



<b>September 24, 2010</b>	Welcome and Introductions
<b>1. Welcome &amp; Introductions</b>	
<b>2. Approval of minutes from 9-10-2010 meeting</b>	Please pass requested Meeting Minute edits to Erin McLaughlin at gwugraduate@yahoo.com
<b>3a. Discussion Topics/ Presentations</b>	<p><b>1. Update from NCIOM on implications of mental health parity and health reform</b></p> <p><b>Berkeley Yorkery</b></p> <ul style="list-style-type: none"> <li>• The Reform Bill will help uninsured and under-insured.</li> <li>• Employer based coverage for children with special health needs has been declining, but this new legislation will help those families.</li> <li>• Reform addresses access, costs, and quality</li> <li>• By 2014, most people will be required to have insurance,       <ul style="list-style-type: none"> <li>○ People making less than 133% of the Federal Poverty Line will be eligible for Medicaid           <ul style="list-style-type: none"> <li>▪ Historically, many children qualified for subsidized health programs but were not enrolled by their parents. By increasing the number of adults who qualify for Medicaid, the more children will be enrolled.</li> </ul> </li> <li>○ People making less than 400% of the Federal Poverty Line will have access to subsidized health care, if they don't have employer insurance.</li> </ul> </li> <li>• As of 9.23.10---insurers can no longer deny coverage for children with pre-existing conditions, parents are able to carry their children on their insurance plans till age 26, and new plans must include preventative care with no cost-sharing</li> <li>• In the future there will be a federally defined essential health benefits package which will likely include: MH, SA treatment, among others.</li> <li>• Q: Will More Providers be willing take patients on Medicaid?       <ul style="list-style-type: none"> <li>○ There will be some enhanced provider health rates, for all newly eligible... the feds will be paying 97-98% of the cost of their care, and there will be a larger pool using Medicaid</li> </ul> </li> <li>• Federal gov't does support of school base health care centers but it is unclear at the moment how that will look.</li> <li>• NC may create own Health Insurance Exchange but the details are still uncertain.</li> <li>• Feds are looking to incorporate mental and physical health, as well as school based health centers that would service not just the students but the local community. But again details are still being worked out as most of these provisions don't go into effect until 2014.</li> </ul>

**2. Joel Rosch with Duke: Juvenile justice treatment continuum**

- Addresses the fragmentation of services by looking to fill gaps in services for high needs kids who present in the court system
- Judges, DAs, DSS, School Superintendents are interested in using similar system for other non-voluntary populations. Currently looking at ways to model this process with DSS and other non-voluntary populations.
- Integrated Shared Information System (ISIS) is a web-based tool that allows the child's team members the ability to input information regarding assessments, evaluations etc... while also allowing team members the ability to review data in real time.
- Fidelity tools are incorporated through ISIS. One can see if CFTs are happening and who is participating, in the future meeting notes will also be incorporated into the system, and quarterly reviews are in place to review data inputted to ISIS. In addition staffing are evaluated by supervisors to ensure meetings are addressing the needs of the child appropriately,
- Recognize need to combine with SOC for longevity

**3. Suggestions on Collaborations in Support of School Health Education**

Currently the School Health Education program provides trainings and materials to help school personnel (teachers and administrators) incorporate health education into the curriculum. Johanna Chase is interested in hearing feedback for Collaborative members on their current programs and trainings and well as additional suggestions. Johanna's email address is : JChase@dpi.state.nc.us

Johanna provided an overview of some of the themes addressed in health education trainings such as risk behavior and academic performance correlations, the value of incorporating health issues into the classroom, identifying protective factors that can offset risk (some of which can be controlled by the school and so cannot), and the importance of modeling to promote healthy choices by youth.

The health and well-being of the child is interconnected into the child's academic and long-term success; it is important to help children apply healthy behaviors not just learn about them.

<<Rebecca and Libby, I'm getting more details on this from Nancy>>Dec. 7<sup>th</sup>—Read World Simulations--- Sun Trust will be a neutral party---Denver been successful and learning from them....4 county links programs are on board---orange, durham, wake, Johnston---

**3b. Collaborative Partner Updates**

<p><b>3c. Agenda Items for Future Meetings</b></p>	<p>Upcoming meetings</p> <p>10.8: NC Project LAUNCH, a North Carolina pilot project funded by a SAMHSA grant which is in year one of implementation in Guilford County                      Alamance Alliance, with Gary Ander, to provide an overview on program of SAMSHA grant.</p> <p>10.22: Dean Fixsen on implementation – what works to get new practices fully implemented</p> <p>11/12: possible business meeting, orienting participants to the upgraded website and reviewing a financial report from NCFU</p> <p>12/10: may focus more on business issues again</p> <p>No 4<sup>th</sup> Friday meetings in November and December due to holidays</p>
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**Work Group & Partner Updates**

- **Training and T/A,** 2<sup>nd</sup> Friday after NC Collaborative mtg. @ Duke  
*Martha Lowrance, Johna Hughes & Mark O'Donnell*
  
- **School-Based Behavioral Health** 4<sup>th</sup> Friday after NC Collaborative mtg. @ Duke  
*Keith Letchworth & Susan Robinson*
  
- **Youth in Transition** 2<sup>nd</sup> Wednesday from 2 - 4 PM @ NC Judicial Center  
*Lana Dial & Trishana Jones*