

VISION: Orleans and Northern Essex is a vibrant, thriving, safe and inclusive community.

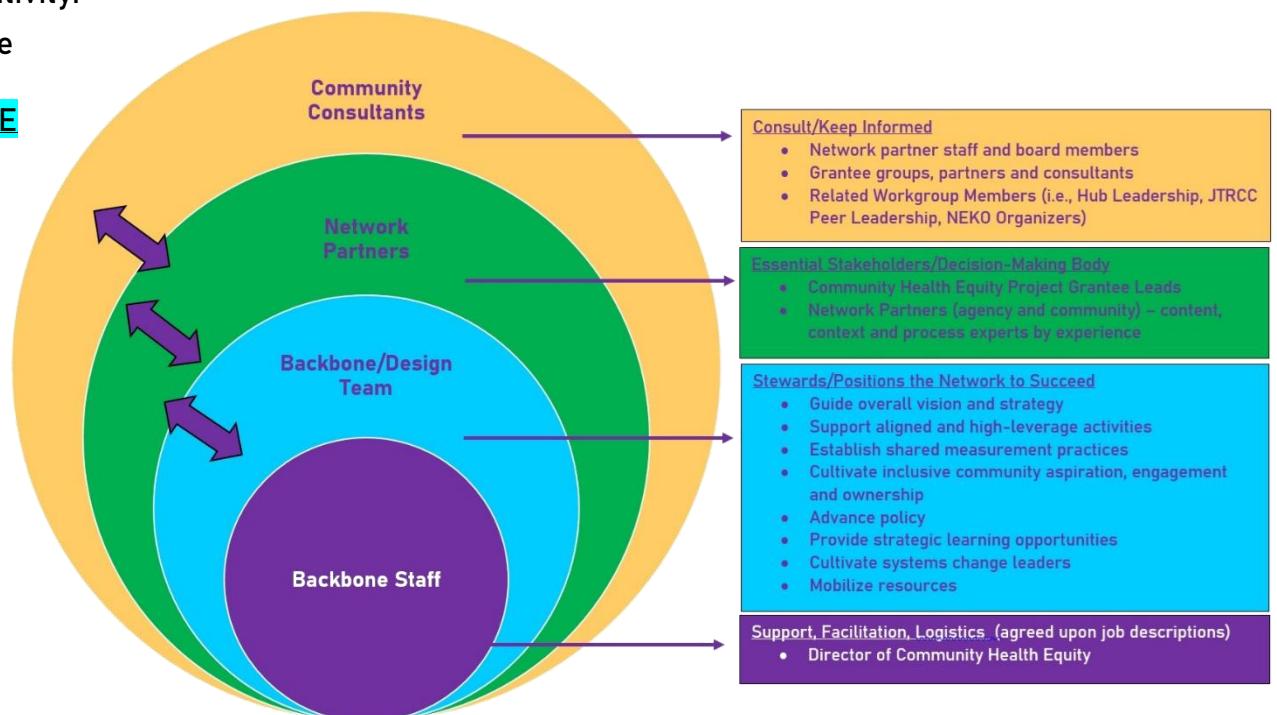
VALUES/AGREEMENTS: We work collaboratively toward our shared vision: building on the strengths of our community; honoring voice and choice; and fostering health and wellness, dignity and respect. Therefore, as we work together we agree to:

- **Respect:** Listening to understand. Listening twice as much as speaking. Asking for clarity. Respecting choice (to share or not share). Fostering curiosity. Practicing “Oops, Ouch, Whoa”
 - If you say something that comes out wrong, that you suddenly realize is kind of crummy, or just sounds different hanging in the air than it did in your head, you say “oops.”
 - If someone else says something that hits you in a way that feels bad, you say “ouch.”
 - If the conversation is moving too fast, you’re not following a line of reasoning, you aren’t familiar with a concept or an acronym, or you just want to slow down, you say “whoa,” and ask for clarification.

The point of this tool is to signal a clear set of values: Mistakes are normal, harm can be mended, it’s okay to not know something, and accountability is a shared responsibility.

- **Honesty and Accountability:** Showing up on time. Saying what you mean and meaning what you say. Walking the talk. Doing what you say you’ll do.
- **Compassion and Kindness:** Assuming good intent. Maintaining an open mind. Smiling a bit.
- **Commitment and Patience:** Staying at the table – even if it becomes uncomfortable. Practicing getting comfortable with feeling uncomfortable. Finding *sustainable* solutions. Seeking to understand rather than know. Participating in the spirit of learning. Acknowledging progress, not perfection.
- **Difference and Inclusion:** Upholding a “No wrong answers – just differences” attitude. Supporting a diversity of opinion. Allowing individuality. Accepting respectful disagreement. Allowing space for all voices to count. Caring about what others say. Encouraging creativity.
- **Hope**

STRUCTURE



- Vibrant ONE Network (decision-making body)
- Design/Backbone Team: Justin-Barton-Caplin (Vermont Department of Health Newport District Office), Lila Bennett (Journey to Recovery Community Center), Jennifer Carlo (NEK Collaborative), Amanda Cochrane (Umbrella), Michael Costa (Northern Counties Health Care), Jennifer Leithead (North Country Hospital), Jenna O'Farrell (Northeast Kingdom Community Action), Kelsey Stavseth (Northeast Kingdom Human Services)
- Backbone Integrator Staff Person: Kari White, Director of Community Health Equity, Northern Counties Health Care, kariw@nchcvt.org, 802.274.2344

DECISION-MAKING

- Process

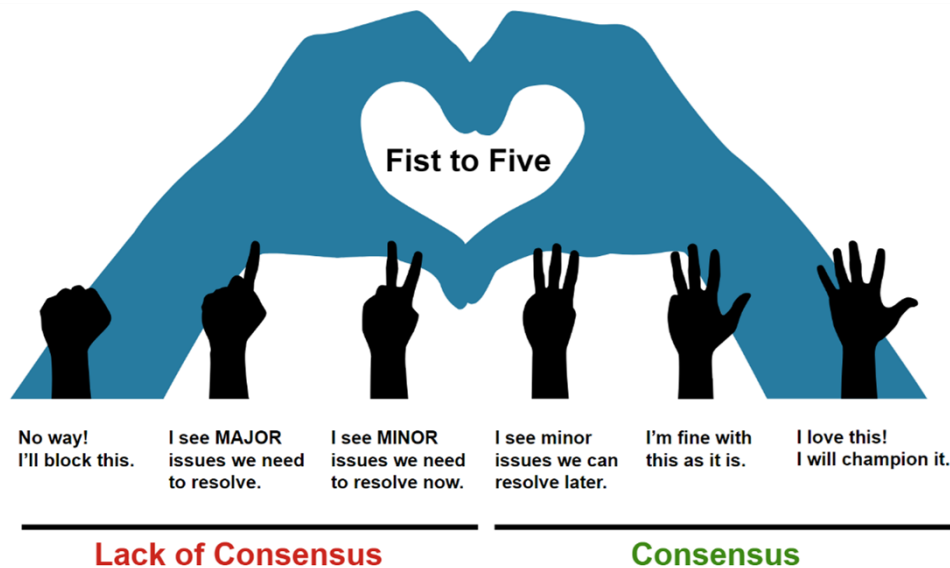
Elements of a Consensus-Based Decision

- All parties agree with the proposed decision and are willing to carry it out;
- No one will block or obstruct the decision or its implementation; and
- Everyone will support the decision and implement it.

Key Guidelines for Consensus Decision-Making

Consensus building processes require active listening, open communications and patience. Participants are usually asked to agree to operate by consensus, use gentle candor, put interests and concerns on the table, attend meetings faithfully, remain flexible and demonstrate willingness to listen to proposals of other participants.

- Tool - Fist to Five (a technique for getting feedback or gauging consensus during a meeting)



- Rule

Consensus-Minus-One decision-making rule. What this means is that it takes more than one dissenting member to block consensus. One voice at odds with the rest is considered a workable way to go forward, but more than one is a sign that the decision should be rethought. In practice, many groups have found that Consensus-Minus-One serves as a safety valve that rarely gets used. If even one member has strong reservations about a decision, it's often enough to keep the group searching for a better answer.

In our case, that would mean if more than one person not abstaining from a vote, votes 0-2 using Fist to Five, the group would not move forward with a decision without further discussion and a new vote.

SHARED LEARNING

- Collective Impact; Accountable Communities of Health
- Group Dynamics and Participatory Decision Making
- Health Equity
- Role and responsibilities of Design/Backbone Team and Network
- NKHS programs, services, operations, budget, legislative priorities and plans
- VT Community Health Equity Partnership
- Mental Health Community Resource Guide and 988
- Asset-Based Community Development
- Community Network Building as Systems Change

VT COMMUNITY HEALTH EQUITY PARTNERSHIP (VTCHEP)

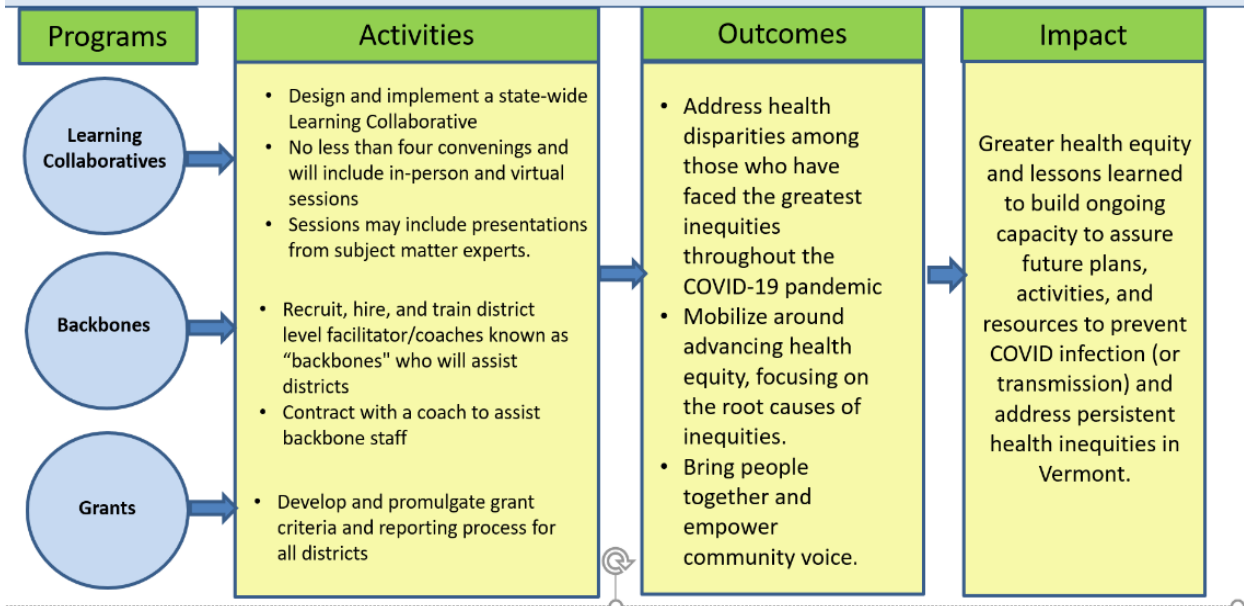
“The VT Community Health Equity Partnership exists to assist the Vermont Department of Health to meet the goals of the Centers for Disease Control and Prevention (CDC) Grant to Address Health Disparities – specifically to ‘mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.’”

This work is supported in each Office of Local Health District (in this case Newport) by the VT Public Health Institute (Vt PHI) and consists of three parts:

1. Statewide Learning Collaboratives (described below)
2. Backbone Integrator Staff Support (Kari White, Director of Community Health Equity, Northern Counties Health Care, kariw@nchcvt.org, 802.274.2344)
3. Community Project Grants (providing up to \$150,000 in grants to community projects with the intent of accomplishing its work to address health inequities) – [see more information here](#)

Vt PHI will collaborate with the Office of Local Health to assist health equity capacity building in Vermont Department of Health Districts

Create opportunities for a diverse range of community members and partners to collaborate to build healthier, more resilient communities. **Provide** opportunities for training and technical assistance to collaboratives by convening regular Learning Community sessions. **Support** innovative, community-led approaches to improve community resilience. **Support** strategies to promote healthy communities and eliminate health disparities. **Engage** with the Office of Local Health and the community to reach the identified grant goals.



In order to unlock the \$150k in VT Community Health Equity Partnership funding for the Newport District, Vibrant ONE is responsible for:

- 1 Data Driven Problem Statement**
- can be added to and updated
- 2 Health Equity Assessments**
- first before Community Project Funding
- second at the end of funding (May 2023)
- 3 Storytelling Slides**
- first before Community Project Funding
- quarterly until end of funding (May 2023)

Submitted and Accepted – see below

Submitted and Accepted – [see here](#)

Submitted and Accepted – based on Health Equity Assessment and Root Cause Analysis – [see here](#)

DATA REVIEW

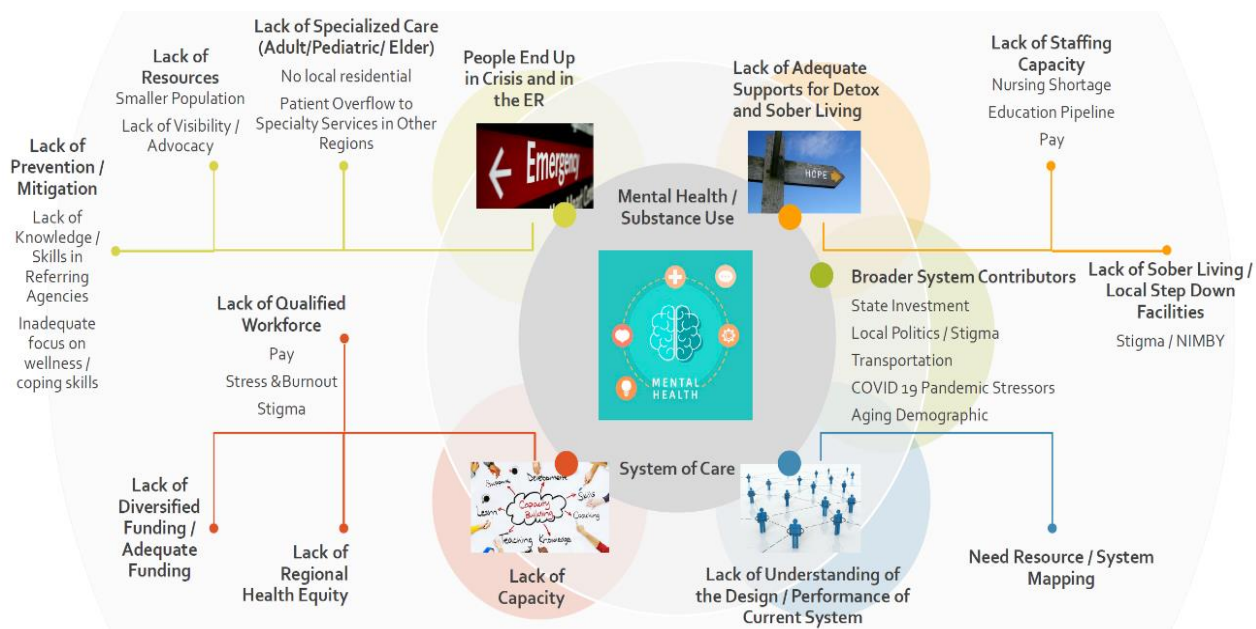
- Group generated internal data (priorities, energy)
- NCH Community Health Needs Assessment
- Prevention Center of Excellence Priorities, Indicators and Strategic Plan
- Social Detox original proposal
- 100 Cups of Coffee

SHARED ASPIRATION: Everyone living in Orleans/No. Essex will have easy access to person-centered and coordinated mental health and substance misuse services that are timely, close to home, at the appropriate level and with the appropriate transition supports for continued success in a person's home community.

DATA DRIVEN PROBLEM STATEMENT/WICKED OPPORTUNITY: We are not providing the right mental health/substance misuse care, at the right place, at the right time, every time; and too many in our community are getting stuck at the wrong level of care/ wrong care location. This is frustrating, costly, and ineffective.

ROOT CAUSE ANALYSIS

Visual Summary and Recommendations



Contact Kari White (she/her) with questions, comments, ideas: kariw@nchcvt.org

Gaps?

- Lack and awareness of Prevention Services
- Gaps in the continuum of care that cause stressors on current supports
- Shortage of qualified Staff
- Rurality
 - Limited internet bandwidth
 - Limited accessibility to services outside of the '4 walls'
- Shortages and Access barriers have the biggest impact on uninsured and underinsured.
- Lack of well defined system of care/philosophy/approach to MH/SUD supports in the community
- Community awareness and education about the System of Care

Recommendations – Collective Impact

- Cross-partner education and training?
 - Multiple education opportunities
- Community education and training?
- Community Engagement
 - Community event – BBQ, open house, resource sharing.
- Asset mapping? What supports exist in our community – is this fully known?
- What assets are we not currently accessing?
- Peer supports
- Community engagement – how do we leverage the power of communities

STRATEGIES/PROJECTS

1. ***Building Social Capital and Engagement Throughout the NEK*** – \$42,000 (\$7,000 of Community Engagement funding) to the NEK Collaborative and NEKO for a variety of initiatives to complement the existing work of the Working Communities Challenge, which is based on reducing generational poverty through increases in social capital, community engagement, and access to health and other resources. Our project is driven by relationships and our goal is to build leadership in these communities that will then build a movement of other engaged community members working towards equitable, community-driven solutions. – Leads: Jennifer Carlo and Meghan Wayland – *NEKO is looking for Lead Organizers to support this project. See here.*
2. ***Actor/Asset/Resource/System Mapping*** – Up to \$30,000 to the successful bidder to help vision for the future, to accurately document the experience of individuals as they journey through the behavioral health system of care as well as the critical decision points or system constraints that providers face as they try to help navigate an individual's treatment through the current system of care. Additionally, our group would like to document all the services and assets within our current system. It is hoped that this process/asset mapping will create a solid foundation for future visioning. – Lead: Design/Backbone Team – *The Backbone Team has met and is ready to make a recommendation to the full group to decide on, on October 28th.*
3. ***Social Detox and Crisis Bed Pilot at Journey to Recovery Community Center*** – \$50,000 to Journey to Recovery Community Center to reduce the frequency of fatal and non-fatal overdoses in the Orleans/Northern Essex region. Behavioral health patients are discharged from North Country Hospital's emergency department when they no longer meet medical criteria to stay, whether or not the patient has a safety plan or is at risk for a fatal overdose. The social detox bed at JTRCC will give patients the opportunity to create a solid safety plan and/or a safe place to rest while awaiting admission to residential care. – Lead: Lila Bennett – This is moving right along. *JTRCC is in need of a in need of a hospital style, wipeable recliner chair. JTRCC is recruiting for Compassionate Care Workers. See job description here.*
4. ***Black, Indigenous, and People of Color (BIPOC) mental, physical, and social health benefits of engaging in outdoor activities*** – \$25,000 to Powered Magazine to address the COVID-revealed disparities in healthcare in BIPOC communities that are no longer possible to ignore. In response, Powered Magazine was founded in October of 2020 to be part of a solution to promote the health of BIPOC, and launched our pilot program to provide opportunities for BIPOC to actively engage in the outdoors as Vermont was entering its first winter of shelter in

place (isolation) due to the pandemic. Because BIPOC continues to be under-represented, under-resourced, and under-acknowledged in the outdoors due to a long history of racism, exclusion, and oppression in the white-dominated outdoors, Powered is partnering with established organizations and businesses to remove barriers to education, economic, and social structure for BIPOC so that BIPOC can actively engage in outdoor activities, learn and feel the health benefits and the joy in reconnecting with the outdoors. – Lead: Sung-Hee Chung

5. *Not “Invisible”! NEK Accepting Neurodivergence* - \$4,200 to Vermont Learning Support Initiative to pilot community- and school-based efforts to engage with and support local neurodivergent learners and their families, through afterschool programming for middle-school students and regular family-inclusive meetings featuring discussions, presentations, and affirming activities (Albany). We will also expand our efforts to the same population in the St. Johnsbury area. By sharing experiences and finding common ground, our goal is to promote self-esteem and resilience in parents and their youth, who know the painful reality of being marginalized and stigmatized because they learn differently. – Lead: Brad Smith
6. *NEK Domestic Violence Prevention Warm Line* - \$13,900 to Umbrella to create and provide a prevention-oriented, confidential warm line service specifically designed to be as accessible as possible to any member of the NEK impacted by domestic violence (DV), no matter their physical location (rurality), criminal location (where they are at in a criminal proceeding), or social location (marginalization or stigmatization). Typically, interrupting domestic violence means involving the criminal justice system and oftentimes takes place after acts of violence have already happened. For marginalized and stigmatized individuals in our community, such as those who misuse substances or People of Color, involving the criminal justice system is not a safe or realistic option and so instances of violence go uninterrupted and cycles of violence remain unbroken. This project is supported by a 3 month NEK accountability needs assessment in which we gathered feedback that speaks to the desire and demand for this kind of service, and it centers the participation and feedback of POC and those with lived experience of DV, and accountability via their participation on the project’s Advisory Committee.
7. *Mental Health Community Resource Guide* – Leads: Thor van Walsum and Terri Lavelly
8. *Interagency Cross-Training/MOU* – Lead – TBD

Other partnership opportunities:

November 11th – [NEK Together](#) – All day community summit at Burke

November 14th -15th – *Wisdom of Trauma* Film Screening and post-film discussion

Week of December 5th – Hosting [VT Helplink Focus Groups](#)