

**Vermont Department of Mental Health Conference**  
**Better Together:**  
**Alliances in Mental Health and Wellness**  
**Killington Grand Hotel - October 22, 2019**  
**Workshop Information**

**Morning Breakout Sessions: (10:15 am – 11:15 pm)**

**1. Addressing Maternal Mental Health and Wellness in Franklin & Grand Isle Counties: A Collaborative Approach to a Regional Issue**

Approximately 15% of women experience depression in the postpartum period; this percentage is exacerbated when other complicating factors exist for families. In Franklin/Grand Isle, perinatal home visiting nurses uncovered a concerning trend in families in the Franklin & Grand Isle region – high instances of postpartum depression and related disorders. Franklin County Home Health Agency (FCHHA) connected with their community mental health partner, Northwestern Counseling & Support Services (NCSS), to explore the issue and its complexities, and brainstorm possible collaborative efforts and best practices in supporting families experiencing perinatal mental health challenges. The team at NCSS worked to create a position that allowed for a mental health clinician to provide perinatal mental health supports to families in the home. The pilot proved successful. Since then, FCHHA and NCSS have brought together a multitude of partners (Vermont Department of Health, DCF, NMC, PCC, Integrated Health Team) to create a robust, comprehensive system of care for families during the perinatal period.

**Presenters: Amy Johnson, MA, Rhonda Desrochers, RN, MSN**

**2. Pediatric Integrated Health Care: A Model for Health Care and Children's Mental Health**

The Behavioral Health Consultant model for Pediatric Integrated Health Care is an effective and efficient model for patients, physicians, and clinics. This presentation will describe the model, the role and services of the Behavioral Health Consultant and the system in which this role can work effectively within a medical clinic while addressing children's mental health.

**Presenter: Michelle Duprey, LMSW**

**3. Incompetency and Insanity in the Criminal Justice System: What does it really mean?**

Criminal incompetence and the defense of insanity will be explained in easy to understand terms. What it means to a defendant to be found incompetent will be discussed, as well as how this finding may impact a victim in a criminal case. Orders of non-hospitalization will be explained. Options that are available for accountability will be covered. A person found not guilty by reason of insanity can have major consequences for treatment and accountability. What happens once someone has been found insane?

**Presenter: Kristin Chandler, J.D.**

#### 4. Community Outreach: Collaboration and Impact

Recognizing the impact that mental health and substance abuse related concerns were having within their community, 6 towns convened to discuss these concerns and to identify potential resources. A common thread existed - an increasing number of calls to law enforcement which could be better addressed by a professional with skills and expertise in mental health and substance abuse, and knowledge of area social services. The communities partnered with their local Designated Agency, the Howard Center, to develop the Community Outreach Program. Outreach Specialists work closely with law enforcement; responses may occur in tandem, in advance of, instead of or following a law enforcement encounter. The team assists all ages and families as a social service resource, allowing first responders to respond to emergent needs and criminal behavior. The program has been sought out for growth due to the successful program implementation and the positive impact on the communities validated by results.

**Presenters: Brandi Littlefield, Jeffrey Cook, Shawn Burke**

#### 5. Lessons from Psychiatric Survivors

For people who are part of the mad pride movement or identify as psychiatric survivors (that is, survivors of psychiatry), certain competencies are expected from service providers and allies. In this workshop, we will explore the ways in which people with psychiatric labels are marginalized and offer some suggestions to promote inclusion and decrease harm. In particular, we will talk about the idea of cognitive liberty and diverse explanatory models for emotional distress.

**Presenters: Malaika Puffer, Currie Murphy, Erin Nichols, Taylor Larson**

#### 6. Drug Story Theater: Peer-to-peer Interaction of Teenagers in Recovery to help prevent Substance Use in Middle and High School Students

Drug Story Theater (DST) takes teenagers in the early stages of recovery, teaches them improvisational theater and psychodrama to create their own scripted shows about the seduction of, addiction to, and recovery from drugs and alcohol. DST performs these shows for middle and high schools so the treatment of one becomes the prevention of many. In between each scene the kids step out of character and do powerpoint presentations teaching the audience about the neuroscience of adolescent brain development and why their teenage brain is at such risk for addiction. All the kids in the audience take a pre and post-show neuroscience quiz: learning about their brains changes perceptions about drugs and alcohol. After the show a talk-back between the DST kids and the audience asks the kids to just wait until they are over 21 to decide if they are going to use or not.

**Presenter: Joseph Shrand, M.D.**

#### 7. Our Stories Matter, a Family Perspective

What do a college professor, mortgage banker, and a social worker all have in common? They are family members of someone who has lived with mental illness. Mental illness can impact any family, any time. Understand the experience of mental illness through a family member lens.

Panelists will share their stories. What have been the challenges? What is helpful? What isn't helpful? As a "no casserole" illness, how does support, and how do support systems look different when a family member has a mental illness vs. a medical illness?

How can we change our attitudes and responses to better support individuals and families with illnesses that may not be visible? What can be done in our communities to diminish stigma for persons with a mental health disorder and their families?

**Presenters: Diane Bugbee, MSW, Timothy R. Blake, Ph.D., Kelly DeForge**

#### 8. Reducing High Emergency Department Utilization: A Designated Agency/Medical Center Partnership

The last four years Northwestern Counseling & Support Services (NCSS) has experience implementing a pilot project involving an embedded Mobile Outreach clinician or "ED Wellness Counselor" model in Northwestern Medical Center's (NMC) Emergency Department. This position operates out of our Mobile Outreach team. This

model has been the catalysis for reducing high ED utilization of persons serviced by NCSS. NCSS has utilized short term funds to pilot this project to focus on reducing high Emergency Department Utilization of open NCSS patients. Data from initial cohort groups indicated over half, 67%, of the NCSS patients who were high utilizers of the ED also experienced chronic health conditions. Despite the project's limited scope in not having a care coordinator dedicated to this project, we were able to demonstrate a 61% reduction in emergency department utilization between January 2017 and December 2017 and maintained this reduction through June 2019. A key part of the success of this pilot was the linkage of the NCSS Mobile Outreach provider embedded in the Emergency Department with the NCSS system of care, which includes our Integrated Health Team of embedded social workers in all the patient centered primary care medical homes (including pediatrics , OBGYN and one MAT position in NMC Pain Clinic, FQHC practices), NCSS Crisis, Outpatient, program for adults with severe mental illness (CRT), and collaboration with the Children's and Developmental Services divisions. This project also included the establishment of an electronic provider alert for NCSS clients recently seen in the ED, and a monthly High ED Utilization review meeting with participation of leadership and clinical staff from the Emergency Department and NCSS providers across all three service divisions. Presenters from NCSS & NMC will share lessons learned and next steps as recently selected pilot projects by OneCare to expand interventions.

**Presenters: Anthony Stevens, MS, Kevin King, RN**

## Late Morning Breakout Sessions: (11:30 pm – 12:30 pm)

### 1. Narrowing the Gap in Recovery-Oriented Community Services

There seems to be little disagreement that along with the State's recent investments to increase inpatient psychiatric capacity, Vermont must also invest in additional, community resources if it is to realize its mission to promote and improve the health of Vermonters. However, there has been little to no public discussion about what those investments should be. This workshop offers participants an opportunity to learn about the risks and challenges of Vermont's planned investment in additional inpatient psychiatric beds, how to mitigate those risks, address the challenges, and realize Vermont's goal of a "recovery-oriented" system of mental health care by developing a network of peer-run community centers and two-bed peer respite. This workshop is based on the April 2019 White Paper entitled "Creating a Network of Peer-Run Community Centers and Two-Bed Peer Respite: Narrowing the Gap in Recovery-Oriented Community Services," which was authored by the presenters and who are an alliance of four, peer-run organizations.

**Presenters: Hilary Melton, Christophre Woods, Gloria van den Berg, Wilda L. White, Santina Leporati**

### 2. Trauma Informed Care and Utilizing the ARC Model within a Primary Care Practice

In a busy primary care setting it can feel overwhelming to adequately address the needs of patients who have experienced trauma. The Attachment, Regulation and Competency model can help. ARC offers practical skills to improve effective patient engagement and provider skill and confidence. The Attachment, Regulation and Competency (ARC) Framework is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems. ARC identifies important childhood skills and competencies which are routinely shown to be negatively affected by traumatic stress and by attachment disruptions, and which – when addressed – predict resilient outcome. ARC's ultimate goal is support children, adolescents, and caregivers in effective engagement in the world, in a manner that is empowered and future-oriented, rather than focused on survival. This training will provide a trauma informed care approach and an introduction to the ARC model as developed by Margaret Blaustein and Kristin Kinniburgh

**Presenters: Beth Goss, LCMHC, Samantha Thomas, LCP**

### 3. Achieving Wellness Through Employment: What the Research Says

The relationship between work and well-being is well-established in research on the general population as well as for people with psychiatric disabilities and substance use disorders. Individual Placement and Support (IPS) is

a supported employment model with strong and consistent evidence showing that it helps people gain and keep employment and to achieve their recovery goals. This workshop will briefly summarize the research supporting these findings, including recent research suggesting that IPS is applicable to other populations, including people with general medical disorders, justice-involved clients, and people in the welfare system. The workshop will then provide a case example of IPS services in Vermont and its success in a peer-run community center, providing personal stories of consumers whose lives have been transformed through employment.

**Presenters: Gary Bond, Ph.D., Abby Levinsohn**

#### **4. Integrating Restorative Practices, Social Emotion Learning and Mental Health Supports**

Last year, Edmunds Middle School piloted an integrated approach to build community and increase the social emotional skills of its 6th grade students. It utilized weekly restorative circles/activities with a focus on social emotional learning and mental health supports. The goal was to increase the resilience and skills of the whole student community so that they can support and encourage each other. The Howard Center School Services Clinicians (SSCs) and the 6th grade Teaching Team collaborated to develop and implement this pilot. The SSCs joined the classes each morning to co-lead circles/activities with the teachers. This presentation will detail the powerful overlap of Restorative Practices, Social Emotional Learning and Mental Health Supports. A framework for collaboration, creative utilization of existing resources and learnings from the field will be shared. Participants will also have the opportunity to experience an activity and ask questions of the Team.

**Presenters: Sharon Moran, LICSW, Emily Pearl, MA, Cara Gleason Krebs, LICSW**

#### **5. From Good to Great: Developments in Family-Based Whole-Person Care in the Pediatric Medical Home**

The Primary Care Collaboration & Support team at University of Vermont Medical Center/University of Vermont Children's Hospital Pediatric Primary Care will discuss how we support the diverse population served in our clinics, integrate mental health services into our primary care medical home, implement screening and intervention for social determinants of health, develop a more trauma-informed environment of care, and coordinate with community partners (Designated Agencies; local schools; community-based organizations) with an eye on population health and family-centered whole-person care.

**Presenters: Logan Hegg, PsyD, Stan Weinberger, MD, Kate Cappleman-Sinz, LICSW, Krissa Jaimeson, RN, Cathy Kellyh, LICSW**

#### **6. Healthworks: A Rural Collaboration of Medical, Mental Health, and Social Services Providers**

Healthworks, an initiative of the Groundworks Collaborative, is an active partnership between that agency, along with Brattleboro Memorial Hospital and the Brattleboro Retreat to improve outcomes for complex individuals experiencing or at risk of homelessness. The project involves the innovative use of medical and mental health practitioners working outside of traditional office settings, as well as the use of shelter and medical resources to improve outcomes for hospitalized patients. Additionally, Healthworks provides a structure for monthly case conference presentations that aim to both solve clinical dilemmas as well as highlight and work to solve gaps in the system or other mezzo-level issues that may negatively impact client outcomes. This work will be presented by clinical and leadership staff involved in program implementation and design, with relevant data on some of the key aspects of the initiative. Notably, we believe this model could provide a realistic and cost-effective template for working with this population in rural areas.

**Presenters: Kurt White, Rhianna Kendrick, Zachary Wigham, Rebecca Burns**

#### **7. On the Horizon: Planning for Mental Health Care in Public Health Emergencies**

Let's not wait for a disaster to strike, the best time to prepare for a response is now! This presentation will showcase innovations and best practices for integrating mental health into public health and healthcare preparedness and response systems. Shortages of mental and behavioral health providers are only exacerbated following a

disaster. Join us in exploring opportunities for mental health agencies and professionals in Vermont to get involved in building resilient communities and partnering with the Vermont Healthcare Emergency Preparedness Coalition.

**Presenters: Laura Werner, Sarah Perry**

## 8. Why is Understanding Stress and Trauma Important for you and your Organization?

First responders (either in public, private or voluntary sector) and law enforcement personnel are a different kind of population. They face danger with courage, tragedy with hope, and are willing to risk their own lives to save another. During their working shifts, which sometimes can be more than 12 hours, they can be exposed to repeated traumas, which is different than what the public typically experiences. Because of this unique exposure, we must look at how we treat them for their trauma. As a former police officer and a trauma-focused therapist, Sonny's goal is to help you integrate these experiences into who you are so you can live a happy, healthy, and meaningful life. While we can't change difficult situations of the past, we can work together to better understand and resolve challenges in your life.

**Presenter: Salvatore (Sonny) Provetto, MSW, LICSW**

### Afternoon Breakout Sessions: (3:30 pm – 4:30 pm)

#### 1. Into to Compassion Fatigue

This presentation will be an introduction to the Vermont Federation of Families for Children's Mental Health (VFFCMH) half-day training on knowing, understanding, and combating compassion fatigue both as professionals and as human beings in general. This 60-minute overview of the full training will explore the signs and symptoms of the path of compassion fatigue, and also begin the conversation about the small routines and wellness practices we can implement in everyday life to prevent compassion fatigue. Start the conversation about walking your own path of personal wellness and connect with VFF staff if you are interested in bringing the full training to your agency or community.

**Presenters: Cindy Tabor, Matt Wolf**

#### 2. Implementation of Pediatric Integrated Health Care

Implementing Integrated Health Care is not a onetime activity, it is a transformation from non-integrated to fully integrated and the key to success involves participating in a transformative process from beginning to end. From considering IHC to already being a few years in, participants can learn processes to improve implementation.

**Presenter: Michelle Duprey, LMSW**

#### 3. Extending the Biopsychosocial Model by Integrating Theory of Mind: The I-M Approach

Everyone wants to be valued by someone else. The brain tool we use to remind someone of their value, and to assess if we are seen as valuable by others, is Theory of Mind: we cannot see someone else's mind so we have to guess, to theorize, what they are thinking or feeling, especially what they are thinking or feeling about us. What happens if someone thinks you have a disease? Theory of Mind suggests that the very attribution of a cellular disease model influences the response of the individual. The I-M Approach instead suggests a paradigm shift: there is no disease. Instead, cells respond the best they can to the world around and within them, always at a current maximum potential, an I-M. Change the environment, change the response. The I-M Approach, extends the biopsychosocial model by adding Theory of Mind replacing the perspective of disease with an I-M.

**Presenter: Joseph Shrand, M.D.**

#### 4. Parent-Child Interaction Therapy: An Evidenced-Based Therapeutic Intervention for Young Children and their Families

This presentation will provide an overview of Parent-Child Interaction Therapy (PCIT) including how the therapy is conducted, the theoretical foundations of the model, and the goals of treatment. Presenters will discuss the history

of the therapy as well as what separates PCIT from other parent training and family therapy interventions. This presentation will outline what populations may benefit from PCIT and review therapeutic outcomes. Additionally, Howard Center Parent-Child Interaction Therapy clinical outcomes will be shared. Lastly, presenters will discuss the steps needed to create a PCIT clinic and become a certified PCIT clinician.

**Presenters: Kristen Johnson Calcagni, LCMHC, Kate Neufeld, LCSW**

## **5. Housing First: A Cross-System Collaboration to End Homelessness in Vermont**

While the solution to homelessness is clear (homes!), the path to ending homelessness is a challenging one. We believe Vermont can end homelessness in the state while significantly reducing utilization of costly emergency service and institutionalization systems. Come learn how Pathways Vermont has established itself as the first rural implementation of the Housing First model and the community, state, and funding partners that have made it possible.

**Presenters: Lindsay Mesa, Rebeka Lawrence-Gomez**

## **6. Discovering Lives: Rutland's Groundbreaking Elder Care Substance Abuse Program**

Vermont is the second oldest state in America and Rutland County is the oldest county in Vermont. Many older adults suffer from: poverty, isolation, lack of support, medical issues and substance use problems. These could range from a severe substance use disorder to misuse as many older Vermonters are on a variety of medications which make using substances dangerous. We will describe and support with handout data the collaborative and healthcare-integrative details of our local Elder Care Substance Use Disorder program, which has Adults aged over 60 with substance use disorders, referred from Rutland's hospital, from the local medical centers, from residential treatment, and other various community partners receive our care under a grant-funded arrangement. This includes capacity for home visits and / or usual treatment modes such as groups, individual office sessions, assistance for regaining of driver's licenses, hospital visits and referrals to other care.

**Presenters: Clay Gilbert, LADC, Jeremy Aston, LADC**

## **7. Dialogical Networks Across Vermont: Applications of the Collaborative Network Approach.**

Dialogic practices informed by Open Dialogue have been growing over the past several years at both some designated agencies and at VPCH and UVMMC. As the efficacy of these ways of meeting has become increasingly apparent, there has been a notable broadening of where and how these approaches are being used. This panel presentation will offer an overview of some of the diverse applications of dialogic network practices within the Vermont system of care, including: with long-term CRT clients, DS clients, situations presenting for the first time to emergency screeners and applications on hospital units, and in residential programs. The panel will describe how these ways of working have elicited helpful shifts in the teaming dynamics, strengthened person-centered service planning, and has often led to surprising results opening previously unseen possibilities. Presenters will also describe positive shifts in the work cultures at their settings towards fuller embodiment of recovery values.

**Presenters: Gregory Tomasulo, Victor Martini, Sarah Binshadler, LICSW, Denise Daly, MSW, Ashley Wight, Xander Lodge**

## **8. Supporting Our Communities in Suicide Prevention and Mental Health Awareness**

Suicide prevention starts with promoting mental wellness, awareness of mental health needs and the resources to support that. Rural communities face challenges in accessing these resources and finding the best fit in a maze of services. A panel of providers and community members will talk about their experiences in coming together in unique efforts to meet these challenges and support our families, friends, neighbors and those we serve.

**Presenters: Debbie McKinley, Carey Yeaton, Dale Porter, Julie Sullivan, Michael Hartman, Monique Reil**