***Health Equity Advisory Commission Meeting Notes***

Date: November 7th, 2023

Facilitators:  Rev Mark Hughes, Kirsten Murphy

Meeting called to order by Co-Chairs Rev. Mark Hughes (Executive Director, Vermont Racial Justice Alliance), Kirsten Murphy (Executive Director, Vermont Developmental Disabilities Council)

Health care reform:

* Next federal opportunity will lean harder into health equity in how States change delivery of health care (AHEAD program)
* Opens up potential for advocacy in favor of equitable systems reform from HEAC
* Director Davis suggests inviting Office of Health Care Advocate Dir. Mike Fisher to future HEAC meeting
* DMH hiring for Director of MH Integration, that position should be part of the discussion around health care reform in the future
* Monica Hutt will be meeting with Director for Health Care Reform Pat Jones later today to discuss how HEAC can be involved in AHEAD
* Revisited discussion later in meeting

Annual report

* Dividing up writing duties among HEAC members (want it to be a short report).
* Notes on which member will write which section documented in draft outline.
* Request that members have first draft finished by Thanksgiving (11/23/23).
* Draft outline will be sent to everyone who's volunteered.
* Goal is to submit report early this year so it doesn't get buried in all the Legislative reports due Jan 15.

Future of OHE in VDH

* Monica Hutt reports sitting in on VDH finance presentation last week, ensured that legislative funding for 2 VDH positions in OHE were transferred to VDH as part of next FY budget as well as 1 time grant funding
* Co-Chair Hughes: what is/is there a strategy for advocating for funding allocation for FY26?
* Monica Hutt: budget meetings occur with DFM (Department of Finance and Management), which creates overall State budget for every part of state gov't. Process is occurring now for the next few weeks. DFM will build full budget and start working with Governor’s Office on every piece for approval.
* Once the Office of Health Equity exists, their budget will be the conduit for HEAC funding.
* Additional funding requests for now likely rolls up through AOA-ORE
* We got money allocated last year and haven't spent it yet – may be a stretch to ask for more. Need to demonstrate success with allocating grants, distributing, measuring impacts. May be hard to get additional funding without tangible results of work.
* Co-Chair Hughes: expressing concern over creation of OHE - only accounts for 2 positions, not a meaningful way to create an Office.
* Co-Chair Kirsten Murphy: high overhead when siting OHE in VDH - 70% according to VDH Deputy Comm. Julie Arel. Existing funding allocation not likely to account for 2 positions. Every $ of salary has 70% overhead charge due to lack of State funding for VDH.
* Monica Hutt: will follow up with Comm. Levine and Department of Finance and Management to confirm whether there is adequate funding for 2 OHE positions. They may have ways to supplement funding to ensure OHE has funding, tie in with OHEI. (OHEI got a recent no-cost extension of OHEI work)
* Discussed desire for HEAC Co-Chairs to have direct conversations with VDH Comm. Levine and other leadership with decision-making authority over budgeting
* VDH Rep. Sara Chesbrough: don't think it makes sense to have both an OHE and an OHEI – there needs to be integration and collaboration. OHEI team is nervous about lack of long-term funding from Federal sources. OHEI would like to be part of the conversation about their future.
* Kheya Ganguly: suggest being blunt about needing an honest discussion of funding, operational concerns for OHE being sited in VDH. VDH leadership feedback may determine HEAC discussions about siting of HEAC.
* Director Davis: There is a larger conversation re: funding/resourcing of VDH as an organization. Is HEAC proposing someone else figure out concerns re: VDH overhead and funding, or is HEAC proposing a bolstering of funding? Also agree with SC that it doesn't make sense to have both OHE and OHEI existing at the same time - need to come to an accord. Also not all health equity work has to sit in VDH (need Health Equity in All Policies).
* Co-Chair RMH: tentative placement of OHE in VDH with intention to move it out, listed out concerns with siting of OHE in VDH and hope to move it out to be independent in the future. Need to continue to collaborate with VDH leadership about continuing the conversations re: OHE/OHEI.

RFP

* EDRE Xusana Davis update: re: the RFP, never heard back from BGS about the request we made to have a meeting with a bidder to re-discuss the terms/timeline. The head of that office (Deb D.) was looped into the thread.
* Co-Chair Kirsten M: bidder was of interest, but scope of work was more extensive than needed and price was too high. KM will follow up with XD after the meeting to discuss further communications with BGS and bidder. Need a package that is affordable and sensible.

Intro/primer on new AHEAD (new health care reform that VT may be engaging in)

* [States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model | CMS](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2Fpriorities%2Finnovation%2Finnovation-models%2Fahead&data=05%7C01%7CSara.Chesbrough%40vermont.gov%7Cc40b3f1f4f114bb856af08dbdfc4b09f%7C20b4933bbaad433c9c0270edcc7559c6%7C1%7C0%7C638349808086865380%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Etk0tdDdL0aEgbKGT9%2BcB%2BIN3f1hIs2cb%2BQD%2Fk0q1Oo%3D&reserved=0)
* Co-Chair Kirsten M: big picture overview - learned about proposal of AHEAD last fall, heard a presentation before GMCB about it last week.
* Last round of health care reform that VT was engaged in is "all payer model" of health care (agreement between GOV, Federal DHHS/CMMI, GMCB). CMMI offered funding in exchange for participating in Notice of Funding Opportunity for "all payer model". Hoped all payer model would improve population health and lower health care costs.
* CMMI has leaned more heavily into health equity for next NOFO for health care reform. That NOFO is likely to be out next month. 3 goals: better population health, decrease costs, improve HE by decreasing health disparities.
* VT has strong interest in responding to NOFO, being in early cohort of respondents.
* We would have 90 days to respond from issuing of NOFO. VT could get significant flexible $$ from Federal government for this project.
* VT would have to position itself as "well prepared" to take on HE work in order to get funding.
* Want HEAC to help support decisionmakers who are writing the proposal in response to NOFO. Typical that CMMI would want community advisory commission on health equity as part of eligibility criteria - how can HEAC participate?
* Monica Hutt: CMMI no longer offering different versions of health care reform - no options for tailoring them to state policies.
* Decision point for VT whether we apply to be part of AHEAD model. Prioritizing quality, access to service, containing rising HC costs.
* Health equity and primary care are newly added. Want to connect HEAC with people responsible for overseeing AHEAD application and implementation (Pat Jones, Wendy Trafton at AHS). Would like small group from HEAC to meet with AHS personnel and discuss, embed health equity goals into AHEAD application. Have regular once per month meeting anyway, would like to find time to schedule meeting. Who else would like to be on the call?
* Kheya Ganguly: suggest including folks at DMH working on combining Certified Community Behavioral Health Centers with primary care, SUD treatment centers. In the middle of applying for demonstration grant (have 2 CCBHCs, grant would fund 2 more.) Application out already, project manager is Laura Flint at DMH. Applications will be reviewed in next 2 weeks - need to look at this holistically. Federal gov't would like SOV to have 4 zones for mental health centers instead of 11 (currently).
* Rev MH: would like to include further discussion of CMMI and CCBHCs on next meeting's agenda. Believe that there is a health equity component to CCBHC process. Would like HEAC to be involved in CCBHC equity processes.
* KG: did get Health Equity as a priority area in CCBHC application process. Apologies for not communicating to HEAC sooner-lots of work being done.

Suggestion for additional meeting on 11/28 to discuss report 12:30PM

* JG can be representative for ORE since EDRE will be unavailable
* KM can give RFP update
* Hope to have a working meeting to focus on drafting of report.

VCIL website

* Resources for helping address vaccination barriers for people with disabilities (home delivery of RSV, flu, COVID vaccines - please share website to sign up!) [Vaccines - Vermont Center for Independent Living (vcil.org)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvcil.org%2Fservices%2Fvaccines%2F&data=05%7C01%7CSara.Chesbrough%40vermont.gov%7Cc40b3f1f4f114bb856af08dbdfc4b09f%7C20b4933bbaad433c9c0270edcc7559c6%7C1%7C0%7C638349808086865380%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fgrxWPQF89lRhPaRUWnAAV1iysaOSOa5pgDqTJH6zgU%3D&reserved=0)

Disability as a disparity

* Federal NIH, 9/29/23, finally decided that disability is a health disparity! (Other federal agencies have yet to acknowledge the health disparities related to disability). Just for research at NIH, not programming.

Resource shared in chat: [Mental Illness in Black Community, 1700-2019: A Short History • (blackpast.org)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.blackpast.org%2Fafrican-american-history%2Fmental-illness-in-black-community-1700-2019-a-short-history%2F&data=05%7C01%7CSara.Chesbrough%40vermont.gov%7Cc40b3f1f4f114bb856af08dbdfc4b09f%7C20b4933bbaad433c9c0270edcc7559c6%7C1%7C0%7C638349808086865380%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=r7pGnDWz%2Flt8VYPEPOoFIB3Uz0qR3wnyQVU1gBUvoq0%3D&reserved=0)

Minutes submitted by: Jay Greene and Sara Chesbrough