



Vermont Care Partners

HELPING PEOPLE LIVE HEALTHY, SAFE AND SATISFYING LIVES IN THEIR COMMUNITIES.

FY2016 Outcomes and Data Report



For More Information:

Vermont Care Partners

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INTEGRATED HEALTH CARE

VCP Overview

VCP helps people live healthy, safe and satisfying lives in their communities. Our mission is to provide statewide leadership for an integrated, high quality system of comprehensive services and supports. Our sixteen non-profit community-based member agencies offer care to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders.

We achieve this mission through:

- Advocacy and Policy Development
- Data Collection and Analysis
- Education and Training
- Health Care and Payment Reform Initiatives
- Identification of New Opportunities and Markets
- Network Planning and Support
- Technology and Program Innovation
- Quality Assurance and Improvement

Vermont Care Partners (VCP) is a collaboration between Vermont Care Network and the Vermont Council of Developmental and Mental Health Services. VCP is both a trade association and a provider network and is committed to high quality and innovation.

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A letter from our Presidents:

We are proud to present the 2016 Vermont Care Partners' Outcomes Report. The VCP Network is a community-based system of care specializing in mental health, developmental disability, and substance use services. This system has operated for over 40 years and is comprised of 16 Designated and Specialized Service Agencies located in the communities where you work and live. Designated Agency (DA) and Specialized Service Agency (SSA) programs have successfully moved the point of person-centered care from institutional settings to community and home based services. While member agencies form a coordinated network of care, each agency also provides geographically specific services to best meet the needs of their community.

We are very excited to be leaders in Vermont's health care reform initiatives. VCP supports a person- and family-directed service system that better meets the social and health care needs of Vermonters. Our network agencies and their staff are on the ground, supporting Vermonters to live full and productive lives 24 hours per day, 7 days per week regardless of their background or ability to pay. We continue to provide innovative care to our most vulnerable community members, and pride ourselves on having well-developed and positive collaborative relationships with a wide variety of community health care providers.

Data for this report was obtained from various State of Vermont Agency of Human Services Departments, federal sources, network member agencies, and from the Vermont Care Partner's Data Repository that collects and analyzes network-wide service information. We are excited to have this new tool operational and providing us with immediate information about our network as a whole and for individual agencies via performance dashboards. The implementation of the repository marks a significant step forward for our network agencies in using data for quality improvement. We realize that access to quality data is paramount in this evolving health care environment, and we are dedicated to providing our network agencies and stakeholders with current information about the impact of our work. We are grateful for your continued support for the important services that we provide Vermonters. We look forward to your feedback.

Elizabeth Sightler, QDDP
Executive Director
Champlain Community Services
VCN President

Mary Moulton, MPA
Executive Director
Washington County Mental Health Services, Inc.
Vermont Council President

Network Overview

We have over 35,000 clients and touch the lives of 50,000 Vermonters each year.

Our programs contribute to the following Agency of Human Services Act 186 Indicators of Well-being for Vermonters:

- Elders and people with mental conditions live with dignity and independence in the settings they prefer
- Pregnant women and young people thrive
- Children are ready for school
- Vermont's families are safe/nurturing, stable and supported
- Vermont communities are safe and supported
- Vermonters are healthy
- Youth choose healthy behaviors
- Youth successfully transition to adulthood

How to use this report

In the following pages, we review the impact of VCP Network Agencies' work on the lives of Vermonters. The information is organized around the Results Based Accountability format to describe the number of people served, quality indicators about the services, and finally, the ways in which people's lives have improved.



Providing solutions to Vermont's challenges

Challenge	The Facts	Network Agency Solution
Vermonters struggle with mental health concerns	18.1% of adults had a mental, emotional or behavioral disorder diagnosed within the past year. ¹	Our agencies serve 39.3 per 1000 of the eligible population compared to 23.1 nationally. ⁵
Vermonters struggle with substance use disorders	In 2014, 8.1% of Americans ages 12 and older were classified with a substance use disorder in the past year. ³	100% of our agencies providing mental health services provide treatment that address co-occurring issues.
Vermonters live with disabilities	12.6% of people in the United States have a disability. ²	29% of people in Vermont with Intellectual Developmental Disabilities (IDD) obtain services. ⁸
Vermonters are increasingly using opiates	From 2011 to 2013 the number of Vermonters seeking treatment for prescription opiates and heroin increased by 38.6% to 3,971. ⁴	One network agency runs the largest Hub Medication Assisted Treatment program in Vermont. All agencies coordinate with the hub or with spoke providers.
Vulnerable Vermonters are at risk for homelessness	1012 persons in Vermont were counted as "homeless" during the January 2016 count, 29% identified as having a serious mental illness, 5% as having a developmental disability. ⁶	Our programs provide or promote housing stability with every agency offering some type of residential program option. Only 3.4% of our clients report being homeless. ¹⁰
Vulnerable Vermonters struggle to maintain employment	Nationwide, more than 80% of mentally ill people were unemployed ⁷ and 85% of individuals with Intellectual and Developmental Disabilities were unemployed. ⁸	25% of our adult mental health clients ⁵ and 48% of our clients with IDD were employed. ⁹

Our Network Agencies provide high quality services and support for Vermonters with mental health conditions, substance use disorders, and developmental disabilities.

Core Programs Provided By Designated And Specialized Service Agencies

Adult Mental Health Outpatient Services: 7,807¹ supported

Support for Vermonters seeking services for mental health concerns and conditions through:

- Outpatient brief and longer term mental health therapy
- Assessment services
- Case management support
- Co-occurring treatment
- Coordination with psychiatric providers
- Use of evidenced based practices for varied mental health conditions
- Embedded services in primary care practices, schools, and other community settings



Community Rehabilitation and Treatment: 2,824¹ supported

Support for Vermonters experiencing serious and persistent mental illness to live and work in their communities by providing recovery-oriented services including:

- Individual and group therapy
- Psychiatric support
- Clinical assessment
- Day services
- Service planning and coordination
- Community supports
- Employment services
- Emergency services
- Crisis beds
- Housing and home supports
- Peer services and supports
- Representative payee supports

Children, Youth, and Family Services: 11,509¹ supported

Support for children and their families experiencing mental health concerns to fully achieve their potential, including:

- Clinical interventions based in evidence-based practices
- Individual, family, and group therapy
- Medication and medical support
- Clinical assessment
- Service planning and coordination
- Community supports
- Emergency/crisis assessment support and referral
- Emergency/crisis beds
- Housing and home supports
- Respite services
- Residential treatment
- Vocational supports

Developmental Services:

4,486^{1,2} supported

Services for Vermonters living with intellectual and developmental disabilities, including:

- Service Coordination
- Family supports
- Community supports
- Residential supports
- Therapy services
- 24/7 crisis services
- Respite
- Representative payee supports
- Employment support
- Integrated family services



“Thank you guys for the amazing services that you provide. My quality of life has been greatly improved by my therapist and all of the staff, I appreciate you!”

Emergency Services: 7635¹ supported

Services for Vermonters experiencing mental health and behavioral crises by providing a variety of services in their communities including:

- 24/7 mobile emergency and crisis assessment in all communities
- 24/7 emergency/crisis beds
- Supports for individuals immediately after discharge from a mental health hospitalization
- Post-vention and disaster response supports
- Peer run crisis support programs
- Short term therapeutic supports
- Access to psychiatric and other therapeutic services

Substance Use Disorder Programs: 5,538¹ supported

Support for Vermonters who are in recovery or who are experiencing difficulties with substance use issues. All mental health agencies provide co-occurring treatment services. Eight out of the 10 mental health agencies receive funding from the Vermont Department of Health Alcohol and Drug Abuse Prevention Program to support Substance Use Disorder Treatment.



Services include:

- Outpatient substance use disorder services for adults and youth
- Intensive outpatient programs
- Medication Assisted Treatment (Hub and Spoke Model)
- Project CRASH (Drinking Driver Rehabilitation Program)
- Public inebriate beds
- Substance use treatment court programs
- Short term social detoxification programs
- Coordination with intensive residential treatment programs
- Anonymous treatment for intravenous drug users

Our Staff Make A Difference

Our staff is the heart of our network agencies and provide support, treatment and care to Vermonters tirelessly, in some cases, 24 hours per day, 7 days per week. Their dedication to the mission of the network and the people we are charged to serve is unparalleled.

Our networks employs and contracts with 13,000 Vermonters.¹

Our network agencies are training sites²:

- Network agencies provide ongoing training for individuals pursuing professional licensure
- Over 500 people are employed in clinical positions, with nearly 50% of these people working toward professional licensure
- Clinical staff are provided, on average, 3.75 hours of individual supervision and 4.3 hours of group supervision per month as part of their compensation



In addition to those above, many staff providing Developmental Services obtain certification as a Qualified Developmental Disability Professional.

Our agencies are a great place to work

- Many agencies provide post-secondary education support. Among our Developmental Services Providers, 46.7% of our members provide post-secondary education support as compared to 24.3% of other respondents nationally³
- Agencies provide competitive insurance, vacation, and sick leave packages
- Agencies are experimenting with cutting-edge approaches to staff retention
- Vermont Care Partners actively advocates to improve compensation for our valued staff

We Reach Vermonters Who Need Us

With **Vermont's** allocation, we serve more of the target population compared to the **national average**. We go above and beyond to support the broader population with mental health needs.¹

29% of people in Vermont with Intellectual and Developmental Disabilities (IDD) receive services.²

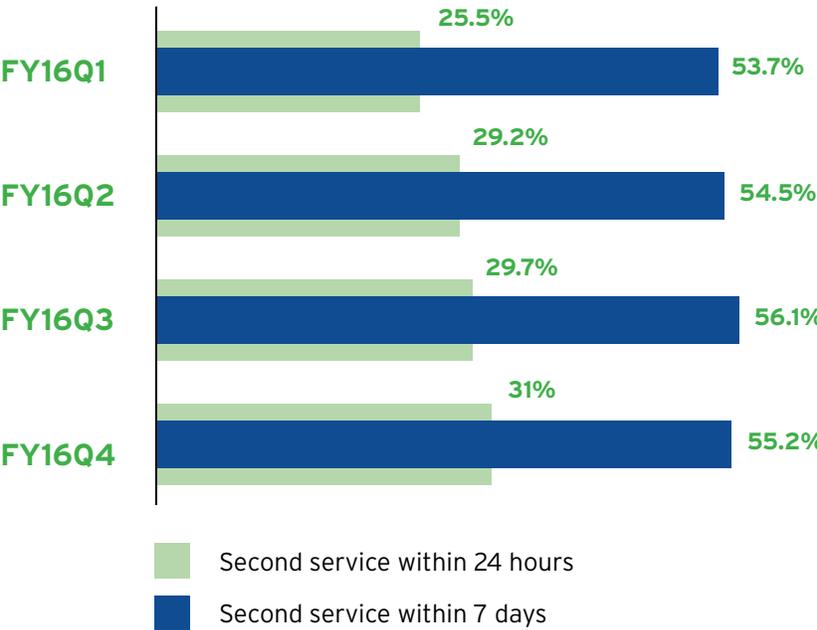
95% of inquiries for services from an IDD provider were responded to within 24 hours.³



“I found out about a lot of programs and groups I can attend where I felt comfortable. Nobody judges you at these groups. We are all there to get better.”

If you need us for support for a mental health crisis, we follow up quickly with you to provide more support if you choose³:

Clients seen following a mental health crisis contact (%)



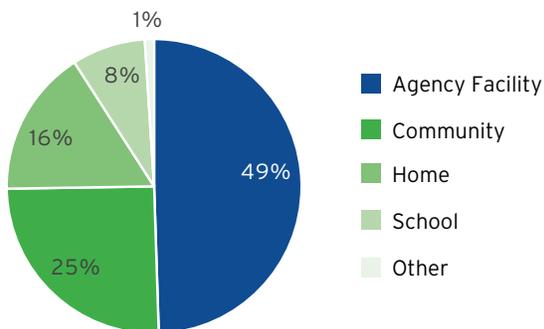
No Matter Where You Are, We Are Here For You

When there are significant community events and disasters, our staff is there.

In FY16⁵:

- Network staff responded to **50 disasters and/or community crises** including homicides and suicides
- **106** network **staff** provided support and clinical care to community members and provided gateways to further support and services if needed
- Agencies used **1,208 staff hours** that were not reimbursable

Location of the 2,000,000 Services Provided³



We follow up quickly with our clients when they are discharged from a psychiatric hospitalization⁴.

- **62%** of CRT clients are seen the **day** of discharge.
- **88%** are seen **within one week** of discharge.



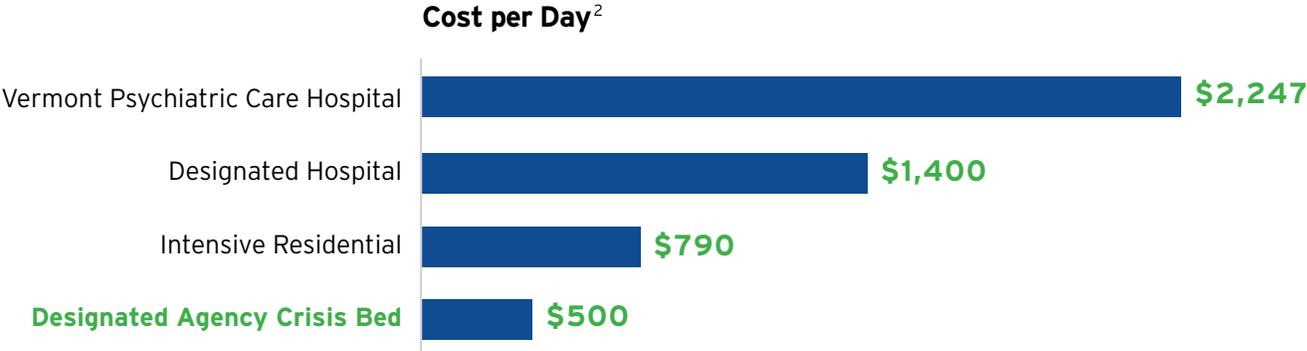
We Support Vermonters In Crisis And Provide Alternatives To Higher Level Care

Crisis Response

When Vermonters experience a mental health crisis, **our mobile crisis staff are available 24 hours per day, 7 days per week**. In FY16, our programs supported 7,635 people experiencing a mental health crisis.¹

Additionally, **Developmental Services providers creatively support people in their community when they are experiencing a crisis**⁵.

Crisis Beds



100% of network mental health providers **provide crisis beds** as an **alternative to hospitalization** for appropriate clients.

Crisis beds provide care in people’s communities, allowing participants to recover close to home at a cost that is substantially lower than a psychiatric hospitalization.

Crisis beds are used by a variety of people, half of whom are not clients of CRT¹.

Program	CRT	ADAP	Adult MH	Emergency Services	CYFS	DS	No Program	Total / Average
Unique Clients	377	123	79	118	245	149	37	1,128
Readmission Rate*	35.5%	14.6%	10.1%	5.1%	2.4%	12.8%	32.4%	16.12%
Length of Stay (Days)	17.9	2.6	7.7	5.8	10.5	5.5	28.1	11.2
Total Days	6,755	315	682	606	2,574	823	1,040	12,795

*The % of clients readmitted within 30 days of discharge

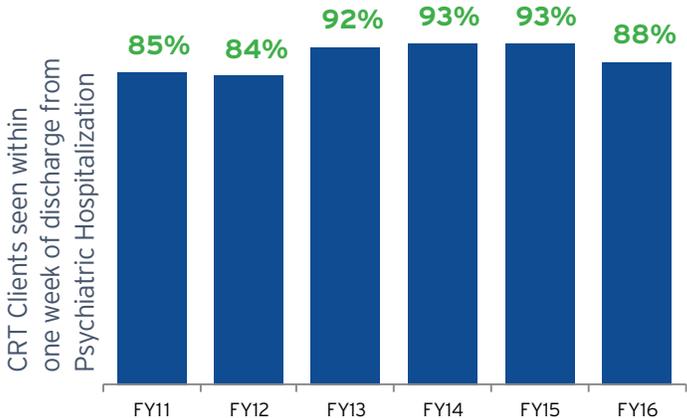
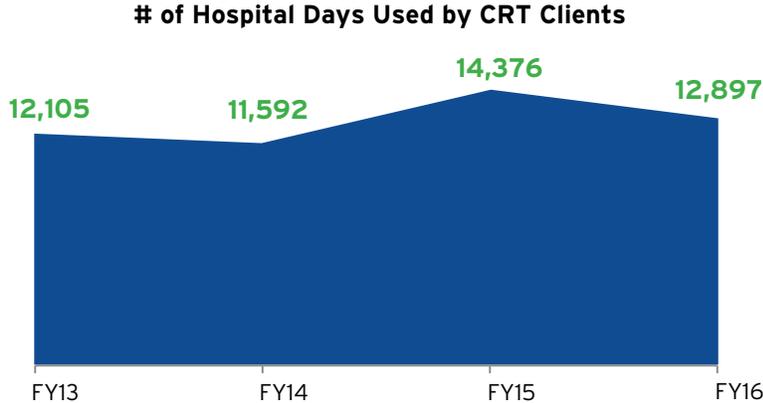
Vermonters are admitted to a hospital less than the nationwide average: 29% of adults with Serious Mental Illness and children with Serious Emotional Disturbance use the hospital compared to 71% nationally.³

The Vermont Crisis Intervention Network (VCIN) Crisis Bed for People with Intellectual and Developmental Disabilities⁶ also provides community-based supports for people in crisis. This program had **44 admissions** in FY16 for **37 unique clients** for a total of **599 bed days** and an **average length of stay of 13.6 days**.

We provide a variety of services and supports to our clients in order to prevent hospitalization. In FY16, there was a 10% decrease in the number of hospital days used by CRT compared to FY15.⁴

Hospital Admissions⁴

CRT clients used a total of 12,897 hospital bed days, a **10% decrease** from FY15.



Our programs work closely with hospitals when our clients require more intensive care to help them transition successfully back to their home and community. In FY16, 88% of CRT clients received follow up care within one week of their discharge from a psychiatric hospitalization.⁵

Our Programs Promote Public Safety

Network agencies work closely with law enforcement, first responders, and other community agencies to promote public safety.

Developmental Services: Our programs support people with Developmental Disabilities who pose a public safety risk (Act 248). In FY16, five people graduated from the Act 248 program and no longer pose a safety risk to the public.¹

Team Two² is a statewide training curriculum where law enforcement and mental health crisis workers train together to strengthen collaboration in responding to a mental health crisis. In FY16, 176 people were trained:

- 88 were law enforcement officers
- 56 were crisis workers
- 32 were dispatchers, State's Attorneys, Veteran's Outreach Team Members and Steering Committee Members
- 8 new police departments were trained
- Team Two is established in five regions of the state. Network agencies provide training and leadership

Act 80 trainings²: 10 trainings were provided to law enforcement to increase their awareness and understanding of the needs of people living with mental health conditions, including appropriate policing responses.



Public inebriate programs³

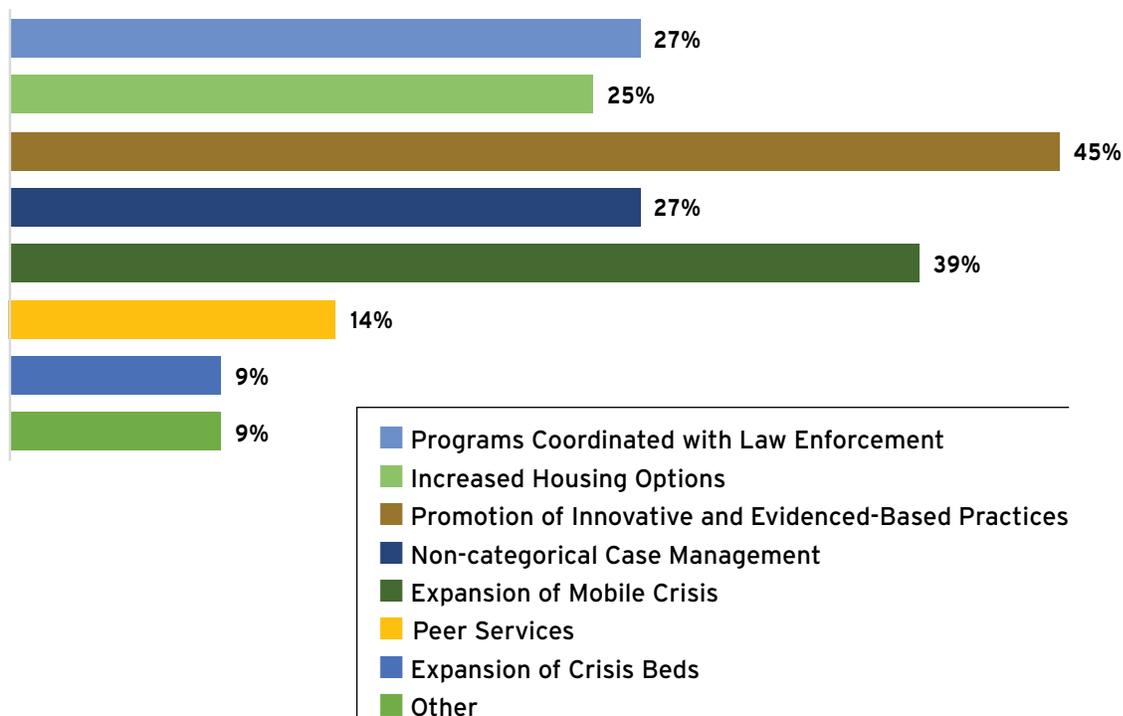
screen individuals who are intoxicated and incapacitated due to substance use. We link people with the most appropriate level of care once they are sober.

54% of people screened were admitted to a public inebriate bed.

73% of people screened accepted referrals for follow up services.

Act 79 was passed in 2012 to rebuild the mental health system of care after Tropical Storm Irene destroyed the Vermont State Hospital. It set out goals to support people with mental health needs to live in the most integrated and least restrictive setting possible.

% of Programs Supporting Specific Act 79 Goals⁴



Close Coordination between Mobile Crisis Response and Local Law Enforcement Teams³ is the norm and expectation across our system of care.

The Adult and Youth Mental Health First Aid³ training is provided to law enforcement as needed. Through VCP's new YMHFA initiative, Aware Vermont, we have trained 38 YMHFA instructors and 800 statewide community members in First Aid during our first year of implementation.

Embedded Police Social Workers and Street Outreach³ services are provided by several agencies who work closely with law enforcement to support at-risk individuals.

Opiate Alliance Meetings³ are held between community providers and law enforcement to develop a coordinated community response to the opiate crisis.

Mental Health and Substance Use Courts³ and related programs use evidenced-based approaches with non-violent offenders to achieve recovery.

Our Programs Provide Housing And Housing Stability

Our network agencies help those we serve find housing to help promote stability and a sense of community¹.

- We work with local housing authorities and community action agencies to secure housing and maintain independent housing as long as possible
- We support people with landlord and building manager relationships to maintain housing
- We serve as “payee” to ensure landlords and other housing costs are paid on time
- We navigate Section 8 and other bureaucratic pressures to reduce homelessness
- We provide housing and residential supports including: shared living homes, group residences, home modifications, and staff support in one’s own home

3.4% of people served by our agencies were homeless or in a shelter²

88.1% of clients with Serious Mental Illness, adults with mental illness, and children with Serious Emotional Disturbance live in a private residence compared to 76.2% nationally³

93% of people served by **Developmental Services** reported they **like where they live³** and

- **96% live in independent community settings⁴**
- **3% live in licensed group residences⁴**
- **1% live in Intensive Care Facilities and Nursing Facilities⁴**



We Help People Engage In Education

Our community-based programming, often located in child care settings and public schools, supports children and youth to be successful. The programs wrap youth and their families with direct supports and case management.

50% of people served by our agencies come in as students²

Our programs support our youngest children to be **ready for school and 80%** of them **achieved one or more** of their **goals**⁶

63% of schools in agency catchment areas **have embedded clinical and behavioral interventionist services** designed to support children and youth with mental health concerns and significant emotional disturbance to remain in their local public school¹

We support children with significant emotional and behavioral disorders in their public schools:

- Success Beyond Six Behavior Interventionist programs supported **269 youth**, 80% with one-on-one support⁷
- Youth in these programs are at risk for costly out-of-school placements. In FY16, of those youth discharged, only 9 required residential treatment and 17 required an alternative school⁷

Network programs support youth in college:

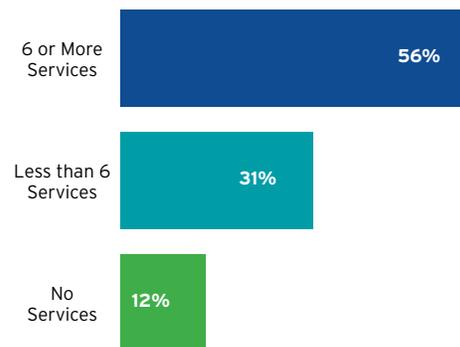
83% of youth with Developmental Disabilities enrolled in a **post-secondary program** were **employed upon graduation.**⁵



Our Programs Help People Find And Maintain Jobs

Employment increases income, supports our economy, contributes to the tax base, creates social connections, increases skills and confidence, and supports mental health recovery.

Overall: 25.2% of adults with Serious Mental Illness or mental illness were employed compared to 21.7% nationally.¹



People are more likely to be **employed** when they participate in our CRT employment programs (% Employed)²

Community Rehabilitation and Treatment (CRT) Employment Programs:

- **16.2%** of people enrolled in CRT were **employed** and **earned an average of \$2,747** in the **4th quarter of FY16**²
- **29.2%** of people enrolled in CRT **participated in Supported Employment** services in FY15 compared to 2.0% nationally¹

Developmental Services³:

- **48%** of working age people receiving services were **employed** earning an **average wage of \$10.33 per hour**, and **working 8 hours per week**
- They contributed \$4,357,770 in wage and payroll taxes and **saved \$1,771,185 in social security payments**

We support youth engagement in employment⁴:

- Jump On Board for Success (JOBS) Programs provided pre-employment transition services, supported employment and intensive case management to 16 - 21 year olds with significant emotional and behavioral disorders
- 543 youth were supported, with 209 new youth included in the program in FY16
- **144 youth maintained a job placement for 90 or more days.**

Our Programs Promote Wellness

All network agencies provide innovative programming to promote wellness and recovery including¹:

Services for Expecting and Young Mothers:

- Doula Project targeting expecting mothers who have Adverse Childhood Experiences
- Breastfeeding support groups
- Activity groups for parents and their children including yoga, dance, and outdoor play

Prevention activities for Youth and Teens:

- Youth Mental Health First Aid
- LGBTQ Therapeutic Support Group
- Teen Resilience Group
- Girls on the Run
- Food and Mood Group

Wellness Education and Activities:

- Yoga
- Mindfulness
- Smoking cessation support groups
- Gardening
- Stress reduction groups
- Wellness goals integrated into treatment plan
- Acupuncture
- Relaxation techniques education
- Cooking classes

Promotion of Social Connections:

- Grandparent support groups for parenting grandchildren
- Men's support group
- Parent's coffee break
- Family support programs

Peer-Led Activities:

- Peer-led emergency response and support teams
- Groups on healthy diet, wellness, and mindfulness
- Meditation classes
- Community outings and activities
- Recovery peer support groups

Promotion of Physical Activity:

- Walking groups
- Hiking
- Gym memberships
- Cross Fit for adults and youth
- Mom and child dance programs

Integrated and Coordinated Physical Health Services:

- Nursing staff integrated into programs
- Personalized health coaching
- Support to access regular physical health care
- Social workers embedded at primary care practices

Access to Basic Needs that Promote Recovery and Stability:

- Participation in regular employment with supports
- Support finding and maintaining housing
- Support to develop and maintain a social network within communities



We Provide Coordinated And Integrated Health Care And Support Services

Network agencies are working closely with community health care providers to promote a holistic approach to health care. VCP takes a broad view of health care integration to include bidirectional coordination across all health and human service providers.

Our network agencies are actively engaged in developing a regional, integrated health care system. Ten of our agencies are active participants in Unified Community Collaboratives identifying and addressing shared goals such as:

- Decreasing emergency room utilization
- Decreasing hospital readmissions
- Increasing use of hospice
- Addressing opiate use
- Improving care transitions
- Increasing integrated care
- Improving coordinated services for people with complex needs

“I feel I have overcome some obstacles in my current situation that I would have never been able to achieve without this counseling.”



SAMHSA – Six Levels of Collaboration and Integration demonstrates network agencies integration of care.

SIX LEVELS OF COLLABORATION/INTEGRATION ¹		EXAMPLES FROM OUR NETWORK AGENCIES ²
COORDINATED KEY ELEMENT: COMMUNICATION	Level 1: Minimal Coordination	<ul style="list-style-type: none"> • Inquiry at intake about primary care provider and other service providers involved in person's life.
	Level 2: Basic Collaboration at a Distance	<ul style="list-style-type: none"> • Bi-directional referrals. • Case by case service coordination.
CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY	Level 3: Basic Collaboration Onsite	<ul style="list-style-type: none"> • 44 network agency clinicians are practicing in 47 practices in Vermont. • 60% of embedded clinicians report having regular coordination with physicians in the practice. • Crisis psychiatric consultation provided to primary care providers from Advanced Practice Registered Nurse (APRN). • Clinicians are integrated into Primary Care Offices through the Blueprint for Health. • Social Workers embedded into FQHC office. • Crisis workers embedded into the Emergency Department. • "Collaborative Office rounds" for client consultation. • Health Care Provider contracts with DA to provide clinical supervision to behavioral health staff.
	Level 4: Close Collaboration Onsite with Some System Integration	<ul style="list-style-type: none"> • Co-located primary care services within network agency facilities provide bi-directional care. • Medication Assisted Treatment programs are closely linked with primary care providers to support people moving in and out of the treatment hub. • Agency clinician in Emergency Department provides mobile crisis support to PCP office. • Agency CEO serves on hospital board of directors.
INTEGRATED KEY ELEMENT: PRACTICE CHANGE	Level 5: Close Collaboration Approaching an Integrated Practice	<ul style="list-style-type: none"> • Integrated Health Home (IHH) Pilot - uses the social determinants of health with specialized treatment for individuals with complex physical health, mental health, developmental and substance use challenges using a person-centered approach. • Agencies are members of Unified Community Collaboratives. • Partnerships to create warming shelter. • Pediatric Information Exchange Project. • Four network agencies use Shared Care Plans to support their most vulnerable clients.
	Level 6: Full Collaboration in a Transformed/ Merged Integrated Practice	<ul style="list-style-type: none"> • Models under discussion.

We Support Community Integration

Community-based supports help prevent the need for care in more expensive, acute care settings, thus improving well-being, quality, and controlling costs. Services support people's regular involvement in their community where they live, attend school, and work promoting a culture of wellness, inclusion and/or recovery.

Overall Network:

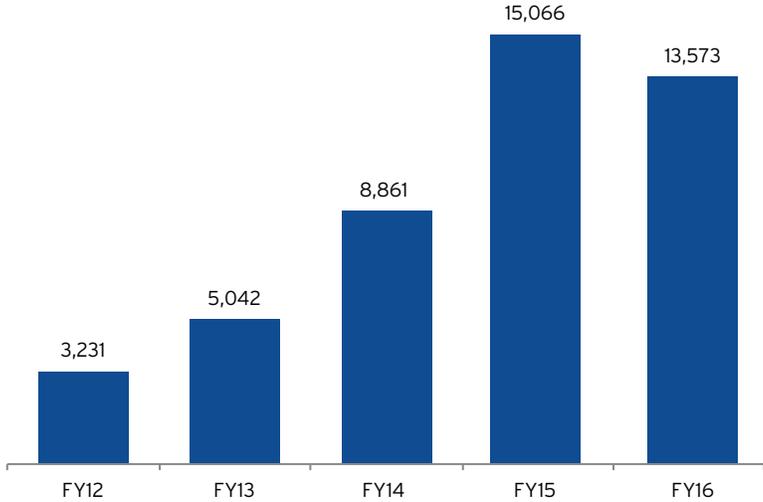
Over **50%** of the 2,000,000 services provided were in **community settings** (community locations, schools, homes, emergency departments):

- **37.5% were community support services**
- **23% were service planning and coordination services** to support people's recovery and integration into the community¹

These services include:

- Service coordination
- Family supports
- Community supports
- Residential, housing, and home supports
- Crisis services and beds
- Respite
- Representative payee supports
- Vocational Rehabilitation employment support
- Clinical services
- Psychiatric support
- Day services
- Employment services
- Emergency services
- Peer services

of Non Categorical Case Management Service for Outpatient Clients



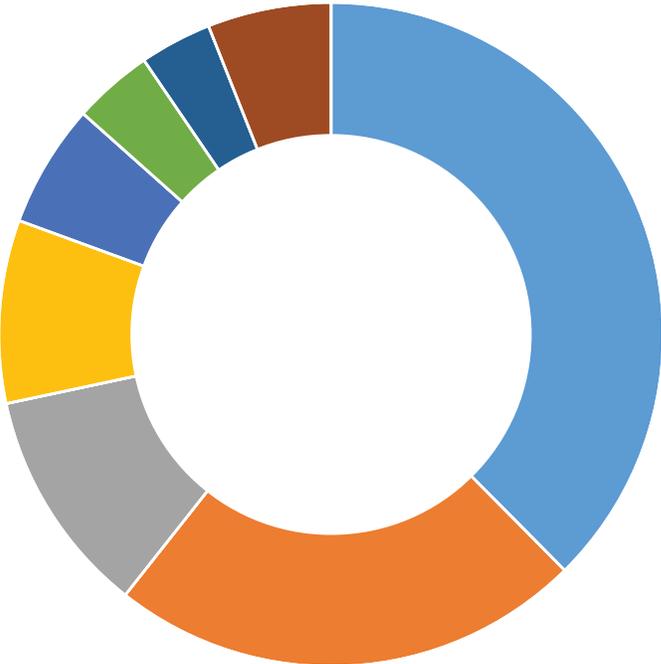
The increase in non-categorical case management services with the advent of Act 79 funding in 2012 has led to **increased availability of supportive services to adult clients** who would otherwise not meet the criteria for intensive services in Community Rehabilitation and Treatment.²

We Provide A Range Of Clinical And Support Services

All of our network agencies provide a wide variety of clinical services that are evidenced based and informed in order to promote the well-being and recovery of those we support.

Over 40 Different Evidenced-Based Practices are Provided³

- Child and Family Traumatic Stress Intervention
- Trauma Focused Cognitive Behavioral Therapy
- Trauma Focused Integrated Play Therapy
- Attachment, Regulation, and Competency Model
- Motivational Interviewing
- Acceptance Based Therapy
- Cognitive Behavioral Therapy
- Person-centered Planning
- Dialectical Behavior Therapy
- Applied Behavioral Analysis
- (A complete list of Evidenced-based Practices can be obtained from VCP)



“When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.”

- Community Support: **38%**
- Service Planning and Coordination: **23%**
- Unlicensed Home Providers/Foster Families: **11%**
- Staffed Living: **9%**
- Individual Therapy: **6%**
- Employment Services and Job Training: **4%**
- Group Treatment/Living: **3%**
- Other: **6%**

Our Agencies Utilize Peer Services

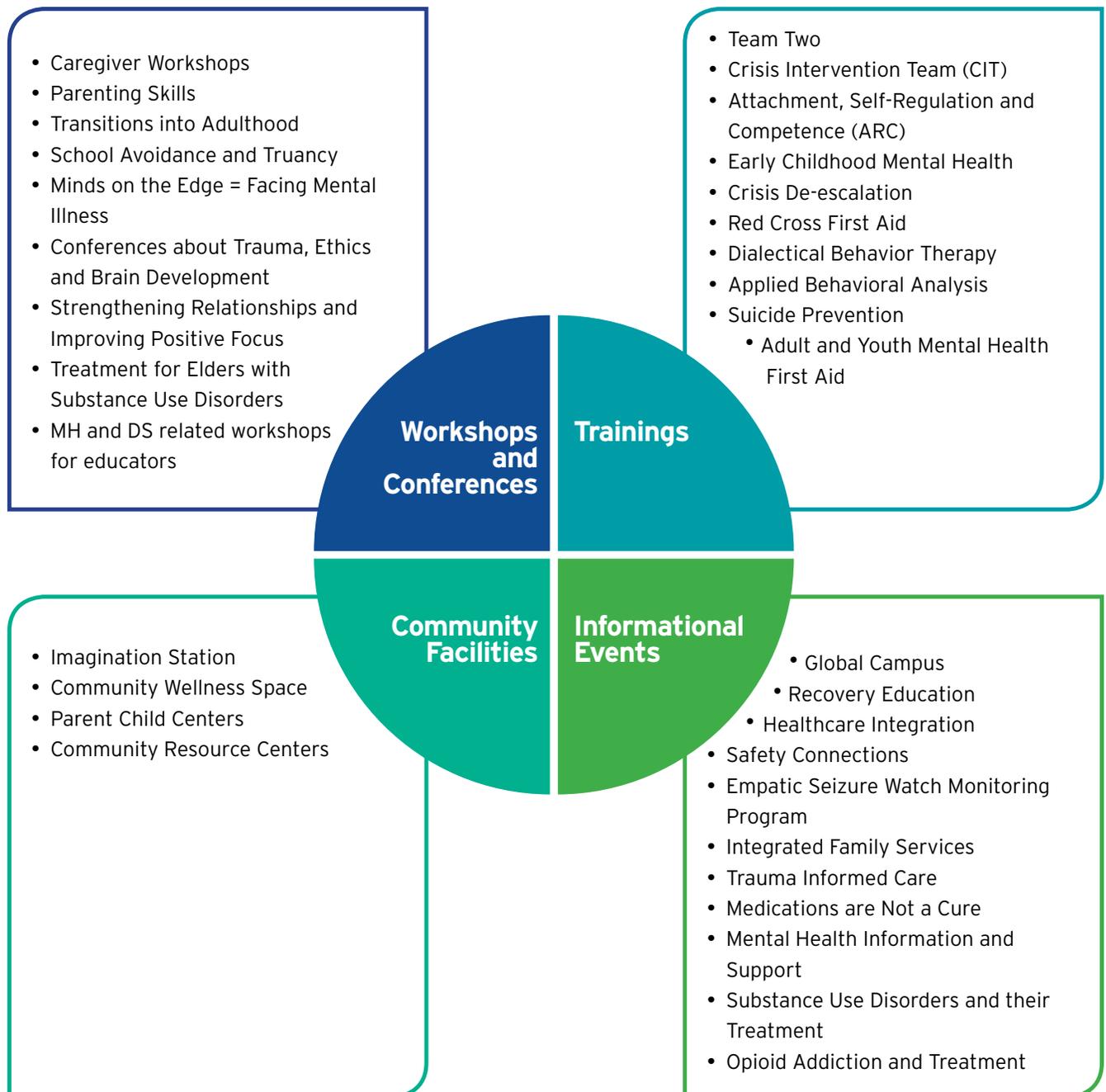
All of our agencies involve peers with lived experience in the array of supportive services offered. Peer programs vary by agency and community need, creatively providing needed options for people seeking care.¹

- Staffing a crisis bed program
- Providing crisis response to those experiencing mental health crises
- Following up with people after a mental health crisis has occurred to provide support
- Staffing a warm-line
- Coordinating a client drop-in center
- Providing residential supports
- Running a peer-support group
- Participating in an agency standing committee
- Providing classes and training
- Supporting micro-businesses
- Mentoring



We Provide Education And Training To Our Communities

Our network agencies provided over 300 education and training events to community members and organizations, often at no cost, as a way to promote high quality service, understanding and inclusion of the individuals served. Events are designed for a variety of audiences and provide information about mental health, substance use, developmental disabilities, and related topics.¹

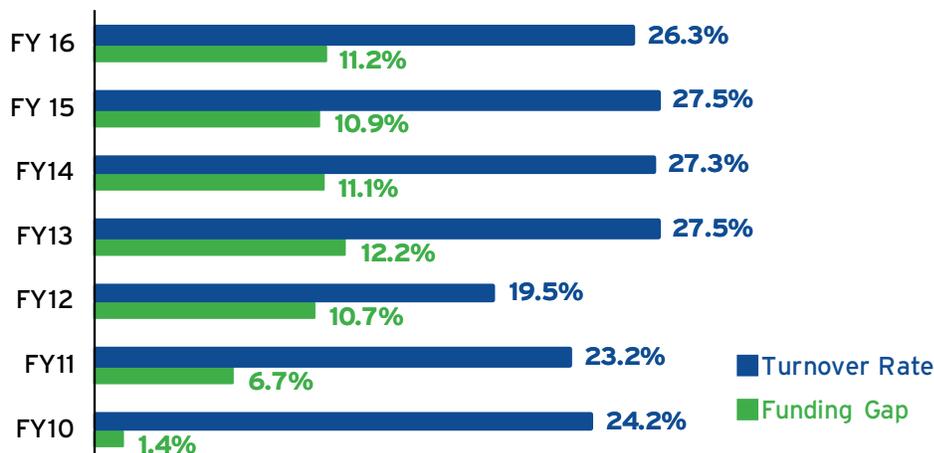


Fiscal Challenges Impacting Access To, And Quality Of Care

Our network agencies continue to struggle with substantial obstacles that weaken the network's capacity to respond to the growing needs of Vermonters.

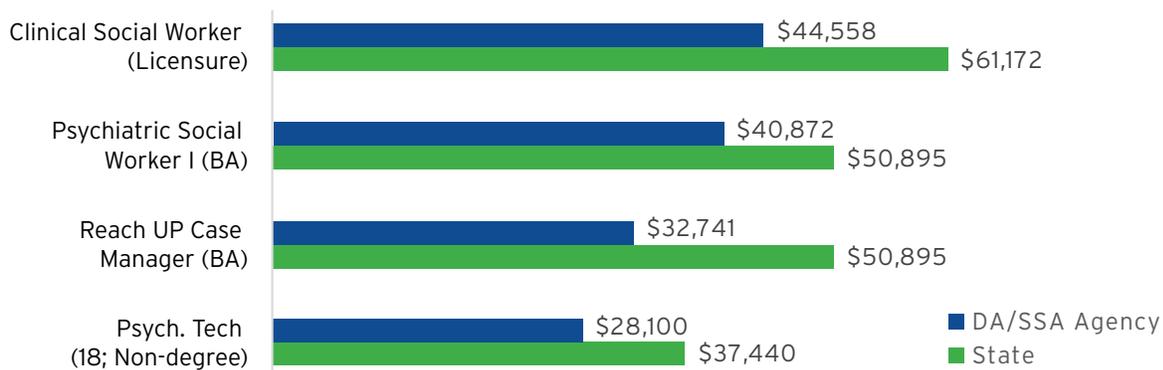
- Funding that is capped impedes our ability to meet increasing demands
- Low Medicaid rates lead to inadequate compensation to 13,000 employees and contractors
- Inadequate staff compensation results in high turnover, and impacts quality of care

Agency Staff Turnover (%) & Funding Gap¹ (%)



The gap in increases between the consumer price index and funding appropriated by State government has been growing, creating fiscal stress on the agencies and increasing staff turnover rates

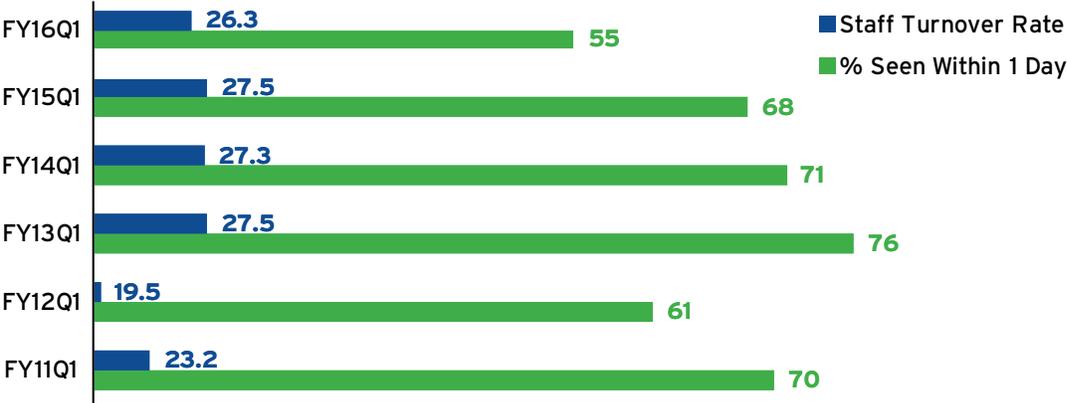
DA/SSA Annual Salary Compensation Comparison to Comparable State Positions² (2016)



“Quality of care is based on long-lasting, trusting relationships that are disrupted by staff turnover rates of over 26%.”

When we aren't able to hire and maintain staff, our service delivery is affected³

Follow up After Psychiatric Hospitalization (%) & Staff Turnover (%)



We are expected to provide services that are not funded⁴

For example:

- Network agencies receive funding to provide crisis services for individuals they serve; however, the network provides emergency service coverage for all Vermonters in need.
- Developmental Services supports people who pose risks to public safety, including some that have been placed under Act 268. Funding for these individuals is capped at \$250,000, which has resulted in agencies experiencing losses of over \$1 million in supporting these high need individuals.



“There are 400 staff vacancies with some agencies having 10% or more empty positions, reducing access to needed services and supports.”

Innovative Programs And Initiatives

Our network agencies develop innovative programs that are responsive to their community needs.¹

Disaster Response and Suicide Prevention

- Behavioral Health Disaster Response Teams
- Zero Suicide implementation
- Coordinated statewide Youth Mental Health First Aid implementation through Aware Vermont

Improved Access

- Single point of access for all youth and family referrals with 24-hour response
- Universal access and triage for agency and any community support
- Centralized scheduling and same day scheduling

Promotion of Emerging Best Practices

- Open Dialogue for individuals experience a first psychotic episode
- Feedback Informed Treatment (FIT)
- Foster parent training
- Child and Adolescent Needs and Strengths (CANS) Implementation
- Integrating Combined Therapies (ICT) with Dartmouth and SAMHSA to promote recovery among persons with co-occurring substance use and mental health problems

Promotion of Inclusion

- Inclusion work group measuring individual's participation patterns in the community
- Building local relationships to advocate for the rights of people with disabilities
- Safety connections program
- Community recovery program designed to support individuals with acute care needs who would otherwise remain in higher level settings
- Moving from shared living provider situations into own home with supports

Vermont Care Partners Centers of Excellence

VCP is currently piloting a certification process designed to:

- Support assessment of an agency's current state on the identified elements
- Promote continuous quality improvement across all services using consistent measures and standards
- Promote peer learning and support to raise the quality of our services and maximize our impact upon the individuals and communities in our charge
- Highlight the value contributed by each agency and by the Vermont Care Partner's network towards promoting the overall health and wellness of individuals, families and communities



Peer Services

- Community Cadre – peer services program
- Advisory team that focuses on quality initiatives, inclusion efforts and coordination between services

Education and Employment

- Increasing % of working-aged people who are employed
- Collaborative work with Division for the Blind and Visually Impaired to provide vocational support to people who are blind and visually impaired
- Project SEARCH
- College STEPS

Expansion of services

- Choices for Care - licensed child placement agency for DCF
- Truancy work with DCF
- Colocation of staff in Emergency Departments
- Intensive residential services for transition-aged youth
- Expanded mental health services for children birth to six years
- Hospital diversion programs for youth
- New autism centers

Training Services

- Internship program with UVM and St. Michael's College
- Consultation and training about prevention and early intervention in developmental trauma

Health Information Technology

- Development and implementation of repository to analyze data and improve care

Health Care Integration and Community Coordination Activities

- Bi-directional integration models
- Pediatric PCP collaborations
- Screening with community partners to provide postpartum depression and anxiety screenings and intervention
- Integrated Family Services
- Increased services to house homeless population

Wellness Promotion

- Maternal and perinatal wellness
- In shape program implementation

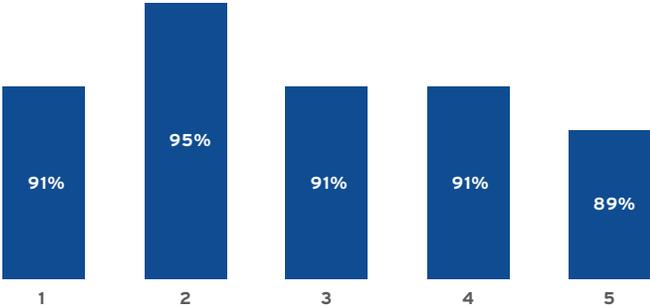


People Are Pleased With Our Services

Annually, we ask people who use our services how we are doing and how our services impact their lives.

People supported through Developmental Services reported²:

- **95%** like where they work
- **94%** of their support workers treat them with respect
- **93%** like where they live



1. I received the help I needed (n=6326)
2. Staff treated me with respect (n=6313)
3. I received the services that were right for me (n=6290)
4. The services I received made a difference (n=6195)
5. My quality of life improved as a result of the services I received (n=3476)



Notes

From page 5:

- 1 SAMHSA National Survey on Drug Use and Health FY2014, retrieved from <https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>
- 2 Cornell University Disability Statistics, online resource for U.S. Disability Statistics retrieved from: <http://disabilitystatistics.org/reports/acs.cfm?statistic=1>
- 3 SAMHSA Mental and Substance Use Disorders, retrieved from: <http://www.samhsa.gov/disorders>
- 4 Mohlman, M., Tanzman, B., Finison, K., Pinette, M., and Jones, C. (2016) Impact of medication-assisted treatment for opioid addiction on Medicaid expenditures and health services utilization rates in Vermont. 67, 9-14
- 5 Vermont 2015 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System
- 6 2016 Vermont Point in time annual statewide count of the homeless. Vermont Coalition to End Homelessness & Chittenden County Homeless Alliance
- 7 2014 report from the National Alliance on Mental Illness (<http://www.nami.org/>)
- 8 The ARC: For people with intellectual and developmental disabilities (2010). Employment issues for people with disabilities (<http://www.thearc.org/what-we-do/public-policy/policy-issues/employment>)
- 9 Data obtained from Vermont Agency of Human Services Department of Aging and Independent Living
- 10 Data obtained from the Vermont Care Network Data Repository

From pages 6-8:

- 1 Data obtained from the Vermont Agency of Human Services Department of Aging and Independent Living
- 2 Data obtained from the Vermont Care Network Data Repository

From page 9:

- 1 VCP Survey of Executive Directors about Employment Numbers and Vacancies, November 2016
- 2 Data obtained from the Vermont Care Partners Annual Agency Survey
- 3 2016 National Core Indicators Staff Stability Survey

From pages 10-11:

- 1 Vermont 2015 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System
- 2 Data obtained by Vermont Agency of Human Services Department of Aging and Independent Living
- 3 Data obtained from the Vermont Care Network Data Repository
- 4 Data obtained from the Vermont Department of Mental Health
- 5 Data obtained from the Vermont Care Partners Annual Agency Survey

From pages 12-13:

- 1 Data obtained from the Vermont Care Network Data Repository
- 2 Donahue, A. (2014). Cost comparisons and impact of Vermont Psychiatric Care Hospital Operating Budget on Act 79 community investments
- 3 Vermont Agency of Human Services, Department of Mental Health (January 15, 2017). Vermont 2107: Reforming Vermont's Mental Health System; Report to the Legislature on the Implementation of Act 79
- 4 Vermont Department of Mental Health 2016 Annual Statistical report
- 5 Data obtained from the Vermont Care Partners Annual Agency Survey
- 6 Data obtained from the Vermont Agency of Human Services Department of Aging and Independent Living
- 7 Vermont 2015 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System

From pages 14-15:

- 1 Data obtained from the Vermont Agency of Human Services Department of Aging and Independent Living
- 2 Data obtained from the coordinator of the Team II and Act 80 Coordinator
- 3 Data obtained from the Vermont Care Partners Annual Agency Survey
- 4 Data from FY16 Quarterly Act 79 Agency Submissions to the Department of Mental Health

From pages 16-17:

- 1 Data from the Vermont Care Partners Annual Agency Survey
- 2 Data obtained from the Vermont Care Network Data Repository
- 3 Vermont 2015 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System
- 4 FY16 National Core Indicators Survey coordinated by the Department of Aging and Independent Living
- 5 Data from the Vermont Agency of Human Services Department of Aging and Independent Living
- 6 CIS statewide semi annual report FY16
- 7 FY16 Success Beyond Six Minimum Standards For Behavioral Interventionist End of Year Report. Department of Mental Health Child, Adolescent and Family Unit.

From page 18:

- 1 Vermont 2015 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System
- 2 CRT Programs Employment Rates, Vermont Department of Mental Health Performance Indicator Project
- 3 Data obtained from the Vermont Agency of Human Services Department of Aging and Independent Living
- 4 Data obtained from the Vermont Agency of Human Services Department of Aging and Independent Living, JOBS Coordinator

From page 19:

- 1 Data obtained from the Vermont Care Partners Annual Agency Survey

From pages 20-21:

- 1 Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013
- 2 Data obtained from the Vermont Care Partners Annual Agency Survey
- 3 Data obtained from the Vermont Care Network Data Repository

From pages 22-23:

- 1 Data obtained from the Vermont Care Network Data Repository
- 2 Vermont Agency of Human Services, Department of Mental Health (January 15, 2017). Vermont 2107: Reforming Vermont's Mental Health System; Report to the Legislature on the Implementation of Act 79
- 3 Data obtained from the Vermont Care Partners Annual Agency Survey

From pages 24-25:

- 1 Data obtained from the Vermont Care Partners Annual Agency Survey
- 2 Data obtained from the Vermont Care Network Data Repository

From pages 26-27:

- 1 Vermont Care Partners position paper about funding gaps, 2016, Available upon request
- 2 Vermont Care Partners comparison of average network staff salaries to comparable State positions, 2016, Available upon request
- 3 Vermont Care Partners Staff Turnover Data compared with Department of Mental Health Performance Indicator Project data about Follow up After Discharge from Psychiatric Hospitalization provided Fall 2016
- 4 Vermont Care Survey Executive Director Survey about Unfunded Mandates, 2016, Summary available upon request

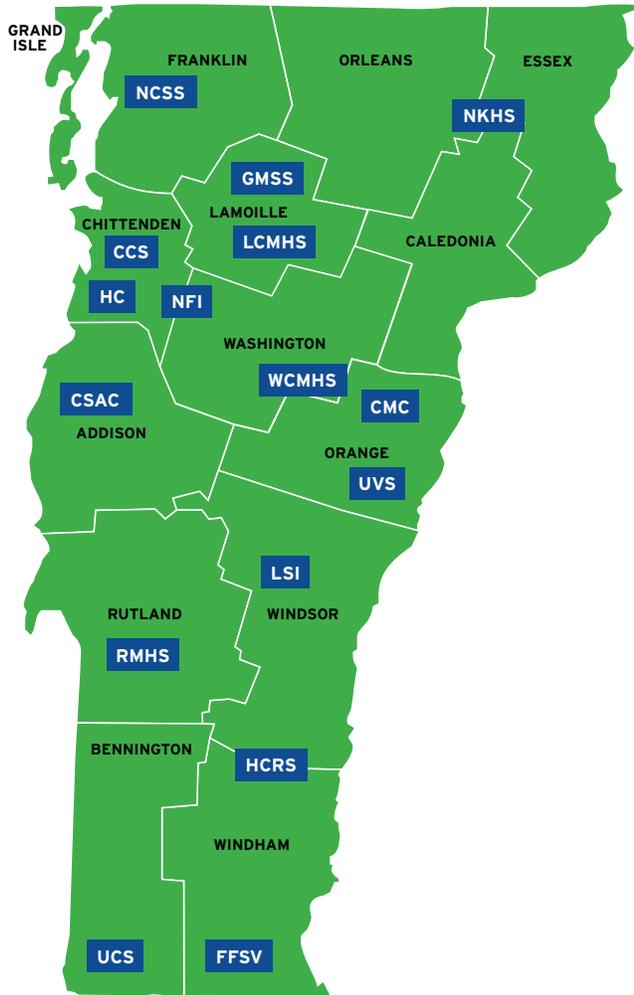
From page 29:

- 1 Data obtained from the Vermont Care Partners Annual Agency Survey

From page 30:

- 1 Annual Vermont Care Partners Unified Customer Feedback Survey
- 2 FY16 National Core Indicators Adult Consumer Survey

Vermont Care Partners Network Agencies



- Champlain Community Services (CCS): www.ccs-vt.org
- Clara Martin Center (CMC): www.claramartin.org
- Community Care Network/Rutland Mental Health Services (RMHS): www.rmhscn.org
- Counseling Service of Addison County (CSAC): www.csac-vt.org
- Families First in Southern Vermont (FFSV): www.familiesfirstvt.org
- Green Mountain Support Services (GMSS): www.gmssi.org
- Health Care & Rehabilitation Services (HCRS): www.hcrs.org
- Howard Center (HC): www.howardcenter.org
- Lamoille County Mental Health Services (LCMHS): www.lamoille.org
- Lincoln Street, Inc. (LSI): www.lincolnstreetinc.org
- NFI Vermont Inc. (NFI): www.nfivermont.org/nafinfi
- Northeast Kingdom Human Services (NKHS): www.nkhs.org
- Northwestern Counseling & Support Services (NCSS): www.ncssinc.org
- United Counseling Service of Bennington County (UCS): www.ucsvt.org
- Upper Valley Services (UVS): www.uppervalleyservices.org
- Washington County Mental Health Services (WCMHS): www.wcmhs.org



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