

This meeting was not recorded. Seven members are needed for a quorum.

**2/10/2023**

**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 (VSHA)

**Vermont Care Partners/DAs/SSAs:**  Dillon Burns  Julie Tessler  Michael Hartman

**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  Cheryle Wilcox  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:** None.

**Agenda**

- 1:00 Introductions and Member Updates
- 1:15 Forensic Assertive Community Treatment Project Update
- 1:45 Review September and October Meeting Minutes
- 1:50 MHBG Planning Council 1-1 Meeting Update
- 2:05 MHBG Updates
- 2:20 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>DMH Staffing Updates</b>	Recently hired a Director of Suicide Prevention – Christopher Allen. He was previously at Vermont Psychiatric Care Hospital. In the process of hiring a Quality Management Coordinator.
<b>Member Updates</b>	The group might want to consider a membership committee to recruit members. Marla will help start this committee. Steve will follow up with Puja regarding the promotional material that Laurie Mulhern drafted.
<b>Recruitment</b>	<ul style="list-style-type: none"> <li>-Marla will be continuing as the Interim Chair for the interim. Still would like to have someone step up to become Chair.</li> <li>-By federal statute the group is required to have a Social Services Representative, which was Victoria Hudson, but she is not in the Dept of Financial Regulation, so we will need someone to fill this role. Steve has called the Department of Children and Families (DCF) to see if there might be someone to interested in filling that role. Victoria will remain as an at large member.</li> <li>-Please let folks in the community with lived experience know that there is a need for members.</li> </ul>
<b>Forensic Assertive Community Treatment Update</b>	<p>Cheryle Wilcox and Annie Ramniceanu shared a PowerPoint with the group. Forensic Assertive Community Treatment (FACT) is a service delivery model intended for individuals with serious mental illness (SMI) who are involved with the criminal justice system. These individuals may also have co-occurring substance use and physical health disorder. There was a press release from Corrections and the Department of Mental Health (DMH) letting folks know about the collaborations. In September, the Joint Justice Oversight Committee reached out to Cheryle, so she and Annie met with them. Shared information about the program and what we are looking at for outcomes. The program is a two-year grant with Pathways Vermont.</p> <p>Pathways Vermont is the organization providing this service. They are nearly fully staffed. The program serves individuals who are 18 or older, under the supervision of Corrections and have mental health challenges such as schizophrenia, depression, anxiety, post trauma stress disorder, etc. 100% of referrals are accepted to the program.</p> <p>Progress so far, 0 clients have lapsed into homelessness, 50% of participants were connected to the FACT employment specialist and 83% to the substance use specialist. 17% of participants are currently engaged in mental health counseling with an outside provider, and 50% of participants identified an interest in obtaining psychotherapy from FACT team leads. 54% of enrolled participants were actively engaged in some sort of substance use treatment or utilizing harm reduction strategies.</p> <p>Key part of this program is evaluation. Lead research analyst at the Department of Vermont Health Access (DHVA) who is committed to the evaluation and will be analyzing the service utilization when people are in the committee. Already have entire evaluation data definition set.</p> <p>Hoping this does reduce time in incarceration Will reduce emergency room visits. Folks are encouraged to join Alcoholics Anonymous (AA). If someone was reincarcerated they would continue to be a FACT participant. Housing is not available with the program itself, but it does contract with other agencies. Pathways got a van through another grant to help transport clients. There is a full-time peer specialist.</p>

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<p><b>Review September Minutes</b></p>	<p>Michael Hartman made a motion to approve. Anne Rich seconded the motion. No discussion. There was one absence. The vote to approve was passed.</p>
<p><b>Review October Minutes</b></p>	<p>Michael Hartman made a motion to approve. Laurie Mulhern seconded the motion. No discussion. There were two abstentions. The vote to approve was passed.</p>
<p><b>MHBG Planning Council 1-1 Meeting Update</b></p>	<p>Tom Coleman from the Maven group. He is currently engaged in having individual discussions with each of the group members regarding the impressions of the planning council generally and related to outcomes management. He wants to give an overview of what they are doing. Maven is a contractor to the Department of Mental Health.</p> <p>There are two tracks:</p> <ol style="list-style-type: none"> <li>1. The council seems focused on performance measurement. Need to think through how to implement that. Come up with a standard set of data set of informational data that could be provided to the council that would help with advising the Department of Mental Health with accessing mental health throughout Vermont.</li> <li>2. Try to understand where you can opportunity to optimize your impact. Find a way to leverage everyone’s skills and passions. Maybe add programming for the council. Create a tool that looks at the membership of the council to look at skill mapping.</li> </ol> <p>Feel free to contact Tom with input in addition to the individual sessions or reach out to Steve.</p> <p>This is related back to the presentation by SAMSHA in September. SAMSHA has put the Department of Mental Health in touch with other states to check in with regarding how they are using their council.</p> <p>Can Maven share back with some of the ideas that have been shared by council members if names are kept confidential? It was suggested that if council members are OK with putting their name to their info shared, they should feel free.</p>
<p><b>MHBG Updates</b></p>	<p><b>-MHBG Bipartisan Safer Communities Act (BSA) Supplemental Award</b> – This was enacted to assist with updating and improving mental health disaster preparedness. It is ~\$138,000. The Department of Mental Health proposal was accepted. We have not received the funds yet but will start working across departments to update the plans that are in place.</p> <p><b>-SAMSHA FFY 2024-2025 Block Grant Public Comments</b> – SAMSHA has put out a public call for comments. Steve put what they are looking for comments on in the agenda. The list is below. The community mental health block grant can not be used for prevention. The council can provide feedback on this policy.</p>

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	<ul style="list-style-type: none"> <li>○ (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility;</li> <li>○ (b) the accuracy of the agency's estimate of the burden of the proposed collection of information;</li> <li>○ (c) ways to enhance the quality, utility, and clarity of the information to be collected; and</li> <li>○ (d) ways to minimize the burden of the collection of information on respondents, including leveraging automated data collection techniques or other forms of information technology.</li> <li>○ See: <a href="#">Federal Register :: Agency Information Collection Activities: Proposed Collection; Comment Request</a></li> <li>○ Comments due by <b>Monday, February 27, 2023</b></li> </ul> <p>The council has various supplemental awards in addition to the base award. The base award has historically gone to the designated agencies. Discussion about a “Special Projects Fund” that would be a set aside for special projects. It is in the early stages but wanted to share an idea with the group and get feedback. This fund would have a “Notice Of Funding Opportunity” (NOFO) call for proposals from organizations or community members to provide one-time funding for projects related to adults with serious mental illness or children with serious emotional disturbance. Need to ensure there is equitable and equal opportunity for community organizations by ensuring it is available to organizations who may not have a grant manager or other types of supports. Need to lower barriers for communities, organizations, and individuals to access funding targeting these populations. DMH does not have set the amount for the project yet. Steve will have a more formal proposal of what this would look like at the next meeting.</p>
<b>Public Comment</b>	No public comment.
<b>Meeting Wrap-up and Closing Comments</b>	
<b>Adjourn</b>	Michael made a motion to adjourn the meeting and it was seconded by Cinn Smith. Vote to adjourn was unanimous. Meeting was adjourned at 2:27pm.