wake Forest University Baptist Medical Center
Bryan Smith MD	
Victoria Hawkins	Bone & Assoc.
Erica Colan	PCP, PO Box 32301, ^{CU} 28232

Senate Mental Health & Youth Services Committee
Wednesday, July 1, 2009, 12:00 Noon
414 LOB

AGENDA

Welcome and Opening Remarks

Introduction of Pages

Bills

HB 115 Joint DV Committee/Recommendations.

Representative Ross
Representative Farmer-
Butterfield
Representative Johnson
Representative McLawhorn

Presentations

Other Business

Adjournment

**NORTH CAROLINA GENERAL ASSEMBLY
SENATE**

MENTAL HEALTH & YOUTH SERVICES COMMITTEE REPORT

**Senator Eleanor Kinnaird, Co-Chair
Senator Malcolm Graham, Co-Chair**

Wednesday, July 01, 2009

Senator KINNAIRD,
submits the following with recommendations as to passage:

**UNFAVORABLE AS TO COMMITTEE SUBSTITUTE BILL NO. 2, BUT FAVORABLE
AS TO SENATE COMMITTEE SUBSTITUTE BILL**

H.B.(CS #2) 115	Joint DV Committee/Recommendations.
	Draft Number: 30423
	Sequential Referral: None
	Recommended Referral: None
	Long Title Amended: Yes

TOTAL REPORTED: 1

Committee Clerk Comments:

MENTAL HEALTH & YOUTH SERVICES COMMITTEE
WEDNESDAY, JULY 01, 2009

MINUTES

Mental Health & Youth Services committee met July 01, 2009 at 12:00 noon. in Room 414 of the Legislative Office Building. Four members were present, including Senator Malcomb Graham, who presided.

Senator Graham called the meeting to order and introduced the pages.

Senator Jones offered a PCS for discussion. The motion carried.
Representative Ross explained HB 115 Joint DV Committee/Recommendations. Senator Jones moved unfavorable as to bill but favorable to Senate Committee Substitute Bill. The motion carried.

Senator Graham thanked the committee and adjourned the meeting at 12:30 p. m.

Senator Malcomb Graham, Chair

Kathie Young, Legislative Assist.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

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HOUSE BILL 115*
Committee Substitute Favorable 3/25/09
Committee Substitute #2 Favorable 4/16/09
PROPOSED SENATE COMMITTEE SUBSTITUTE H115-PCS30423-RK-66

Short Title: Joint DV Committee/Recommendations.

(Public)

Sponsors:

Referred to:

February 11, 2009

A BILL TO BE ENTITLED

AN ACT TO REVISE THE MEMBERSHIP AND STAFFING OF THE NORTH CAROLINA DOMESTIC VIOLENCE COMMISSION, TO AMEND THE PROCEDURE FOR OBTAINING A DOMESTIC VIOLENCE PROTECTIVE ORDER OR CIVIL NO-CONTACT ORDER, TO CLARIFY THE ENFORCEMENT AND APPLICATION OF A PENALTY ENHANCEMENT IF A DEFENDANT COMMITS AN OFFENSE WHILE UNDER A DOMESTIC VIOLENCE PROTECTIVE ORDER, TO SUPPORT A STATEWIDE DOMESTIC VIOLENCE PROTECTIVE ORDER NOTIFICATION SYSTEM AND INVESTIGATE THE COSTS, AND TO STUDY STATE OVERSIGHT AND COORDINATION OF SERVICES FOR VICTIMS OF SEXUAL VIOLENCE, AS RECOMMENDED BY THE JOINT LEGISLATIVE COMMITTEE ON DOMESTIC VIOLENCE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 143B-394.15 reads as rewritten:

"§ 143B-394.15. Commission established; purpose; membership; transaction of business.

(a) Establishment. – There is established the Domestic Violence Commission. The Commission shall be located within the Department of Administration for organizational, budgetary, and administrative purposes.

(b) Purpose. – The purpose of the Commission is to (i) assess statewide needs related to domestic violence, (ii) assure that necessary services, policies, and programs are provided to those in need, and (iii) ~~coordinate and collaborate with the North Carolina Council For Women in strengthening~~ strengthen the existing domestic violence programs which have been established pursuant to G.S. 50B-9 and are funded through the Domestic Violence Center Fund ~~Fund~~, and (iv) recommend ~~in establishing~~ new domestic violence programs.

(c) Membership. – The Commission shall consist of 39 members, who reflect the geographic and cultural regions of the State, as follows:

(4) The following persons or their designees, ex officio:

- a. The Governor.
- b. The Lieutenant Governor.
- c. The Attorney General.
- d. The Secretary of the Department of Administration.



* H 1 1 5 - P C S 3 0 4 2 3 - R K - 6 6 *

- e. The Secretary of the Department of Crime Control and Public Safety.
- f. The Superintendent of Public Instruction.
- g. The Secretary of the Department of Correction.
- h. The Secretary of the Department of Health and Human Services.
- i. The Director of the Office of State Personnel.
- j. ~~The Executive Director~~ Chair of the North Carolina Council for Women.
- k. The Dean of the School of Government at the University of North Carolina at Chapel Hill.
- l. The Chairman of the Governor's Crime Commission.

...

(l) Staffing. – The Secretary of the Department of Administration shall be responsible for staffing the Commission. ~~To that end, the Secretary shall, at a minimum, assign an employee to serve as a Deputy Director within the North Carolina Council for Women whose primary duties shall be to staff the Commission. The person assigned as Deputy Director shall have the education, experience, and any other qualifications necessary for the position.~~

SECTION 2. G.S. 50B-2(a) reads as rewritten:

"§ 50B-2. Institution of civil action; motion for emergency relief; temporary orders; temporary custody.

(a) Any person residing in this State may seek relief under this Chapter by filing a civil action or by filing a motion in any existing action filed under Chapter 50 of the General Statutes alleging acts of domestic violence against himself or herself or a minor child who resides with or is in the custody of such person. Any aggrieved party entitled to relief under this Chapter may file a civil action and proceed pro se, without the assistance of legal counsel. The district court division of the General Court of Justice shall have original jurisdiction over actions instituted under this Chapter. Any action for a domestic violence protective order requires that a summons be issued and served. The summons issued pursuant to this Chapter shall require the defendant to answer within 10 days of the date of service. Attachments to the summons shall include the complaint, notice of hearing, any temporary or ex parte order that has been issued, and other papers through the appropriate law enforcement agency where the defendant is to be served. No court costs shall be assessed for the filing, issuance, registration, or service of a protective order or petition for a protective order or witness subpoena in compliance with the Violence Against Women Act, 42 U.S.C. § 3796gg-5."

SECTION 3. G.S. 50C-3(a) reads as rewritten:

"§ 50C-3. Process for action for no-contact order.

(a) Any action for a civil no-contact order requires that a ~~separate~~ summons be issued and served. The summons issued pursuant to this Chapter shall require the respondent to answer within 10 days of the date of service. Attachments to the summons shall include the complaint for the civil no-contact order, and any temporary civil no-contact order that has been issued and the notice of hearing on the temporary civil no-contact order."

SECTION 4. G.S. 50B-4 is amended by adding a new subsection to read:

"(f) The term "valid protective order," as used in subsections (c) and (d) of this section, shall include an emergency or ex parte order entered under this Chapter."

SECTION 5. G.S. 50B-4.1 is amended by adding a new subsection to read:

"(h) For the purposes of this section, the term "valid protective order" shall include an emergency or ex parte order entered under this Chapter."

SECTION 6. The Joint Legislative Committee on Domestic Violence supports the adoption of an automated statewide domestic violence protective order notification system. In order to determine the financial and operational impact of developing the system, the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office, shall (i) identify information in available

1 databases relating to civil domestic violence protective orders, criminal no-contact order
2 conditions, and postarrest conditions of release and (ii) determine the financial impact,
3 including personnel costs, for implementing a domestic violence protective order notification
4 system which interfaces with the North Carolina Statewide Automated Victim Assistance
5 Notification System. The Administrative Office of the Courts and the Governor's Crime
6 Commission shall jointly report the findings to the Joint Legislative Committee on Domestic
7 Violence and the Fiscal Research Division by February 1, 2010.

8 **SECTION 7.** The North Carolina Domestic Violence Commission, in consultation
9 with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition
10 Against Sexual Assault, shall study the issue of State oversight and coordination of services to
11 victims of sexual violence and whether sexual violence should be included as a focus area of
12 the Commission. The study shall include, but is not limited to, a review of the organization and
13 membership of entities in other states that provide (i) information and recommendations to state
14 legislatures on domestic and sexual violence and (ii) information and services to the public
15 regarding these issues. The Commission shall report its findings and recommendations to the
16 Joint Legislative Committee on Domestic Violence by February 1, 2010.

17 **SECTION 8.** Sections 2 and 3 of this act are effective for actions or motions filed
18 on or after December 1, 2009. The remainder of this act is effective when it becomes law.



HOUSE BILL 115: Joint DV Committee/Recommendations

2009-2010 General Assembly

Committee:	Senate Mental Health & Youth Services	Date:	July 1, 2009
Introduced by:	Reps. McLawhorn, Ross, Farmer-Butterfield, Johnson	Prepared by:	Shirley Iorio, Ph D* Legislative Analyst
Analysis of:	PCS to Third Edition H115-CSRK-66		

SUMMARY: *The Proposed Committee Substitute (PCS) to House Bill 115 would: (i) revise the membership and staffing of the North Carolina Domestic Violence Commission; (ii) clarify the procedure for obtaining a domestic violence protective order or a civil no-contact order; (iii) clarify the enforcement and application of a penalty enhancement if a defendant commits an offense while under a domestic violence protective order; (iv) authorize the identification of information about and the cost to support an automated statewide domestic violence protective order notification system; and (v) require a study of State oversight and coordination of services for victims of sexual violence.*

The PCS makes the following changes to the Third Edition of House Bill 115:

- *Removes Sections 1-4 pertaining to (i) renaming the North Carolina Council for Women/Domestic Violence Commission and clarifying its role and responsibilities and (ii) expanding the role of the North Carolina Council for Women and designating the qualifications for membership.*
- *Amends the statements of purpose for the Domestic Violence Commission.*
- *Adds Sections 4 and 5 (in the PCS) pertaining to valid protective orders.*
- *Requires the Administrative Office of the Courts and the Governor's Crime Commission to report jointly on the study of an automated statewide domestic violence protective order notification system.*
- *Changes the reporting dates from July 1, 2009 to February 1, 2010.*

BILL ANALYSIS:

Section 1. This section of the act would amend G.S. 143B-394.15, the statute that established the Domestic Violence Commission, as follows:

- Removes the requirement to coordinate and collaborate with the North Carolina Council for Women to strengthen existing domestic violence programs, and clarifies that strengthening existing domestic violence programs and recommending new domestic violence programs are purposes for which the Domestic Violence Commission was established.
- Amends the membership of the Domestic Violence Commission by changing "Executive Director" to "Chair" of the North Carolina Council for Women. Currently, the Executive Director of the support agency acts as Executive Director of both the Council for Women, and the NC Domestic Violence Commission. Changing the membership insures that the Executive Director of the Domestic Violence Commission is not also a member of the Commission.
- Remove the requirement that the Secretary of the Department of Administration assign an employee to serve as a Deputy Director within the North Carolina Council for Women to staff the Commission, leaving it to the Secretary's discretion as to how to staff the Commission. The Secretary of the Department of Administration is currently responsible for staffing the Domestic Violence Commission.

Section 2 would provide the procedure for a summons relating to a domestic violence protective order. This procedure would be identical to that currently required to obtain a civil no-contact order under Chapter 50C.

House Bill 115

Page 2

Section 3 would clarify the procedure for a summons relating to a civil no-contact order; only a single summons is issued.

Section 4 would clarify that the term "valid protective order" includes, for the purposes of enforcement of orders, an emergency or ex parte order entered under Chapter 50B.

Section 5 would provide that a sentence is enhanced if a person commits an offense while under a protective order, and would clarify that an emergency or ex parte order is a valid protective order for the purposes of this section.

Section 6 would require the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office to determine the financial and operational impact of developing an automated statewide domestic violence protective order notification system. The system is used in other states to notify holders of protective orders that the defendant is being released from confinement.

The Administrative Office of the Courts and the Governor's Crime Commission would jointly report the findings to the Joint Legislative Committee on Domestic Violence and the Fiscal Research Division by February 1, 2010.

Section 7 would require the North Carolina Domestic Violence Commission, in consultation with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition Against Sexual Assault, to study the issue of State oversight and coordination of services to victims of sexual violence and whether sexual violence should be included as a focus area of the Commission. The Commission would report its findings and recommendations to the Joint Legislative Committee on Domestic Violence by February 1, 2010.

EFFECTIVE DATE: Sections 2 and 3 of the act would become effective for actions or motions filed on or after December 1, 2009. The remainder of the act would become effective when it becomes law.

BACKGROUND: House Bill 115 is a recommendation of the Joint Legislative Committee on Domestic Violence.

**Hal Pell, Counsel to JI, substantially contributed to this summary.*

H115-SMSF-88(CSRK-66) v4

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

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**HOUSE BILL 115*
Committee Substitute Favorable 3/25/09
Committee Substitute #2 Favorable 4/16/09**

Short Title: Joint DV Committee/Recommendations.

(Public)

Sponsors:

Referred to:

February 11, 2009

A BILL TO BE ENTITLED

AN ACT TO RENAME THE NORTH CAROLINA COUNCIL FOR WOMEN/DOMESTIC VIOLENCE COMMISSION AND CLARIFY ITS ROLE AND RESPONSIBILITIES, TO EXPAND THE ROLE OF THE NORTH CAROLINA COUNCIL FOR WOMEN AND DESIGNATE THE QUALIFICATIONS FOR MEMBERSHIP, TO REVISE THE MEMBERSHIP AND STAFFING OF THE NORTH CAROLINA DOMESTIC VIOLENCE COMMISSION, TO AMEND THE PROCEDURE FOR OBTAINING A DOMESTIC VIOLENCE PROTECTIVE ORDER OR CIVIL NO-CONTACT ORDER, TO SUPPORT A STATEWIDE DOMESTIC VIOLENCE PROTECTIVE ORDER NOTIFICATION SYSTEM AND INVESTIGATE THE COSTS, AND TO STUDY STATE OVERSIGHT AND COORDINATION OF SERVICES FOR VICTIMS OF SEXUAL VIOLENCE, AS RECOMMENDED BY THE JOINT LEGISLATIVE COMMITTEE ON DOMESTIC VIOLENCE.

The General Assembly of North Carolina enacts:

SECTION 1. The name of the current agency "North Carolina Council for Women/Domestic Violence Commission," located within the Department of Administration, shall be renamed the "North Carolina Center for Women, Families, and Domestic Violence." The successor agency shall have the responsibility of providing staff and administrative support to the North Carolina Council for Women and to the North Carolina Domestic Violence Commission. All responsibilities relating to the administration of State grants, funds, or fees, which have been given by statute, or any other provision of law, to the Department of Administration, North Carolina Council for Women, shall be administered by the North Carolina Center for Women, Families, and Domestic Violence.

SECTION 2. G.S. 143B-393 reads as rewritten:

"§ 143B-393. North Carolina Council for Women – creation; powers and duties.

There is hereby created the North Carolina Council for Women of the Department of Administration. The North Carolina Council for Women shall have the following functions and duties:

- (1) To advise the Governor, the principal State departments, and the State legislature concerning ~~the education and employment of women in the State of North Carolina; and~~ Carolina, including, but not limited to, the following issues:

- a. Employment.
- b. Education.
- c. Health.
- d. Pay equity.



- e. Domestic violence.
- f. Sexual violence.
- g. Housing.
- h. Child care.

- (2) To advise the Secretary of Administration upon any matter the Secretary may refer to it; and
- (3) To establish programs for the assistance of displaced homemakers as set forth in Part 10B of this Article."

SECTION 3. G.S. 143B-394 reads as rewritten:

"§ 143B-394. North Carolina Council for Women – members; selection; quorum; compensation.

(a) The North Carolina Council for Women of the Department of Administration shall consist of 20 members appointed by the Governor. The initial members of the Council shall be the appointed members of the North Carolina Council for Women, three of whose appointments expire June 30, 1977, and four of whose appointments expire June 30, 1978. Thirteen additional members shall be appointed in 1977, six of whom shall serve terms expiring June 30, 1978, and seven of whom shall serve terms expiring June 30, 1979. At the ends of the respective terms of office of the initial members of the Council and of the 13 members added in 1977, the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify. Any appointment to fill a vacancy on the Council created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term. ~~Members of the Council shall be representative of age, sex, ethnic and geographic backgrounds.~~

(b) Members shall be representative of age, sex, and ethnic backgrounds, as well as reflect the geographic and cultural regions of the State. The members shall meet the following criteria:

- (1) Two members shall be representative of the educational community with specialized knowledge concerning available secondary and postsecondary education programs.
- (2) Two members shall be representative of the medical community with specialized knowledge concerning women's health issues.
- (3) One member shall be a representative of a center that is authorized to receive funding from the North Carolina Fund for Displaced Homemakers.
- (4) One member shall be an employee of the North Carolina Employment Security Commission.
- (5) One member shall be an attorney and member of the North Carolina State Bar who has studied issues relating to women.
- (6) One member shall be from the business community.
- (7) One member shall be a member of the law enforcement community with specialized knowledge of domestic violence and sexual violence issues.
- (8) One member shall be a representative of a linguistic and cultural minority community.
- (9) One member shall be a representative of a local service provider that provides services to victims of sexual violence and that is eligible to receive grant funds from the Sexual Assault and Rape Crisis Center Fund.
- (10) One member shall be a representative of a local service provider that provides services to victims of domestic violence and is eligible to receive grant funds from the Domestic Violence Center Fund.
- (11) One member shall be an academician who is knowledgeable about trends and data relating to women's issues, such as those described in G.S. 143B-393.

(12) One member shall be a representative of a college or university who has educational background and expertise in the field of women's studies.

(13) One member shall be a representative of the North Carolina Child Care Coalition.

(14) Five members shall be from the public at large.

(c) The Governor shall have the power to remove any member of the Council from office in accordance with the provisions of G.S. 143B-16 of the Executive Organization Act of 1973.

(d) The Governor shall designate a member of the Council to serve as chairman at the pleasure of the Governor.

(e) Members of the Council shall receive per diem and necessary travel and subsistence expenses in accordance with the provisions of G.S. 138-5.

A majority of the Council shall constitute a quorum for the transaction of business.

All clerical and other services required by the Council shall be supplied by the Secretary of Administration."

SECTION 4. The terms of all persons who are members of the North Carolina Council for Women on the effective date of this act shall expire on June 30, 2009. Ten of the 20 appointed successors shall have terms that expire on June 30, 2010, and the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify. The remaining 10 of the 20 appointed successors shall have terms that expire on June 30, 2011, and the appointment of their successors shall be for terms of two years and until their successors are appointed and qualify.

SECTION 5. G.S. 143B-394.15 reads as rewritten:

...
"(c) Membership. – The Commission shall consist of 39 members, who reflect the geographic and cultural regions of the State, as follows:

- ...
(4) The following persons or their designees, ex officio:
- a. The Governor.
 - b. The Lieutenant Governor.
 - c. The Attorney General.
 - d. The Secretary of the Department of Administration.
 - e. The Secretary of the Department of Crime Control and Public Safety.
 - f. The Superintendent of Public Instruction.
 - g. The Secretary of the Department of Correction.
 - h. The Secretary of the Department of Health and Human Services.
 - i. The Director of the Office of State Personnel.
 - j. The ~~Executive Director~~ Chair of the North Carolina Council for Women.
 - k. The Dean of the School of Government at the University of North Carolina at Chapel Hill.
 - l. The Chairman of the Governor's Crime Commission.

...
(l) Staffing. – The Secretary of the Department of Administration shall be responsible for staffing the Commission. ~~To that end, the Secretary shall, at a minimum, assign an employee to serve as a Deputy Director within the North Carolina Council for Women whose primary duties shall be to staff the Commission. The person assigned as Deputy Director shall have the education, experience, and any other qualifications necessary for the position.~~

SECTION 6. G.S. 50B-2(a) reads as rewritten:

"§ 50B-2. Institution of civil action; motion for emergency relief; temporary orders; temporary custody.

(a) Any person residing in this State may seek relief under this Chapter by filing a civil action or by filing a motion in any existing action filed under Chapter 50 of the General Statutes alleging acts of domestic violence against himself or herself or a minor child who resides with or is in the custody of such person. Any aggrieved party entitled to relief under this Chapter may file a civil action and proceed pro se, without the assistance of legal counsel. The district court division of the General Court of Justice shall have original jurisdiction over actions instituted under this Chapter. Any action for a domestic violence protective order requires that a summons be issued and served. The summons issued pursuant to this Chapter shall require the defendant to answer within 10 days of the date of service. Attachments to the summons shall include the complaint, notice of hearing, any temporary or ex parte order that has been issued, and other papers through the appropriate law enforcement agency where the defendant is to be served. No court costs shall be assessed for the filing, issuance, registration, or service of a protective order or petition for a protective order or witness subpoena in compliance with the Violence Against Women Act, 42 U.S.C. § 3796gg-5."

SECTION 7. G.S. 50C-3 (a) reads as rewritten:

"§ 50C-3. Process for action for no-contact order.

(a) Any action for a civil no-contact order requires that a ~~separate~~ summons be issued and served. The summons issued pursuant to this Chapter shall require the respondent to answer within 10 days of the date of service. Attachments to the summons shall include the complaint for the civil no-contact order, and any temporary civil no-contact order that has been issued and the notice of hearing on the temporary civil no-contact order."

SECTION 8. The Joint Legislative Committee on Domestic Violence supports the adoption of an automated statewide domestic violence protective order notification system. In order to determine the financial and operational impact of developing the system, the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office, shall (i) identify information in available databases relating to civil domestic violence protective orders, criminal no-contact order conditions, and postarrest conditions of release and (ii) determine the financial impact, including personnel costs, for implementing a domestic violence protective order notification system which interfaces with the North Carolina Statewide Automated Victim Assistance Notification System. The Governor's Crime Commission shall report the findings to the Joint Legislative Committee on Domestic Violence and the Fiscal Research Division by July 1, 2009.

SECTION 9. The North Carolina Domestic Violence Commission, in consultation with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition Against Sexual Assault, shall study the issue of State oversight and coordination of services to victims of sexual violence and whether sexual violence should be included as a focus area of the Commission. The study shall include, but is not limited to, a review of the organization and membership of entities in other states that provide (i) information and recommendations to state legislatures on domestic and sexual violence, and (ii) information and services to the public regarding these issues. The Commission shall report its findings and recommendations to the Joint Legislative Committee on Domestic Violence by July 1, 2009.

SECTION 10. Sections 6 and 7 of this act are effective for actions or motions filed on or after December 1, 2009. The remainder of this act is effective when it becomes law.

PUBLIC BILL

title change

^{#2}
Proposed Committee Substitute For
H.B. 115

SESSION LAW _____

ID = SB 223

A BILL TO BE ENTITLED

AN ACT TO RENAME THE NORTH CAROLINA COUNCIL FOR WOMEN/DOMESTIC VIOLENCE COMMISSION AND CLARIFY ITS ROLE AND RESPONSIBILITIES, TO EXPAND THE ROLE OF THE NORTH CAROLINA COUNCIL FOR WOMEN AND DESIGNATE THE QUALIFICATIONS FOR MEMBERSHIP, TO REVISE THE MEMBERSHIP AND STAFFING OF THE NORTH CAROLINA DOMESTIC VIOLENCE COMMISSION, TO AMEND THE PROCEDURE FOR OBTAINING A DOMESTIC VIOLENCE PROTECTIVE ORDER OR CIVIL NO-CONTACT ORDER, TO SUPPORT A STATEWIDE DOMESTIC VIOLENCE PROTECTIVE ORDER NOTIFICATION SYSTEM AND INVESTIGATE THE COSTS, AND TO STUDY STATE OVERSIGHT AND COORDINATION OF SERVICES FOR VICTIMS OF SEXUAL VIOLENCE, AS RECOMMENDED BY THE JOINT LEGISLATIVE COMMITTEE ON DOMESTIC VIOLENCE.

Introduced by Representative(s): *McLaurhorn, Ross, Farmer-Butterfield & Johnson (Primary Sponsors)*

For a complete list of cosponsors for this bill, please see the report inside the bill jacket.

Principal Clerk's Use Only

The Committee on Judiciary I
a majority being present, having considered
this bill, recommend that it do ☒ pass.

Rep. Ross
For the Committee

FAVORABLE TO COMM. SUB ^{#2}
UNFAVORABLE TO BILL ^{#1}

APR 16 2009

AND PLACED ON
CALENDAR FOR

4-20-09

113-0 EN VU
PASSED 2nd & 3rd
READING

APR 20 2009

ORDERED SENT TO SENATE

RECEIVED

APR 21 2009

From House of Representatives
By Clerk SP 9:10 AM PM

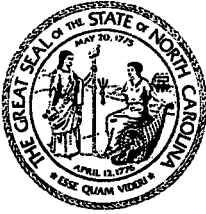
PASSED 1st READING

APR 21 2009

AND REFERRED TO COMMITTEE
ON Mental Health

* Youth Services

Attest: 4/20/09



HOUSE BILL 115:

Joint DV Committee/Recommendations

2009-2010 General Assembly

Committee:	Senate Mental Health & Youth Services	Date:	July 1, 2009
Introduced by:	Reps. McLawhorn, Ross, Farmer-Butterfield, Johnson	Prepared by:	Shirley Iorio, Ph D* Legislative Analyst
Analysis of:	PCS to Third Edition H115-CSRK-66		

SUMMARY: *The Proposed Committee Substitute (PCS) to House Bill 115 would: (i) revise the membership and staffing of the North Carolina Domestic Violence Commission; (ii) clarify the procedure for obtaining a domestic violence protective order or a civil no-contact order; (iii) clarify the enforcement and application of a penalty enhancement if a defendant commits an offense while under a domestic violence protective order; (iv) authorize the identification of information about and the cost to support an automated statewide domestic violence protective order notification system; and (v) require a study of State oversight and coordination of services for victims of sexual violence.*

The PCS makes the following changes to the Third Edition of House Bill 115:

- *Removes Sections 1-4 pertaining to (i) renaming the North Carolina Council for Women/Domestic Violence Commission and clarifying its role and responsibilities and (ii) expanding the role of the North Carolina Council for Women and designating the qualifications for membership.*
- *Amends the statements of purpose for the Domestic Violence Commission.*
- *Adds Sections 4 and 5 (in the PCS) pertaining to valid protective orders.*
- *Requires the Administrative Office of the Courts and the Governor's Crime Commission to report jointly on the study of an automated statewide domestic violence protective order notification system.*
- *Changes the reporting dates from July 1, 2009 to February 1, 2010.*

BILL ANALYSIS:

Section 1. This section of the act would amend G.S. 143B-394.15, the statute that established the Domestic Violence Commission, as follows:

- Removes the requirement to coordinate and collaborate with the North Carolina Council for Women to strengthen existing domestic violence programs, and clarifies that strengthening existing domestic violence programs and recommending new domestic violence programs are purposes for which the Domestic Violence Commission was established.
- Amends the membership of the Domestic Violence Commission by changing "Executive Director" to "Chair" of the North Carolina Council for Women. Currently, the Executive Director of the support agency acts as Executive Director of both the Council for Women, and the NC Domestic Violence Commission. Changing the membership insures that the Executive Director of the Domestic Violence Commission is not also a member of the Commission.
- Remove the requirement that the Secretary of the Department of Administration assign an employee to serve as a Deputy Director within the North Carolina Council for Women to staff the Commission, leaving it to the Secretary's discretion as to how to staff the Commission. The Secretary of the Department of Administration is currently responsible for staffing the Domestic Violence Commission.

Section 2 would provide the procedure for a summons relating to a domestic violence protective order. This procedure would be identical to that currently required to obtain a civil no-contact order under Chapter 50C.

House Bill 115

Page 2

Section 3 would clarify the procedure for a summons relating to a civil no-contact order; only a single summons is issued.

Section 4 would clarify that the term "valid protective order" includes, for the purposes of enforcement of orders, an emergency or ex parte order entered under Chapter 50B.

Section 5 would provide that a sentence is enhanced if a person commits an offense while under a protective order, and would clarify that an emergency or ex parte order is a valid protective order for the purposes of this section.

Section 6 would require the Administrative Office of the Courts, in consultation with the Governor's Crime Commission and the North Carolina Attorney General's Office to determine the financial and operational impact of developing an automated statewide domestic violence protective order notification system. The system is used in other states to notify holders of protective orders that the defendant is being released from confinement.

The Administrative Office of the Courts and the Governor's Crime Commission would jointly report the findings to the Joint Legislative Committee on Domestic Violence and the Fiscal Research Division by February 1, 2010.

Section 7 would require the North Carolina Domestic Violence Commission, in consultation with the North Carolina Coalition Against Domestic Violence and the North Carolina Coalition Against Sexual Assault, to study the issue of State oversight and coordination of services to victims of sexual violence and whether sexual violence should be included as a focus area of the Commission. The Commission would report its findings and recommendations to the Joint Legislative Committee on Domestic Violence by February 1, 2010.

EFFECTIVE DATE: Sections 2 and 3 of the act would become effective for actions or motions filed on or after December 1, 2009. The remainder of the act would become effective when it becomes law.

BACKGROUND: House Bill 115 is a recommendation of the Joint Legislative Committee on Domestic Violence.

**Hal Pell, Counsel to JJ, substantially contributed to this summary.*

H115-SMSF-88(CSRK-66) v4

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services July 01, 2009.

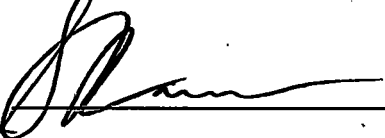

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Brenda Rivera	NCCADV
Debbie Allen	GCC
Penny Martin	School of Gov.
Colleen Kochanek	NCCADV
Geoffrey Lovden	Governor's Office
Christy Agner	Dept. of Admin.

VISITOR REGISTRATION SHEET

Name of Committee Mental Health and Youth Services July 01, 2009.

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Suzanne Malysz	SEANC
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Jo McCants	AOC
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Abigail Trent	NCAEC

Box #15 Contents - Standing Committee Minutes Item 25894

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