

**CBHC Steering Committee Minutes**  
**Meeting Minutes**  
**May 25, 2016 – 1:00 p.m. to 3:00 p.m.**

**Attendance:** Kathleen Abate, Peter Evers, Kim Firth, Traci Fowler, Amadou Hamady, Michele Harlan, Ken Jue, JoAnne Malloy, Fritz Manson, Eileen Mullen Kennedy, Kathleen Murphy, Cheryle Pacapelli, Linda Paquette, Mary Steady, Bill Storo, Trinidad Tellez, Erica Ungarelli, Effie Malley and Debbie Williams

	<b>Items</b>	<b>Responsibility</b>	<b>Actionable Items/Responsible person</b>
<b>I.</b>	Welcome – welcome & introductions	Mary	Welcome and introductions around the table were made along with their positions.
<b>II.</b>	Consent agenda (February minutes, Director’s report) information	Mary	There wasn’t any discussion, Cheryle made the motion to assent and everyone agreed.
<b>III.</b>	Commissioner Meyers, DHHS – information sharing and discussion		Linda congratulated Erica on her new role with the DHHS-a new division of behavioral health service, bureau to drug & alcohol, and adding children’s behavioral health to focus on children throughout the commission.  Commissioner Meyers wasn’t able to attend.  1915i waiver – FAST forward was discussed briefly.  Erica stated the creation of the new division and policies will be reviewed by the department, regarding the new organization and regime. Plans on how to sustain the implementation should be completed by 9/30.
<b>IV.</b>	Executive transition - strategic	Mary	There was a long discussion on the transition process and broken up into the following categories: <u><b>What works</b></u> <ul style="list-style-type: none"> <li>• CBHC umbrella organization</li> <li>• Collaboration is critical</li> <li>• Critical support to Monadnock System of Care – DCYF, FAST Forward program assisted, shared communications &amp; technical assistance provided.</li> <li>• Channel for good communication, higher level shared vision through the process of the collaborative to the local communities, and information on the DOC bill, DHHS bill, legislature updates.</li> </ul>

- Outreach from CBHC & Effie, and the regional plan regarding early childhood development.
- Shared plan – cross over stakeholders w/ funding etc.
- The plan is very helpful – since the collaborative is not run in a state agency is helpful (it is free standing) with managers and advocates. This is a statewide children's plan.
- Communications are good, but can always be better, and there is a backbone.
- Relationships working across practices and disciplines.

**What doesn't work**

- We have a shared vision but not as focused.
- Missing someone from the stakeholder Public Health Network-Joe Harding is on the Steering Committee
- Steering committee itself (quantity has decreased & so has information). "Feels like advisory ."
- A disconnect of what happens in the subcommittees and knowledge transfers, like policy committee, communications workgroup etc. including the executive committee and other workgroups.
- No regional efforts
- Clearer priorities – there are too many priorities and lacks focus, capacity, recognition (lifestyle), NH CAN & CBHC
- Impact legislature
- Transition age youth workgroups need to include family voice, executive, steering, communications, and all workgroups.
- Shared measures loopback.
- More clarity
- Legislature flexibility
- How to relate all priorities.
- Activities could be moved to one place such as in the plan.
- Moving to regional and local
- Strategies for monthly meeting updates on plan and bring back to local communities.

**Ideas**

- First task is to look at the plan. Really reprioritize the plan.
- Expertise – TA education – Regional Public Health field – early childhood – substance misuse prevention
- Levels of commitments, frequency of steering

			<p>committee and executive meetings</p> <ul style="list-style-type: none"> <li>• Review structure – what do people need?</li> <li>• Holding statewide workshops</li> <li>• Tiered supports (where to be held)</li> <li>• How to Policy Enables Practice – Practice Informs Policy.</li> <li>• Define workgroups??</li> <li>• Trini suggested a webinar for the collective – not to be strict but to define ourselves as we enjoy working with each other and share the vision. There is a feeling the steering group is an advisory group. It should be the shared vision, which is the glue to hold it together, and needs a staff person.</li> <li>• Fritz thought other committee member should join in on the Communications meetings to see what is going on.</li> <li>• Integrate SUD into Plan</li> <li>• Look at Health Equity Partnership convened.</li> <li>• Meet more frequently.</li> <li>• Keep structure.</li> <li>• Redo/review plan</li> </ul> <p><b>What do we want the next step to look like?</b></p> <ul style="list-style-type: none"> <li>• Person part of the rebuild (new director).</li> <li>• Vs. How do we know what qualities we want in a new director if we don't know the structure?</li> <li>• Antioch is under contract to help with shared measures.</li> <li>• Kim has a proposal since the steering committee feels disconnected – a June meeting be scheduled for feedback on the requirements and qualifications of the new director, and the hiring process; discuss the summit conference; the workplan for 2017; prioritization of the plan and how do we use the expertise in the room to get this done.</li> <li>• Ken thought the commissioner should meet with us in June and see his vision.</li> <li>• Debbie was asked to look at the June calendar and send a doodle pool for possible dates and times to schedule the next meeting. It was suggested the next meeting to be approximately scheduled for 3 hours.</li> </ul>
V.	Next Meeting – August 24, 2016	Effie	It was suggested to have an earlier meeting, either in June or July. Since the Commissioner was unable to make this

			meeting, he would like to attend the next meeting.
<b>VI.</b>	Meeting Evaluation		Not discussed.