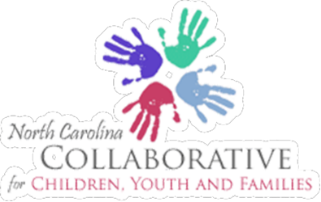
****School-Based Mental Health Subcommittee Meeting**

**Meeting Notes - March 10, 2017**

|  |  |
| --- | --- |
| **Topic** | **Discussion/Tasks** |
| Meeting Norms | **We will speak to each other respectfully, using tone, volume and cadence**  **We will focus on the work and our customers**  **We will start and end meetings on time**  **We can agree to disagree, live with decision and publicly support them**  **We will make people feel comfortable about / when voicing their perspective** |
| Timekeeper | Teri Grant: Time Signal: 3 fingers to indicate time to move to next topic |
|  | Welcome and Introductions |
| Purpose of State Collaborative | The State Collaborative was organized in 2000 and is one of the few in the Nation. It is independent of any government group with bylaws and advocacy support. The purpose of the State Collaborative   * Is not a governing body over local collaborative; its purpose is * To respond to and listen to the need of local collaborative * To provide a forum for agencies, families and youth to discuss values of systems of care * To demonstrate transparencies between agencies * To talk about issues and find strategies and best practices on ways to implement those strategies * To design trainings in regions with local collaborative * To advocate for and be a support mechanism for local collaborative around the state * To facilitate conversations with state leaders and family/youth organizations |
|  |  |
| SMART Goals | The Goals of the SMHB should be reflected in the State Collaborative Strategic Plan and be used to help the group evaluate the status as a group. Goals should be Specific, Measurable/meaningful, Agreed upon, Reasonable/results oriented, Tangible |
|  |  |
|  | Note: It was said that the Current goals for the State Collaborative are not “smart.” |
| Communication: collaboration and interaction/focus between state and local collaboratives | Need guidelines how to communicate from state to local and clarity on what the state collaborative actually does. To be specific:   * Responsibilities of state chair and co-chair. * Responsibilities of local chairs, * Set guidance and expectations of local groups. * State group will ensure that minutes get to local chairs. * Need to put in writing of all the steps and hold each group accountable |
|  | Joe said that Richard’s point entailed all aspect of SMART goals. Most local collaboratives do not have goals using school-based models. |
|  | There are currently 73 state collaborative groups in NC (63 are active participants) |
|  | Sue Lee discussed the difficulty in gaining the support of SBMH services in Pamlico County. JoAnne suggested that she visit NC Collaborative for Children Youth and families (website); and said the state group will be happy to support the Pamlico County collaborative. |
|  | Suggestion: get local collaborative involved by   * sharing and reviewing bylaws. * Identifying subcommittees and responsibilities, * gain community support through invitation. **Suggestion: Contact lists should have system of care coordinator and local community collaborative point of contact:** |
|  |  |
| Action Item | (Richard will send Dare County action steps to Joe) |
|  |  |
|  |  |
| Educational Opportunities | * Child and family team training (CFT) * NC Families United – workshops on family involvement, support and mental health issues. Very good in getting information out. NC Families provides training that has families and agencies together. * Youth Move – group of young people who have experienced mental illness who are being trained as leaders. * Strong and Able Youth Speaking Out – youth doing training on their experiences in foster care and how they (foster homes) have been affective. * Exceptional Children Assistance Center (ECAC) – free training on IEPs and 504 – federally funded organization. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area #9: School Based Mental Health**   * ***Explore ways that public schools can access mental health services for their students and their families.*** * ***Coordinate the behavioral health services that public students get in school, at home, and in the community.*** | | | | |
| **Goal 1**. School representation and participation in Local Collaborative (LC) Meetings and Child & Family Team Meetings (CFTs) School representation = (Administrator/Director/Coordinator in Local Collaboratives and /Teacher/Social Worker/Counselor in Child and Family Teams) |  | **Measurable Outcome**  **Strategy 1**: Educate and advise the local collaborative (LC) on the need for school representation and participation in Meetings and Child & Family Team Meetings (CFTs) School representation = (Administrator/Director/Coordinator in Local  **Strategy 2**: Identify and engage school personnel to represent the local collaborative.  **Strategy 3**: Sustain school personnel representation in the local collaborative.  **Strategy 4**: Identify strategies that will support school personnel attendance at child and family team meetings. | Lead/Co  Teri Grant and Joe Simmons SOS Communication  Libby and JoAnne | Timeframe/Due Date:  April 30, 2017  September 30, 2017  Ongoing goal  Ongoing |
| * Revised: March 10, 2017 |  |  |  |  |