

**VERMONT MENTAL HEALTH BLOCK GRANT
PLANNING COUNCIL
Minutes**

April 16, 2021

1:00 PM – 3:00 PM

Virtual Meeting via Microsoft Teams

Members in Attendance: Laurie Emerson, Annie Ramniceanu, Marla Simpson, Dan Towle, Alice Maynard, Stephanie Beck, Victoria Hudson, Cinn Smith, Anne Rich, Danielle Bragg, Michael Hartman, Brian Smith

DMH Staff in Attendance: Christina Thompson, Cheryle Wilcox, Nicole DiStasio, Trish Singer

Convene Meeting, Introductions:

- Meeting convened at 1:03 PM
- Reviewed agenda, made introductions

Review November 2020 Meeting Minutes:

- Alice moved to approve with minor edits; Stephanie second. All in favor and the motion passed.

DMH Funding Updates:

- Reviewed slides
- Reviewed application
 - On NKHS taking on new project under this grant
 - Dan: status of crisis services given the CAP
 - CT: Still under provisions, still working through the process.
 - DT: Are they able to take on this new work?
 - CT: TL is running this part of the program and very knowledgeable. DMH has confidence that they will get out of provisional status.
 - CT: First year is planning year but will not take a full year. Delayed submitting a final plan, until able to get PC's feedback.
 - CT: Supplemental priorities for \$1.4M on a different timeline – 3/15/2021 – 3/15/2023. Proposal submitted, provide SAMHSA an update in a month.
 - Grant parameters reviewed.
 - Discussion
 - Alice: Some funds are for training. Rapid staff turnover, if this is time limited is there an attempt to be made to record the trainings?
 - CT: We have not reached that decision point.
 - MH: Through 2023, 2yr time period. Required start date?
 - CT: Still learning the full guidance.
 - MH: Want to make sure that we do not leave money on the table.
 - MS: A May meeting would be important to follow up.
 - CW: Trying to coordinate across different streams of funding and making sure to tie to vision 2030.
 - DT: Who is the point for managing the implementation of 2030?
 - CW: Kathy Hentcy is the lead on that work. It was delayed due to COVID but is scheduled to begin in July.

- DT: Has the council been appointed?
- CW: No. I can check in with Kathy.
- DT: Questions if there is a member of the peer community that is participating in that work.
- CW: Yes.
- DT: The materials. There are 7 grants. Are you also going to talk about the ARPA? Would like a full overview.
- CW: We are still getting our arms around the details. Happy to send out when we have all the details. The purview of this group is the MHBG.
- DT: If this council is not providing advisory council on the other funds. Are there advisory groups on those?
- CW: Yes, but it varies by grant.
- MS: Agree on trainings being recorded.
- CT: Hiring freeze has been lifted for DMH.
- CW: For the emergency, those are for crisis services.
- MH: Talk in the legislature about how this money get used, to ensure it does not create state funding needs on the other side of this. Is that going to be the expectation?
- CW: That is something we are paying attention to. Want to ensure sustainability. We are trying to have conversations about sustainability upfront. Such as purchasing of emergency vehicles as infrastructure but discussing the long-term payment for upkeep and ongoing, but it will be complicated.
- Annie: Any technical assistance or national dialogues?
- CW: Monthly calls with federal partners that share what other states are doing. Connections with other states.

Review FY21 Funding Allocation

- Review TA funds budget spreadsheet
 - Expend by 9/30/21.
 - Budget approved by Commissioner Squirrell.
 - Discussion
 - Alice: Do these trainings get recorded?
 - CT: Will report back.
 - LE: VCPI has recorded, but it is open to members.
 - MH: Worry about invoicing, not expending funds in time.
 - CT: Will review the status and report next time.
 - MS: Are there enough LGBTQ+, crisis text line is getting a lot of text from people identifying that way, wondering if there is enough support to those individuals.
 - CT: Text line is funded, but not through the MHBG.
 - DT: Six Core – great that we are allocating money for training, but as had been demonstrated across the state. Training have been done, but outcomes have not been demonstrated. In addition to training, think very differently about how you are monitoring reporting, accountability, and outcomes. If people are not using those strategies, the money is being flushed down the drain.
 - Alice: Second.
 - CW: Evaluating in what is happening is important. To know if we are investing in the right way.

- MH: Some time back we talked about a way to see the effectiveness of the dollars. Might we use some portion of the dollars we are spending right now for that?
 - Alice: Agree. AHS went through outcome-based contracts and grant process – do you still do that? Would that be the method?
 - CW: Yes, all grants must have outcomes measures.
 - Alice: Often they are performance measures.
 - PS: Must hit – how much, how well, is anyone better off
 - MS: Last year we did start receiving outcomes reports. Per the request of the council.
 - LE: Maybe we review if we are getting the right outcomes and making recommendations based on that. And if we do not see S&R going in the right direction, we might need to see a CAP.
 - MS: When the planning council is asking for outcomes, it is also important to understand who has the responsibility and who has the accountability.
- Review MHBG Budget FY21
 - Level funding
 - Placeholder for the 5% set aside. Do not need to do it this year.
 - Discussion
 - Alice: Copeland WRAP- is that only for adults?
 - PS: Copeland is generally for adults. WRAP training for trainers. Stigma, community, connections. Not a separate youth focus.
 - Alice: Youth in transition?
 - PS: Yes.
 - LE: If it is a new initiative, we never funded that previously, but DMH wants to fund it in this grant?
 - PS: Copeland was funded before. Changed fund source.
 - MS: Language clarification on Goal 11 – active listening assistance with problem solving – problem solving is not a part of peer support. Replace – emotional support, life support, compassionate listening – something like that.
 - DT: EBP – what does that mean?
 - CT: Evidence based practice.
 - DT: For reporting purposes – goal 12 swap out – I would leave that for year over year tracking.
- Supplemental
 - 10% set aside for ESMI
 - 5% for crisis
 - Placeholder for suicide prevention
 - Project – administrative position, we still have work to do.

COVID Priority Recommendations

- MS: Children’s respite used to be our number two goal – if there could be funds used for that I would support.
- ND/MH: Project director – one task, evaluation set up, but ensure that it is sustainable.
- LE: On the 988 workgroup. Really want to see this number prevent and serve as a hub. But also what do you do after the call. Mobile crisis, stabilization, urgent care models. 5% set aside is start up money. Using more money to start this, and move away from

911. Right now we have not fully funded this to support 24/7 coverage. We could use COVID funds to begin, and the next steps would be to find additional funding.

- SB: More detail in relation to prison and jail. Is there an opportunity when people are discharged to enhance that reentry and avoid the crisis later on? And outreach and peer support workers could be helpful for that.
- MH: No statewide approach, embedded mental health workers. Are the dollars an opportunity to create a good 24/ crisis response. Where 911 calls get peeled off and handled by 988 first (Texas model). If someone is arrested, having a mental health person evaluate the person as they are being booked that could be helpful to them in the immediate. Substance use also. A coordinated system, not just episodic.
- MH: Youth in transition. Least resources, hard to serve. Unique group of 17-30, who have not been served as well during covid – housing has been hard and service provision has been hard.
- Alice: Prison reentry category, “band aid on an arterial bleed” -- I assume people do not getting adequate mental health when in prison. Medicaid funds cannot be used to for this.
- LE: Sometimes they get better treatment because they get physical health treated as well.
- Annie – absent – follow up on mental health services to people in custody.
- MS: Very concerning to me.
- Alice: Can we have more information from corrections and mental health – about unmet mental health needs.
- ND: Noted staying within grant parameters – funds can not be used for individuals currently incarcerated, but can be used for re-entry.
- Alice: This has been long overlooked, and the council may choose to prioritize this.
- MS: The council can put funds in preventive measures.
- CS: Kids have not done well with remote learning. They are being marked absent. Children have gone into custody as a result of this.
- Anne: Mental health services are provided by Centurion, mental health contractors.
- LE: Do you want us to prioritize these items? Should we use a poll?
- MS: Let’s do a survey monkey.

Review 2021 Schedule

- Conduct May meeting. MH motion. Dan seconded. All in favor. Passed.

PUBLIC COMMENT PERIOD

(2:55-3:00 pm)

- There were no members of the public in attendance.

Adjournment:

MH moved to adjourn; Alice seconded the motion. All members voted in favor of adjourning. The motion carried and the meeting adjourned at 3:00 PM.

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Conference ID: 506 092 440#

Next Meeting: May 21, 2021

Location: Microsoft Teams Meeting

[Click here to join the meeting](#)

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