Facilitator: JoAnne Malloy Note Taker: Cat Jones

Time Keeper: Norm Checker:

Present: JoAnne Malloy, Cat Jones, Adele Bauman, Marty Boldin, Joff Barnett, Rich Sarette, Paul Kiernan, Kristin Battis, Rachael Gerber, Deb Brucker, Jon Dawson

**Agenda**

1. Introductions and updates
2. IAC Vision and Mission
3. Review evaluation plan and data
4. Review draft policy document
5. Next meeting and agenda

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| Vision | System of Care is…  “A spectrum of effective, community-based supports, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to succeed at home, in school, in their community, and throughout life” (Stroul & Friedman 2010)  Our Vision:  Engage all youth with substance use disorders (SUD), or SUD with co-occurring mental health disorders, in accessing and receiving a spectrum of effective community-based and individualized treatment and recovery supports. These supports are organized into a coordinated network that builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to succeed at home, in school, in their community, and throughout life. |
| Mission | The mission of the Creating Connections NH Interagency Council is to develop, guide, contribute to the successful installation and implementation of a continuum of care for youth and transitional age young adults (12-25) with substance use disorders (SUD), or SUD with co-occurring mental health disorders.  The IAC will do this by focusing on:   * Clear targets, goals, and objectives   + Serving at least 400 youth in 4 years to fulfill the SYT-I project requirements   + Prioritizing underserved populations (e.g., LGBTQ+ youth, youth of color, New Americans) * Youth, family, and community voice * Data-driven decision making * Evidence-based and best practices * Using collaborative teaming * Workforce capacity * Sustainability |
| Norms | Begin and end on time  Mobile devices off or on silent  One person speaks at a time  Avoid jargon and acronyms |

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| **Item** | **Discussion** | **Decisions/ Action Items** | **Who** | **When** |
| Updates | Pilot sites update:  Roll-out is held up in contracting at present.  Marty – Aware Recovery Care  Private home-based addiction treatment services company. Currently serving youth in Connecticut. Recently expanded into NH (as well as other states). Excellent outcomes, high level of engagement. |  |  |  |
| Evaluation Plan and Data | See PowerPoint slides to review data updates | Give Rachael contact info for Office of Health Equity to obtain data related to Refugee populations |  |  |
| Website |  | Send evaluation plan, graphs to Cat | Rachael |  |
| Draft policy paper | Tweak policy language to engage MCOs – big picture; long-term cost reduction. Insurance companies ‘think’ in terms of claims, and claims data shows that addressing behavioral health concerns of one member of a family, improves health outcomes of the entire family  42 CFR – how will this impact SOC, Wrap if information is not made available to parents/caregivers  Page 3, under “State Policy Changes” – change the next sentence to be positively stated. “The Governor should incentivize programs that are opiate-based and research/evidence-based.” ??  Boards and licensing are siloed and exclusive  Page 3 – “Provide education […] provisions under Medicaid […]” – add language about intensive supervision  Page 4 – “Alignment is needed…” – this is essential. Should be coordinated, incentivized  Page 4 – “Family level peer support…” – mention NAMI NH  Page 5 – Reciprocity and dual licensing – federal experiment of national licensing? VT/NH/ME already see a lot of dual licensing, plus have small populations, so would be an ideal region to pilot a national credential.  Billing codes – Medicaid does not have a code for home-based addiction treatment services  Telehealth – platform must be HPPA compliant, and provider must be licensed in client’s location  Recovery Coach certification training is great, but the other requirement of 500 supervised hours is virtually unattainable for most family & youth peer support specialists. Need robust, \*billable\*, certified role that is somewhere between peer support and recovery coach | Financial Workgroup meet w/ MCOs | Adele |  |
| Next meeting agenda | Revisit policy paper |  |  |  |

**Next meetings:**

* **Creating Connections NH Interagency Council:**
  + May 2, 2019 – 1:00pm-3:00pm – IOD Concord
  + June 6, 2019 – 1:00pm-3:00pm – IOD Concord
* **Creating Connections NH Workforce Management Team:**
  + March 18, 2019 – 1:00pm-3:00pm – IOD Concord
  + April 15, 2019 – 1:00pm-3:00pm – IOD Concord
  + May 20, 2019 – 1:00pm-3:00pm – IOD Concord
  + June 17, 2019 – 1:00pm-3:00pm – IOD Concord