



NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT

Bill

U-ATC-141 [v.1]

AMENDMENT NO. _____
(to be filled in by
Principal Clerk)

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Amends Title [NO]
Recommendation 7

Date _____, 2018

Representative Dollar

1 moves to amend the report on page 12, Recommendation 5, be rewriting that recommendation to
2 read:

3
4 **RECOMMENDATION 5: FURTHER STUDY IS NECESSARY TO DEVELOP A PLAN**
5 **TO EFFICIENTLY COORDINATE CARE AMONG MENTAL HEALTH SUPPORT**
6 **PROFESSIONALS AND TO TRAIN THESE PROFESSIONALS TO IDENTIFY**
7 **POTENTIALLY DANGEROUS MENTAL AND BEHAVIORAL HEALTH ISSUES.**

8
9 The Committee recommends the General Assembly enact legislation allowing for continued
10 study of and development of a plan for (i) coordinating services among school nurses, school
11 psychologists, and school social workers to most efficiently provide quality mental, social, and
12 emotional healthcare services to students, and (ii) engaging LME/MCOs, employing Mental
13 Health First Aid, Crisis Intervention Training and other appropriate modes of training mental
14 health support professionals to proficiently identify mental and behavioral health issues that
15 could endanger students."

16
17 and on page 12, by inserting a new Finding and Recommendation 7 as follows:

18
19 **FINDING 7: IMPORTANCE OF LOCAL MANAGEMENT ENTITY/MANAGED CARE**
20 **ORGANIZATIONS IN ADDRESSING MENTAL HEALTH CONCERNS.**

21
22 The Committee finds that the public managed care system for behavioral health and intellectual
23 and developmental disability is playing an important role in local community engagement with
24 the schools to address mental health concerns. Each Local Management Entity/Managed Care
25 Organization (LME/MCO) is leading a number of initiatives that are responsive to local needs.

26
27 **RECOMMENDATION 7: SUPPORT OF LOCAL MANAGEMENT**
28 **ENTITY/MANAGED CARE ORGANIZATIONS PROJECTS TO ADDRESS MENTAL**
29 **HEALTH CONCERNS.**
30



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The Committee supports these successful projects implemented by the Local Management Entity/Managed Care Organizations (LME/MCOs) and seeks to advance their statewide implementation:

1. School-based Care Coordination. - A partnership between the LME/MCO, local providers and school systems using a wraparound model to improve student connections to the services they need to reduce the severity of their behavioral health symptoms. This model school safety initiative addresses continuity of care for students transitioning to school from residential settings, identification of children newly entering school who may need intervention and prevention of escalation of behavioral health symptoms. Several of the LME/MCOs have embedded therapists directly into the schools.
2. Mental Health First Aid Training for Students, Teachers and School Staff. - LME/MCOs provide training in this highly successful program. It prepares staff and students to intervene in behavioral health crises in much the same way as CPR training prepares individuals to intervene in a health crisis.
3. Suicide Prevention. - LME/MCOs provide a toolkit for middle school and high school teachers and staff to intervene in cases of potential suicide .
4. Youth Crisis Intervention Training (CIT) and Specific CIT training for School Resource Officers. - This nationally recognized model is a partner to the Crisis Intervention Training that has been provided by the LME/MCOs to local law enforcement.";

and by renumbering the remaining findings and recommendations accordingly.

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____