***Health Equity Advisory Commission Meeting Agenda***

Date: August 1, 2023

Facilitator:  Rev Mark Hughes

**Agenda Consensus, Previous Meeting Notes** (5 mins)

**Public Comment** (10 mins)

**Status of RFP**

* Questions due tomorrow from potential bidders Director Davis will answer questions as she can.
* Applications due Wed 8/9
* Don’t know if we have bids yet but Director Davis will ask BGS
* Who will be on the review panel? Director Davis, Chair Hughes, Sara Chesbrough. There is a scoring rubric in the RFP.

**Status of Report due to legislature 1/1/24**

* Tabled
* Kirsten and Mark will start on this, with potential help from Monica
* Meeting with VDH next week

**Equity Moment**

* Walking through Truth – RWJ Foundation series
* Diversity within indigenous communities, how much there is to learn
* Instead of Evidence Based Practices – what about Wise Practices? “What do you know based on your culture?”
* Indigenous Determinants of Health released in April 2023
* Let’s get active posting resources and research like this

**Revisit HiAP**

* HiAP is a national framework, collab approach for integrating health considerations into policy making and programming across government. Institutionalized thinking about health in non-health spaces.
* Exec Order in 2015 that established a Task Force for VT. TF met quarterly until pandemic, hasn’t met since then. Previous version included representation from all state Agencies, in the process of talking about bringing this group back together. Expand to include community representatives.
* Clarify goals, start meetings again early 2024. Overall purpose will remain the same.
* Question: are there recs about community organizations or individuals who would like to serve on the TF? Kheya volunteered and will give Katie ideas about community offline.
* HEAC and OHEI should be connected. Katie welcomes specific ideas on how to “do this with an equity lens” are welcome.

**Succession Planning for Chair and Vice Chair**

* Chair and VC terms end in October. Anyone whose initial term was for 2 years is up for either rotation or reappointment in October. Director Davis will send out the list to those folx.
* At the October meeting we will take nominations for Chair and Vice Chair and then vote. This is what we did last year, although we don’t have to do a formal process.
* Default term limits will be 3 year terms in the future.
* Enabling legislation dictates **organizations** that must be at the table, the org decides which person is taking the seat. Actual people can serve more than one term.
* Robust outreach effort toward organizations to encourage participation

**Youth Mental Health**

* Youth interns with VRJA have been digging in: to prevention, juvenile justice, school to prison pipeline, clinicians, putting together programs to do in partnership with SDs, mostly student driven
* Students aren’t hearing anything about mental health in schools
* No one from AOE on this Commission, we should invite someone in
* From Kheya: Every SD required to create 3 year social emotional learning plan. Some SDs contract with Designated Agencies to get social workers, school psychologists in the schools, it is very fragmented across the state
* Disconnect between DAs and programs in communities
* Services on the decline
* Success Beyond 6 leverages federal dollars to pay for services in schools. Not working the way it is intended. Schools want counselors, they can’t always find them, DAs are not able to hire them, the structure isn’t keeping pace. Forces clinicians to work with certain students and not others.
* Can we get some Congressional support?
* VT has highest rate of billing for “emotional disturbance”– the Medicaid standard for medical necessity for children is very strong – it says that if a child’s dr says they need something, they get it. EPSDT standard – VT could be subject to class action lawsuit to solve the problem of inadequate workforce.
* Mental health parity (paid the same way physical health is) is also not adhered to. Constant drain of resources because clinicians can earn more elsewhere, system won’t stabilize
* From students: The issue may not be lack of clinicians available but rather more awareness that it is an available resource. Clinicians could introduce themselves in classrooms, proactive outreach to youth. Youth often don’t trust them and they don’t make an effort to build trust. Feels like teachers use counseling as a punishment, not a resource.
* VRJA – working on affinity spaces in afterschool, mentoring, Credible Messenger campaign, creating new systems in communities.

**Medicaid recertification**

* Tabled

**Next Steps** (5 mins)

* Chair Hughes and Vice Chair Ganguly will reach out to community-based organizations and state of VT organizations, respectively, to encourage participation in monthly meetings
* Director Davis, Chair Hughes, Sara Chesbrough meet 8/17 to review applications
* Kirsten and Chair Hughes to start on draft report
* HEAC and VDH coordination meeting next week
* **EVENT: First African Landing Day 8/26 – youth are very much involved in planning - Intervale and Richard Kemp Center, 11-5**

Scribe: Sara Chesbrough

Next meeting: August 23, 2023 12:30-2 PM

Please be mindful of the [HEAC Phone Tree](https://vermontgov.sharepoint.com/%3Ab%3A/r/teams/HEAC-VermontHealthEquityAdvisoryCommissionTeam/Shared%20Documents/General/HEAC%20Basics/HEAC%20Phone%20Tree%20as%20of%20Oct%202022.pdf?csf=1&web=1&e=jO9jrd)

·