Facilitator: JoAnne Malloy Note Taker: Cat Jones

Time Keeper: Norm Checker:

Present: JoAnne Malloy, Cat Jones, Adele Bauman, Shawn Blakey, Paul Kiernan, Nilufer Isvan, Lynn Fuller, Keya Doyle, Christina Loder, Erica Tenney, Kristin Battis, Brian Huckins, Polly Morris, Jan Trudo

**Agenda**

1. Updates, celebrations, trainings (20 min).
2. UNH HRSA application (10 min).
3. Reports from workgroups:  1) peer to peer, 2) workforce, 3) policy, 4) finance  (30 min).
4. Seven Challenges training and Learning Community schedule (30 min)
5. Evaluation update  (15 min).

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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 | Nashua has identified 23 youth for Seven Challenges. Each will have a GPRA (Government performance and results act) data collection completed for them |  |  |  |
|  | State System of Care Meeting - September 11 – Main Building |  |  |  |
| Pilot sites updates | Pilot sites accepting registrations as of today  Referral sources: schools, courts, Doorways  Building out infrastructure, forming partnerships |  |  |  |
| Updates from Community Health Institute-Paul Kiernan | Project Echo – Treating Addiction Together – rollout in October  Web conferencing system - Case review, didactics remotely  Communities of Practice: ASAM, MAT, Perinatal | Contact Paul asap about registration |  |  |
| Seven Challenges - 3-day training last week  - overview/ debrief | It’s important to meet youth where they’re at. Understanding their history, trauma.  Empowers youth to make their own choices; identify goals and work on solutions  Yes, youth are still eligible even if currently using. Focus on harm-reduction (i.e., this is not an abstinence-only approach, which can be difficult for parents to accept because they instinctually want their child to stop using)  Communication strategies: Parents, schools, JPPOs. Why can harm-reduction approaches be more effective than abstinence-only approaches? Who is accountable for what?  Journaling component – youth writes thoughts down in journal and counselor reads it and adds their own (validating) comments. May or may not discuss journal content during therapy sessions  Youth works through a series of Workbooks:   1. Who am I and where am I now? 2. What do I like about using? 3. What are the downsides of using? 4. What are my responsibilities vs. others’ responsibilities? (e.g., my past abuse/trauma was not my fault, however if I drive intoxicated and hurt someone that IS my fault) 5. Goals and Aspirations 6. Follow-through   Statewide scale-up and sustainability – it’s part of this group’s role to think about this | Because journaling does not occur face-to-face, it may be difficult to bill for hours  Oder more supplies, including two posters:  List of 7 Challenges;  Definition of Work | JoAnne |  |
| Evaluation update | Since pilot sites came on board there has been an uptick in the number of completed activities  Improved accomplishment of activities  Evaluators will track the trajectory of suicide rates (overall and among teens) in New Hampshire.  IAC Members Survey Results:  Need to increase input/collaboration from families and youth   * Offer meetings evening or weekend? * Local schools “parent night” presentation? * Red ribbon week (May) – school activities around prevention, treatment, and recovery * Identify and reach out to prevention coalitions throughout the state * ACLU program around reaching out to youth from diverse populations * Other MHC children’s directors?   Other resources for families:  UpReach – Family support that incorporates equine therapy  Monica Gallant at Souhegan Boys & Girls Club | Obtain additional historical data to establish baseline | Shawn, Nilufer |  |

**Next meetings:**

* **Creating Connections NH Interagency Council:**
  + October 3, 2019 – 1:00pm-3:00pm – UNH IOD, 57 Regional Drive Concord
* **Creating Connections NH Peer Support Workgroup**
  + *Next meeting date TBD*
* **Creating Connections NH Community of Practice**
  + September 12, 2019 – 9:00am-11:30am – UNH IOD