

Testimony on Budget Adjustment Act before Appropriations

1/22/15

Margaret Joyal, Director, Outpatient Services WCMHS

Co-Chair Adult Outpatient Directors Group

Council of Developmental and Mental Health Services

I'd like to address the impact of the rescissions the designated agencies have already received and the impact of the additional cuts being proposed.

Last year we were given a 1.6% increase. This was considerably lower than the increases given to State Employees or hospitals and in no way covered the cost of living increases that we experienced as citizens and as agencies. However, budgets were developed and small salary increases were given based on this increase. In August we learned that the 1.6% had been withdrawn and there were additional programmatic cuts.

It makes me think a bit of being a college student: Your parents say, 'Yes go to college, we'll find a way to cover the costs. It might be tough but we're committed to finding a way because this is essential to your future.' Then the fall comes and they say 'Well, it turns out we have other expenses that we've decided are more pressing than your future so, you're on your own.'

I understand that there are hard decisions to make and no easy choices. Here's the issue; the Designated Agency system has been level funded or getting small increases that don't cover operating costs for years. The result is that our wages are laughably low, our turnover rate is frighteningly high, and our task is exponentially more complex.

As the Director of an outpatient program I can attest to the fact that we see more people in need of services, with more complex needs and fewer resources to pay for them every year. Last year we saw 1,594 clients and provided 19,288 services. In FY 2013 we saw 1,373 clients and provided 14,950 services. Seventy percent of the clients served received coverage from Medicaid for at least some part of the year. Between 20% and 25% of CCPS Clients are not covered by insurance.

I'm proud of the work we do. However, we do it running a deficit in this program supported by the overall health of the agency and frankly on the backs of staff who are paid well below market for providing excellent and complex care across the continuum of care. We have urgent care for those with high acuity, home based services for those who aren't prepared to come to the office, outreach and reentry services for people involved with criminal justice, and trauma treatment for survivors of trauma. I have attached our Outcomes Report for your information.

However, the salaries we pay result in difficulty hiring and retaining staff. Please see below a salary comparison for state employees and designated agency staff.

DA Wage comparison to comparable State positions - 2014

FINAL RESULTS - 12/12/14

| State Job Title                 | # incumbents/FTES in position | Average Length of Service | Comparable State salary step (based upon avg LOS) | State annualized average salary | Average Agency Compensation for this job | Agency annualized average salary | Compa-ratio | Per person average increase to meet State level | Additional Comp needed for this position to reach State levels for positions |
|---------------------------------|-------------------------------|---------------------------|---|---------------------------------|--|----------------------------------|-------------|---|--|
| Psych. Tech. Grade 18           | 1541.75                       | 4.34                      | \$ 18.36  | \$ 35,802.00                    | \$ 13.45                                 | \$ 26,227.50                     | 73.26%      | \$ 9,574.50                                     | \$ 14,761,485.38   |
| Clinical Social Worker Grade 23 | 611.86                        | 6.17                      | \$ 25.77  | \$ 50,251.50                    | \$ 17.57                                 | \$ 34,261.50                     | 68.18%      | \$ 15,990.00                                    | \$ 9,783,641.40  |
| Social Worker Grade 25          | 277.46                        | 6.91                      | \$ 29.02  | \$ 56,589.00                    | \$ 22.29                                 | \$ 43,465.50                     | 76.81%      | \$ 13,123.50                                    | \$ 3,641,246.31  |
|                                 |                               |                           |   |                                 |  |                                  |             |   | \$ 28,186,373.09   |

\* average work week 37.5 hours

\* 1,950 hours per year

Conclusion: For these three State positions and comparable Agency positions, the DAs/SSAs would need to spend nearly 30 million dollars on these positions alone, not including the rest of the agency staff

Maintaining the earlier rescissions and implementing more will further erode our ability to provide a safety net to Vermonters who rely on us for their mental health care. One of the proposed rescissions includes freezing the DMH housing vouchers. These vouchers were established as a part of Act 79 to ensure that people were able to leave the hospital and have safe places to live. I believe we can all agree that housing is a necessary component of anyone's mental and physical health. The vouchers have not been used because the requirements for accessing them are too stringent and are poorly understood. For example, many think that they are available only for CRT clients although this is not the case. The problem is not that we don't need them, the problem is that they are hard to access. Section 8 vouchers are often closed and when open, there is a long waiting list. Access to housing subsidies are very challenging for the outpatient population and harder still for clients attempting to re-enter after having been incarcerated. The housing contingency funds through Community Action are rarely able to meet the need. The reality is that we have a crisis in affordable housing in Vermont generally, and for clients with mental health needs that crisis is quite desperate.

Our programs provide care for people in their home communities so that they are less likely to need costly higher levels of care. We have come to the table ready to meet our commitments. We need your help in order to be able to continue to do so.







# Washington County Mental Health Services 2014 Outcomes Report

Providing excellence  
in Mental Health and  
Developmental Services to  
Greater Washington County,  
Vermont for over 50 years.





# Table of Contents

|  |             |
|--|-------------|
| Letter from the Executive Director.....  | Page 1      |
| Agency-wide and Administrative Services at Washington County Mental Health Services.....       | Pages 2-6   |
| Center for Counseling and Psychological Services (Outpatient).....                             | Pages 7-8   |
| Highlighted Programs of the Center for Counseling and Psychological Services (Outpatient)..... | Pages 9-11  |
| A Story of Change from the Center for Counseling and Psychological Services (Outpatient).....  | Page 12     |
| Community Developmental Services.....  | Pages 13-14 |
| Highlighted Programs of Community Developmental Services.....                                  | Pages 15-17 |
| A Story of Change from Community Developmental Services.....                                   | Page 18     |
| Community Support Program.....   | Pages 19-20 |
| Highlighted Programs of Community Support Program.....   | Pages 21-24 |
| A Story of Change from Community Support Program.....  | Page 25     |
| Children, Youth and Family Services.....   | Pages 26-27 |
| Highlighted Programs of Children, Youth and Family Services.....                               | Pages 28-31 |
| A Story of Change from Children, Youth and Family Services.....                                | Page 32     |
| Intensive Care Services.....   | Pages 33-34 |
| Highlighted Programs of Intensive Care Services.....   | Pages 35-37 |
| A Story of Change from Intensive Care Services.....  | Page 38     |
| Behavioral Health Program at Washington County Mental Health Services.....                     | Pages 39-40 |
| Peer-To-Peer Programs at Washington County Mental Health Services.....                         | Pages 41-43 |
| Intra-Agency Programs at Washington County Mental Health Services.....                         | Pages 44-46 |
| Where the Data Came From.....  | Pages 47-49 |

# Letter From the Executive Director

Dear Friends:

As an organization of people helping people, Washington County Mental Health and Developmental Services, Inc., is very proud to be a primary provider of specialized services in Vermont's Washington County region since 1965. For over 50 years we have worked to serve our community through education, support, and treatment of individuals who live with mental health challenges, substance abuse issues, or intellectual disabilities. We need only look toward national statistics to see that the need is clear. The prevalence of a diagnosable mental illness in adults is 18.6%; people over the age of 12 needing treatment for an illicit alcohol or drug abuse problem is estimated at 9.3%; and the prevalence of a developmental disability of any kind in children over 12 years increased from 12.8% to 15% in recently released national data.

This year's Outcomes Report is specifically developed to demonstrate how much we do within our community and how our services impact the lives of those we serve. We invite you to peruse the pages, which demonstrate Agency-wide outcomes, as well as highlighting programs, within each of our Divisions that encompass the entire age spectrum and demonstrate traditional and non-traditional treatment models that afford our clients options for growth and recovery. Through the use of chosen evaluation tools, we are moving from counting services to examining their effectiveness in helping individuals to improve their quality of life. The data presented is also used to help us examine effective approaches and improve our delivery of services. One of my favorite features within each section of the report is the "Story of Change," written by people who have benefitted from our services and chosen to share a personal story.

You will also note that we have worked to include our Collaborators. WCMHS integrates with a number of community partners ranging from local and state police to health providers, Visiting Nursing Associations, hospitals, schools, courts, aging networks, substance abuse providers, and other designated agencies providing similar services. We cannot do it alone and the more we learn about the benefit of integrated services, the more we improve our model of collaboration.

We hope you will take the time to review our data. We welcome your feedback and encourage you to contact us through our website: [www.wcmhs.org](http://www.wcmhs.org). Many thanks to our incredible staff who have taken the time to pull this valuable information together for yet another year!

Mary D. Moulton,  
Executive Director





## Washington County Mental Health Services Outcomes Agency-wide

**Agency-wide** outcomes include data from **Administrative Services**, which includes Human Resources, Payroll, Maintenance, Information Technology, Accounting, Billing and Data Entry as well as our Quality Assurance Department.

Administrative Services contributes to the client's quality of life providing vital supports that ensure that staff can provide high-quality services to our community.

**Psychiatric and Nursing Services** data is also included in this section.

The Psychiatric staff provides evaluations and ongoing treatment consults for adults and for children with their families throughout the agency. Psychiatric staff consults with an individual and treatment team for the duration of care at WCMHS. As authorized by an individual, the psychiatric staff also coordinates care with health care clinicians outside of WCMHS. Nursing staff facilitate coordination with primary care clinicians, pharmacies and other health care organizations, and oversee medication administration for children and adults.

Both related medical staff teams contribute to the quality of life for all WCMHS' clients by directly advising the client, and/or advising other WCMHS staff on the compassionate delivery of specialized psychiatric and nursing services.



# AGENCY-WIDE WASHINGTON COUNTY MENTAL HEALTH SERVICES

**7,055 Clients Served (unduplicated by program) and 2,000 + Community Members 277,492 Services Provided 80, 220 Residential/Crisis Bed Days in FY14**

**6,717 Clients Served (unduplicated by program) and 2,000 + Community Members 269,681 Services Provided 84,671 Residential/Crisis Bed Days in FY13**

## Who are the People We Serve?



80% clients served have a Household Income of less than \$30,000

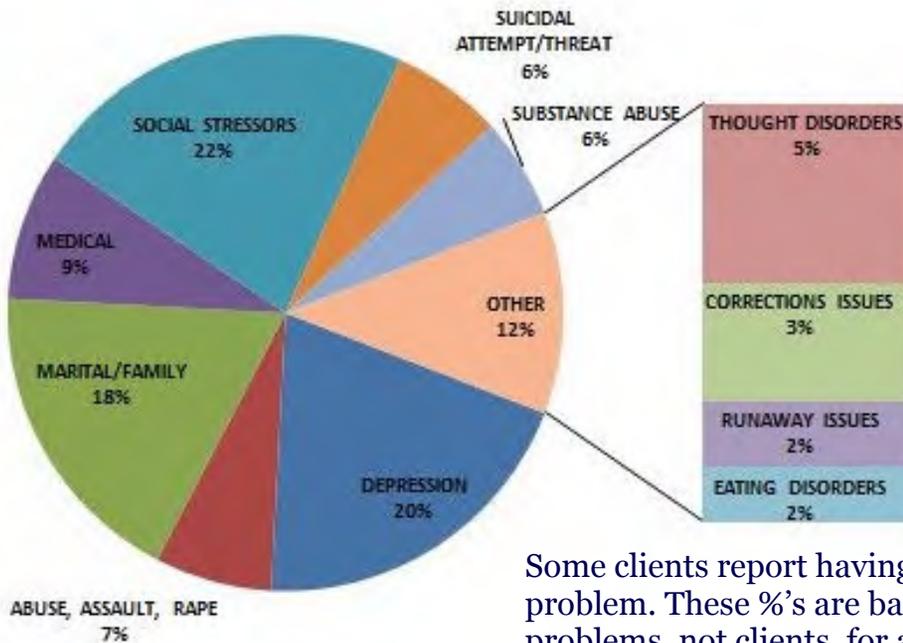


- \* 5.8% retired
- \* 7.5% work full-time
- \* 9.6% work part-time
- \* 13.8% volunteer, disabled, resident of institution, homemaker, or other
- \* 29.3% unemployed
- \* 33.9% students



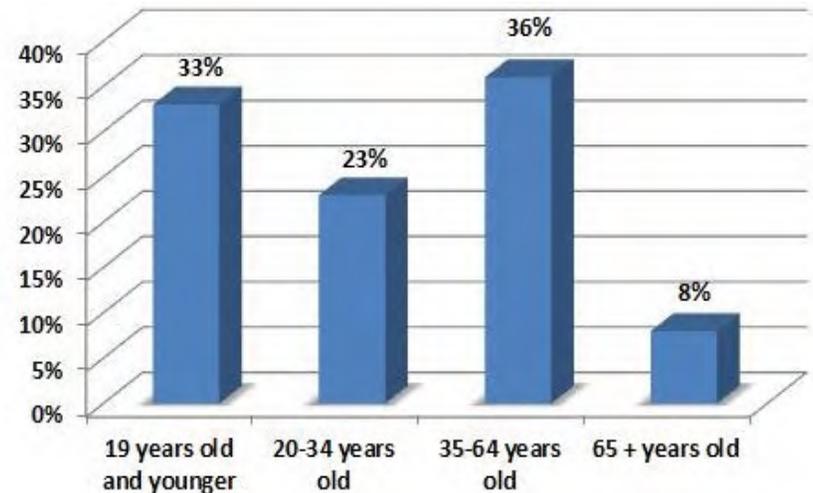
50% Male and 50% Female

## Reported Problems at Intake of Services of Children and Adults



Some clients report having more than one problem. These %'s are based on a count of problems, not clients, for adults and children.

## Ages of Community Members We Serve



# AGENCY-WIDE WASHINGTON COUNTY MENTAL HEALTH SERVICES

## How Well Did We Do It?



## How Much Did We Do?

Our **Psychiatric Staff** provides services across the agency and works with many different programs providing medication evaluation and ongoing medication management to clients. In FY14 they served 878 clients (in FY13, 790 clients) and 4,070 services (in FY13, 5,307 services were provided).

## Community Utilization

On a State-wide level, people with mental illness access services at a consistently higher rate than the national average. In FY13, the latest data available, 39 persons out of 1,000 received services in VT, compared to 22 out of 1,000 nation-wide.

**39** persons out of 1,000 received services in VT compared to

**22** persons out of 1,000 received services nation-wide

## Is Anyone Better Off?

**87%**

Clients said that "Services Made a Difference."

## Crisis Bed Use

1,204 Home Intervention Crisis Bed Days in FY14 (compared to 1,265 in FY13). The Home Intervention crisis program is an alternative to going to an inpatient psychiatric hospital.



The use of our Crisis Bed Program is more cost effective than psychiatric hospitalization, with an

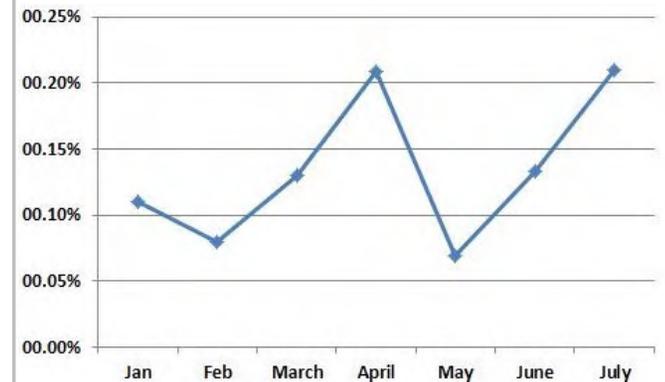
**Estimated Savings of over \$1 million in FY14.**

## How Well Did We Do It?

**Nursing services** are embedded in nearly all programs providing nursing expertise and perspective; we pride ourselves in having a talented and highly skilled staff of 17 nurses. There are approximately 36 different agency programs that benefit directly from nursing involvement in a variety of ways.

## Medical Error Rate Jan 2014-July 2014

★ **1.3 out of a 1,000**



"The nursing staff is critical to our Wellness Program at the Sunrise Recovery Center. We have learned a lot from the research the nursing team has provided on a number of different health related topics. Also, the nurses have been willing to chat with clients about a health concern, even though it is not related specifically to the Wellness Program. They always go above and beyond!" -Sunrise Staff

Delegation is defined as the transference of authority to perform a selected nursing task, such as medication administration, in a selected nursing situation. The nurse retains accountability for the delegation. Between Jan-July 2014 there were, on average, 310 WCMHS staff delegated and supervised by WCMHS nurses. In the same time period there was an average of 9,707 medication passes that occurred under our nursing licenses in each given month.



# ADMINISTRATIVE SERVICES AT WASHINGTON COUNTY

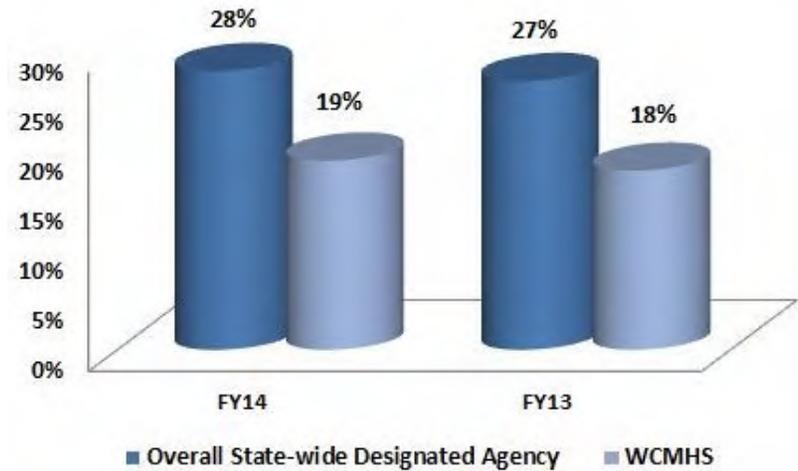
## MENTAL HEALTH SERVICES

### How Well Did We Do It?



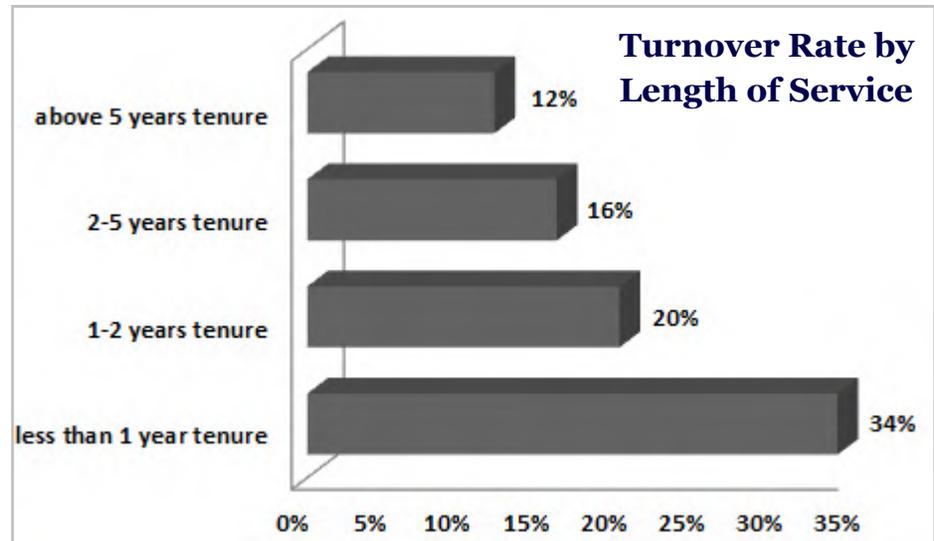
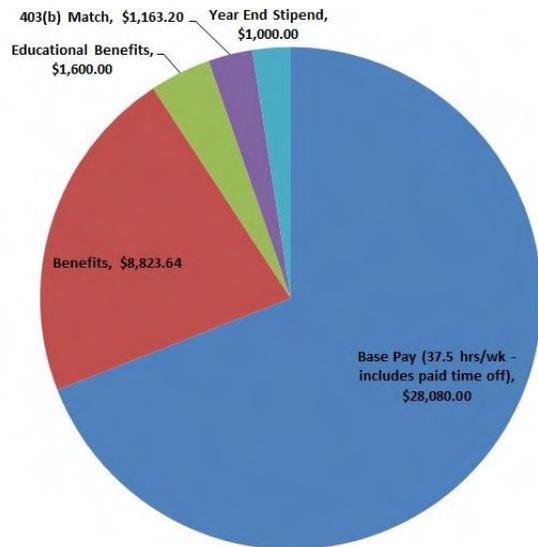
### WCMHS Turnover Rate Versus State-wide Rate

WCMHS' turnover rate continues to be less than the State-wide average.



### Enhancing the Hiring Process— A Recruitment Approach

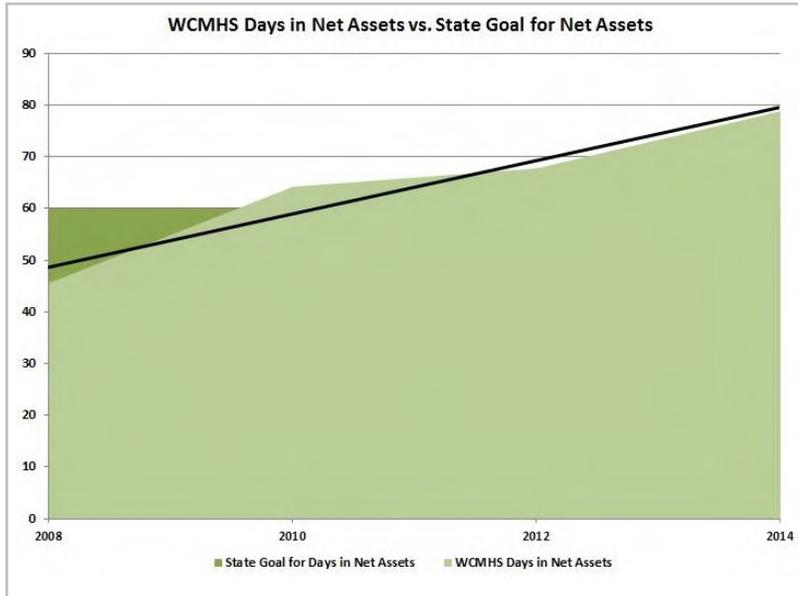
In order to meet market demands, WCMHS, has developed a means to present the entire salary and benefits package for all employment positions. Below is a demonstration of the Behavior Interventionist category, where we enhanced the presentation of this position through a more competitive salary and benefits package for qualified staff.



As the tenure of our staff increases, our turnover rate decreases.

# ADMINISTRATIVE SERVICES AT WASHINGTON COUNTY MENTAL HEALTH SERVICES

## How Well Did We Do It?



## How Much Did We Do?

- 728 active employees
- 1% part-time
- 74% full-time
- 25% hourly
- 17% have master's degree or higher
- 7 yrs average length of service

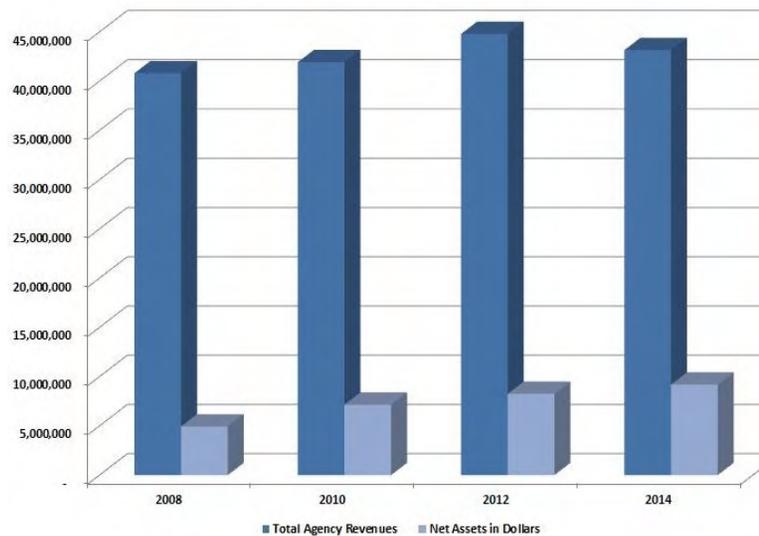
**EMPLOYEES  
ENJOY  
WHAT THEY  
DO**

**94%**

“I have worked at WCMHS for 33 years. I have held many different positions during my tenure from line staff to supervisory. The agency has offered me extensive training opportunities over the years. The health insurance coverage has always been top notch. I have always found the agency to be fair and supportive fostering a sense of loyalty on my part. My goal is to continue working for WCMHS until I can no longer get out of bed in the morning!” -Chuck Boothe

**Our Master Grant with the State of VT Department of Mental Health requires all Designated Agencies to maintain at least 60 days in Net Assets. Since 2010, we have met or exceeded that requirement and on June 30, 2014 we had 79 days in Net Assets.**

WCMHS - Revenue and Net Asset Trends



**We exceeded the DMH Master Grant Goal of at least 60 days in Net Assets.**





## The Center for Counseling and Psychological Services (Outpatient)



**The Center for Counseling and Psychological Services** provides outpatient counseling services for adults and children in office and community settings.

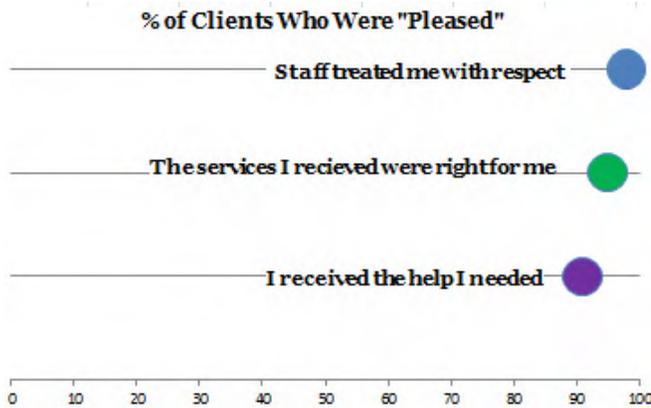
We strive to assist in improving the client's quality of life. We are committed to working with people throughout their lifespan in times of severe challenges, as well as through the stressors of daily living.

Our team includes Clinical Social Workers, Mental Health Counselors, Psychologists, Advanced Nurse Practitioners, training interns, and psychiatric residents.

# THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (OUTPATIENT)

**1,594 Clients Served  
(unduplicated by program)  
19, 288 Services Provided  
in FY14**

## How Well Did We Do It?



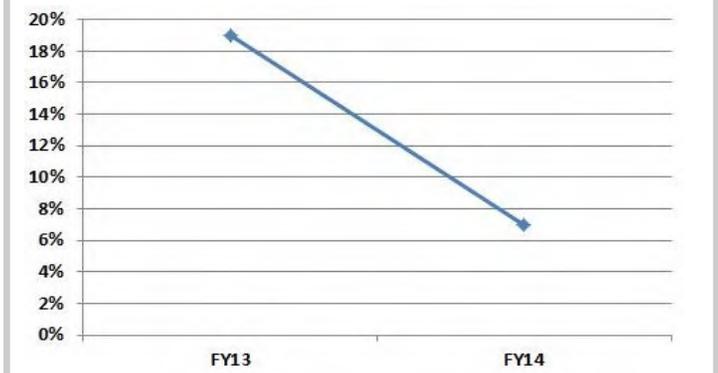
## How Much Did We Do?

**70%** of the clients served received coverage from Medicaid (for at least some part of the year).

Staff received **427** Training Hours enabling them to stay up-to-date with current research and best practice methods.

**1,373 Clients Served  
(unduplicated by program)  
14,950 Services Provided  
in FY13**

## CCPS Staff Turnover Rate



CCPS lowered its staff turnover rate by 12% due to an increased cohesiveness among the team and a continued commitment to clients and the program. An internal wage increase for licensure has also been a big morale booster.

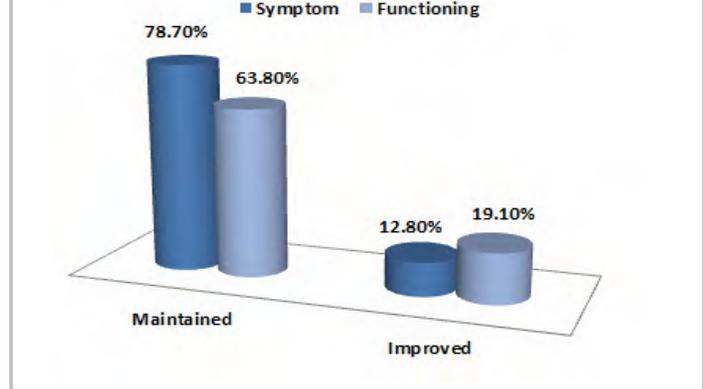
- ### Our Services
- Assessments
  - Community and Home-based
  - Counseling
  - Group therapy
  - Psychiatric Services
  - Service Coordination
  - Wellness and Self-care

## Is Anyone Better Off?

**84%** Clients said that "Services Made a Difference."

## Is Anyone Better Off?

The Dimensional Client Assessment Scale (D-CAS) is completed generally every 6 months with adult clients to assess 5 major dimensions: presentation or symptoms, current functioning, psychosocial history, treatment intensity and treatment tolerance, with each area resulting in an average score. The graph below shows the % adult clients whose functioning and symptoms maintained and improved from time of intake to a follow-up assessment.



## The Agency of Human Services Population Goals that WCMHS contribute to:

♥ VT's children and young people achieve their potential, including youth choose healthy behaviors and youth successfully transition to adulthood

♥ VT's elders and people with disabilities and people with mental health issues live with dignity and independence in settings they prefer

♥ VT families are safe, nurturing, stable and supported



# HIGHLIGHTED PROGRAMS OF THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (OUTPATIENT)

## The Elder Care Program

Provides home-based psychotherapy services for clients, age 60 and over, who would not be able to access therapy through a more traditional office-based setting. This is typically due to medical and mobility issues that may keep an individual homebound.

### Collaboration

The program is a partnership between WCMHS, the Central Vermont Council on Aging (CVCOA), The Clara Martin Center, and Lamoille County Mental Health Services. While referrals come primarily from the CVCOA, our program welcomes referrals from potential clients themselves, family members, and from an array of community resources and agencies that serve the needs of elders.



### Future Outcomes

Currently, across the State, all the Eldercare Programs, in each Designated Agency, are in the process of developing uniform outcomes together.

**102 Clients Served  
Received  
1,579 Services  
in FY14 in the Elder  
Care Program**

**8.6% of the total  
Outpatient  
population are  
clients in the  
Elder Care Program**

### Our Services

We assist clients in managing and working through times of depression, anxiety, grief and loss concerns, and the adjustments and changes that can accompany the aging process.

 **Our goal is to  
maintain  
clients'  
independence and  
assist them in living  
in the least restrictive  
settings.**

# HIGHLIGHTED PROGRAMS OF THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (OUTPATIENT)

## Adult Trauma Treatment Program **Linking Community Supports (LINCS)**

**Designed for adults who experienced psychological trauma and face related challenges that interfere significantly across all domains of their life: social, relational, vocational, recreational and physiological. Treatment focuses on balancing acknowledgment of the impact of past trauma with the development of positive and adaptive functioning. A comprehensive assessment of the client's needs guides individualized psycho-education and "phase-oriented" treatment, in combination with a broad range of appropriate support services.**

### Collaboration

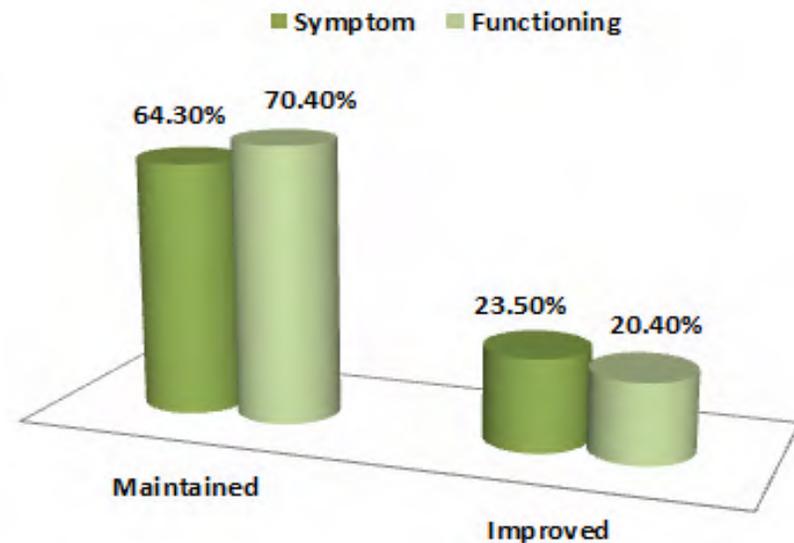
Services are coordinated by a *collaborative team* that includes the client, a treatment resource coordinator, a LINCS recovery skills group, a therapist, a psychiatrist, and community partners.

### Is Anyone Better Off?

The Dimensional Client Assessment Scale (D-CAS) is completed generally every 6 months with adult clients to assess 5 major dimensions: presentation or symptoms, current functioning, psychosocial history, treatment intensity and treatment tolerance, with each area resulting in an average score.

The graph below shows the % adult clients, in the LINCS Program, whose functioning and symptoms maintained and improved from intake to a follow-up assessment.

**215 Clients Served  
Receiving  
2,387 Services  
in FY14  
in the Adult Trauma  
Treatment Program**



# HIGHLIGHTED PROGRAMS OF THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (OUTPATIENT)

## Child and Adolescent Services

**Child and Adolescent Services, within the Center for Counseling and Psychological Services, provides a variety of individual, group, and family counseling services using many therapeutic methods. In addition to providing psychological services to youth and their families, staff are also trained in providing therapies designed for children exposed to psychological trauma.**

**164 Children Served  
Receiving  
3,222 Services  
in FY14  
in the Child and  
Adolescent Services  
Program**

## Child and Family Trauma Treatment Program

**This protocol mirrors the adult approach, but focuses on developmentally appropriate services for children ages 3 to 18. The collaborative team approach attends to multi-faceted recovery needs by providing services such as: individual therapy for the child; parent/child communication; clinical case management; collaboration with school and community providers; parent/caregiver groups; psychiatric consultation and medication management; and family therapy.**



**82 Children Served  
Receiving  
1,654 Services  
in FY14  
in the Child and Family  
Trauma Treatment  
Program**

# A STORY OF CHANGE FROM THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (OUTPATIENT)

A clinician from Outpatient began working with Eric\* in April of 2014, providing at-home services through the Adult Access Program. Eric described his experiences and symptomology of panic attacks and perseverating thoughts which had debilitating effects on his ability to function on a daily basis. Eric worked with his clinician utilizing mindfulness and grounding techniques and Cognitive Behavioral Therapy to identify how his thoughts influenced how he felt and behaved. The clinician and Eric cultivated short-term goals for desensitization (walking a block to a neighbor's house and back home) and working toward completing a phone screening for office-based services and long-term mental health services.

At the beginning of this particular journey, Eric's long-term goals consisted of working toward making it to office-based appointments in order to connect to a long-term clinician, as well as, attending group therapy. Eric reported that the mindfulness exercises were helpful in terms of making him aware of his own ability to monitor internal and external responses. He also believed the grounding techniques were useful and helped him to be able to drive a vehicle, as well as, venture out to the local stores to shop. Notably, Eric also reported that being able to evaluate his thoughts and identify thought patterns, leading up to the need to complete a ritual, was helpful. He found this approach beneficial in terms of understanding that each person is unique and our brains send us all kinds of messages.

As time progresses, Eric is able to make it to office-based appointments, drive solo, and is only arriving about 10 minutes late. This is a huge feat as he, in the beginning, would either miss office-based appointments or arrive close to an hour late. Eric has also reported that he is thinking "of one day going back to work" and contributes that belief to the self-worth he has gained during the course of treatment at Washington County Mental Health Services.

\*Name has been changed.

## What CCPS Clients Are Saying

**"I am very happy with, and very thankful for the help I have received."**

**"I attend support groups and am very glad to see them offered in the community. Mental Health is a big issue in today's society and I'm glad that there is help available."**

**"I am very grateful for the services I received at WCMHS and I know I can call and receive help when I ask for it!"**





## Community Developmental Services

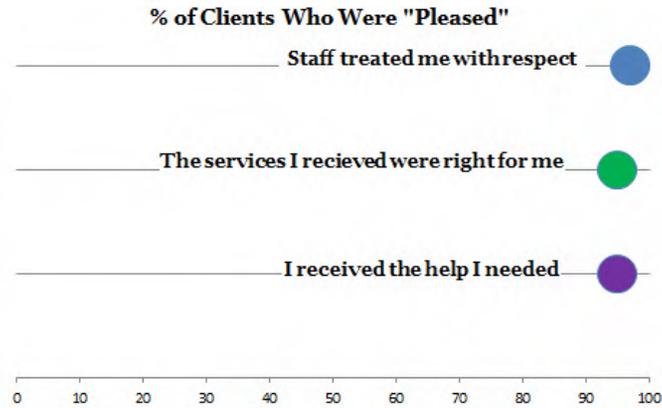


**Community Developmental Services** provides comprehensive services to children and adults with developmental disabilities, intellectual disability, autism, and/or other pervasive developmental disorders. All individuals receiving supports are assigned a Service Coordinator (Case Manager) who is responsible for the person's Individual Support Agreement, and assists the individual in achieving success in his/her own community.

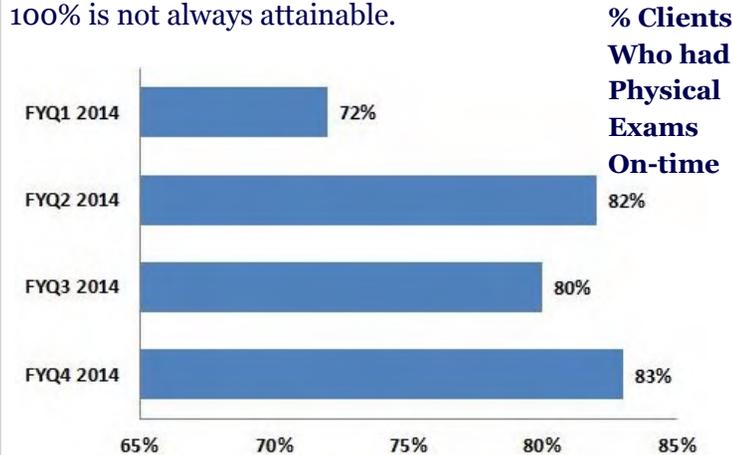
We contribute to the client's quality of life because we help each client achieve his/her greatest independence by gaining skills and linking them to their communities.

# COMMUNITY DEVELOPMENTAL SERVICES

## How Well Did We Do It?



Residential Consumers, per the VT Master Grant from the Department of Aging and Independent Living, are required to get an annual physical exam. Our goal is to have everyone receive a physical, but due to rescheduling or cancellation of an appointment due to weather and/or illness, or mis-recording of the physical, 100% is not always attainable.



## How Much Did We Do?

### Our Services

- Classroom Workshops
- Communication Supports
- Coordination of Community Resources
- Crisis Support
- Employment Services
- Residential
- Respite
- Skill-building groups
- Therapy

### Is Anyone Better Off?



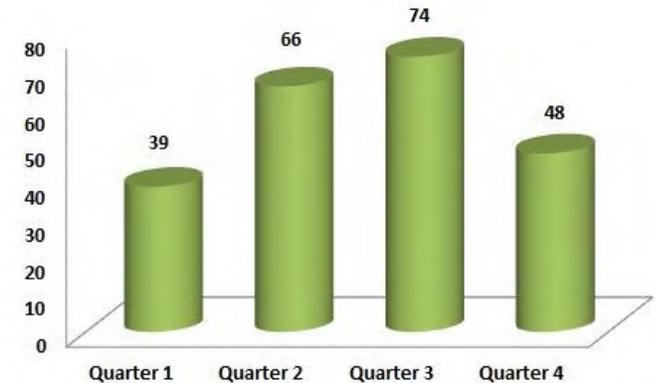
Clients said that "Services Made a Difference."

**Orchard Hill House** is a 2-bed crisis and transitional residential program. It is used as a first response to crisis and provides a caring, home-like and comfortable environment where Developmental Services clients can de-escalate, instead of going to a hospital or correctional facility.

**803 Clients Served**  
(unduplicated by program)  
**59,185 Services Provided**  
**43,968 Residential/Crisis Bed Days in FY14**

**837 Clients Served**  
(unduplicated by program)  
**58,764 Services Provided**  
**43,137 Residential/Crisis Bed Days in FY13**

### # Bed Days, Orchard Hill House FY14, Quarterly



### The Agency of Human Services

#### Population Goals that WCMHS contribute to:

- ♥ VT's elders and people with disabilities and people with mental health issues live with dignity and independence in settings they prefer

- ♥ VT's children and young people achieve their potential, including youth choose healthy behaviors and youth successfully transition to adulthood

- ♥ VT families are safe, nurturing, stable and supported



# HIGHLIGHTED PROGRAMS OF COMMUNITY DEVELOPMENTAL SERVICES

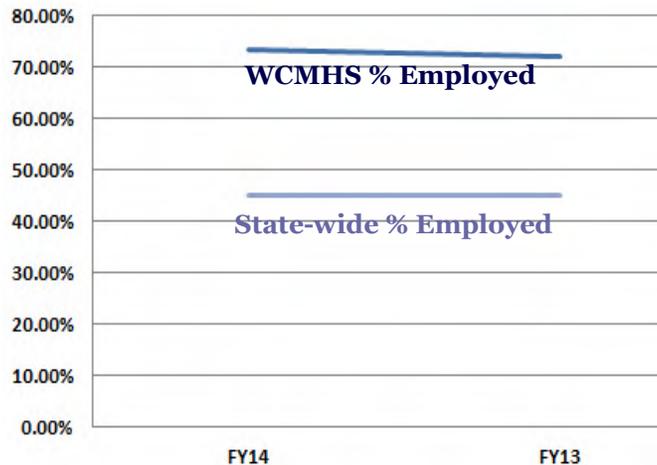
## Supported Employment

### How Well Did We Do It?

**\$ 164,728 Supplemental Security Income (SSI) Savings FY14**

SSI savings is calculated by determining how much someone is making employed (with the assistance of CDS staff) and thus the State does not have to pay that amount out to the client.

### % CDS Clients Employed



Consistently, WCMHS far exceeds the State's goal for employment of CDS' clients.

### Is Anyone Better Off?

| FY   | WCMHS  | State  |
|------|--------|--------|
| FY14 | \$9.36 | \$8.73 |
| FY13 | \$9.13 | \$8.46 |

CDS clients continue to be paid more than the state-wide average.

**58 Clients Served  
4,300 Services Provided  
in FY14  
in the Supported  
Employment Program**



## The Learning Network

Promotes an environment where skill learning is the primary goal to assist each participant to gain a greater level of independence within the community.

Courses are semester-based and individuals can sign up depending on their personal interests and goals.

Courses are offered in classroom and community-based settings and range from Life Skills, which include cooking, fitness, meditation, personal care, functional recreational skills; to Employment Skills; Literature; Art, Music and community field trips to promote socialization and exposure to community events.

**28 Clients Served  
2,717 Services Provided  
in FY14  
in the Learning  
Network**

# HIGHLIGHTED PROGRAMS OF COMMUNITY DEVELOPMENTAL SERVICES

## Children's Services Bridges Program

The Bridges Program provides care coordination to assist families of children under age 22, eligible for Vermont Medicaid, and who have developmental disabilities.

The Bridges Program is a goal-driven approach and designed to help families:

- ♥ Determine what supports or services are needed
- ♥ Access needed medical, educational, social or other services to address their child's needs
- ♥ Coordinate multiple community-based services and develop a plan to address their child's needs

**27 Children Served  
Receiving  
312 Services  
in FY14 in Children's  
Services**

## Communication Training and Resources

The mission of the Communication Training and Resources Program is to ensure that individuals with complex communication needs are able to communicate in their method of choice and have the support, training, and technology to:

- ♥ Be fully included
- ♥ Gain respect of others
- ♥ Demonstrate competence
- ♥ Educate others of their communication competency
- ♥ Develop independence
- ♥ Have quality of life
- ♥ Find purpose in life

**18 Clients Served  
Receiving  
755 Services  
in FY14  
in the  
Communications  
Training and  
Resources  
Program**

## Case Management Services

**248 Clients Served  
Receiving  
24,474 Case  
Management  
Services in FY14**

Case managers serve clients and families in gaining access to needed medical, social, educational, vocational, financial, residential, and crisis supports.

They are responsible for facilitating treatment teams and creating

individualized service plans. They collaborate with other WCMHS' programs and outside service providers to offer a full scope of services- driven by individual client needs.



# HIGHLIGHTED PROGRAMS OF COMMUNITY DEVELOPMENTAL SERVICES

## Residential Services

There are many different kinds of residential facilities, all of which are designed to fit individuals varied needs.

171 Clients Served  
43,283 Bed Days  
in FY14  
in Residential  
Programs



Home Provider is an option for people who need 24-hour support, but would like to live with a family or roommate. This model allows for greater flexibility in matching support needs with a “family.”



Group Living Homes provide 24-hour staffing, and each focuses on different needs— personal care requirements, medical oversight, community integration and emotional/ behavioral supports.



Staffed Living supports occur in homes and/ or apartments in the community that are occupied by 1 or 2 persons with varied levels of support. This model is utilized to support people who may have public safety concerns, persons on Act 248, or a person requiring support for specialized needs.



Supervised Assisted Living supports persons living in their own home/apartment in the community. Individuals typically have basic independent living skills.



# A STORY OF CHANGE FROM COMMUNITY DEVELOPMENTAL SERVICES

Services from Washington County Mental Health Services (WCMHS) have helped me mature and find work I am very capable of doing as well as work I enjoy. I don't have the patience to struggle with college classes, even though I know I am a bright, capable, intelligent woman.

Currently, I have a job through WCMHS which allows me to use the incredible skills I have in terms of English, and writing, etc. I am hoping to use this job as a jump-off point for my longer term goal of becoming a national speaker and presenter. Staff support makes this work possible for me, because they are my ride and my help if I have questions throughout my workday.

I also work in correlation with a teacher at the Learning Network. She is my supervisor and I try to incorporate clients of both the Learning Network, as well as the self-advocates of my local Green Mountain Self-Advocates Chapter, called Friends Helping Friends. It's really important to me to include everyone possible, because that is how you empower people. By



saying, "Hey, we want you, your opinion and voice matters." I could not do what I do without the feedback I get and the support from staff. It helps me to hone my presentation skills and how to come off in a more appropriate manner to the public and how to be more appropriate just around the workplace in general.

## What CDS Clients Are Saying

**"CDS services have made a world of difference to our family. My daughter has made great progress in many areas."**

**"The Supported Apartment Program and Granview staff are all terrific and deserve \*\*\*\*\* stars."**

**"Everyone helps me out."**





## The Community Support Program

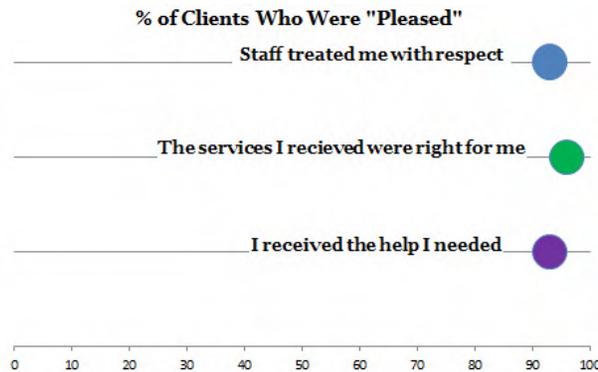
**The Community Support Program** provides comprehensive community-based support services to persons with severe and persistent mental illness. Our services are individualized and emphasize health, wellness, and recovery. We are outreach-based and we work with clients mostly in the community.

We contribute to the client's quality of life because we support/assist clients: in finding a sense of meaning and purpose; staying out of the hospital and living in the community; finding jobs; achieving better health outcomes; developing supportive social networks; identifying hobbies, activities, and recreational pursuits; staying connected or reconnecting with their families; and pursuing educational opportunities.



# THE COMMUNITY SUPPORT PROGRAM

## How Well Did We Do It?



In CSP's own Client Survey, from September – November 2013, responded overall positively.

**90%** Agreed or mostly agreed with the statement, "I work together with my case manager service coordinator in deciding my goal for treatment." Playing a part in one's treatment is crucial for recovery.

### Our Services

- Case Management
- Co-occurring Disorder Treatment
- Daily Living Support
- Dialectical Behavioral Therapy
- Housing Supports
- Medication Evaluation and Management
- Peer Supports
- Psychotherapy
- Supported Employment

## How Much Did We Do?

- 155 clients, out of 353 total CSP clients (43%), were identified as having co-occurring disorders
- Of these 155 clients, 51 (33%) participated in Recovery Groups and Stop Smoking Groups
- The 51 clients who participated in group treatment, participated in 255 groups and were provided with 1,164 hours of service

## Is Anyone Better Off?

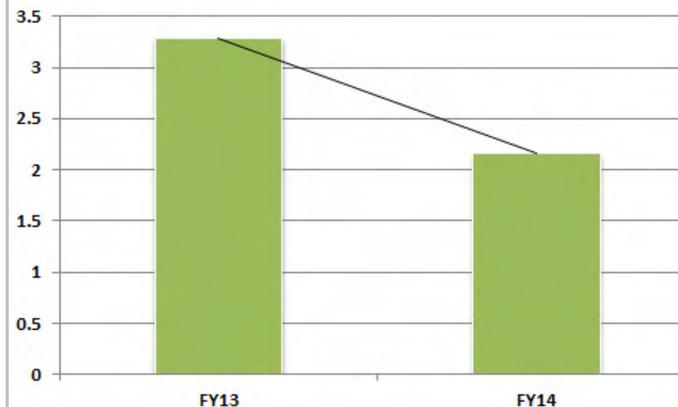


Clients said that "Services Made a Difference."

**985 Clients Served  
(unduplicated by program)  
58,945 Services Provided  
8,385 Residential/Crisis Bed  
Days in FY14**

**958 Clients Served  
(unduplicated by program)  
57,645 Services Provided  
8,210 Residential/Crisis Bed  
Days in FY13**

## Average # Days Between CSP Enrollment and First Date of Service



In FY 14, CSP saw clients within 2.2 days. A quicker response than in FY13 of 3.3 days. We continue to well exceed our goal of 7 days.

In CSP, clients, who are identified as needing intensive supportive services, being seen as quickly as possible, once enrolled, is beneficial because this increases the chance that individuals will become or remain stable and will not go into crisis and potentially the hospital.

## The Agency of Human Services Population Goals that WCMHS contribute to:

- ♥ VT families are safe, nurturing, stable and supported
- ♥ VT's elders and people with disabilities and people with mental health issues live with dignity and independence in settings they prefer

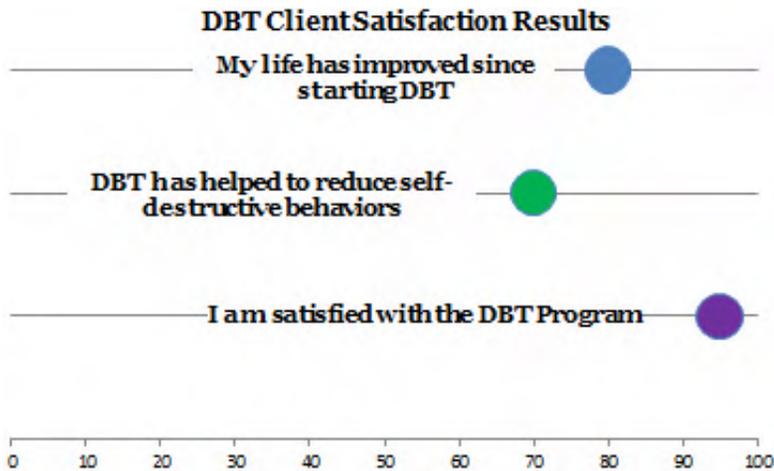


# HIGHLIGHTED PROGRAMS OF THE COMMUNITY SUPPORT PROGRAM

**83 Clients Served  
1,897 Services  
Provided  
in FY14  
in the DBT Program**

## Dialectical Behavioral Therapy

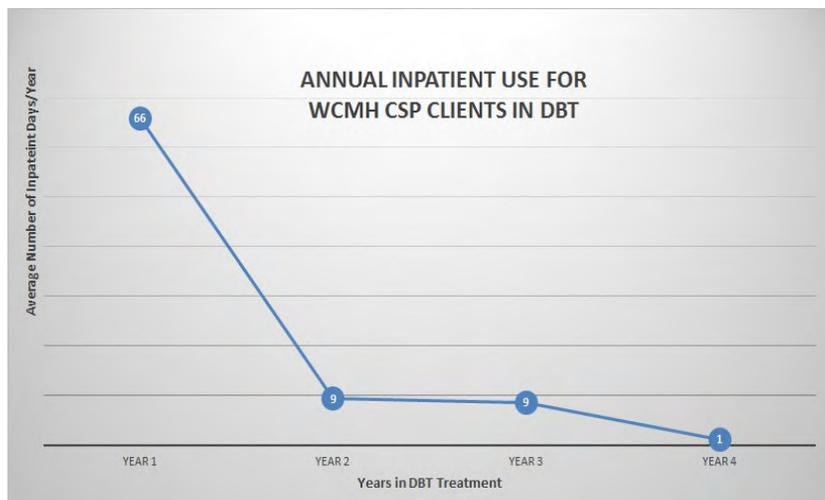
### How Well Did We Do It?



Dialectical Behavior Therapy (DBT) is designed to help individuals who have difficulty tolerating painful emotions. Often these individuals develop ways of managing emotions that work in the short-term, but are problematic in the long-term. Many individuals who enter DBT have trouble with self-injury, suicidal thinking, frequent hospitalization, harsh negative self-judgment and/or addiction. Their lives are often chaotic and they may feel overwhelmed and hopeless. DBT, uniquely, focuses on both reduction of problematic behaviors **and** absolute acceptance of each client as s/he is. It is the acceptance feature of DBT that tends to help build trusting relationships and create an environment in which consumers are able to tolerate the difficulties of changing behavior. DBT treatment involves weekly individual psychotherapy so individuals can examine their own patterns of behavior within a respectful and validating relationship. Weekly skills groups are offered to assist clients in developing healthier coping skills.

“Overall, my life has improved since starting DBT.”

### Is Anyone Better Off?



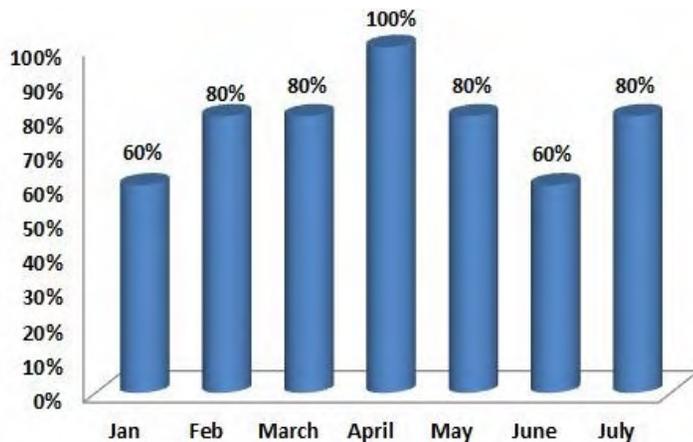
The graph, to the left illustrates the reductions in average hospital days per year experienced by clients enrolled in the DBT program. As clients have progressed in treatment, hospital rates dropped dramatically. This represents both a **large savings in health care dollars** and also a significant indicator of client's renewed ability to lead satisfying lives in the community.

# HIGHLIGHTED PROGRAMS OF THE COMMUNITY SUPPORT PROGRAM

## Sunrise Recovery Center

### Is Anyone Better Off?

**% Clients Maintained/Improved Overall Wellness Goal, Jan-June 2014**



Sunrise Recovery Center is a day program that provides continuous daily support in a safe environment in which a person can learn, practice skills and strategies to better deal with issues related to symptoms of mental illness, trauma, substance abuse and addiction. In the Wellness Program at Sunrise Recovery Center, health goals are set with clients to support them in making healthier lifestyle choices, to lower glucose, blood pressure and cholesterol levels, to lose weight and to improve quality of sleep. The above graph shows that of the 6 people in the program, wellness goals were consistently maintained or improved, from month-to-month, from 60-100%.

**113 Clients Served  
5,019 Services Provided  
in FY14  
in Sunrise Recovery  
Center**

**Staff work across programs collaboratively and successfully to improve clients' physical as well as mental health fulfilling the clients' needs across a continuous spectrum of care.**

## Community Living Program

Community Living Coaches provide a variety of supports to clients in their homes that empower them to successfully live independently. One-on-one intensive supports are needed to successfully integrate clients into the community.

In August of 2013 and again in February of 2014, 25 clients were surveyed on key community integration skills and achievement. Of those 25 clients surveyed, 48% showed improvement and 12% maintained their skill level.

### Is Anyone Better Off?

**60%** Clients maintained or improved their community integration skills.



**55 Clients Served  
256 Services  
Provided in FY14  
in the Community  
Living Program**



# HIGHLIGHTED PROGRAMS OF THE COMMUNITY SUPPORT PROGRAM

## Residential Services

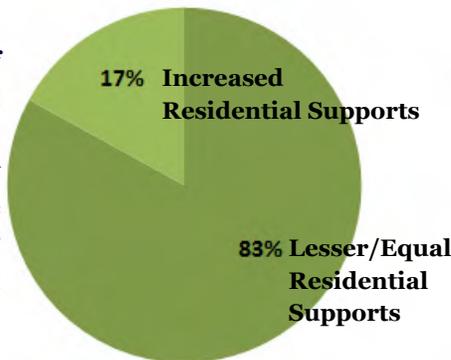
The CSP Residential Program provides transitional housing supports at two group residential treatment programs, Single Steps and Segue House. Both of these programs are staffed 24 hours/day, 7 days/week, and accept men and

women at least 18 years of age and have a mental health diagnosis. The focus is on people needing additional support and life skills training as they move towards more independent living situations. Single Steps, licensed by the State of VT as a Level III facility, serves up to 9 people, with 1 bed reserved for short stays. Segue is licensed by the State of VT as a Therapeutic Care Residence and provides services for up to 8 people and residents are in either facility between 6-18 months.

Since 2007, close to 90 people have moved through these two residential programs. The chart below shows that 83%, who left, moved into settings where the amount of support was equal to or less than the support they received when they lived at Single Steps and Segue. The majority moved into situations where significantly less support was needed.

### Is Anyone Better Off?

Types of Residential Supports Needed by Clients Once Left CSP Residential Programs



Types of supports and life skills training residents receive include (and not limited to):

- ♥ Nutrition
- ♥ Meal preparation
- ♥ Employment
- ♥ Daily Living Skills
- ♥ Medication
- ♥ Emotional supports

**61 Clients Served**  
**4,317 Services Provided**  
**4,494 Bed Days in FY14**  
**in Residential Services**

## Green Mountain Workforce Employment Services

Green Mountain Workforce (GMWF) serves adults experiencing persistent mental health challenges. The program is part of an array of services offered to clients and focuses on assisting people with identifying, acquiring and maintaining community-based employment.

**137 Clients Served**  
**3,732 Services Provided**  
**in FY14**  
**in Green Mountain Workforce**

Employment has been seen to improve overall mental health and help toward recovery as it provides:

- Routinized schedule
- Financial stability
- Sense of self-worth
- Social Interaction
- Choice and satisfaction

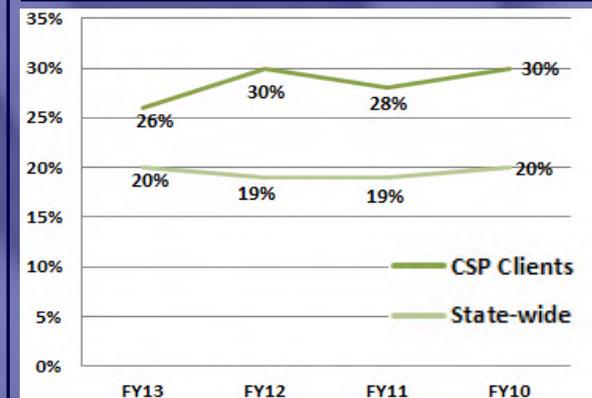
### # New Employee Placements

|              | FY13 | FY14 |
|--------------|------|------|
| State Target | 16   | 16   |
| WCMHS        | 16   | 20   |

### How Well Did We Do It?

Despite the overall state-wide downward trend, the WCMHS CSP employment rate has consistently remained above the state-wide average since FY01 and has been the highest in the state since FY10.

### % CSP Clients Employed Compared to % Employed State-wide\*

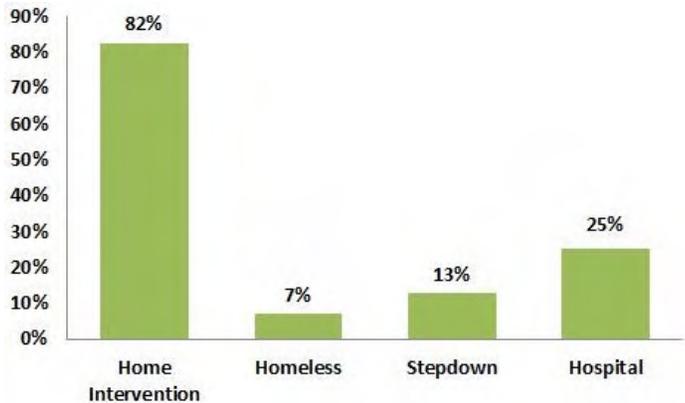


\* Data is from FY13, the latest data available from the State.

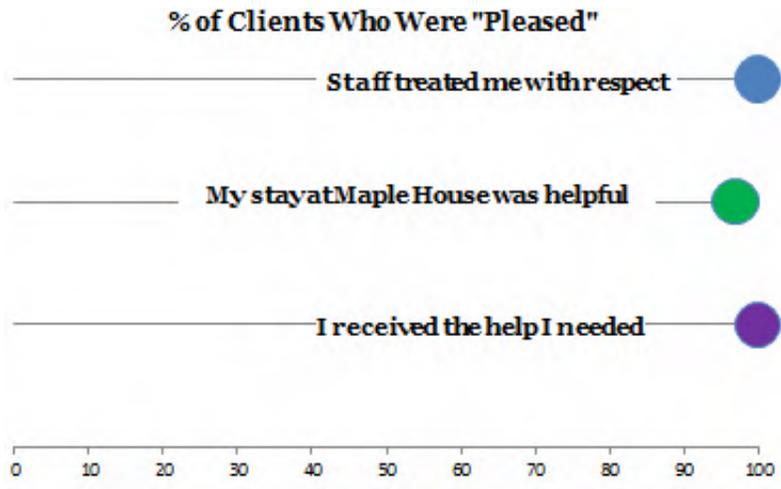
# HIGHLIGHTED PROGRAMS OF THE COMMUNITY SUPPORT PROGRAM

## Is Anyone Better Off?

Maple House is an alternative to hospital or traditional crisis bed placements. Of the 68 guests, in FY14, when asked where they would have gone, if Maple House were not available, chose the following options— see graph below (some guests chose more than one option).



## How Well Did We Do It?



## Maple House Peer Run Crisis Bed

Maple House is a peer-run Temporary Crisis Bed with trained overnight and weekend support for CSP clients who find themselves needing support in a safe, compassionate and comfortable setting.

**31 Clients Served  
68 Guest Bed Stays  
in FY14  
in Maple House**

## Some Facts About Maple House for FY14

|                  |          |
|------------------|----------|
| Guest Stays      | 68       |
| Number of Guests | 31       |
| Average stay     | 3.5 days |

## How Much Did We Do?

Referrals to Maple House are received from a few

|                         | Case Managers | Self-referrals | Screeners |
|-------------------------|---------------|----------------|-----------|
| are received from a few | 85%           | 10%            | 5%        |

different places: case managers, self-referrals and Emergency Screeners. Self-referrals were implemented to encourage clients to advocate for their own needs.



# A STORY OF CHANGE FROM THE COMMUNITY SUPPORT PROGRAM

## My Journey to Recovery

I was given a diagnosis of bi-polar in my early 20's. During that time I married and raised a son. I am currently divorced and a "house dweller" in the Home Share Program. I remain very close with both my ex-wife and my son.

I started receiving services from WCMHS about 24 years ago. This was primarily psychotherapy & medication management. After an extremely dark period in my life, I was referred to the Sunrise Recovery Center. As this program builds on strengths, I was soon hired as a driver. Shortly after, I was also offered a position at the Home Intervention Program. Though my duties vary from program to program, I do share my experiences on my Journey to Recovery with other clients as appropriate. I also received vocational support, & case management. I have currently dis-enrolled from services with WCMHS and see a psychiatrist in the community.



I attend Community College of VT and hope to earn a Human Service Degree. Though I will always struggle with the bi-polar illness, I have learned to better manage my symptoms. My employment and educational goals keep me focused and I am optimistic about my future.

### What CSP Clients Are Saying

**"The staff is very kind and courteous. They always have a smile to give and are very helpful in times of need. Thank you for your service."**

**"I like the help and support mental health gives me and they follow through with the help and support they give me. I thank them very much. They do a very good job too."**

**"The staff really understands mental illness."**



## Children, Youth and Family Services



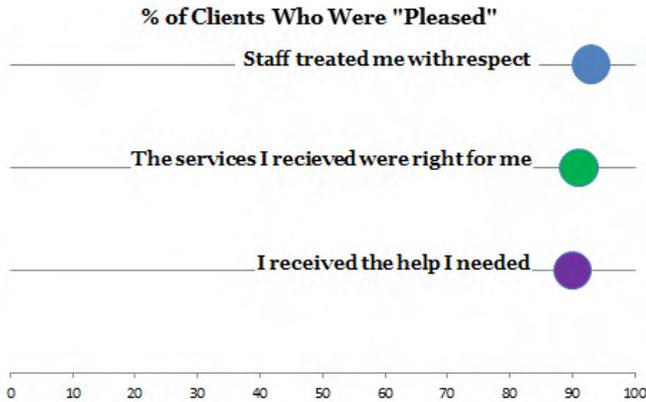
**Children, Youth and Family Services** encompass a wide-variety of office and community-based services, as well as school and home-based services for children and their families living with mental illness. Services are available to expectant mothers and parents up to and including youth who are 22 years of age.

CYFS is committed to supporting families in raising their children to develop the coping and social skills to be able to access education, build positive connections and be prepared to live healthy, happy and productive adult lives.



# CHILDREN, YOUTH AND FAMILY SERVICES

## How Well Did We Do It?



## How Much Did We Do?

**77%** of the clients served received coverage from Medicaid. (for at least some part of the year).

### Our Services

- Counseling
- Developmental
- Employment
- Home and Community-based
- School Contracted Services
- WCMHS School Programs

**1,004 Clients Served**  
(unduplicated by program)  
**116,922 Services Provided**  
**26,663 Residential/Crisis Bed Days in FY14**

**1,007 Clients Served**  
(unduplicated by program)  
**105,353 Services Provided**  
**32,059 Residential/Crisis Bed Days in FY13**

## Jump on Board for Success Program (J.O.B.S.)

Provides employment services to transition-aged youth until their 22nd birthday, experiencing a serious emotional disturbance to assist in preparing for independent living, college, or other post high school living situations.

J.O.B.S. is not just about finding employment for youth. It is also about serving the entire individual's needs. A multitude of assessments are completed to ensure the youth is receiving the services needed to be successful at their job and in their personal lives.

**46 Clients Served**  
**1,606 Services Provided**  
**in FY14 in J.O.B.S.**

**53%** WCMHS J.O.B.S. participants were employed, compared to **49%** state-wide.\*

\* Data is from FY13, the latest data available from the State.

| Accessed Primary Care Provider* | Mental Health Assessment* | Substance Abuse Assessment* | Health Insurance Coverage* |
|---------------------------------|---------------------------|-----------------------------|----------------------------|
| 95%                             | 100%                      | 97%                         | 100%                       |

## Is Anyone Better Off?



Clients said that "Services Made a Difference."

## Children's Integrated Services

January — June 2014, **80%** children and families were seen within **5** days of the first initial contact, which is comparable to the state-wide average.

It is clinically important to initiate contact with families as soon as possible after their first initial connection with the agency.

## The Agency of Human Services

### Population Goals that WCMHS contribute to:

- ♥ VT families are safe, nurturing, stable and supported

♥ VT's children and young people achieve their potential, including pregnant women and young people thrive; children are ready for school; children succeed in school; youth choose health behaviors; youth successfully transition to adulthood.

# HIGHLIGHTED PROGRAMS OF CHILDREN, YOUTH AND FAMILY SERVICES

## Micro-residential Services

Micro-residential homes provide intensive community-based services to children and youth with challenging behaviors who are transitioning out of hospitals or who have been in multiple hospitals and need to learn to live more independently in the community. Youth in micro-homes are supported in schools with behavior interventionists who follow highly individualized behavior programs for each youth. Therapeutic interventions are coordinated by Micro-home leadership and/or are provided within the home milieu environment. The WCMHS Micro-residential Program is a state-wide resource for other agencies.

**34 Clients Served  
20,845 Services Provided  
4,577 Residential Bed Days in FY14 in Micro-residential Services**

## **Children Receive 5+ Services/day**

### Services include:

- ♥ Therapeutic interventions
- ♥ In-school support
- ♥ Psychiatric services
- ♥ Independent living skills
- ♥ 24 hours/7 days/week care

### School Services

Services are also provided to children through our school based behavioral interventionists providing supports to children while in school in order to ensure their successful integration and ability to learn.

For the past 2 years, the Micro-residential occupancy rate has been close to capacity at a 90% occupancy rate.



## Family Partnership and Supports

Family Partnership and Supports is a therapeutic case management program serving youth and families struggling with emotional disturbance, mental illness and overwhelming familial stress. Services are provided with the goals of assessing needs and strengths, stabilization and supporting families in thriving independently. Customized and individualized services are provided to meet family needs. Services can include, but are not limited to: broad range of treatment, teaching skills to be independent, facilitate connection to community resources (i.e. housing, economic services), and collaborate with schools. These services are provided while actively involving the family in identifying needs/goals for long-term stabilization.

**91 Clients Served  
4,266 Services Provided in FY14 in Family Partnership and Supports**

### Collaboration

Family Partnership and Supports works with a wide base of collaborative partners including, but not limited to:

- Public Schools & Alternative School Placements
- VT Department of Children and Families
- Medical Providers
- Residential Programs
- Other Mental Health Agencies
- Psychiatric Hospitals
- Court System
- Social Service Agencies
- VT Council on Aging



# HIGHLIGHTED PROGRAMS OF CHILDREN, YOUTH AND FAMILY SERVICES

## Early Childhood Early Childhood and Family Mental and Health

- Programs provided by the ECFMH program include:
- ♥ New Leaf Child Care and Family Support Program
  - ♥ Children’s Integrated Services
  - ♥ Child Care Outreach and Support
  - ♥ Early Childhood Autism Preschool

**98 Clients Served  
14,195 Services  
Provided  
in FY14 in Early  
Childhood Programs**

Outreach specialists provide clinical and consultation services in conjunction with other area agencies. Services are focused on young children (ages 0-6) experiencing (or at risk of) a serious emotional disturbance and their families.

Children’s Upstream Services (CUPS) is an outreach-oriented program that serves families in their homes and communities. There is a great focus in early childhood on serving the child “in context.”

For this reason, many of the services provided through ECFMH are provided to those who care for the “identified” child. As illustrated to the right, the # of therapy sessions, as well as the total # clients served (which includes children and parents/guardians), 29% and 17%, respectively, increased, in FY14, despite the fact that the number of clinicians and interns stayed the same.

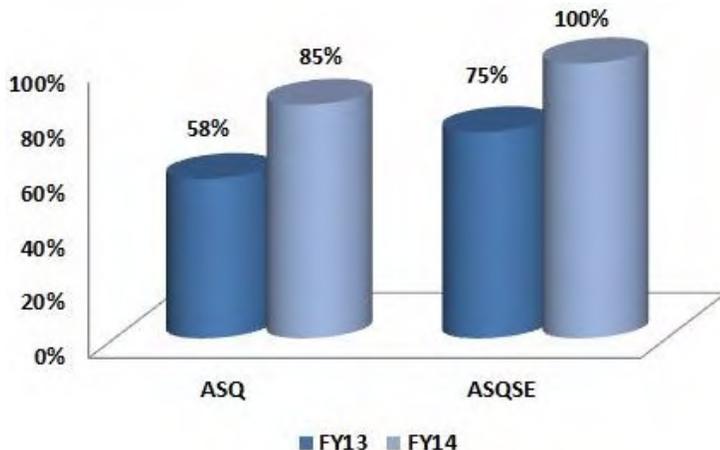
### How Much Did We Do?

|             | Total # Therapy Sessions Provided | # Children Served Under Age 3 | # Children Served Ages 3-6 | # Parents/Guardians Served | # Providers/Early Childhood Agencies Served |
|-------------|-----------------------------------|-------------------------------|----------------------------|----------------------------|---|
| <b>FY14</b> | 1,787                             | 50                            | 82                         | 286                        | 51  |
| <b>FY13</b> | 1,380                             | 53                            | 104                        | 199                        | 47  |

The above data does not include New Leaf Family Center, the Childcare Outreach Project or the Supporting Children/Strengthening Families Programs.

### Is Anyone Better Off?

### % Children With Improved and Maintained Developmental Scores FY13 and FY14



Within the ECFMH Program, two developmental screens (Ages and Stages Questionnaires (ASQ) and Ages and Stages Questionnaires Social Emotional (ASQ SE) are used to identify young children with potential delays in the main areas of development: cognitive, language, motor (fine and gross), and social and emotional development. These assessment screens are given to young children upon entry into our programs and at regular intervals following intake.

The figure, to the left, illustrates the total % of children whose scores improved and were maintained from intake to the second administration of the tool in FY13 and FY14.

It should be noted that the children who participate in the ECFMH Program are from homes with multiple risk factors, one of which frequently being in utero insults to development. All young children are provided with highly coordinated care.

# HIGHLIGHTED PROGRAMS OF CHILDREN, YOUTH AND FAMILY SERVICES

**203 Clients Served  
27,509 Services Provided  
in FY14 in School-based  
Services**

## School-based Services

School-based services focus on youth with behavioral challenges for which the school needs additional assistance. Programs included in School-based Services include:

**Positive Behavioral Classroom**– uses a single classroom for children to go and be supported with the goal of integrating the child back into the classroom successfully. This program serves 12 students at Barre City Elementary and Middle School.

**Positive Behavioral Intervention Supports**– is a customized positive behavioral system implemented across an entire school and consultation is provided by WCMHS trained Behavior Analysts. Currently, we have 9 Analysts and 2 Home School Coordinators. In addition, individualized services are provided to a small caseload, where additional positive behavioral support is needed and customized to the child’s needs within the school.

**School Based Behavioral Intervention Services**– children involved in this program were either not in school or were on a downward spiral behaviorally. Each child is provided with a trained behavior interventionist who implements a behavior plan that increases in difficulty as the youth's behavior improves. Youth who are served in the Success Beyond Six programs with individualized behavioral programming at CYFS are at risk of being placed in residential and/or day treatment facilities due to emotional and behavioral disabilities. Through the use of a trained behavior interventionists, therapeutic case management services for the family and school, behavioral consultation from a clinician trained in Applied Behavioral Analysis, and close partnerships with the contracting schools, the vast majority of the youths served remain in their homes and in public schools settings.

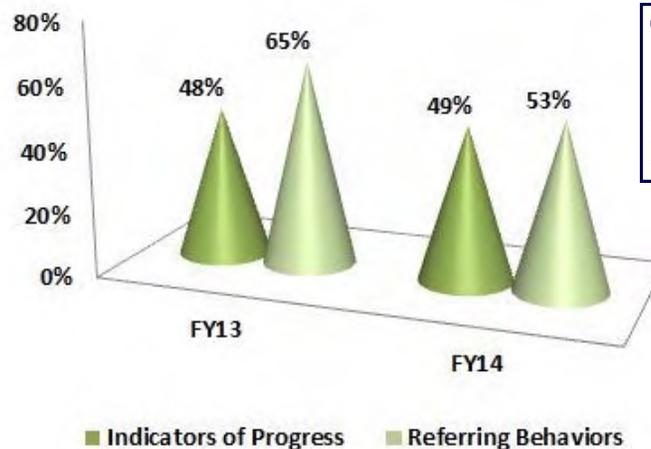
**Beckley Day Program**– is a short-term tutorial program available for students in grades 1-6. Children are typically students in need of extra support, stabilization, and assessment. Youth are offered a supportive environment in which their social, emotional and educational needs can be assessed and supported with the goal of transitioning the students back to the least restrictive mainstream educational environment.

## **Is Anyone Better Off?**

The data to the right represents the total % of youth who have improved and maintained their behavioral target skills for FY13 and FY14.

In order to be “counted” as “**improved**” from month to month,” there needed to be a 5% improvement from one month to the next for target behaviors listed under Indicators of Progress, as well as Referring Behaviors.

And, “**maintaining** behaviors at an optimal level” required that behaviors listed under Indicators of Progress be maintained from one month to the next 5% or better and for Referring Behaviors, there needed to be no occurrence of Referring Behaviors from one month to the next.



**Total % Youth Improved and Maintained Behavioral Target Skills, FY13 and FY14**



# HIGHLIGHTED PROGRAMS OF CHILDREN, YOUTH AND FAMILY SERVICES

## WCMHS School Programs

WCMHS runs several school programs that provides specific therapeutic and educational services for students who cannot access their education in a mainstream environment.

### Ch.O.I.C.E.

#### (Changing Our Ideas Concerning Education) Academy

is a licensed independent school which serves students grades 5-12 who cannot access their education in a mainstream setting due to emotional and behavioral challenges. The Academy has four programs under its umbrella; The Ch.O.I.C.E. Academy High School, the Ch.O.I.C.E. Academy Middle School, the Individualized Programs of Ch.O.I.C.E. Academy and The Zone classroom.

The four programs offer a high staff to student ratio (from 1:3 to 1:1 depending on need) and are structured to support students with a spectrum of abilities and disabilities.

40 Clients Served  
5,106 Services Provided  
in FY14  
in WCMHS School  
Programs



# A STORY OF CHANGE FROM CHILDREN, YOUTH AND FAMILY SERVICES

## My Story to Share

As a child growing up I was surrounded by alcohol and drugs. I mean it was everywhere at my house, the neighbor's house, and at friends houses. For many years, I saw what it did to my parents, in and out of prison, always on the run from the police and I always told myself I would never be them. Well, here I am today with two beautiful children and I went down that road too. Ugh...

It all started when I was 16 and was having really bad back issues and before that I was diagnosed with scoliosis. I went to see my regular doctor about my back issues and he prescribed me opiates. I was on them for about a year when all of a sudden the doctor stopped giving them to me. I didn't realize it at the time, but I was addicted. I woke up the next morning and didn't feel so well. I started calling everyone I knew to try to find some opiates, so I wouldn't feel like I was anymore. It took me a very long time before I even realized I was addicted. I was young and didn't even understand what addiction meant.

I continued to use for many years until I turned 19 and had a very good friend of mine help me to get into a Suboxone Clinic, which I can say now totally saved my life. I had my first child, a daughter when I was 21 and on the Suboxone Program. While I was going to a routine OB/GYN, I was introduced to the Community Response Team at Washington County Mental Health. They came into my life at the perfect time, with expertise and loving nature helped me tremendously with the process to motherhood. Being on Suboxone and having a baby is very scary because the thought of your child having withdrawals (I was very fortunate that my child didn't have any withdrawals).



Washington County Mental Health Services is an awesome program to help moms with the transition and I hope that it will be here for many years to come.

## What CYFS Clients Are Saying

**“I am very satisfied with the services my daughter receives. She's definitely growing, and become her own person. When I need help with a certain behavior they are there to help and work with me and have excellent advice!”**

**“I feel WCMHS provided services above and beyond what I asked for.”**

**“The program was amazing. The staff were a blessing and they have truly change my family and my life.”**





## Intensive Care Services

**Intensive Care Services** is a 24 hours, 7 days a week crisis intervention and assessment program covering all of Washington County and the towns of Orange, Williamstown and Washington in Orange County. Services include: telephone support and consultation; on-site crisis intervention; assessment for admission to crisis bed programs and psychiatric units statewide; assessment for incapacitation by substances; and referral to brief and extended counseling, psychiatric, and support services.

The Emergency Services Team is a mobile unit that will provide services to people in the community, as well as within programs. The Emergency Services Team includes ten crisis clinicians and two psychiatric providers who are consultants to the team and also see clients.

We contribute to the client's quality of life because we are there to respond during times of distress in emergency circumstances to provide support and assessment of needs for a safe and clinically appropriate disposition.



# INTENSIVE CARE SERVICES

## How Well Did We Do It?



## How Much Did We Do?

**13,500** Telephone Contacts

**223** screenings (of 166 unique individuals) for incapacitation through our Public Inebriate Program

**66** Adults served through our Crisis Bed-Home Intervention

**245** Children served receiving **2,546** services through our short-term crisis program-Children's Access

**1,501 Clients Served**  
(unduplicated by program)  
**15,488 Services Provided**  
**1,204 Residential/Crisis**  
**Bed Days in FY14**

**1,428 Clients Served**  
(unduplicated by program)  
**14,502 Services Provided**  
**1,265 Residential/Crisis**  
**Bed Days in FY13**

## Is Anyone Better Off?

**100%** Clients said that "Services Made a Difference."

### Collaboration

**30% Screenings Involved Law Enforcement**

**7.2% Screenings Law Enforcement Requested a Mental Health Assessment**

**299**

(29%) Crisis Assessments were conducted outside of the Emergency Room by the Crisis Team.



**66%** Clients with an Emergency Screening Assessment were not admitted to a psychiatric hospital unit.

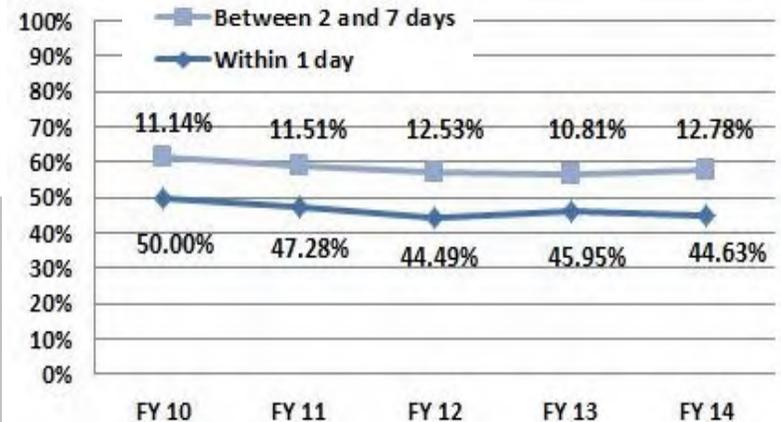


**Estimated Savings in Emergency Room Costs of Over \$400,000**

### Our Services

- Mobile outreach for on-site crisis intervention
- Assessments
- Referral to brief and extended counseling, psychiatric, and support services
- Telephone support and consultation

## Wait-time Between an Emergency Evaluation and Follow-up Service



## The Agency of Human Services

### Population Goals that WCMHS contribute to:

- ♥ VT's elders and people with disabilities and people with mental health issues live with dignity and independence in settings they prefer
- ♥ VT families are safe, nurturing, stable and supported



# HIGHLIGHTED PROGRAMS OF INTENSIVE CARE SERVICES

## Public Inebriate Program The Lighthouse

The Lighthouse Public Inebriate Program is a 4 bed facility that provides a safe home-like environment for those encountered by the police who require detoxification without medical intervention.

★ If Lighthouse was not available, the vast majority of clients would go to jail.

★ Because clients are diverted from jail, they end up **not** using valuable law enforcement time and resources.

223 Incapacitation  
Screenings  
of 166 Adults  
in FY14

**54%** 121 or 54% of  
adults who were  
screened, were  
diverted from jail

**93%** 113 or 93% adults who  
were diverted from jail  
went to Lighthouse

**100%** 100% of adults placed at  
Lighthouse, received a  
conversation about  
treatment options

## Collaboration

The Lighthouse Program continues to work closely with community partners. The Central Vermont Substance Abuse Services case manager communicates with the program coordinator on a regular basis and is available when needed to evaluate a client for further treatment services. The Turning Point Recovery Center of Barre provides training for Lighthouse Staff on substance abuse theory/ issues, interviewing skills to enhance communication during follow-ups and Brief Intervention Strategies.

## Team Two Training

### Collaboration

WCMHS and Law Enforcement provide a joint training to enhance communication and collaborate effectively in crisis response.

In July 2014, WCMHS hosted a regional training called **Team Two**, where **28** attendees, which included law enforcement from **7** different police agencies, and mental health crisis workers, came together to learn the best ways to serve community members who are living with mental illness during crisis response.

Another training is being held in **February 2015**.

## We Plan, Host and Train

Our Emergency Services Coordinator is a member of the Team Two Faculty, and as a member of the Advisory Board, oversees the ongoing development of the training, as well as one of our Staff Crisis Screeners is a trainer for Team Two.

# HIGHLIGHTED PROGRAMS OF INTENSIVE CARE SERVICES

## Crisis Bed Home Intervention

**Home Intervention (HI)** is a crisis bed program that serves adult clients with a mental illness. The program seeks to provide psychiatric stabilization to clients in a homelike setting versus the traditional hospital setting and capitalizes on the client continuing to receive services and supports from their out-patient team as well as the HI in-house 24/7 staff.

An alternative to traditional hospitalization, the program also accepts step-down from hospitalization to continue stabilization with greater access to the community and to free up necessary beds at the hospitals. The program accepts clients from any catchment area across the state, but the WCMHS Community Support Program clients are the main targeted population.

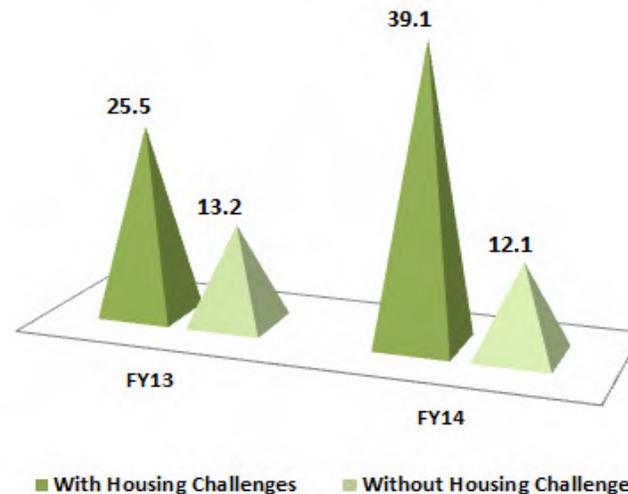


The graph below illustrates that in FY14, for 27% of the clients discharged, the ones who had housing challenges, stayed 27 days longer than their counterparts without housing issues. In FY13, it was the same scenario- Clients who presented with housing issues remained at HI nearly 12 days longer than their counterparts without housing issues.

The average length of stay for clients in FY14 was 19.4 days with a range of 1 – 171 days.

**66 Clients Served  
1,205 Crisis Bed Days  
in FY14  
in Home Intervention**

**Average # Days Clients Stay at Home Intervention With/out Housing Challenges**



# HIGHLIGHTED PROGRAMS OF INTENSIVE CARE SERVICES

**179 Clients Served  
2,431 Services Provided  
in FY14 in Adult Access**

## Adult Access

The Adult Access Program serves adults in our community who are experiencing urgent distress and are in need of mental health services to help provide stabilization. Services are provided to adults, as well as their families, to help stabilize crisis situations and reconnect people with their communities as soon as possible.

## Collaboration

- Adult Access partners with numerous organizations including, but not limited to:
- Central Vermont Council on the Aging
  - Capstone
  - Local medical providers
  - Central Vermont Substance Abuse Services
  - Central Vermont Medical Center
  - Central Vermont Home Health and Hospice
  - Another Way
  - Local housing authorities

## Services include:

- **Mental health assessment**
- **Crisis planning and support**
- **Brief treatment including individual therapy and psychiatric referrals**
- **Supportive counseling**
- **Case management services**
- **Support toward goals such as stable housing, medical care and employment**

## Children's Access



## Collaboration

In July 2013, a new group started through the Children's Access Program of WCMHS. **Random Rescue**, a local dog rescue, was linked with three groups of children, who volunteer once a week for two-three hours. The youth help out by leash walking dogs, cleaning crates, floors and kennels; bathing dogs, training, socializing and feeding the dogs.

Through this partnership, the children have gained improved self-esteem, self-awareness and leadership skills. And, the dogs have discovered that humans can be safe and caring.

The children feel empowered and valued, because they know they are helping a cause they believe in. Not only are they being reinforced for their efforts, they have also been called "inspiring" by members of the community. They have improved their ability to stay patient, follow directions, accept feedback and manage their time.

**245 Clients Served  
2,546 Services  
Provided in FY14  
in Children's Access**

The **Children's Access** Program serves children who are experiencing short-term crisis and need help stabilizing. Services are provided to the children, as well as their families, to get youth connected back to their communities as soon as possible.

## A STORY OF CHANGE FROM INTENSIVE CARE SERVICES



Our emergency screener received a call from a man who was distressed and driving his car. The emergency screener listened to the man tell his story and provided supportive counseling while the man was talking. The caller expressed acute suicidal ideation and had a plan to drive his car into a ledge. The emergency screener did not know where the man was, but knew he needed to validate his feelings and keep talking and support him.

The man explained that he was coping with several stressors including losing his job recently and financial stressors, as well as his marriage ending. The caller also explained that he was not currently able to see his children and had started to consume alcohol frequently. The emergency screener listened and validated his feelings and was able to establish rapport and help the caller feel safe enough to tell the emergency screener where he was. The emergency screener then called the police, who were able to respectfully intervene and the man came to the Central Vermont Medical Center (CVMC) Emergency Room. At CVMC, the emergency screener, emergency room physician and psychiatrist met with him and he was admitted to the CVMC psychiatric unit.

The man was discharged from CVMC with case management and brief treatment services through our Adult Access and Solutions Programs, short-term crisis programs. Through these two programs, the man was able to access a case manager, therapist and psychiatric provider quickly. He is now living in stable housing and is employed. He has ongoing treatment providers and is not experiencing suicidal ideation or depressive symptoms currently. He attributes his current stability to his own hard work in treatment and the respectful treatment he has received, starting with the first call to our caring and compassionate emergency screener, during his most extreme distress.



## Behavioral Health Integration Programs

There are two specific programs that exist under the **Behavioral Health Integration Programs**. The first is the Behavioral Health Integration Project, which is a program under The Center for Counseling and Psychological Services (Outpatient) Division, yet physically exists outside the agency's walls. There are two main offices with three clinicians embedded in medical settings that provide counseling services to clients who are referred by the medical center.

The second is a Children, Youth and Family Services pilot project where there is a discrete **Information Exchange with Pediatric Medical Practices**, where a systematized process has been established for information exchange regarding shared clients between WCMHS and two pediatric medical practices— Associates in Pediatrics in Berlin and The Health Center in Plainfield.



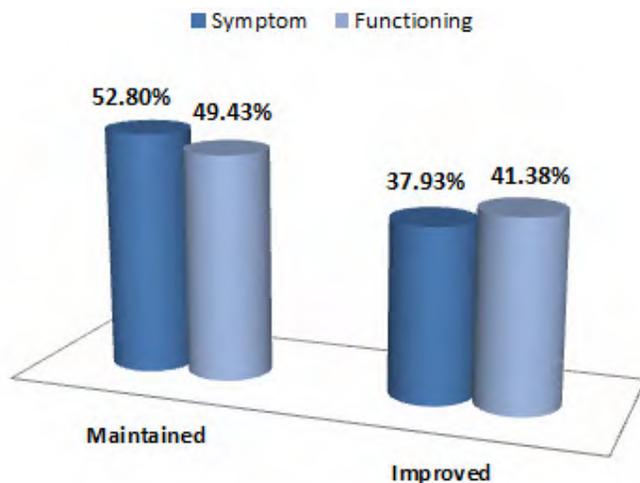
# BEHAVIORAL HEALTH INTEGRATION AT WASHINGTON COUNTY MENTAL HEALTH SERVICES

The **Behavioral Health Integration Project** began as a collaborative demonstration effort of Washington County Mental Health Services and Central Vermont Medical Center and the first practice was operational in February of 2000. The main goal of the program is to provide psychological counseling services at targeted medical practices to identify, assess, refer and provide evidence-based treatment to promote optimal psychological health for Washington County community members.

**118 Clients Served  
1,151 Clinical Hours Provided  
in FY14  
in Behavioral Health Integration Project**

Behavioral Health Clinicians are in two medical practices, Barre Internal Medicine and Waterbury Medical Associates, and we anticipate expanding to more practices early in 2015. WCMHS and Barre Internal Medicine are also piloting a trauma screening in primary care. To date, the screen has been given to 27 patients, 9 have screened positive and 5 accepted referrals to meet with a provider, the majority of which were referred to the Trauma Treatment Resource Coordinator at WCMHS.

## Is Anyone Better Off?



The Dimensional Client Assessment Scale (D-CAS) is completed generally every 6 months with adult clients to assess 5 major dimensions: presentation or symptoms, current functioning, psychosocial history, treatment intensity and treatment tolerance, with each area resulting in an average score.

The graph above shows the % adult clients whose functioning and symptoms maintained and improved from time of intake to a follow-up assessment in the Behavioral Health Integration Project.

## Information Exchange with Pediatric Medical Practices— A Pilot Project of WCMHS, Children, Youth and Family Services Division

**What:** Systematize a process for information exchange regarding shared clients between WCMHS and two pediatric medical practices— Associates in Pediatrics in Berlin and The Health Center in Plainfield.

**Goal:** To improve health and mental health care for the children and families served by CYFS through increased and more effective communication and collaboration with their primary care providers.

**What difference will it make:** Research has shown that integrated health and mental health services allow for children and families to receive a higher quality of care. Mental health plays a significant role in physical health and through the coordination of services addressing each, providers gain invaluable information that allows for more informed, targeted, and holistic treatment to occur.





## Peer-to-Peer Programs



**Peer-to-Peer Programs** exist across our agency in many different ways. We find a peer-to-peer model to be effective in supporting clients' own road to recovery with support from an understanding, caring and non-judgmental contemporary.

The programs that use this model at WCMHS are Friends Helping Friends, Communication Alliance, both within the Community Developmental Services Division, as well as Maple House, Sunrise Recovery Center, and the Peer Line, all based within the Community Support Program. Also, The Public Inebriate Program, Lighthouse; and Home Intervention, within the Intensive Care Services Division have a peer-to-peer component.

# PEER-TO-PEER PROGRAMS AT WASHINGTON COUNTY MENTAL HEALTH SERVICES



## **Community Developmental Services Friends Helping Friends (FHF)**

Is a peer-focused advocacy group. It's a group for peers, by peers; "nothing about us, without us." The overarching goal of FHF is to broaden our rights and get equal/fair treatment through advocacy, specifically at a state level, via advocacy at the State House. We do this via encouragement and support from each other and our allies.



## **Community Developmental Services Communication Alliance**

Is a group of peer self-advocates who type to express themselves. They actively advocate for the right to communicate, for quality of life initiatives and for increased public awareness and education.

Currently there are seven members who are accompanied by their facilitator/support staff and they meet bi-monthly.

Some members of the group have mentoring relationships with schools and other individuals receiving supports.

Currently the group is working on a grant funded Learning Collaborative opportunity through Green Mountain Self Advocates, which will allow them to go into schools to help educate on issues such as presumption of competence and how to be a self-advocate through sharing their personal stories.



## **The Intensive Care Services Home Intervention Crisis Bed**

Peer services were incorporated into the program in July of 2010 and started with one peer providing administrative and client support during a specific time frame. Another peer was added a few years later.

The presence of the peers has further grounded the program within a recovery-oriented framework. Their personal experiences and insights have been invaluable and enriched the experience for the clients we serve and the staff. Peers, who introduce themselves to clients as Peer/Staff, join the staff in providing support to the clients, answering phones, and cooking and cleaning.



## **The Intensive Care Services Public Inebriate Program, The Lighthouse**

Began in November, 2011 and provides an alternative to placement in a correctional facility or jail for individuals who are incapacitated due to substance use and require supervision to detox safely. There are 7 staff members, 6 of whom are peers. We agree with the SAMHSA Center for Substance Abuse Treatment that because peers "have been successful in the recovery process, they embody a powerful message of hope as well as a wealth of experiential knowledge" that may be useful in supervising and supporting clients during detox and in encouraging them to engage in treatment and recovery.

# PEER-TO-PEER PROGRAMS AT WASHINGTON COUNTY MENTAL HEALTH SERVICES



## **Community Support Program, Hillside Estates**

The men and women's shared house is a program in collaboration with Central Vermont Community Land Trust. The houses are for individuals with a diagnosed mental illness, who have been unsuccessful with independent living or have never lived independently.

The houses have three part-time residential counselors that have lived experiences with mental illness. The houses are designed to be a place where someone can work on needed skills to live successfully and independently without the intensive and more costly support of a group home setting.

The philosophy behind staff that are peers is that residents can more easily relate and they see that they too can recover.

Their personal experiences and insights have been invaluable and enriched the experience for the clients we serve and the staff.



## **Community Support Program Sunrise Recovery Center**

Our mission is to help individuals to be as independent as possible on their individual journeys. We have observed that peer-to-peer support is a key element for developing hope and inspiration.

The Sunrise Recovery Center serves approximately 70 clients in a year. The majority of the employees are client staff, because we believe that employment can be a Recovery Tool and that hiring persons with lived experiences is beneficial to all.

In addition to the paid client staff, The Sunrise Recovery Center promotes an environment of peers helping others whether with technology or helping our older clients. For example, clients support each other in our Wellness Program and provide critical support in help achieving personal health goals.

In our Recovery Education series, one of the most powerful aspects of recovery is hearing a peer tell his/her recovery story.



## **Community Support Program The Peer Line**

- ♥ Peer Line Services is a telephone line that people 18 years of age and older can call
- ♥ It runs 365 days/year, from 6 to 11 pm
- ♥ On average, 7 calls are received nightly
- ♥ Our goal is to help divert callers from needing crisis service in that instance
- ♥ We are completely run and staffed by peers



## Intra-agency Programs



**Intra-agency Programs** are programs developed to provide services seamlessly across the continuum of care from intake to comprehensive, urgent and emergent care. The programs highlighted in this report are the Wellness Collaborative, The Doula Project, and The Children's Navigation Program.

Each of these programs contribute to the client's quality of life because they provide innovative, unique and specialized services based on clients' needs, no matter where the client receives his/her primary services.



# INTRA-AGENCY PROGRAMS AT WASHINGTON COUNTY MENTAL HEALTH SERVICES

There is one *unified* point of contact for children and families to start services at WCMHS.

## Children's Navigation Program

The **Children's Navigation Program** represents the first point of contact for children and families requesting mental health or developmental services.

The Navigation Team provides the initial screening and assessment for families seeking services. They also field requests for internal referrals between programs.

Each week, new clients (or existing clients seeking new services) are presented to the Utilization Review Committee by the Navigation Team, in order to match clients with the most clinically appropriate services. The Team provides quantitative and qualitative data to the Utilization Review Committee, so that clients and families can access mental health services in a fair and uniform way. This team facilitates referrals to existing programs or provide brief treatment, depending on whether brief treatment is indicated or there is a waitlist for an existing program.

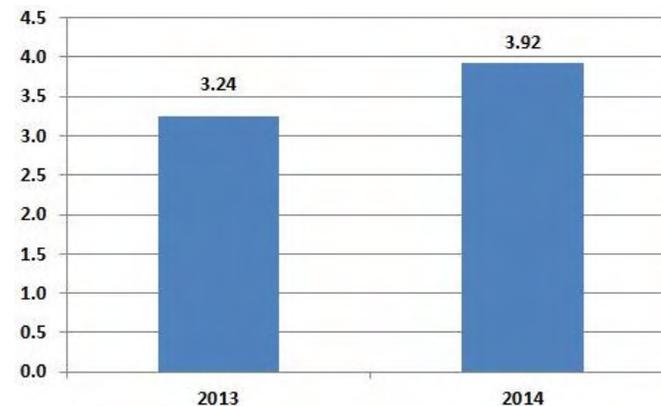
**316 Clients Served  
3,717 Services Provided  
in FY14  
in Children's Navigation  
Program**

**“Intake”** is defined as the meeting with families and clients where information is gathered about the client’s needs.  
**“Utilization Review”** is a weekly meeting where each family’s needs are discussed.

The data below shows that families typically wait less than a week between when they ask for services and when comprehensive treatment recommendations are provided, and a plan of care or case disposition is offered.  
Slight increases in length of wait time, are correlated to reduced staffing. In addition, even though there is a *slight* increase in wait time between Intake and the Utilization Review, there have been significant practice improvements since 2012. Therefore, in fact the increase in time reflects a commitment to better quality in terms of our clinical discussion at Utilization Review.

### How Well Did We Do It?

Average Days From Intake to Utilization Review, by FY



# INTRA-AGENCY PROGRAMS AT WASHINGTON COUNTY MENTAL HEALTH SERVICES

## The Wellness Collaborative

The Wellness Collaborative is dedicated to a holistic approach to health and wellness, supporting individuals through stresses of daily life. The program was started in February, 2013. It offers alternative wellness techniques that aim to raise the quality of life for clients through a trauma-informed holistic approach to health, balance and recovery. We aspire to support empowerment and self-sufficiency through self-care

**78 Clients Served  
551 Services Provided  
in FY14  
in The Wellness Collaborative**

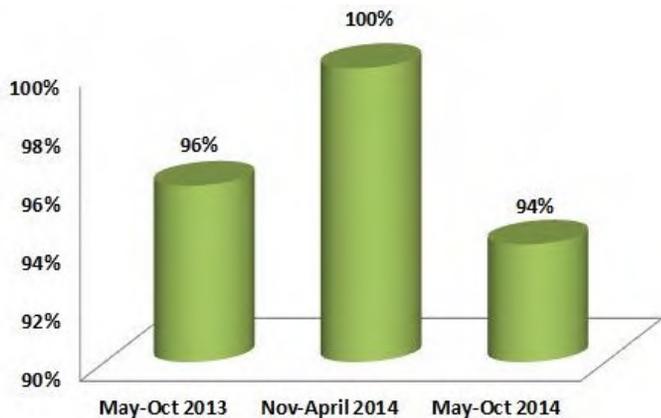
### Group work offerings include:

- ♥ Self-care and Stress Reduction
- ♥ Introduction to Mindfulness
- ♥ Yoga
- ♥ Mindful Walking and Gardening
- ♥ Cooking for Self-care
- ♥ Narrative Art

techniques and wellness based therapies as a means of healing and coping in daily life.

The Wellness Collaborative serves clients agency-wide, as well as outreaches to the community to health centers and a variety of community partners. Services are offered through group and individual wellness work.

***Is Anyone Better Off?*** % Clients Whose Stress Levels Were Reduced



The data to the left illustrates, that of The Wellness Collaborative’s group participants, when asked at the beginning of the 6-8 week workshop series and afterward, on average, over 96%, across all time periods, had reduced stress levels.

## The Doula Project

The Doula Project was started in August of 2014 and is a program for pregnant and/or parenting women who have a history of trauma or mental illness.

The main goal of the Project is to support and empower women through the entire process of pregnancy and birth, and up to a year post-partum, providing essential support and education to her (and partner if applicable). Labor support, by a trained doula, who has a relationship with the women, is a key part of the services provided.

### Education and support focus on key topics that are imperative for moms:

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| ♥ Baby wearing                  | ♥ Diapering                       |
| ♥ Birthing interventions        | ♥ Feeding                         |
| ♥ Cesarean versus Vaginal Birth | ♥ Newborn care                    |
| ♥ Self-care                     | ♥ Bonding/attachment              |
| ♥ Breastfeeding support         | ♥ How to find community resources |
| ♥ Baby cues                     |                                   |

## **The Doula Project is Needed**

**5.9%**

In FY09, 5.9% of births in Washington County were low-birth weight babies.

“Ensuring that all pregnant mothers have access to early prenatal care and counseling has the potential to decrease the prevalence of low-birth weight babies and infant mortality.”





## Where the Data Came From



# WHERE THE DATA CAME FROM

Clients, especially those with complex needs, are often most appropriately served by multiple programs within Washington County Mental Health Services. The unduplicated counts of the clients in this report reflect the actual services by program. The total agency-wide client count was 3,067 distinct individuals. In addition, we approximate that we serve an additional 2,000 community members through non-billable education and service provision. The source of the data used to generate the majority of the statistics in this report was our billing and Electronic Medical Record. All counts from other sources are noted below:

## Letter from the Executive Director

- National Statistics— Source: [www.samhsa.gov/data](http://www.samhsa.gov/data) and [pediatrics.aappublications.org](http://pediatrics.aappublications.org)

## Agency-wide and Administrative Services at Washington County Mental Health Services

- % Clients Who Were Pleased and % Clients Said That Services Made A Difference— Results from the WCMHS Client Satisfaction Survey administered in June 2014. Approximately 1,825 surveys were disseminated across all Divisions at WCMHS. Of the 1,825 surveys, approximately, 330 were returned, for a response rate of 18%.
- Community Utilization Rate— source: <http://www.samhsa.gov/data/sites/default/files/URSTables2013/Vermont.pdf>
- Crisis Bed Use— Inpatient Psychiatric Hospitalization Bed Cost use of \$1,857 from the VT Department of Mental Health
- Nursing— Medical Error Rate and Delegation data by WCMHS Nursing Division
- Turn-over Rate Behavioral Interventionist Benefits/Salary, Employee Statistics and % Employees Enjoy What They Do— WCMHS Human Resources
- Revenue and Net Assets— WCMHS Finance Division

## Center for Counseling and Psychological Services (Outpatient)

- % Clients Who Were Pleased and % Clients Said That Services Made A Difference— Results from the WCMHS Client Satisfaction Survey administered in June 2014. Approximately 1,825 surveys were disseminated across all Divisions at WCMHS. For the CCPS, 92 surveys collected.
- Turn-over Rate— WCMHS Human Resources
- DCAS: CCPS Adult OP— maintained symptom n=37; improved symptom n=6; maintained functioning n=9; improved functioning n=30; WCMHS Center for Counseling and Psychological Services
- DCAS: CCPS Trauma Treatment— maintained symptom n=63; improved symptom n=23; maintained functioning n=69; improved functioning n=20; WCMHS Center for Counseling and Psychological Services
- Medicaid Client Counts— Clients can have many insurers both public and private during the course of treatment. Clients are identified as Medicaid, if Medicaid paid for any services during the identified time period.

## Community Developmental Services

- % Clients Who Were Pleased and % Clients Said That Services Made A Difference— Results from the WCMHS Client Satisfaction Survey administered in June 2014. Approximately 1,825 surveys were disseminated across all Divisions at WCMHS. For CDS, 38 surveys collected.
- Residential— WCMHS Community Developmental Services
- Supported Employment— WCMHS United Employment Services Program

## Community Support Program

- % Clients Who Were Pleased and % Clients Said That Services Made A Difference— Results from the WCMHS Client Satisfaction Survey administered in June 2014. Approximately 1,825 surveys were disseminated across all Divisions at WCMHS. For CSP, 80 surveys collected.
- CSP's internal Client Satisfaction Survey— Results from CSP's administration of their own internal survey from Sept—Nov 2013. Approximately 334 surveys disseminated and 79 returned for a response rate of almost 24%.
- How Much Did We Do?— WCMHS Co-occurring Program
- Average # Days Between CSP Enrollment and First Date of Service— WCMHS Community Support Program and WCMHS Electronic Medical Record



# WHERE THE DATA CAME FROM

## Community Support Program, continued

- Dialectical Behavioral Therapy Satisfaction– WCMHS DBT Program
- Dialectical Behavioral Therapy Inpatient Use for WCMHS CSP Clients– the VT Department of Mental Health
- Sunrise Recovery Center– WCMHS Sunrise Recovery Center
- Community Living Program– WCMHS Community Living Program
- Residential Services– WCMHS Residential Services Program; Equal/Lesser Residential Supports includes own housing, men/women shared housing, transitional, and Level III/TCR, and Home provider/parent and shelter
- Green Mountain Workforce– the VT Department of Mental Health
- Maple House– WCMHS Maple House

## Children, Youth and Family Services

- % Clients Who Were Pleased and % Clients Said That Services Made A Difference– Results from the WCMHS Client Satisfaction Survey administered in June 2014. Approximately 1,825 surveys were disseminated across all Divisions at WCMHS. For CYFS, 97 surveys collected.
- Medicaid Client Counts– Clients can have many insurers both public and private during the course of treatment. Clients are identified as Medicaid, if Medicaid paid for any services during the identified time period.
- J.O.B.S.– the State J.O.B.S. Program Coordinator
- Children’s Integrated Services– the VT Agency of Human Services
- Early Childhood and Family Mental Health– WCMHS ECFMH Programs
- School-based Services– WCMHS School-based Services Programs

## Intensive Care Services

- % Clients Who Were Pleased and % Clients Said That Services Made A Difference– Results from the WCMHS Client Satisfaction Survey administered in June 2014. Approximately 1,825 surveys were disseminated across all Divisions at WCMHS. For ICS, 7 surveys collected.
- Wait-time between an Emergency Evaluation and follow-up service– The source for the data was the Electronic Medical Record. The starting point was an Emergency Evaluation by ICS staff, any service within WCMHS was considered a follow-up, with the exceptions of another Emergency Evaluations or a Telephone Screening.
- Law enforcement, Crisis Assessments– WCMHS Intensive Care Services
- Estimated Hospital Savings– \$1,354 average cost emergency room visit– source: [http://meps.ahrq.gov/data\\_stats/tables\\_compendia\\_hh\\_interactive.jsp\\_SERVICE=MEPSSocketo&\\_PROGRAM=MEPSPGM.TC.SAS&File=HCFY2011&Table=HCFY2011\\_PLEXP\\_E&VAR1=AGE&VAR2=SEX&VAR3=RACETH5C&VAR4=INSURCOV&VAR5=POVCAT11&VAR6=MSA&VAR7=REGION&VAR8=HEALTH&VARO1=4+17+44+64&VARO2=1&VARO3=1&VARO4=1&VARO5=1&VARO6=1&VARO7=1&VARO8=1&\\_Debug=](http://meps.ahrq.gov/data_stats/tables_compendia_hh_interactive.jsp_SERVICE=MEPSSocketo&_PROGRAM=MEPSPGM.TC.SAS&File=HCFY2011&Table=HCFY2011_PLEXP_E&VAR1=AGE&VAR2=SEX&VAR3=RACETH5C&VAR4=INSURCOV&VAR5=POVCAT11&VAR6=MSA&VAR7=REGION&VAR8=HEALTH&VARO1=4+17+44+64&VARO2=1&VARO3=1&VARO4=1&VARO5=1&VARO6=1&VARO7=1&VARO8=1&_Debug=)
- The Lighthouse– WCMHS The Lighthouse
- Team Two Training– Team Two Coordinator
- Home Intervention– WCMHS Home Intervention

## Behavioral Health Integration Program

- DCAS: CCPS BHIP– n= 27; WCMHS Behavioral Health Integration Project

## Peer-to-Peer Programs

- Peer-to-Peer Programs– WCMHS Peer-to-Peer Programs

## Intra-agency Programs

- Children’s Navigation Program– WCMHS Children’s Navigation Program
- The Wellness Collaborative– WCMHS The Wellness Collaborative, May-Oct 2013, n=25, Nov-April 2014, n=9, May-Oct 2014, n=18
- The Doula Project-Low-birth weight babies– Community Needs Assessment, 2013, Central VT Medical Center

# NOTES

**For more information about Washington County Mental Health Services  
please visit our website at [www.wcmhs.org](http://www.wcmhs.org) or call us at (802) 229-1399.**

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