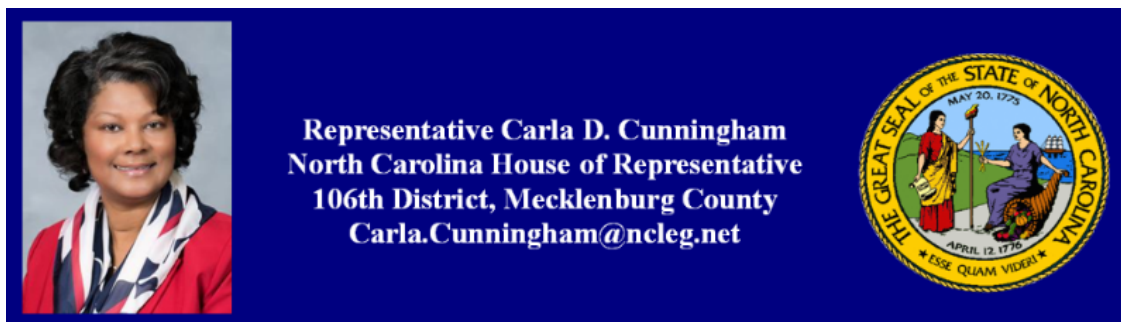


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## April 2018

Greetings,

Our society and future generations are now advancing at a rate now then in the past. The challenges of today in our schools and communities are numerous. I will continue to fight, support, and strengthen all infrastructures that supports the healthy development of children and families in the areas of public schools, early childhood education and health and mental care.

Every year, the North Carolina General Assembly makes hundreds of decisions that affect the lives of our North Carolina children and families. All North Carolina's children should grow up in safe, stable, and nurturing homes and communities. They should have access to adequate food, shelter, and medical care. The future of our state depends upon the healthy development of our children. We all know the elements that lead to successful outcome for our children and future generations to come: strong families, a rigorous education, access to health care, and economic stability.

The General Assembly is not in session right now, but I am still working on constituent and major issues, district business, local events and traveling back to Raleigh for committee meetings. We will come back in session on May 16 for what is called the "Short Session." It has no formal end date, but August is usually when it ends.

I want to thank all of you who read my newsletter, including those who frequently write and call my office with their thoughts and concerns. Please do not hesitate to contact me if you have any

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Best regards,  
Rep. Carla Cunningham

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**House Select Committee on School Safety Updates**  
**Wednesday, March 21, 2018**

On March 21, 2018, the House Committee on School Safety met and heard testimony from a number of experts on how to improve our schools. Presenters included law enforcement, emergency management officials, mental health professionals, educators, and students. You can access the [information presented here](#).

After the presentations, legislators proposed a number of ideas for consideration at future meetings. Generally, the proposals can be categorized three ways: improving the services we provide students, enhancing school security, and common-sense gun safety ideas.

On the issue of student services, North Carolina has underfunded our schools for years in a lot of ways. Just one example is school psychologists. The national standard is one school psychologist for every 700 students. North Carolina has one for every 2,100 students. The result is our students are not getting the evaluations and treatment they need for mental health, individualized education programs, social skill development, and risk assessment for suicide or dangerous behavior. Investing more for psychologists, nurses, and other ways will help school safety, but more importantly, help our students succeed and learn.

On the issue of school security, there were ideas that may be good (well-trained school resource officers), but there is also a risk in going too far and making our schools more like fortresses and not as welcoming places for learning. There is a balance we must strike. I am also opposed to bringing more guns into the schools via volunteers or teachers. That will cause far more problems than it will solve.

The final group of proposals centered on overall gun safety. I believe passing common-sense gun safety reforms will make all places in our communities safer. Sadly, we see gun violence in churches, universities, and neighborhoods. It's far from just a school problem.

During the committee meeting the only gun safety ideas were proposed by Democrats. Hopefully, that will change and my Republican colleagues will follow the example of Florida's Republican legislature and Governor who passed reforms in March, including raising the age for gun ownership from 18 to 21.

The committee will continue to meet and the general ideas discussed this week will start to become more detailed and specific.

What is important is that public pressure continue

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## School Counseling Mandates Across the U.S.

Counseling mandates can vary considerably from state to state. Over half of all U.S. states do not require counselors in schools for grades K-12. However, more and more states are beginning to understand how essential counseling can be and how it can positively impact students' lives. At this time, 23 states require schools with students in grades K-8 and 9-12 to have counselors. In North Carolina the standards for guidance are approved but not mandated.

### North Carolina

Is school counseling mandated for grades K-8? No\*

Is school counseling mandated for grades 9-12? No\*

Mandated school counselor-to-student ratio: 1:400 (recommended, not mandated)

Source of mandate: State Board of Education Policy and related legislation

Who funds mandate? Primarily state funds, but also federal and local budgets

\*Standards for guidance are approved but not mandated.

[Required support program rule](#)

[Certification rule](#)

### Four Examples of State that Recognize How Counseling Can Positively Impact Students' Lives:

#### 1. South Carolina

Is school counseling mandated for grades K-8? Yes

Is school counseling mandated for grades 9-12? Yes

Mandated school counselor-to-student ratio: K-5, 1:800; 6-12, 1:300 (Ratio includes certified school counselors and career specialists with CDF certification)

Source of mandate: State board regulation; EEDA legislation

Who funds mandate? State

Other: EEDA legislation to be fully implemented by 2011: School counselors shall limit their activities to guidance and counseling and may not perform administrative tasks.

[Certification rule](#)

[Student-to-school-counselor ratio rule](#) (middle and high, see section 59-59-100)

[Comprehensive career guidance plan rule](#) (see section 59-59-40)

#### 2. Virginia

Is school counseling mandated for grades K-8? Yes

Is school counseling mandated for grades 9-12? Yes

Mandated school counselor-to-student ratio: Guidance counselors in elementary schools, one hour per day per 100 students, one full-time at 500 students, one hour per day additional time per 100 students or major fraction thereof; guidance counselors in middle schools, one period per 80 students, one full-time at 400 students, one additional period per 80 students or major fraction thereof; guidance counselors in high schools, one period per 70 students, one full-time at 350 students, one additional period per 70 students or major fraction thereof.

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Source of mandate: Legislative action

Who funds mandate? State

[Read the mandate](#)[Certification rule](#) (see p. 94)[Comprehensive school counseling program rule](#)

### 3. Tennessee

Is school counseling mandated for grades K-8? Yes

Is school counseling mandated for grades 9-12? Yes

Mandated school counselor-to-student ratio: K-6, 1:500 (recommended for state funding); 7-12, 1:350 (recommended for state funding)

Source of mandate: Tennessee Better Education Program via Board of Education

Who funds mandate? State (70 percent) and local (30 percent)

[Read the mandate](#)[Certification rule](#) (see p. 264-268)[Student-to-school-counselor ratio rule](#) (see p. 4)

### 4. Georgia

Is school counseling mandated for grades K-8? Yes

Is school counseling mandated for grades 9-12? Yes

Mandated school counselor-to-student ratio: 1:450

Source of mandate: State law

Who funds mandate? State, with supplemental funding from local districts. The state funds are allocated per full-time employee, but education funding law allows local systems to move funds and school counselor numbers around as needed.

[Certification rule](#)[Nonrenewable certificate rule](#)[Renewable certificate rule](#)

The American School Counselor Association (ASCA) recommends that schools have one counselor for every 250 students. A low counselor-to-student ratio is associated with a greater knowledge

### **Child Trauma/ Adverse Childhood Experiences (ACEs)**

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

As adults we work hard to keep children safe, dangerous events still happen. This danger can come from outside of the family such as natural disaster, car accident, school shooting, or community violence or from within the family, such as domestic violence, physical or sexual abuse, or the unexpected death of a loved one.

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When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. There is a range of traumatic events or trauma types to which children and adolescents can be exposed.

### Trauma Types

1. Community violence is exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim.
2. Complex trauma described both children's exposure to multiple traumatic events - often of an invasive, interpersonal nature-and the wide-ranging, long-term effects of this exposure.
3. Natural Disasters include hurricanes, earthquakes, tornadoes, wildfires, tsunamis, and floods, as well as extreme weather events such as blizzards, droughts, extreme heat, and wind storms.
4. Domestic Violence is a behavior, or pattern of behaviors, that occurs between intimate partners with the aim of one partner exerting control over the other.
5. Early Childhood trauma generally refers to the traumatic experiences that occur to children aged 0-6.
6. Pediatric Medical traumatic stress refers to a set of psychological and physiological responses of children and their families to single or multiple medical events.
7. Physical abuse occurs when a parent or caregiver commits an act that results in physical injury to a child or adolescent.
8. Refugee trauma many refugees, especially children, have experienced trauma related to war or persecution that may affect their mental and physical health long after the events have occurred.
9. Sexual abuse ( including trafficking) is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer.
10. Terrorism and Violence families and children may be profoundly affected by mass violence, acts of terrorism, or community trauma in the form of shootings, bombings, or other types of attacks.
11. Traumatic Grief while many children adjust well after death, other children have ongoing difficulties that interfere with everyday life and make it difficult to recall positive memories of their loved ones.

### What is Child Traumatic Stress

Children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives

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after the events have ended. Traumatic reactions can include a variety of responses, such as intense and ongoing emotional upset, depressive symptoms or anxiety, behavioral changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains. Older children may use drugs or alcohol, behave in risky ways, or engage in unhealthy sexual activity.

Children who suffer from traumatic stress often have these types of symptoms when reminded in some way of the traumatic event. Although many of us may experience reactions to stress from time to time, when a child is experiencing traumatic stress, these reactions interfere with the child's daily life and ability to function and interact with others. At no age are children immune to the effects of traumatic experiences. Even infants and toddlers can experience traumatic stress. The way that traumatic stress manifests will vary from child to child and will depend on the child's age and developmental level.

Without treatment, repeated childhood exposure to traumatic events can affect the brain and nervous system and increase health-risk behaviors (e.g., smoking, eating disorders, substance use, and high-risk activities). Research shows that child trauma survivors can be more likely to have long-term health problems (e.g., diabetes and heart disease) or to die at an earlier age. Traumatic stress can also lead to increased use of health and mental health services and increased involvement with the child welfare and juvenile justice systems. Adult survivors of traumatic events may also have difficulty in establishing fulfilling relationships and maintaining employment.

### **Reminders and Adversities**

Traumatic experiences can set in motion a cascade of changes in children's lives that can be challenging and difficult. These can include changes in where they live, where they attend school, who they're living with, and their daily routines. They may now be living with injury or disability to themselves or others. There may be ongoing criminal or civil proceedings.

Traumatic experiences leave a legacy of reminders that may persist for years. These reminders are linked to aspects of the traumatic experience, its circumstances, and its aftermath. Children may be reminded by persons, places, things, situations, anniversaries, or by feelings such as renewed fear or sadness. Physical reactions can also serve as reminders, for example, increased heart rate or bodily sensations. Identifying children's responses to trauma and loss reminders is an important tool for understanding how and why children's distress, behavior, and functioning often fluctuate over time. Trauma and loss reminders can reverberate within families, among friends, in schools, and across communities in ways that can powerfully influence the ability of children, families, and communities to recover. Addressing trauma and loss reminders is critical to enhancing ongoing adjustment.

### **Trauma-Informed Systems**

#### **Schools**

Children's reactions to trauma can interfere considerably with learning and behavior at school.

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Schools serve as a critical system of support for children who have experienced trauma.

Administrators, teachers, and staff can help reduce the effects of trauma on children by recognizing trauma responses, accommodating and responding to traumatized students within the classroom, and referring children to outside professionals when necessary. The National Child Traumatic Stress Network has developed tools and materials to help educators, school staff, and administrators understand and respond to the specific needs of traumatized children.

### **Healthcare**

Wherever primary providers encounter children and families – whether in a clinic, hospital ER, school, or at a private outpatient practice – there are opportunities to integrate trauma-informed practices into the care families receive. Approximately one of every four children in the United States will experience a traumatic event before the age of 16. These events may range from natural disasters to violence and abuse; they may be a one-time occurrence or have happened repeatedly. Although many children who are exposed to trauma do not experience lasting negative effects, others can have difficulty coping. Research has found a significant relationship between exposure to traumatic events and subsequent impairment to children's neurodevelopmental and immune systems responses. Some may also exhibit health risk behaviors resulting in chronic physical or behavioral health disorders.

### **Child Welfare**

In any given year, approximately one million children come to the attention of the U.S. child welfare system. Many are victims of abuse or neglect, live with caregivers who are impaired, and/or deal with school and community violence as a fact of life. Identification and early intervention are crucial to helping children traumatized by maltreatment and other stresses. The National Child Traumatic Stress Network has developed tools and materials for building skills and increasing knowledge about childhood trauma to help child welfare administrators, caseworkers, frontline staff, mental health personnel, and caregivers understand and respond to the needs of traumatized children.

### **Justice**

Children who come to the attention of the juvenile justice system are a challenging and underserved population, with high rates of exposure to trauma. The National Child Traumatic Stress Network has developed resources to help juvenile justice professionals (including judges, attorneys, law enforcement, probation officers, frontline residential staff, and mental health personnel) understand and provide trauma-focused services to these youth, create trauma-informed juvenile justice systems that are effective, and ensure the safety of youth, family members, staff, and community.

The information on Child Trauma has been provided by The National Child Traumatic Stress Network (NCTSN) to read more please feel free to click the link <https://www.nctsn.org>

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### **Youth**

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### **North Carolina General Assembly House Page Program**

The North Carolina General Assembly offers a once-in-a lifetime opportunity to spend one week as a House page. Through the program students ages 15-18 (or 14 if already in the 9th grade) can serve and get a front-row seat to how state government works.

Learning about North Carolina's legislative process and our state's history is an essential part of educating all students. Everyone who completes this program returns home with a newfound understanding of state government and the importance of policy-making at every level.

#### **Selection Process**

The selection process for this program is highly competitive. Official appointments are made by the Speaker of the House based on recommendations by individual Representatives. Each Representative is allotted a number of students he or she can sponsor each session. Students submit their application to their Representative who selects the individuals to be appointed by the Speaker. Appointments are made on a first-come, first-serve basis.

If you know someone who is interested in applying to serve as a page during the 2018 legislative session, please share the information below.

Click on the links above or refer to the [2018 House Page Program Brochure](#) for additional information.

The 2018 House Page Application is now available online and in the House Page Office.

[Electronic Application](#) or [Printable Application](#)

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All House Page Program Participants are expected to comply with the North Carolina [House Page Program Code of Conduct](#).

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- Commerce and Job Development
- Energy and Public Utilities
- Health
- Health Care Reform
- House Select Committee on Implementation of Building Code Regulatory Reform
- House Select Committee on School Safety Regulatory Reform

**Non-Standing Committee**

- Joint Legislative Oversight Committee on Health and Human Services

**Appointment by North Carolina**

**Governor Roy Cooper**

- North Carolina Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services

**Appointments by North Carolina House of Representative Speaker Tim Moore**

- Minority Health Advisory Council
- Associates Advisory Committee Member- Council of State Government (CSG)
- Health Public Policy Committee - Council of State Governments (CSG)
- North Carolina Council for the Deaf and Hard of Hearing

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