



SESSION DESCRIPTIONS

Thursday, September 15

9:00 – 10:15 a.m. | Keynote: Understanding the Overdose Crisis and Exploring Principles of Harm Reduction

While the overdose crisis has continued to exceed 100,000 deaths per year since that figure was first announced in the fall of 2021, it remains widely misunderstood and often highly regional in terms of how it plays out on the ground. Narratives in print and on the screen continue to see a dominant focus on high levels of prescribing and the aggressive and unethical marketing practices of companies like Purdue, obscuring the shifts to heroin and then fentanyl, which have dominated for more than a decade, with fentanyl still dominating the rising death rate today. It also remains difficult to separate the signal from the noise and establish what to focus on and how to communicate about this public health crisis. Although Harm Reduction has been embraced by HHS as a co-equal pillar of our national response, community and provider level buy-in remains hesitant and mixed, and consensus understanding about what harm reduction means has likewise proved elusive.

This presentation will offer a clear way to understand and communicate about the overdose crisis and explore harm reduction principles within the context of other public and behavioral health best practices. In the case of the overdose crisis, this will mean focusing on the importance of the three waves of the crisis, untangling the conflation between addiction and overdose, and underlining what our best tools are to prevent overdose. In terms of harm reduction, its principles will be compared with the SAMHSA's guiding principles of trauma-informed care and recovery as well as the CDC's guiding principles from its "Evidence-Based Strategies for Preventing Opioid Overdose." All of this will be placed within the specific context of Montana, with its comparatively low rates of overdose, higher rates of other deaths of despair, low population density, and significant indigenous population.

10:30 – 12:00 p.m. | Panel Discussion: Collaborative Solutions to Workforce Development

One of the biggest challenges facing today's healthcare organizations is an inability to recruit, hire, and retain qualified behavioral health professionals. Join a diverse group of representatives from Montana's colleges and universities and IBH grantees for an interactive panel discussion exploring ways to address our behavioral health workforce shortage. Attendees will hear success stories and learn how to become part of the solution!

1:00 – 2:15 p.m. | Breakout Sessions I.

Integrated Behavioral Health in Tribal and Rural Communities

IBH in rural and tribal communities presents unique challenges and opportunities in providing quality health care delivery. This session will review how CSKT Tribal Health is implementing IBH solutions and the goals for continued interdisciplinary education and coordination. We will also discuss the intersections of IBH and health equity in Tribal Communities.

How Healthcare Organizations Can Support Employees and Create a Resilient Workforce

Staffing shortages. Recruiting budgets. Sign-on bonuses. Travel expenses. These concepts are part of most conversations in healthcare facilities across the country. Every organization is struggling to attract the resources essential to accomplishing their established mission: employees. This trend has led to an outward focus on recruiting. In terms of retention, most organizations feel that a glorified bribery system of ever-increasing wage adjustment is the only avenue for retaining personnel. For healthcare leaders, retention conversations often look like hostage negotiations. Picking an internally or externally focused strategy for staff coverage often feels like a "damned if you do, damned if you don't" exercise. There is a third option. Secondary trauma is a phenomenon that is rampant in all helping fields and has been correlated to staff moving from position to position, organization to organization, or out of the healthcare field altogether. There are four types of secondary trauma; vicarious trauma, acute stress, burnout, and moral injury. These conditions are caused by different forces and result in different responses from individuals. As such, they need to be addressed differently to support employees and create a resilient workforce. The science and study of resilience has shown that individuals who experience adversity and are supported through it are more resilient and productive than those who have never experienced difficult situations. Organizations have a responsibility and an opportunity to engage in conversations specific to creating a robust workforce. A resilient workforce will be evidenced by lower turnover, higher production, and more efficient employees who can intersect the lives of their patients with increased positivity and creativity. This presentation will explain the differences between the four types of secondary trauma, introduce the concept of reciprocal restoration, and explore the areas of responsibility necessary to create a fortified workforce.

Medical Legal Partnerships: Integrating Civil Legal Assistance into Healthcare to Improve Health Outcomes

We will discuss how Montana Legal Services Association has partnered across the state with primary care providers and a hospital to screen patients for civil legal needs through the medical legal partnership (MLP) model. The MLP allows us to work with providers to address and improve health outcomes for patients by addressing legal needs such as housing and evictions, public benefits, family law matters, and other issues that impact patients' health. Providers screen patients for legal issues using a simple screening tool and then refer patients to us for more in-depth screening and legal services tailored to each patient's specific needs. The partnership allows us to coordinate with the provider and serve patients with more holistic wraparound services. We will also discuss how the MLP model helps us reach rural communities to provide services to patients who might not reach us otherwise. Over several years of the program, we have demonstrated that we are able to serve more patients at a higher level of service where we are building on the pre-existing relationship patients have with their health care provider. We will show how the MLP model improves and increases access to legal and other social services throughout Montana.

2:30 – 3:45 p.m. | Breakout Sessions II.

IBH Core Elements: Presenting a New Framework

In 2023, the Montana Healthcare Foundation will revise our IBH Core Elements to reflect a new framework that supports primary care practices across Montana to achieve a level of integration congruent with their organization's resource capacity, population needs, payer incentives, and regulatory requirements. The Comprehensive Healthcare Integration (CHI) framework is based on national consensus and updates the Integrated Practice Assessment Tool (IPAT), which MHCF previously used to measure whether an organization "successfully" implemented IBH by the conclusion of a grant. In this breakout, IBH technical assistance providers Lisa James and Liz Davies will present an overview of the CHI framework and preview changes to outcomes reporting for IBH grantees in 2023.

The Heart of the Matter: A Harm Reduction Approach to SUD/OD Treatment in Primary Care

Open Aid Alliance's mission is to work with the unique potential of each individual to overcome stigma as they seek greater health. Open Aid Alliance is the legacy harm reduction organization in Montana and serves individuals living in urban, rural, and tribal communities. We have proven expertise in serving people who use drugs, people living with HIV/AIDS, AI/AN, LGBTIQ+, and people who avoid physical and behavioral health services in traditional settings. An important part of our work is providing training and direct service experiences to healthcare professionals to reduce stigma and improve cultural humility when working with people who use drugs. Cultural humility is essential to harm reduction and requires the clinician to reflect on their own perspectives and biases regarding drug use. This is a continual practice that can be done individually and in a team setting. This process improves health outcomes and medical engagement for people who use drugs. This presentation includes a panel discussion between medical professionals who actively employ harm reduction in their practices and those who use drugs. Each panel member shares their unique perspective of providing and receiving care. This powerful format is a catalyst for the inquiry and reflection required for SUD/OD care to flourish in primary care settings. The audience will learn key strategies for engaging patients in a dialogue about their behavioral health needs using harm reduction strategies. Utilizing harm reduction strategies leads to increased trust and connection with medical providers, reduced stigma, and reduced overdose death. Strategies include unconditional positive regard for the patient, discussions about substance use without judgment, provision of strategies for safer use, connection to overdose education and naloxone, and referrals to peer support, recovery supports, and treatment.

Trauma-Informed Care for Healthcare Professionals

This presentation will discuss Trauma-Informed Care in detail, encouraging us to engage in a cultural shift in how we perceive someone seeking services – from "what's wrong with you?" to "what happened to you?" In traditional treatment programs and services, the view of the person seeking services is that they are sick, bad, or sick and bad. With a more collaborative trauma-informed perspective, we see the trauma survivor not as sick or bad but as a non-pathologizing approach focused on meeting patients "where they are." We will talk about the impacts of trauma on patients and healthcare professionals alike. We will address the question: "what is trauma?" and understand the different types of trauma and traumatization. We will discuss the theoretical foundations of trauma-informed care, such as the ACES study, attachment theory, systemic and intergenerational trauma, and the impact of trauma (and vicarious trauma). Finally, the presentation will give real-life examples of trauma-informed care, tips for practicing TIC, post-traumatic growth/resilience, organizational opportunities, and trauma stewardship.

3:45 – 4:50 p.m. | *Table Conversations*

Table conversations aim to build and deepen a sense of community and explore the range of opinions on an issue. We invite you to engage in dialogue, learn from and share with each other, and discuss options and alternatives on various topics. Fellow attendees will facilitate conversations about treating SUD/ODD in primary care, IBH in tribal and rural communities, pediatrics, collaborative care, health equity, improving social determinants of health, workforce issues, and more!

7:00 – 9:00 p.m. (Doors open at 6:30) | "Hiding in Plain Sight" Film Screening & Discussion

We are honored to host a film screening of the PBS documentary "Hiding in Plain Sight: Youth Mental Illness" on Thursday, September 15, at 7:00 p.m. in the Copper King Ballroom. Doors open at 6:30 p.m. The screening will be followed by a discussion with two of the featured Montana youth and their therapist, Kee Dunning. This screening is included in your registration.

Friday, September 16

9:00 – 10:15 a.m. | *Keynote: Applying the Kee Concepts of Communication to Reduce Youth Suicide Risk in Rural Communities*

We will review factors that may contribute to increased suicide risk for youth living in rural settings. We will then discuss how the Kee Concepts of Communication can be applied to establish relationships with youth. We will identify six strategies for communication and describe the application of these strategies.

10:30 – 11:50 a.m. | *Panel & Table Conversations: Advocacy is Mental Health*

State and federal health policy profoundly impacts the health and well-being of Montanans. Unfortunately, health policies are complex, the timing of the policy process is unpredictable, and the political rhetoric around health care can be divisive. Through our Medicaid and Health Policy initiative, the Montana Healthcare Foundation provides reliable, high-quality information on critical health issues that impact Montanans. Join us for a discussion and table conversations about current health policy issues. Attendees will learn how to use advocacy as an outlet for their mental well-being as they join a collective, share their personal experiences, and connect with other healthcare providers and organizations.