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**5/19/2023**

**Mental Health Block Grant Planning Council Minutes**

**\*\*FINAL\*\***

**Present Members:**  Marla Simpson (Chair)  Dan Towle (he/him)  Cinn Smith  Laurie Emerson (NAMI)  Laurie Mulhern  Daniel Blankenship (VHSA)

**Vermont Care Partners/DAs/SSAs:**  Dillon Burns  Julie Tessler  Michael Hartman  Molly Shriver Blake (Pathways Vermont)

**DMH:**  Eva Dayon (they/them)  Steve DeVoe (he/him)  Trish Singer (she/her)  Nicole DiStasio (they/she)  Anne Rich  Joanne Crawford  Karen Barber  Laura Flint  Carolyn McBain  Tom Coleman (DMH Contractor)

**State of Vermont:**  Heather Bouchey (AOE)  Danielle Bragg (DVHA)  Diane Dalmasse (DAIL)  Victoria Hudson (DFR)  Annie Ramniceanu (DOC)  Emily Trutor (she/her; VDH DSUP)

**Public:**  Sandi Yandow (Vermont Federation of Families for Children’s Mental Health)  David Silverberg

**Agenda**

- 1:00 Introductions & Member Updates
- 1:10 Review March 2023 Meeting Minutes
- 1:15 MHBG Updates
- 1:30 MHBG Planning Council 1-1 Meetings Update
- 2:00 Pathways Vermont Support Line Overview
- 2:15 Public Comment
- 2:25 Meeting Wrap-up and Closing Comments
- 2:30 Adjournment

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Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Joanne Crawford
<b>Introductions</b>	Introductions were made.
<b>DMH Staffing Updates</b>	Hired a new Communications Director, Alexandra Frantz, and 2 new data analysts, Jess Whitaker and Michelle Rogals. Legislative session is wrapping up that includes mental health-related bills.
<b>Member Updates</b>	Are there funds that can be used to assist some of the people who will be or are homeless? This group can take a look at possibilities.
<b>Recruitment</b>	<p>-Mental Health Block Grant (MHBG) PC Chair/Vice-Chair</p> <p>-At-large Members</p> <p>Marla will stay on as Interim Chair until someone else fills that role. Still recruiting for members at large, specifically individuals with lived experience or family members of those with lived experience. Please share information about the group widely.</p>
<b>Review March 2023 Meeting Minutes</b>	Dan made a motion to approve. Anne seconded the motion. No discussion. Vote to approve was unanimous.
<b>SAMSHA Planning Council Introductory Manual</b>	Steve received a “SAMHSA Planning Council Introductory Manual” manual from Vermont’s Project Officer at SAMSHA. This guidance was just released on Tuesday, 5/16/23. They are looking to have some standardization on how planning councils are utilized nationwide for block grant oversight. Dovetails with the interviews that Tom has been doing. If you have not seen the manual, Steve can send a copy to you.
<b>SAMSHA MHBG Technical Assistance</b>	<p>There is technical assistance (TA) available related to the block grant. It can be used for anything related to the block grant. How do we measure from a performance standpoint, are we measuring the right things to make sure what we want is occurring? Need standardization to make sure we can compare and see how it is impacting people’s lives. This TA is free for Vermont, specifically this council.</p> <p>SAMSHA has recently called out Vermont on its use of the 10% set aside for first episode psychosis and early serious mental illness (FEP/ESMI). These funds need to be used for evidence-based programs. The only evidence-based program that they have identified is the “Coordinated Specialty Care” program. Vermont met with SAMHSA this past Monday, 5/15/23, and SAMHSA stated that Vermont is the only state that does not have a CSC program. SAMSHA does not recognize Collaborative Network Approach/Open Dialogue (CNA/OD) as an evidence-based program.</p> <p>A question was asked if the funds can be used for the Soteria House. Steve thought that Vermont could potentially use these 10% set aside funding for Soteria House. Steve will put some links in the meeting minutes around what coordinated specialty care is so people are aware of it.</p> <ul style="list-style-type: none"> <li>• <a href="https://www.nasmhpd.org/2023/05/15/An-Overview-of-Coordinated-Specialty-Care-CSC-for-Persons-with-First-Episode-Psychosis/">An Overview of Coordinated Specialty Care (CSC) for Persons with First Episode Psychosis   National Association of State Mental Health Program Directors (nasmhpd.org)</a></li> </ul>

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	<ul style="list-style-type: none"> <li>• <a href="#">NIMH » Recovery After an Initial Schizophrenia Episode (RAISE) (nih.gov)</a></li> <li>• <a href="#">evidence-based-treatments-for-first-episode-psychosis.pdf (nih.gov)</a></li> <li>• <a href="#">The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia   American Journal of Psychiatry (psychiatryonline.org)</a></li> </ul> <p>Is there any discussion around doing this regionally? SAMSHA said they would like one program in Vermont set up.</p>
<p><b>DMH Special Projects Fund Notice of Funding Opportunity Update</b></p>	<p>As a department, DMH is moving forward. These funds will be intended for one-time specialty projects. DMH is looking to have a certain amount of MHBG funds set aside to fund proposals/projects, once they have been reviewed and approved. It was asked if Steve could get some examples for other small states on what programs they are funding, but it is unclear whether it is possible to know this information at present. Steve will follow up with Vermont’s SAMHSA MHBG Project Officer.</p>
<p><b>Update from Tom Coleman, Maven Group/RiverNorth</b></p>	<p>Vermont Mental Health Block Grant Planning Council (MHBG PC) Member Impression Update:          He has had one on one sessions with most of the council members. Working on process improvement initiatives. Working to come up with outcomes which will be compiled into some findings. Conducted 12 interviews. Goal is around 4 areas: What does the MHBG PC currently do well? What challenges does the MHBG PC have? Where are there opportunities to improve impact and efficiency of the MHBG Pc? What are the individual members’ passions and strengths? Expected Outcome: There results of our discussions will be anonymized and provided to DMH in a summary report and shared with the MHBG as well.</p> <p>MHBG Strengths:</p> <ul style="list-style-type: none"> <li>• Consistent and Effective DMH Representations</li> <li>• Passionate Membership who care personally</li> <li>• Strong working relationship between PC and DMH</li> <li>• Increased focus on performance monitoring</li> <li>• Remote meetings help with participation</li> <li>• PC facilitation is not overly burdened with process</li> </ul> <p>MHBG Challenges:</p> <ul style="list-style-type: none"> <li>• Difficult for new members to get up to speed</li> </ul>

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	<ul style="list-style-type: none"><li>• Difficult accommodating all schedules</li><li>• Challenge attracting non-state members</li><li>• Unclear understanding of statutory program authorities</li><li>• Discomfort concerning dissenting opinions</li></ul> <p>Improvement Suggestions:</p> <ul style="list-style-type: none"><li>• Generally: The improvement suggestions that we collected reflect a mix of suggestions that address perceived weaknesses or ideas about how the MHBG PC could provide additional value if the necessary bandwidth and skills could be marshalled.</li></ul> <p>Next Step:</p> <ul style="list-style-type: none"><li>• When all interviews are conducted, we will distribute the final suggestions list to the MHBG and DMH for consideration.</li></ul> <p>Suggested Improvement:</p> <ul style="list-style-type: none"><li>• Develop a new member primer – Create an onboarding</li><li>• Periodic Programmatic Updates from SAMSHA or DMAH</li><li>• Improved Performance Management</li><li>• Statewide/Political Advocacy</li><li>• Enhance Public Outreach – Define a Public Outreach function with specific initiatives tht the MHBG PC can take on that can publicize mental health</li><li>• Establish Simple Data Visualizations for Outcomes – Create data visualization templates for existing data sources (budgeting, performance measurements, etc.)</li><li>• Improvements to Meeting Scheduling – Take a multi-pronged approach to scheduling which provides sufficient advance notice of expected meeting times with the flexibility to pivot as needed to maximize participation closer to the time of meetings.</li><li>• Establishing Communication Norms – Document agreed upon principles for how the MHBG PC and its members communicate and conduct business</li><li>• Survey Grant Recipients on Experience and Impressions – Seek MHBG PC Grantee inputs on targeted questions or their experience with the MHBG PC program generally</li></ul>
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	<ul style="list-style-type: none"> <li>• Host Expert Panel Discussions – As part of its mission to assess the mental health system, the MHBG PC could organize topical panel presentations to the MHBG that provide state, academic, practitioner, and lived experience insights</li> <li>• Coordination with SABG and/or other State Councils – Determine whether there are opportunities from a subject-matter or best practices perspective to work with other State boards and councils</li> </ul>
<p><b>Molly Shriver-Blake, Pathways Vermont Rapid Rehousing and Community Services Manager</b></p>	<p>Molly is the Pathways Vermont Rapid Rehousing and Community Services Manager</p> <p>The Pathways Vermont Support line is a warm line where folks call in and tend to be in less of a crisis. Working with 9-8-8 to partner in this work. There are no barriers for calling. Completely confidential. Currently in 4<sup>th</sup> quarter of this fiscal year. In the last 3 quarters, the call volume has increased and thinking that the increase is due to the partnership with 9-8-8. Averaging 1,271 calls a month which includes texts. 60% came from unique numbers. There are some folks who call every day. One of the metrics Pathways reports is on the number of people who speak with an operator within 24 hours. Some folks who call are diverted from Designated Agency Emergency Service Teams. They did not have to connect anyone this quarter with 9-1-1. The line is peer run and managed. Operators come from a place of understanding. Most of staff have been through their own lived experiences. People call for support and for connection, and many calls are around grief or loss, substance use, extreme states, thoughts of suicide. Most calls are coming from Rutland County, then Washington and Chittenden Counties.</p> <p>Is there a breakout of where calls come from in the state? Yes.</p> <p>There are highlights on their website. <a href="#">Pathways Vermont Support Line - Pathways Vermont</a></p> <p>Steve asked for materials that she might be willing to share with the group. She will provide back to the MHBG PC.</p>
<p><b>Public Comment</b></p>	<p>A guest at the meeting to discuss CSC with the Council. Key to connect folks with programs out of state. No early intervention available right now. He suggested wilderness therapy of a good possibility for youth.</p>
<p><b>Meeting Wrap-up and Closing Comments</b></p>	<p>None.</p>
<p><b>Adjourn</b></p>	<p>Marla motioned to adjourn the meeting and Dan Towle seconded. Vote to adjourn was unanimous. Meeting adjourned at 231p.</p>