

Kimberly announced that she received a mill grant, and is very excited about what the future holds

Some of the suggestions and questions presented regarding the upcoming year are as followed:

- With the introduction of the medicare waiver, there needs to be a procedure code applicable for mental and physical help, and substance abuse should be included
- The managed care system from PBH follows the LME model since 2006 and is responsible for management of finances, with more flexibility to create it's own service definitions to reach the local needs
- We need to assure that system of care is not lost in the transition: we should prepare to present to the state for the next year and increase the community voice now
- Since case management will be in a new arena, LME's will be joining in the case management: a major concern voiced at the meeting regarding this topic was the "skirting of values"
- Is there a mechanism in place for other entities, such as DSS, juvenile justice, etc, to participate in local decision making?
- There should be some parental and child input into the system.
- How much time is there, and what information is relevant to get out to local collaborative to see that system of care is intact during the transition?
- How will one find out who their local contact is, and what LME one is part of? It was noted that there are some councilors who don't know how to get clients into services.
- Who is being brought to the table at local collaborative? What are they bringing? Do they know what to bring when they come?
- Each merger will be substantially different- how do we insure that ideas are crafted for specific needs of each community?
- What constitutes a smooth transition- there are concerns that it will not include a family voice. Hopefully, the first merger can offer technical assistance and help to support other local mergers, especially regarding lessons learned about child-family teams.

Priority 1 for the collaborative is to help local collaborative go into their new format and have specific goals to insure a smooth transition.

What are the options, and what information will they need.

- Are we supporting locals to have a voice vs collaborative voice?
- Do locals actually have a family voice?
- There needs to be a consistent message sent to schools, JJ, DSS
- How do other agencies participate- what is the process of participation
- Not only do people need to show up at the table, they need to have the right tools to have an impact.
- PBH is providing the model, what are their values? Do we know enough about the model? Are they coachable? Is there a clarity of roles? What does, and does not, align with the values of the collaborative?
- What is the role of this collaborative?

- What is the best time to hold meetings to see that everyone has an opportunity to participate? Mornings, it was noted, have a lower attendance rate.

Family and Youth leadership are strategy's in every priority

How do we help local collaborative understand what people need to become involved and what tools they should use to have an effective system of care?

It was noted that perhaps the best model is to be co-lead.

How can we insure that families get appropriate compensation for their participation.

There is fold over between the first 2 priorities of the collaborative:

- 1) Supporting local collaborative and
- 2) Supporting the implementation and process of child-family teams
  - A person-centered plan can not replace a child-family team. To see that this does not happen, we must make sure language does not limit to person centered plans but instead child family teams are a process to many different plans. There must be a utilization review process to make sure that the child family team is not used to develop a person centered plan.
  - What are the incentives to provide training?
  - How can we pass the knowledge from collaborative or "top people" down the ladder so everyone is on the same page?
  - Can there be a leadership training that guarantees everyone "at the table" knows what is "on the table?"
    - Previous trainings only provide 11 hours of training
    - Collaborative needs to endorse additional opportunities for parent involvement
    - Credential process to train parents= NC PEN (NC parent education network)
    - Should the training process be a stair step?
  - Coaching can create champions, but organizational change needs to happen, not just coaching
  - Incentives are necessary
  - How do we connect all the supports to make agencies work together and talk to each other without feeling competitive?
  - How do we start and organizational change that improves fidelity?
  - It was noted the Trauma network has a good model for change: The learning collaborative model.
  - It will be harder to impact rural areas

At the end of the meeting, it was concluded that the second priority should fold into the first, but the question remains, who will do each thing? Who will take ownership of the collaborative priorities?