

VERMONT MENTAL HEALTH BLOCK GRANT
PLANNING COUNCIL
Meeting Minutes

December 10, 2021

1:00 PM – 3:00 PM

Location: WSOC, Cherry A
and Microsoft Teams

Members in Attendance: Marla Simpson (Chair), Dan Towle (NAMI VT, PVT), Alice Maynard (ACT 264), Cinn Smith (CYFS SPSC), Annie Ramniceanu (DOC), Anne Rich (DMH), Stephanie Beck (DMH), Danielle Bragg (LICSW), Heather Bouchey (Agency of Education)

DMH Staff and Guests in Attendance: Christina Thompson (DMH), Nicole DiStasio (DMH), Tom Coleman (Maven Group), Briana Coleman (Maven Group)

Convene Meeting, Introductions:

- Meeting convened at 1:02 PM
- Reviewed agenda
- Made introductions of attendees

Review November 2021 Meeting Minutes:

- No quorum to vote to pass the November meeting minutes
- Alice made a motion to approve November minutes. Dan seconded. Decision to vote via email rather than wait until Spring meeting passed unanimously.

Maven Group Introductions

- Tom presented an overview and introduction about who the Maven Group is, Tom and Briana's backgrounds/qualifications, and the goals of their roles in supporting the MHBG.
 - Maven Group are experts in grants management. Specifically, they bring significant HHS and SAMHSA expertise.
 - RiverNorth, Inc. is a subcontractor to Maven Group (RiverNorth is Tom and Briana's company). RiverNorth's experience includes subject matter expertise for government lending and grant programs, such as state assistance programs through the U.S. Department of Treasury and subsidy program design for U.S. Department of Housing and Urban Development (HUD).
 - Tom and Briana each highlighted their individual experiences, job history, and knowledge that makes them qualified for this contract (detailed in the proposal provided as a read ahead document to the Planning Council).
- Tom reviewed key highlights of the proposal submitted to DMH for MHBG project coordination.
 - Scope of work allows Maven Group to be flexible to assist in the places most needed, under the direction of DMH.
 - Tactical work includes supporting DMH in completing specific tasks (e.g., proposal review, application/reporting to SAMHSA, budget management, etc.)
 - Strategic work includes supporting DMH in planning for future changes and program impact (e.g., process improvement, project planning, etc.)

Maven Group Introductions (Continued)

- Martha opened the floor for the Planning Council to ask Questions:
 - Dan asked the following questions:
 - Clarification on if the above tactical and strategic tasks fall under the Project Coordinator contract or separate work. *Tom clarified that these tasks all fall under the Project Coordinator contract, for which the Planning Council received the proposal as a read ahead.*
 - Asked about Tom and Briana’s mental health program knowledge. *They discussed Briana’s background in psychology, their son’s lived SED experience, and their experience with other grant programs that work similarly (but different topics).*
 - Asked how Enterprise Risk Management approaches factor into the project. *Tom discussed how they are already building out a rudimentary ERM framework, which will be expanded on through the work. ERM is a relatively new discipline with the Federal Government, mandating that agencies develop ERM practices. Tom’s experience at U.S. Treasury’s Chief Risk Officer gives him experience building out ERM practices.*
 - Asked about Maven Group’s HHS/SAMHSA experience. *Briana clarified that the owner of Maven Group (Hussein Basaria) has extensive direct work experience with HHS and SAMHSA, and he is available at any time to answer questions. Tom and Briana meet with Hussein bi-weekly about this contract as well.*
 - Alice made the following note/request:
 - It would be beneficial if Maven Group can support under this contract Vermont’s Act 264 (entitlement to coordination of services for children with 16 federal or state special ed disabilities).

MHBG 2020 Outcomes Review

- Christina walked through the 2020 TA Outcomes
- Council was complementary and appreciative of the format of the report and the outcomes meeting the targets.
- There was discussion about ways that the methods/measures/outcomes could be even more detailed in the future. Options discussed/considered included:
 - Standardizing the format for the report as a minimum requirement.
 - Requiring that as part of future reporting, initial proposal targets are included in addition to actual outcomes. Caution must be had to not equate “more” as “better.” Both quantitative and qualitative discussion is required. Also caution that targets may not be achievable until staff vacancies improve.
 - Use “Results Based Accountability” as a framework. DOC shared that they use “pay for performance” for their contracts. This could be used in DMH by creating quality benchmarks on which to report.
 - Build in Train-the-Trainer for all training sessions to allow the training to live beyond the session.

Below are the specific TA outcomes shared for each grant project:

1. Six Core Strategies

- Goals Accomplished:
 - Roll Out of Six Core Strategies (6CS) training, curriculum, and technical assistance to Designated Hospitals (DH)
 - Two-day on-site (or equivalent hours remotely) SAMHSA Advanced Training Curriculum in 6CS to all DH personnel participating from inpatient psychiatric units.
 - Grantee will coordinate with 6CS national experts to provide training in Vermont.
 - Vermont’s Designated Hospitals will be invited to attend and asked to identify their core group of staff trained in 6CS and their organization’s 6CS champion.
 - Coordinate four days of on-site (or equivalent hours remotely) full-day baseline or follow-up assessments that are conducted by 6CS national experts for participating DH’s utilizing the Inventory of Seclusion and Restraint Reduction Interventions (IISRR) survey tool (which is part of the 6CS evidence-based toolkit).
 - 6CS Learning Collaborative to address barriers and identify strategies for full, successful 6CS implementation and sustainability.
- Questions/Comments from Council:
 - (Dan) How do you intend to monitor the accountability of the training (effectiveness and stickiness of it)?
 - (Dan) What is the plan to ensure all of the applicable DH get the training?
 - (Marla) EIPs can contribute to suicide ideation/attempts, per recent findings. Asked DMH to consider link between EIP and suicidal ideation.
- Measures and Outcomes accomplishments:

* #6 should be EIP.

Measure	Target	Type	Outcome
1. # of Designated Hospitals who send staff to the 6 Core Strategies (6CS) training	At least 3-4 Designated Hospitals	Quantity	-Rutland Regional Medical Center (RRMC) - Springfield Hospital/ Windham Center (WC) -Central Vermont Medical Center (CVMC) -Brattleboro Retreat (BR) -Vermont Psychiatric Care Hospital (VPCH)
2. # of participants in 6CS full training	15 (or more)	Quantity	20
3. % of recipients of the full day assessment who report positive feedback	80%	Quantity	80.75% of participants reported positive feedback (“very helpful” or “excellent”) across 4 sessions
4. # of Designated Agencies receiving technical assistance	3	Quantity	-Rutland Regional Medical Center -Brattleboro Retreat -Vermont Psychiatric Care Hospital
5. # of learning collaborative meetings (LCMs)	At least 5	Quantity	Our consultant facilitated LCMs with leaders from BR, VPCH, RRMC, for a total of 9 meetings
6. # of IEP meetings facilitated	3	Quantity	Five meetings facilitated from September 2020 to September 2021
7. # of state and advisory bodies that receive consultation activities for reducing seclusion and restraint	At least 3	Quantity	-EIP Review Committee -VT House Healthcare Committee -VT House Committee on Corrections and Institutions -VT Senate Health & Welfare Committee -Vermont Association of Hospital & Health Systems (VAHHS) Workplace Violence Council -Reps from VAHHS & Disability Rights Vermont also participated in the 6CS trainings

2. Cognitive Behavioral Therapy (CBT) for Anxiety in Children/Youth (Coping Cat)

- Coping Cat is a manualized Cognitive Behavioral Therapy (CBT) approach for anxiety, with separate manuals for children and adolescents.
- Goals Accomplished:
 - A virtual training workshop on the Coping Cat model was provided to designated and specialized services agency Child, Youth and Family Services (CYFS) clinical staff on April 16, 2021, by Professor Phillip Kendall.
 - 78 attendees in the virtual Coping Cat training with the developer of the model. Each participant received 4 manuals: a clinician manual and youth workbook for the two age groups of the model.
 - 11 people participated in the follow-up consultation groups.
 - The number of Agency attendees was as follows: CMC (6); CSAC (6); DMH (3); HC (9); HCRS (8); LCMHC (7); NCSS (8); NFI (4); NKHS (6); RMHS (9); UCS (3); WCMH (9)
- Questions/Comments from Council:
 - (Dan) There were 78 attendees. What was the target at grant application?
 - (Dan) How many (and which agencies) were they intending to train as part of the grant application, and did they do that?
- Measures and Goal accomplishments:

Question	Strongly Agree / Outstanding	Agree / Good	Disagree / Some room for growth	Strongly Disagree / Unacceptable	n/a
Did you find the content deepened your understanding of anxiety in children and youth?	59%	35%	5%	-	-
Are you more confident in your ability to apply the specific intervention strategies and techniques when working with children/youth with anxiety?	59%	37%	3%	-	-
How was the quality of the teaching?	76%	24%	-	-	-
How would you rate the session overall?	68%	30%	-	-	3%

3. Cultural Competence Training

- DMH contracted with the U.S. Committee for Refugees and Immigrants (USCRI) Vermont chapter, to deliver a four-part online training series addressing cultural and linguistic competency. The goals of the trainings were to 1.) examine theories of culturally competent practice, while shifting focus from cultural competency to cultural humility within trainings models, and to 2) provide education on the intersectionality of racism, mental health, and wellbeing. Additionally, the trainings aimed to provide studies and research on healthcare models from different cultures that may differ from the western medical model. Trainings were intended to assist healthcare providers and clinicians while working with refugees, immigrants, and New Americans in a way that acknowledges differences in mental health conceptualization and mental health practices.
- The following trainings were offered:
 - Introduction to Refugee Resettlement: June 16, 2021, 9:30-11:30am & July 12, 2021, 9:30-11:30am
 - Working with Interpreters: July 8, 2021, 2:00-4:00pm & July 29, 2021, 2:00-4:00pm
 - Cultural Responsiveness in Mental Healthcare for Refugees and Immigrants: August 3, 2021, 9:00-11:00am & August 12, 2021, 9:00-11:00am
 - Perspectives Outside the Medical Model: August 26, 2021, 9:00-11:00am & August 31, 2021, 9:00-11:00am

Cultural Competence Training (Continued)

- Goals Accomplished: A total of 70 participants attended the eight online training sessions. Trainings were primarily extended to DMH staff; then opened up to all Designated and Specialized Service Agencies, State of Vermont staff, and any interested community partners or individuals.
- Questions/Comments from Council:
 - (Dan) The rating scale is 1-5; is 1 or 5 Excellent? *Christina clarified that 5 is excellent and agreed to label it as such in the future.*
- Measures and Goal accomplishments: Overall Training Survey Results

Question	Average Rating (n=15)
How much did this workshop increase your knowledge about the topic?	3.6/5 
How much did the workshop teach you skills you will be able to incorporate in your work?	3.3/5 
How knowledgeable were the presenters?	4.5/5 
Were you satisfied with the content of the presentation?	4.5/5 

4. DBT Learning Collaborative

- Goals Accomplished:
 - The Vermont Cooperative for Practice Improvement (VCPI) at Northern Vermont University provided eight days of intensive Dialectical Behavioral Therapy (DBT) remote trainings to at least 30 staff to expand and strengthen DBT practice statewide.
 - Plan and facilitate DBT Learning Community Meetings quarterly to offer ongoing consultation and practice improvement for the DBT trained mental health workforce.
 - Develop plan for continuation of quarterly DBT Learning Community Meetings after grant ends.
 - Develop online resources for additional/advanced DBT modules for sustainability and increased accessibility to DBT among mental health stakeholders.
 - Provide DBT introductory two-day to a variety of stakeholders in at least two communities.
- Questions/Comments from Council:
 - (Dan) The outcome for #1 and #3 do not specify how many meetings were held. Please clarify.
 - (Alice) The last column for #5 and #6 refers to “of attendee respondents.” Please provide detail about what percentage of the participants responded.
 - (Dan) Was the VCPI Report referenced in the report sent to the Planning Council (and if not, please send).
 - (Martha) Are DBT trainings being used beyond the scope of Borderline Personality Disorder (BPD) (e.g., in general for mindfulness and emotion regulation)? *Christina and Anne Rich stated that based on the online modules, it appears that the trainings are being used beyond BPD and diagnoses.*

DBT Learning Collaborative (Continued)

• Measures and Goal accomplishments:

Measure	Target	Type	Outcome
1) # of review meetings with DMH regarding DBT Institute plan, DBT onlinemodules content and development, 2-day DBT training, and plan for DBT Learning Community(DMH will initiate invite)	3 meetings	Quantity	In accordance with public health guidance, the original meeting schedule was modified and conducted remotely - VCPI staff conferred with DMH monthly to discuss DBT program planning as part of either a review meeting or LeadershipCouncil meeting
2) # of DA & SSA staff who complete DBT 8-dayInstitute	30 or more	Quantity	VCPI received 29 applications representing 12 organizations - 27completed the full Institute
3) % of the participantsat DBT planning meetings that report project content meets grant's goals (DMH will initiate meetings)	80%	Quantity	See Performance Measure 1
4) # of new DBT online resources	2	Quantity	VCPI created two new online modules: - Mindfulness - Validation and updated Foundations & Advanced Modules
5) % of DBT Learning Community attendees who report positive impact from participating in the 2 quarterly meetings	80%	Quantity	100% of attendee survey respondents reported a positive impact
6) % of participants who report the DBT day one and day two training helpful to their work.	75%	Quantity	Session 1: 95% strongly agree or agree Session 2: 96% strongly agree or agree

5. Recovery-Oriented Cognitive Therapy (CT-R) Training

- A representative from the Beck Institute spoke to the Council about CT-R previously.
- Goals Accomplished:
 - Provided a virtual training for mental health workforce on the practice of CT-R.
 - Provided technical assistance & consultation at CT-R statewide learning collaborative meetings.
 - Developed tool, in collaboration with stakeholders, to measure CT-R’s impact.
 - Provided CT-R 2-day Virtual Workshop to residential program staff and additional workforce staff with interest (2 workshops delivered)
 - Recorded the training for staff and individuals with unique schedules who cannot access a live training during traditional 9-5 hours.
 - Purchased CT-R Manuals for all 10 Designated Agencies, SSA, NAMI, and DMH to allow the development of on-site expertise.
- Questions/Comments from Council:
 - (Dan) Does the term “Community Support Workers” include “Peer Support Workers?”
 - (Dan) Were Peer Support Workers invited and why/why not?
 - (Martha) Is there a link between CT-R and CBT? *Tom clarified that the Beck Institute says in their materials that, yes, there is a link between CT-R and CBT.*
 - (Alice) The “Next Steps” page of the report says there are links to the recorded trainings. Is DMH doing anything to publicize the recorded staff for new staff or existing staff who couldn’t attend to watch it?

Recovery-Oriented Cognitive Therapy (CT-R) Training (Continued)

- Measures and Goal accomplishments:
 - 47 participants (30 was the requirement) from a variety of backgrounds, including: Clinical Social Workers; Case Managers; Community Support Workers; Residential Managers and Staff; Employment Coordinators and Staff; Nurses; Adult Outpatient Therapists; and Intake Coordinators
 - 6 Learning Collaborative meetings during the 8 months (5-10 people on average per meeting) and new members currently being invited from 100+ newly trained staff. Agencies that attended regularly include CMC, WCMH, Pathways-VT, MTCR, and DMH
 - Outcome Tool chosen by the CT-R Outcome sub-committee (Flourishing Scale and Aspiration Progress Tracker)
 - 63 participants in CT-R 2-day Virtual Workshop (Goal: 50). Post-workshop quiz with 87% of participants answering correctly. Positive feedback received from participants.

6. Copeland Microaggression Training

- Goals Accomplished:
 - The Copeland Center for Wellness and Recovery provided an interactive online training examining common cultural biases and exploring ways to abandon thoughts and actions that interfere with how we interact with each other. The training also examines the terminology and patterns of microaggressions, and how to develop personal self-care strategies while challenging these attitudes and behaviors.
 - Participants examined, discussed, and challenged issues related to cultural differences; considered the difference between being culturally sensitive and culturally responsive; and discussed what it means to be culturally responsive when working with under-represented communities.
 - This training was delivered in two formats: 1) webinar with Q&A for up to 1000 participants, and 2) interactive course for up to 100 participants.
 - 3 webinar trainings presented
 - Total number of participants – 119
- Questions/Comments from Council:
 - None
- Measures and Goal accomplishments: Percent of participants who identified trainings as helpful

Results of Post-Training Survey (31 Respondents, 26% response rate)

Question	Excellent/ Definitely Yes	Good/ Yes	Satisfactory / No	Unsatisfactory / Definitely No
Rating of presenters	83%	8%	8%	-
Rating of content	67%	25%	8%	-
Rating of materials/slides	45%	36%	18%	-
Overall Rating	67%	25%	-	8%
Would you recommend this webinar to others?	75%	17%	8%	-
Is this useful to your work?	58%	42%	-	-
Is this useful to your life?	58%	42%	-	-

7. LGBTQ+ Youth Population – MH Provider Training

- Outright VT provided two sessions of a three-part virtual training series to educate mental health providers about and the specific history, needs, and dynamics that need to be considered when working with LGBTQ+ youth.
- Goals Accomplished:
 - The series included: 1) Gender & Sexuality 101, an introductory level for participants who would like more introductory education about the LGBTQ+ population, 2) Recognizing and Resisting Implicit Bias, and 3) Inclusive Practices for Supporting LGBTQ+ Youth, a more advanced level including in-depth discussions for clinicians about best practices.
 - Attendees were from Designated and Specialized Service Agencies; Schools; Hospitals/Medical; Agency of Humans Services; Judiciary; Higher Education; and Other social service organizations
- Questions/Comments from Council:
 - (Dan) What were the initial targets for number of people trained?
 - (Dan) Can Outright VT list the DAs that sent attendees?
 - (Alice) Can Outright VT hypothesize on the significant attendance drop off in June?
 - (Alice) Were there any measurements of the attendees' satisfaction/feedback on the session?
- Measures and Goal accomplishments:

Training Name		Session 1	Session 2	Session 3	Session 4	Total
Gender & Sexuality 101	Date	3/4/21	3/8/21	6/1/21	6/2/21	-
	# Trained	75	107	38	30	250
Recognizing & Resisting Implicit Bias	Date	3/12/21	3/16/21	6/7/21	6/9/21	-
	# Trained	84	61	45	21	211
Inclusive Practices and Skills	Date	3/18/21	3/22/21	6/11/21	6/15/21	-
	# Trained	64	73	21	32	190

Public Comment

- None

Adjournment:

- Dan motioned to adjourn the meeting. Alice seconded. The Council voted unanimously to adjourn.
- The meeting adjourned at 2:42 PM.

Action Items:

- ✓ Explore ways to incorporate Vermont's Act 264 support as part of the MHBG Project Coordinator contract
- ✓ Answer questions posed by the Council for 2020 Outcomes Review that were unanswered during the meeting.
- ✓ Send VCPI Report (referenced in DBT Learning Collaborative report) to the Planning Council
- ✓ Follow up with Laura (CT-R Training) to get links to the training on the DMH website and otherwise available to staff
- ✓ Consider creating a standardized format for Outcome reports as a minimum requirement for grantees to use in the future.
- ✓ Send 2022 schedule to the Council.
- ✓ Send November 2021 minutes to Council for vote via email.

Next Meeting: TBD (Spring 2022)
Location: Microsoft Teams meeting

Optional in person location: WSOC Conference Room Cherry C