

Presentation Abstracts

Morning

1. Re-Imagining Resilience & Self-Care

- Self-care has become a \$2 Billion dollar industry that is based in white supremacy and often does nothing to help support us. This training will give you a new way to imagine and re-invent self-care by transforming it into Care of Self and Community Care. Focusing on a new definition of resilience will support the creation of a place where we can break paradigms and envision a new way of doing things. This session will be a mix of discussion and small group activities.

2. Connecting with Students Through Comics: Insights from a Mental Health Public Education Initiative

- In 2020, The Center for Cartoon Studies was commissioned by an Ohio County mental health board to work with them to create a comic book as part of a public education campaign that would offer concrete tips for dealing with stress, getting adequate sleep, facing substance abuse, building resilience, facing depression, addressing suicidal ideation, and reducing stigma around mental health issues. Since its release, Let's Talk About It: A Graphic Guide to Mental Health has been distributed to school districts and comic book shops throughout the county and translated into Spanish. In this presentation, cartoonists and educators Cara Bean and James Sturm will share their experiences creating comics with and for children and how comics can create a welcoming, accessible, and engaging space to engage fraught topics like mental health.

3. Be the One: A Trauma-Responsive Values Based Perspective in Integrated Care

4. Suicide Prevention: Teen Transitions in Care

- For youth at high-risk for suicide, transitions in care are vulnerable periods. These include moving to higher or lower levels of care, e.g., emergency department evaluations and disposition, primary care referral to specialized mental health clinics, or admission and discharge to hospital diversion and/or psychiatric inpatient programs. Navigating the complexities and gaps of Vermont's mental health system is difficult for experts, let alone families in crisis. In this panel, representatives from different links in the system of youth mental healthcare speak to the current state and future needs specific to care transitions. A presentation of a typical high-risk youth invites description of how each site manages suicide risk, relevant research, as well as strengths and gaps in the care process. Vermont's Director of Suicide Prevention serves as discussant to address take-home points and questions for dialogue.

5. Coordinated Specialty Care and other best practices for Early Episode Psychosis

- Long-term outcomes for individuals with psychosis, remain among the worst of any disability group, including markedly high rates of poverty, unemployment and criminal legal system involvement. This presentation will take stock of the field of early intervention in psychosis (generally known as Coordinated Specialty Care), including variations in implementation and lessons learned since the initiation of the Mental Health Block Grant set-aside nearly a decade ago. Presenters will describe different models and approaches to early intervention / CSC, emphasizing the role of coordination across a multidisciplinary team, and service components designed to promote functional rather than symptomatic recovery.

6. Expanding Blueprint for Health Community Health Team Mental Health and Substance Abuse Treatment Integration in Primary Care

- The Blueprint for Health is an established program that integrates high-quality primary and community-based care. Blueprint providers are encouraged to take a long-term, whole person approach to care—one that addresses medical, social, and mental health needs and provides access to a range of supportive services—in an integrated fashion. The Blueprint funds Patient Centered Medical Homes and Community Health Teams to provide care coordination, panel management, and integrated care for mental health and substance use disorders. In this presentation, the recently increased investment into Community Health Teams and Quality Facilitation will be described. Specifically, how to screen for mental health, substance and unmet social needs, how to improve practice workflows and referrals, to support people gaining access to the resources they need.

7. The Intersection of Policing and Mental Health: Washington County's CIT Pilot Project

- How to further educate first responders on mental health and substance use crisis response in your community! Crisis Intervention Team training in Vermont has always been difficult, given it is a 40 hour curriculum. In Washington County, the Montpelier Police Department set out to create a CIT training to accommodate the rural nature of policing in Vermont that would allow officers, dispatchers and EMTs from Washington County to attend without leaving shifts uncovered. In March, 2023, after two years of planning, the pilot CIT training was held over five days during a three week period. Multiple police agencies and fire departments completed the training and another is in the planning stages for October. This training emphasizes building collaborative relationships with community partners, responding to substance use as well as mental health crises, reaching marginalized communities, understanding the limitations of fellow first responders and having dedicated first responders on all shifts with mental health and substance use crisis response expertise.

8. Peer Support in Mobile Crisis Response – The 3rd Leg of the Stool

- The state of the art for mobile crisis response is the 3-legged stool comprised of 3 types of responders: Law Enforcement, Social Worker/Clinician and Peer Support Crisis Worker (PSCW). This presentation will discuss this 3-legged stool and why PSCW represents the next stage in mobile crisis response.

Late Morning

1. “Wellness Wednesdays” a friendly port in a sea of despair

- Since the pandemic, demand for mental health support has skyrocketed across Vermont while designated agencies grapple with understaffing resulting in long waits for conventional treatment. In response, Washington County Mental Health has created a program, Wellness Wednesdays, to expand wellness offerings for all its residents in the belief that promotion of mental and physical wellness is a collective responsibility. A panel discussion of community-initiated wellness care.

2. Discomfort as Opportunity: Pathways Vermont’s Relationship-First Practice

- Discomfort is inevitable. In this interactive workshop, participants will explore ways to tolerate and embrace discomfort in their relationships with service recipients while learning about the values of Pathways Vermont’s Relationship-First Practice: humanity, authenticity, collaboration, humility, curiosity, and hope. Through this practice, service providers vulnerably embrace and investigate their discomfort, deepen their practice of empathy, and build powerful, meaningful connections with themselves and others. During our time together, we’ll discuss this trauma-informed approach which supports service providers to recognize discomfort as useful information, as opportunity for everyone in the relationship: opportunity to learn, grow, and transform; opportunity to (re)articulate needs and (re)negotiate boundaries; opportunity to self-reflect and recognize that dynamics, narratives, beliefs, and/or biases formed from past experiences are being mapped onto their current interactions in ways that don’t serve them or the relationship.

3. Crafting Self-Care: Cultivating Strategies for Personal & Professional Resilience

- This interactive workshop will promote mental health & wellbeing for folks who work/volunteer as helpers through sharing of practical tools and perspectives, including mindfulness techniques, whole-person health approaches, and strategies for developing a personal care plan. This presentation will offer reflections and help lead a discussion around tending to our personal and professional resilience. The purpose is to provide simple and self-directed solutions for a field that is over-capacity and under-supported - to help support the people who make the essential work of mental health possible.

4. Integrated Care: Necessary but not Sufficient

- This presentation will review the development of integrated primary care, its many variations, common misconceptions about what it is/isn’t and future directions. Integrating mental health into primary care is necessary to improve individual healthcare outcomes, but it is only a beginning toward improving the health and wellbeing of the population. To move beyond treatment of symptoms and diagnoses and improve wellbeing requires changing how providers think about healthcare and our role in it. Such transformational change requires giving up some closely held beliefs about our work and enhancing the ability of primary care and communities to play a key role. Dr. Andrew

Pomerantz, former National Director for Integrated Services in the VA's Office of Mental Health and Suicide Prevention was also the VA mental health lead for the VA transformation to a team-based Whole Health model of care.

5. Only Sticks and Stones? How language reinforces implicit bias and creates obstacles to integrated care

- Implicit bias is the unrecognized negative attitudes carried about a marginalized group, and although stigma and institutional discrimination regarding psychiatric disabilities are recognized for the explicit bias that exists, the impact of this stigma on how mental health practitioners and systems relate to clients is often not acknowledged. Language both reflects and shapes attitudes. How we use language conveys what we are thinking as well as how we create separation by “othering” people. Gaining an understanding of how psychiatric survivors experience language commonly used in the clinical world can help in professional self-assessment for these hidden biases, effecting changes in practices. Addressing implicit bias creates important opportunities for parity and integration of care. The ability for the broader health care system to accept the importance of holistic and integrated care is impaired by what is communicated by a mental health system that itself carries internalized stigma.

6. Reimagining Mental Health and Integration: A National Model

- A Certified Community Behavioral Health Clinic (CCBHC) is an approved established clinic that exhibits high quality and access to comprehensive services outlined in the federally designed CCBHC model. The goal is to improve the quality of services related to mental health and substance use services and supports and expand access to services within the community. This includes access to substance use services, primary care screening, crisis services, and outpatient care for adults and children with complex needs. This panel presentation will discuss the vision and successes four Designated Agencies have experienced as they work to implement the model across their service areas, and how the model is helping to address access to care for individuals, integration efforts with other health and community providers, and enhancing the quality of care provided as the State of Vermont pursues efforts to implement the model statewide.

7. Suicide Risk Assessment Strategies and Risk of Violent Behavior

- The presentation would incorporate the various suicide risk assessment tools and the latest research findings, for those who are most at risk for suicide and self-injurious behaviors. The purpose of this is to help identify risk factors and predictors that may be present in those that are at greater risk. The other piece is to assess patients at greater risk for violent behavior through the use of the Broset Violent Risk Assessment tool.

8. When Mental Health and Criminal Justice Systems Collide: How Can We Restore Harm to Victims and Communities?

- As Vermonters increasingly struggle with mental health challenges, we also experience how these challenges can result in harm to individuals and communities. Recently, our state has begun to tackle the work of responding to this intersection as we collectively

contemplate our vision moving forward. How do we value the experience of victims and communities who have experienced serious harm while taking into consideration the mental health of those who cause that harm; these need not be competing interests. Vermont recently convened a Task Force to examine these issues; this panel will feature some of those voices. During this session, we will consider recent legislation passed to address these challenges; the differences between the criminal justice and mental health process from the point of view of victims and communities; and models in other states that can help guide us as we work together toward systems' development that include all impacted voices.

Afternoon

1. Creating Therapeutic Spaces

- Research has shown that situations or tasks that appear difficult seem less so when a supportive person is present. The situations we encounter in the health/mental health fields have become increasingly complex and challenging. Selfcare and techniques for working easier rather than harder has become more important. The purpose of the workshop is to teach participants strategies to create therapeutic space for themselves to work and live in as well as for others to join them in. Through the practice of techniques presented, difficult situations will no longer feel as difficult and our work will not take such a toll on us. These strategies create positive space for healthy collaborations, self-acceptance, insights and healing.

2. Finding harmony in existing practices and spaces: health promotion supervision - an approach and experience with aims to enhance self-care and patient care simultaneously, without adding work

- This presentation aims to highlight potential areas of enhancement in training and mental health clinical supervision, particularly wellness and self-care. We will share an experience-based teaching and learning strategy through discussion and practice of an approach to integrate health promotion in clinical supervision, both for ourselves and our patients. An important conceptual piece, reflecting on provider burnout, was to do this without adding much additional demand on pressed clinical and supervision times. Experiential learning of health promotion can include critical appraising of evidence based recommendations, evaluations of states of change and motivation as well as integrating the evaluation of and teaching around some social determinants of health. Providers, both supervisors and supervisees, will share their experiences over two years to enhance self-care and patient care outcomes simultaneously, as well as the challenges and difficulties related to its implementation and key takeaways from its initial implementation for select supervisor/supervisee relationships.

3. Building Resilient Bodies and Minds: An Innovative Approach to Wellness and Self-Care

- The wellness industry promotes self-care as an individualized approach to improving wellbeing, often in ways that require us to sacrifice some areas of wellness to improve physical and mental wellness. Despite this, many effective interventions to improve health and behavior incorporate social support and mentorship. Additionally, although

knowledge and skills surrounding physical and mental health are important, people with high resilience tend to have more positive mental and physical health while also demonstrating a variety of other skills that promote overall wellbeing. In response to a critical need for building resilience skills in young people post-pandemic, we developed “Resilient Bodies”, an evidence-based workshop series that promotes overall wellness by building resiliency skills through mentorship and collaboration. We will discuss preliminary results of our pilot program with a college student population in Fall 2022 and highlight key elements of the program that may be transferable to worksite wellness environments.

4. Vermonter’s Working with VT RETAIN Tell Their Story of Health, Work, and Wellbeing

- VT RETAIN is a free program managed by the Vermont Department of Labor to help people with physical and mental health conditions stay at or return to work by bridging health and employment services. VT RETAIN is currently working with 80+ primary care practices including 36 FQHCs. The most common reason for Vermonters to receive Social Security Disability Insurance benefits is mental health diagnoses. In addition, mental health decline is a sequela of unemployment, increasing risk of depression and suicide. The philosophy behind RETAIN is to develop awareness about the importance of work for mental health, physical health, and wellbeing; facilitate access to information and resources; and foster partnerships across disciplines to support employment among people with mental health conditions. In this session, we will share practical return-to-work strategies and cross-disciplinary resources to help individuals at risk for work disability maintain employment. The session also will include an interactive, person-centered panel discussion that demonstrates mental health integration across mental health, primary care, and occupational therapy care teams.

5. Expanding Interdisciplinary Suicide Prevention Training through a Collaborative Quality Improvement Framework

- Suicide is a leading cause of death in Vermont. Research shows that almost half of individuals who go on to die by suicide have visited an emergency department (ED) within the previous year. Despite this, many healthcare workers in the ED are not trained in suicide prevention strategies. Through a partnership with the Vermont Program for Quality in Health Care, Inc. (VPQHC), the University of Vermont Medical Center (UVMHC) implemented a suicide prevention training project as a part of a statewide quality improvement collaborative. The design for the statewide collaborative was adapted from the Institute for Healthcare Improvement’s model for achieving breakthrough improvement. During this workshop, we will discuss elements of the statewide learning collaborative, UVMHC’s project and results, and wrap up with an interactive discussion on how attendees can apply lessons learned from the session to advance suicide prevention work in their own organizations or communities.

6. State of Peer Supports in Vermont

- Peer support (PS) in VT is at a crossroads. This presentation will address here in VT the historical evolution of PS, the current state of PS, recommendations for improving and growing PS in the future and a gap analysis of current vs. future state of PS.

7. Disrupting the Institutional Circuit: Partnering with the Department of Corrections to End Homelessness

- In this workshop, we'll talk about how we utilize Housing First values to build and sustain a synergetic partnership with the Vermont Department of Corrections (DOC), a practice we think can be replicated. Through this ever-evolving partnership, we support people leaving incarceration to re-acclimate to independent living and reintegrate into their communities, including building (and sometimes reconnecting with) natural supports. We'll discuss common challenges people face when leaving incarceration and reintegrating into the community, including the impact of institutionalization on mental health and the importance of balancing personal autonomy with accountability to one's community. Through the power of human connection and fostering mutuality between service providers, the department of corrections, and the individual, we are able to build genuine, dynamic relationships that are transformative for all of us.

8. Vermont Judiciary Commission on Mental Health and the Courts

- In July 2022 the Supreme Court signed a Charge and Designation which established the Vermont Judiciary Commission on Mental Health and the Courts. It recognizes that the judicial system confronts the issues and challenges associated with mental illness each and every day. Many criminal defendants, juveniles, families and others who are parties to judicial proceedings are significantly challenged by mental illness. The Commission will make recommendations to the Supreme Court in areas such as education; diverting those with mental illness from the judicial process; establishing pre and posttrial diversion programs; and streamlining the competency and sanity evaluation process. After the first ever Vermont Judiciary Mental Health Summit in September 2023, the Commission will make its recommendations to the Court in December