

## House Healthcare Committee Testimony

April 9, 2024

1:00 – 2:30pm

Northwestern Counseling & Support Services is the Designated Agency (DA) for Franklin and Grand Isle Counties while providing services in Chittenden, and serving students in Lamoile County.

**Vision:** Northwestern Counseling & Support Services (NCCS) welcome all citizens to join us in cultivating a partnership with Franklin and Grand Isle Counties and with the surrounding communities. We affirm our commitment to offer consumer directed services that are easily accessible and delivered in a comfortable setting.

**Mission:** To ensure that the residents of Franklin and Grand Isle Counties have access to high quality services, which promote healthy living and emotional well-being.

### Service Questions

Describe the typical persons served and services offered within each:

- **Outpatient:** Provides therapeutic supports to people of all genders and ages within our community.
  - Currently scheduling clients 3 weeks out
  - Specialty therapeutic supports include:
    - 1:1, Couples, Family and Group Therapy
    - Eldercare Outreach
    - Reach-Up
    - Grief Group
    - Specialty Trauma Therapy
    - Addictions and Problem Gambling
    - Internship placement site for local graduate programs
- **Community Rehabilitation and Treatment (CRT)** – Serves any individual from the age of 18 up that has a diagnosis of a severe mental illness (bipolar, major depression, schizophrenia, borderline personality disorder, etc.).
  - Psychiatric support and Medication oversight and deliveries
  - Peer support service
  - Housing / Residential supports

- Assistance with finances and budgeting
- Home and community based emotional/therapeutic support
- Employment services and support with benefits.
- Groups for Psychoeducational and community connection
- Community based case management and coordination with community partners
  - Medical appointments
  - Therapeutic services (therapy & groups)
  - Grocery shopping
  - Community Inclusive activities
  - Hospital discharge planning (medical and psychiatric)
- **Children, Youth and Families Services** – Serves those aged birth to 22 and their families. Specializes in providing supports to children with a mental illness or who have social/emotional/behavioral challenges.
  - *Home & Community Based Team*: Designed to support children with severe emotional disturbances and acute clinical mental health needs across all environments with the goal of increasing skills necessary to provide stability within their home community. Services include:
    - Direct support in the community and home
    - Family/caregiver support around safe and effective parenting
    - Service coordination
  - *Resource Team*: Serves children up to the age of 22 who have been diagnosed with a developmental delay/disability. Services include:
    - Case management with an emphasis on streamlining and coordinating services amongst the child's team including therapist, schools, primary care, DCF, etc.
    - Home Based services designed to support parents to promote structure and stability within the home
    - Preparation for adulthood by collaborating with adult programming. This can include support with guardianship, SSI, post-secondary education, employment, peer support, along with referrals for appropriate needed evaluations.
  - *Respite*: Available to children and families who are experiencing stress.
    - Offers 20-25 awake hours respite per month.
    - Respite is typically a planned support service.
  - *Adolescent Services*: Blends Mental Health and Substance Abuse services offering integrated treatment to adolescents: Services Include:
    - Case Management
    - Individual, Family, and Group work
    - Employment Support through JOBS Program
    - Housing Support and Shelter Services for Youth
  - *New Connections*: Emergency child and family support.

- 24-hour support to families with children experiencing a behavioral crisis or who are at risk of, or currently a run-away.
- Emergency family mediation, planning for stability and de-escalation support is offered.
- Emergency respite may be offered based on need.
- **School Based Programming:** Partner with local schools to provide a continuum of behavioral and therapeutic supports to students within the school setting. Partnership helps our community access federal treatment dollars to help offset special education expenses. Services include:
  - Collaborative Achievement Team (CAT)
    - 1:1 Behavioral Interventionists (BIs) to support meaningful and positive change in children who struggle with social, emotional and behavioral challenges in the public-school setting.
  - *School Based Behavior Consultation Program*
    - Partners with local schools to build sustainable systems to address student behavioral needs and foster positive school culture. Aligns with Agency of Education BEST Project and Positive Behavioral Interventions and Supports guidelines (PBIS)
  - *The School-Based Autism Program*
    - Assists local community schools in providing effective, strength-based interventions and programming for students diagnosed with autism spectrum disorder (ASD), Intellectual and Developmental Disabilities, Genetic Disorders and/or Down syndrome. The program supports schools, students, and their families by providing a trained Behavior Interventionist to work one-on-one with identified children,
  - *School-Based Clinician Program*
    - Clinicians and Home/School Coordinators provide diagnostic assessment, treatment planning, therapy, home/school coordination and crisis intervention and screening.
  - *Soar Learning Center*
    - Soar Learning Center is approved by Vermont's Agency of Education as an approved independent school which provides comprehensive academic, special education, behavioral, and clinical services to children and adolescents in grades K – 12.
- **Emergency and Crisis Response Services** – Emergency Services (ES) serves everyone, regardless of age or diagnosis.

- This program is the safety net for all residents within and beyond our community; available 365 days a year with a 24/7 response.
- *Our Enhanced Mobile Crisis* team also provides 2-person crisis responses within the community. These services are provided for any age, regardless of diagnosis (or lack thereof) and the term “crisis” is truly defined by the person served.
- **Advocacy and Peer Services** – Peer Services provides a unique level of support through an individual staff member’s own lived experience with either mental health, developmental needs, or substance use. Support can be provided through services designed as individual or group experiences. We have staff identified across service divisions with roles designed to meet the needs of each unique population served.
  - *Peer supports:* As part of our transition towards a Certified Community Behavioral Health Clinic, NCSS is working to grow our peer support program. Peer support allows the individuals in services to connect with peers on personal lived experience to help in the recovery process.
  - *Peer Advocate position:* Our Peer Advocate provides support to those receiving DS services. The position leads and supports trainings, self-advocacy groups, connects with new individuals coming into services, and acts as a resource/support to peers within meetings.
- **Any other services in your array** – Through strong community collaboration, NCSS provides a wide range of services beyond our designated Mental Health Core Capacities. These services strengthen our community’s system of care by leveraging the unique strengths of our community partners.
  - *Developmental Waiver Services:* Serves individuals who have a diagnosis of Intellectual Disability or Autism from the age of 18 through the end of life. To be eligible for developmental services, an individual must meet the state definition of an intellectual disability, or have an autism spectrum disorder (ASD), in addition to significant deficits in Adaptive Functioning and meet a funding priority as outlined in the State System of Care Plan. Services include:
    - Service Coordination:
      - Assist individuals in planning, developing, choosing, gaining access to, coordinating, and monitoring the provision of needed services and supports for an individual.
    - Employment Services:
      - Offers support in accessing competitive employment opportunities. The Employment Services Team works to develop relationships

with local employers to understand their staffing needs and bring them together with qualified candidates seeking employment.

- Shared Living Services:
  - Assists clients in finding safe homes within our communities which are supportive and include caring housemates.
- Community Supports:
  - Assist individuals to develop skills and social connections and may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family, and community relationships.
- Communication Supports:
  - Ensures individuals we serve have a voice. Our communication supports take a “total communication approach” wherein a full system of strategies which may include American Sign language, simple gestures and facial expressions, single words, and phrases or Augmentative and Alternative Communication (AAC) are available.
- Residential Services:
  - 7 residential homes and one respite home that provides support to individuals with intellectual disabilities or developmental delay. The homes are all staffed 24 hours.
- Program for Adaptive and Expressive Arts:
  - The Program for Adaptive & Expressive Arts (PAEA) delivers therapeutic music and art services to clients and members of our community creating opportunities for critical skill building.
- The Academy of Learning (AOL)
  - AOL is an independent skill building program that offers classes to adults with intellectual and developmental disabilities.
- Clinical Services
  - Individual and group therapy, Dialectical Behavior therapy, Family Life and Sexual Health (FLASH).
- Targeted Case Management (TCM)
  - Provides service coordination support to adults with IDD/Autism who do not meet criteria for an HCBS waiver. Service Coordination assists individuals in planning, developing, choosing, gaining access

to, coordinating, and monitoring the provision of needed services and supports.

- Traumatic Brain Injury (TBI) Services:
  - Serves adults with a diagnosed Traumatic Brain Injury and teaches clients with TBIs the skills they need to live independent and productive lives within their communities among their families and friends.
- *Psychiatry*: Our team of Psychiatrists and Psychiatric Nurse Practitioners provides psychiatric services to people of all ages within our community. Services include:
  - Evaluation & Consultation Services
  - In-patient Consultation services to Northwestern Medical Center and Soar Learning Center.
  - In-person and telehealth services
  - Coordination with Medical Providers and In-patient facilities
  - 24/7 psychiatric on-call coverage
  - Pharmacotherapy-Psychotropic medication management.
- *Nursing Services* - Our nursing staff provides support to the Psychiatry Team and coordinates needs with people served and within the medical community. Services include:
  - Medication management (refill requests, med pours)
  - Coordination with pharmacies and insurance carriers for Prior Auth requests
  - Case consultation and coordination of care with NCSS non-medical staff
  - Provides patient specific Medication Administration
  - Special Care Procedure (SCP) trainings and education for agency staff, Shared Living Providers (SLP), and respite staff
  - Maintain DS clients' immunization, annual medical, eye, dental records, and Emergency Fact Sheets
  - Discharge planning during and after hospitalization.
  - Crisis bed management/hospital diversion oversight and medication management.
  - Residential program oversight, assessments, training, care coordination, and planning
  - Routine nursing appointments for Injection and blood draw clinics.
  - Soar Learning Center School Nurse.

- Administers Transcranial Magnetic Stimulation (TMS) treatments under the direction of psychiatry.
- *Transcranial Magnetic Stimulation (TMS)* – North County Behavioral Medicine (NCBM) and NCSS created a partnership to provide TMS to Vermonters. TMS is a noninvasive procedure that uses magnetic fields to stimulate nerve cells within the brain to improve symptoms of major depression.
- *Parent Child Center* – Parent Child Centers are recognized community resource centers that provide expertise on prevention and early intervention services such as parenting, early childhood development, education, referral, and related services to prospective parents and families with young children, including those whose children are medically, socially, or educationally at risk. Services include:
  - Early Childhood Services:
    - Collaboration with other early childhood service providers to ensure that families have quality options to meet full-time and part-time childcare needs and children have group experiences with their peers.
  - Community Childcare Agency:
    - Support families who are seeking assistance with finding and paying for childcare.
- Childcare Consultation:
  - Provide on-site/phone consultation to all registered and licensed providers through CIS Specialized Childcare.
  - Provide funding to families experiencing significant stress who are unable to make payments toward their childcare co-pays, which supports children remaining in their high-quality early learning centers or homes.
- Home Visits:
  - Provide home visits to families with young children who request home-based support. This includes:
    - Children’s Integrated Services
    - Early Intervention
    - CIS Strong Families Nurse home-visiting offered through Franklin County Home Health
    - Grief/Loss and Perinatal Doula & Mental Health HEART Program Home Visits

- PCC staff are active participants in our regional Building Bright Futures council, our CIS regional team, our Family and Maternal Child Health team, our housing review team, our hunger council, supportive childcare and transportation discussions, and remain in contact with our local healthcare systems including pediatrics and obstetrics.
- Our Family Engagement Program, an ongoing partnership with the libraries, serves as a bridge to PCC's 8 core services by supporting new or existing early childhood literacy initiatives.
- Our PCC administers CBCAP funds (Community Based Child Abuse Prevention) to support families basic needs through an application process including but not limited to: support with rent, utilities, clothing, basic needs, etc.
- We provide expectant parents with baby items including safe sleep resources, formula, strollers, carriers, books, developmentally appropriate toys, etc.
- Parent Support Groups:
  - Facilitate opportunities for families with common experiences and interests to gain mutual support in a peer group setting.
  - Offers a range of in-person and virtual groups
  - Developmental Understanding and Legal Collaboration for Everyone (DULCE Grant) - DULCE is a national model of integration of behavioral health with pediatrics.
- Child and Adult Care Food Program Grant: Provides financial assistance to childcare providers for serving nutritious meals and snacks to children in their care. Community Childcare Support Agency Grant - Purpose & population served: The Childcare Financial Assistance Program helps eligible families with the cost of childcare. Our Childcare Referral Program assists families or individuals seeking childcare for infants and children (through age 12) in Franklin/Grand Isle counties. This service helps to refine the search process to support families in finding childcare programs that are high quality and meet their needs.
- Health Equity & Vermont Integration Prenatal-to-Three (VIP-3) - The VIP-3 project charge is to strengthen partnerships between the Early Childhood and Maternal Child Health sectors to promote family leadership and improve outcomes for the prenatal to age three population and families.



- Franklin/Grand Isle Tobacco Prevention Coalition Grant: Implement community-based tobacco control strategies, with a particular focus on staff consultation to inform pregnant people, childcare providers and their families around tobacco prevention and cessation.
- Border Crossing Assistance Grant: Provides short-term assistance to people crossing the border who are navigating their way through Vermont and who present with emergency needs.
- Early Intervention (EI) is a special education program that provides developmental screening, developmental assessment, developmental therapy, and service coordination to support families with a children birth to age three with a developmental delay or a diagnosed condition that could result in a delay.
- Early Childhood & Family Mental Health and Strong Families Vermont: This blended service offers support to pregnant women, children birth through 6, and their caregivers to ensure families have access to safe and nurturing environments, to encourage healthy social-emotional development, and to encourage school-readiness.
- Specialized Childcare: Helps childcare providers, social workers, families, and community partners with issues related to specialized childcare.

**Illustrate performance measures and outcomes over the past 5 years for each service above.  
Number of Vermonters Served.**

| Served (Fiscal Year)             | FY19  | FY20  | FY21   | FY22  | FY23  | FY24 (YTD) |
|----------------------------------|-------|-------|--------|-------|-------|------------|
| <b>Agency Total Unduplicated</b> | 4,192 | 4,175 | 4,183  | 4,393 | 4,258 | 3,937      |
| <b>Agency Total</b>              | 6,384 | 6,514 | 6,503  | 6,876 | 6,861 | 6,012      |
| <b>Emergency Services</b>        | 1,189 | 1,191 | 1,095  | 1,192 | 1,042 | 800        |
| <b>School Partnerships</b>       | 630   | 679   | 643    | 564   | 462   | 463        |
| <b>Outpatient</b>                | 1,903 | 1,898 | 2,1237 | 2,298 | 2,223 | 2,150      |
| <b>Adult Mental Health</b>       | 242   | 236   | 285    | 315   | 323   | 325        |
| <b>Parent Child Center</b>       | 61    | 64    | 452    | 513   | 697   | 426        |
| <b>Children's Mental Health</b>  | 1,834 | 1,981 | 1,391  | 1,425 | 1,530 | 1,304      |
| <b>Developmental Services</b>    | 340   | 322   | 355    | 387   | 383   | 372        |
| <b>Residential</b>               | 61    | 50    | 121    | 131   | 148   | 135        |
| <b>Substance Use</b>             | 124   | 93    | 24     | 51    | 53    | 37         |

**Any standardized framework used by the DA's using evidence-based data that shows how Vermonters are better off because of these services.**

- We have adopted the Results Based Accountability (RBA) framework since 2010. Over the past 5 years, we have had 3,027 responses to our annual client satisfaction survey. Results of the 2023 Client Satisfaction Survey show:
  - 93% - I received the help I needed
  - 96% - Staff treated me with respect
  - 90% - The services that I received made a difference
  - 93% - I received services that were right for me
  - 89% - I would refer a friend or family member to NCSS
  - 86% - My quality of life improved as a result of the services I received
  - 85% - I like where I live (DS Only)
  - 92% - I am satisfied with services from NCSS
- We currently track the following Value Based Payment measures –
  - Child & Adolescent Needs and Strengths (CANS) Assessment since 2014
  - Adult Needs and Strengths (ANSA) Assessment
  - % of clients offered and appointment within 5 days
  - % of clients with a follow up appointment within 14 days
  - % of adult clients screened for depression at intake
  - % of youth clients screened for depression at intake
  - % of adults' clients screened for substance use at intake
  - % of youth clients screened for substance use at intake
  - % of adult clients screened for trauma at intake

**Challenges within each service category:** Broad Agency Challenges include:

- Workforce
  - We struggle to recruit and fill vacant positions. We currently have 97 vacant positions. Rate increases are needed to maintain competitive wages, so we can recruit, fill positions, and provide critical services.
- Clinical volume and acuity
  - There is an increasing need for Mental Health supports for people struggling with challenges such as Anxiety and Depression. We are also seeing an increase in behavioral acuity within those with Intellectual Disabilities.
- Residential Programming
  - We have limited capacity to provide residential level care to those with high clinical acuity.
- Elder Care Programming

- We do not have the structures in place to safely care for our ageing population.
- Administrative Burden
  - The amount of time staff spend on administrative tasks decreases their ability to provide care op those in need.

**School-based Services and Success Beyond Six**

NCSS has developed a continuum of care in school-based services, leveraging the Success Beyond Six funding stream in creative ways to meet the needs of schools and children in our communities. From programs like School Based Clinicians and Positive Behavior Intervention and Support Consultants that work further upstream and address both individual child needs along with supporting the broader school environment, to staff providing more intensive one on one support to students with higher needs, to the alternative school setting of Soar Learning Center which is designed to meet the mental health, behavioral, and educational needs of students in a way the public school setting is unable to do, NCSS has built a school-based system of care designed to provide the right level of service in the right setting at the right time for the children, families, and communities we serve.

**Number of students served by Success Beyond Six (SB6) over most recent 5 years.**

| Students Served | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 (YTD) |
|-----------------|------|------|------|------|------|------------|
|                 | 630  | 679  | 643  | 564  | 462  | 461        |

**State and federal funds utilized per year over most recent 5 years**

| Funds Utilized | FY19        | FY20        | FY21        | FY22        | FY23        | FY24 (Proj) |
|----------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                | \$6,218,695 | \$5,337,437 | \$5,888,482 | \$5,450,665 | \$4,568,925 | \$4,384,665 |

**SB6 Contracting trends.**

- Overall, we have strong partnerships with our local schools to meet the complex needs of students. Our local schools value the additional Federal dollars that our Success Beyond Six Medicaid structures bring into our community to help offset the expense of necessary services.
  - We have continued to see high demand for Success Beyond Six services and currently maintain a waitlist, although the waitlist is trending in the right direction.

- Schools continue to give us feedback that our services are higher quality than any others they can access, at a lower cost than private providers.
- Overall number of students served has decreased in part due to the growth of Telehealth options in which students are able to access needed mental health therapy remotely.
- We are seeing increasing demand for 1:1 in classroom support as well as referrals to our Independent School.
- Board Certified Behavior Analysts are in high demand
- Recruiting and retention remain a challenge within programs funded through the Success Beyond Six structure.
- Soar Learning Center, the approved independent school operated by NCSS, is one of the only therapeutic schools in the state accepting referrals to start during this school year. Reflective of this status is that Soar continues to receive contract requests from areas outside Franklin and Grand Isle Counties, including both Chittenden and Lamoille. Soar meets a crucial need in the system of care, as it provides an environment outside the pressures of the typical school setting where students access counseling, behavior support, and access to individualized teaching strategies to help meet student need and works towards a return to the public-school setting. The intensive day treatment structure of Soar also helps to maintain children here in our community and helps to mitigate more expensive residential placement outside of our community.

### **Other emerging trends and best practices in youth mental health**

- Emerging trends include:
  - Broad increase in clinical acuity
  - Suicidality and self-harm
  - Public schools struggle with student classroom behaviors
  - Poverty and the impact it has on Mental Health
  - Trauma
  - Substance use
  - Technology use impacting mental health.
- Emerging Best Practices include:
  - Community Partnerships
    - Embedding mental health clinicians within other community structures leads to better outcomes. Examples include embedding clinicians directly

in schools, local police departments, Vermont State Police Barracks, Primary Care Provider practices, etc.

- Youth Mental Health First Aid (YMHFA)
- Teen Mental Health First Aid (TMHFA)
- Youth led peer programming.
- Reflective and Restorative practices
- Community/Democratic classrooms
- Applied Behavior Analysis (ABA)

**Practice Improvement Questions**

**Are you utilizing any standard client-level outcome assessment tool?**

- Individual Placement and Support (IPS) Model
- CANS
- Satisfaction Survey's
- PHQ9
- CRAFFT
- GAD-7
- Sex Offender Treatment Intervention and Progress Scale (SOTIPS)
- Violent Offender Treatment Intervention and Progress Scale (VOTIPS)

**Based on patient utilization by diagnostic code, can you offer any observations about population-based outcomes and service needs?**

| Disorder  | % of Clients Seen |
|---|-------------------|
| Anxiety Disorders                                     | 15%               |
| Depression Disorders                                  | 15%               |
| Post-Traumatic Stress Disorders                       | 9%                |
| Attention-Deficit Hyperactivity Disorders             | 8%                |
| Substance Use Disorders                               | 8%                |
| Intellectual Disorders                                | 8%                |
| Autistic Disorder                                     | 5%                |
| Borderline Personality, Bipolar, and stress disorders | 3%                |
| Other   | 13%               |

We have seen a rise in acuity, including depression, anxiety and challenging and unsafe behavior, which drives the need for increased staffed living/residential needs, clinical supports, and crisis stabilization resources. We have an aging population with increasing medical needs which often results in being excluded from nursing facilities. We find it

challenging to provide safe living arrangements for our elderly with significant medical needs.

It is important to note that while this chart represents the rates of individual diagnoses, a constellation of certain combinations is typically indicative of a complex trauma history. This is in and of itself not a diagnosis, but it is extremely relevant both in terms of diagnostic rates and treatment provision.

**How are service duration and density monitored at patient, diagnostic and population level?**

We utilize CANS/ANSA data along with diagnostic reassessment to define service recommendations along with enhanced client care. Use of hospitalization, hospital diversion and stabilization beds are monitored, and this information is used to adapt home and community-based services to ensure that people receive the right amount of support at the right time. A client's higher acuity doesn't always show in service duration given the engagement decreasing at these times.

**What are your no-show rates?**

| Agency No-Show Rate | FY19  | FY20  | FY21 | FY22  | FY23  | FY24 (Q1,2 & 3) |
|---------------------|-------|-------|------|-------|-------|-----------------|
|                     | 3.43% | 5.78% | .09% | 1.41% | 1.23% | 2.18%           |

We do not believe that these no-show rates accurately depict our actual experience. We are actively working to align the way we capture “no show” data across programs. We recognize this data is important and are committed to finding an efficient process to collect meaningful and accurate rates moving forward.

**What is the most innovative thing you are doing to improve your practice?**

- Parent Child Center:
  - Having a Parent Child Center embedded in a Designated Mental Health agency has proven itself to be a mechanism by which we can improve practice and service delivery. Our community collaborations and integrated health models are centered on a shared vision of enhancing our early childhood coordinated system of care; one that ensures families have access to programs that promote prevention, early identification, and social, emotional, and physical wellness.

- School Partnerships
  - We have worked with local schools to develop a continuum of care in school-based services, leveraging the Success Beyond Six funding stream in creative ways to meet the needs of schools and children in our communities. From programs like School Based Clinicians and Positive Behavior Intervention and Support Consultants that work further upstream and address both individual child needs along with supporting the broader school environment, to staff providing more intensive one on one support to students with higher needs, to the alternative school setting of Soar Learning Center which is designed to meet the mental health, behavioral, and educational needs of students in a way the public school setting is unable to do, NCSS has built a school-based system of care designed to provide the right level of service in the right setting at the right time for the children, families, and communities we serve.
  - Our local schools realize the value of our partnership and the Success Beyond Six Funding Structure as a way to help access federal funds to provide school based supports to students in need.
  
- Outreach Housing Coordinator:
  - We received a grant allowing us to hire position dedicated to connecting individuals to services within the community. This position provides case management & mental health services to reduce barriers for them to receive supports.
  
- 988 Crisis Lifeline:
  - Vermont's use of 988 has substantially increased since NCSS began as the state's first call center in 2019. We now cover all calls for the state, with our partners at NKHS and boast a 90% call answer rate with a single number for callers (and texters) to remember regardless of the caller's location. All calls are answered in live time, no answering service or waiting for a call back.
  
- Urgent Care Model:
  - We just secured clinical space, and hired an Access Team Leader. Our Urgent Care Team will provide screening/intake along with same day access clinicians offering diagnosis and assessment for children, youth and adults in our community.
  
- Camp Rainbow:

- Camp Rainbow is a summer camp for children with Autism Spectrum Disorder or another developmental disability. Participants receive services within five core areas: sensory exploration, fine/gross motor skills, communication skills, academic skills and social skills. The camp provides children with fun, stimulating and creative summer camp experience designed to refresh and strengthen behavioral, communication, social and academic skills; preparing children with Autism Spectrum Disorder or other developmental disability for a successful school year.
- Transcranial Magnetic Stimulation (TMS):
  - NCSS partners with North Country Behavioral Medicine (NCBM) to provide Transcranial Magnetic Stimulation (TMS) services. This non-invasive procedure uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of major depression.
- Certified Community Health Center (CCBHC):
  - NCSS recently went through the process of realigning our divisional structure to better serve our clients and community, streamline the efficiency and maximize the effectiveness of our management resources, and position our agency to move smoothly into a CCBHC landscape. We are excited for these organizational changes both for the immediate impact on service delivery and care, as well as the innovative way they position us for success in the changing health care landscape.
- Residential Resources to support people here in their own community:
  - Developmental Services Division: In our Developmental Services Division, we have submitted a proposal to develop a group home for 6 elder individuals with IDD/Autism with increased medical and behavior needs.
  - Adult Mental Health: Sever mental illness is often a disqualifying factor in a person's ability to access elder care residential programming. We are in the early stages of developing a residential option to better meet the needs of our aging CRT population.

## Sustainability Questions

**Which grant-funded programs does your organization operate? What is their purpose, who is being served, what are the outcomes, what is the funding, when does the funding expire.**



- Approximately \$2-3M in agency funding is in the form of Federal, State, and other Grants-In-Aid. This funding is largely attributable to the NCSS fully integrated Parent Child Center which, by its design, is intended to address the most critical, legislatively-identified needs in our region. Additionally, approximately \$350,000 in grant funding supports adult and young adult populations through 988 Lifeline and Embedded Clinicians within the Vermont State Police. NCSS serves as the 988 call center for the State of Vermont during the day, alongside our NKHS partner which serves as the call center during the overnight hours.
  - *The 988 Crisis Lifeline* - Serves all Vermonters, including anyone with an 802-area code that calls in for 24/7 access to trained crisis counselors who can help anyone experiencing mental health related distress. This may include thoughts of suicide / homicide, mental health or substance use, any kind of emotional distress as well as people contacting 988 with concerns about a friend or family member that may need support. NCSS was the first call center to become certified and begin providing this life-saving service to Vermonters back in August of 2019. Since June 2021 we've partnered with NKHS to have 24/7 coverage for 988 here within Vermont. help. Risks associated with the 988 programs include the ever-growing influx of calls, chats & texts that come into the hotline.
    - In CY 2023 our combined 988 Centers in Vermont received 10,037 phone calls as well as an additional 2,408 chats & texts from Vermonters needing support.
    - Risks associated with the 988 programs include the ever-growing influx of calls, chats & texts that come into the hotline.
  - *NCSS' Enhanced Mobile Crisis Response* bolsters the agency's already existing mobile responses within the community. More conscious efforts are made to offer a 2-person mobile response to wherever the caller or client is. The "crisis" is defined by the caller as well – as one person's crisis is unique to them, and no two crises are the same
    - While each designated agency primarily provides this enhanced mobile response within their own community or designated catchment area, it is possible for one crisis team to assist another in statewide responses that cross catchment areas.
    - The only current risks to the enhanced mobile crisis response program are that it is a separate standalone teams just waiting for a call to come in for a mobile response. As such, staffing and workforce issues remain major obstacles to each designated agency being able to fully staff or implement

this blossoming program as quickly and fully as they'd like to. Certainly, with increased responses throughout the community, staff are also potentially exposed to more dangerous situations, both physically and psychologically.

- *Parent Child Center of Northwestern Counseling & Support Services Grants & Contracts*
  - Expiration Date - All grant applications are either due annually, bi-annually, or require an RFP process every 1.5- 3 years
  - Outcomes - All Parent Child Center grants and contracts are responsible for quarterly, bi-annual or annual outcome reporting
  - Funding - Mix of DMH, VDH, CDD, USDA, etc.
    - *DULCE Grant – Developmental Understanding and Legal Collaboration for Everyone:*
  - Expiration Date - 1 year
  - Outcomes/performance measures -
    - Total number of RHC visits completed for DULCE children
    - Total number of RHC visits that occur on time
    - Total number of RHC visits with the Family Specialist present
    - Total number of DULCE children who get all RHC visits on time
    - Total number of 2-month-olds with elements of Newborn Behavioral Observation (NBO) done
    - Total number of families discussed at least once in case review by the 2nd month visit
    - Total number of unique DULCE families for whom Legal Partners supplied a consult to the Family Specialist and/or DULCE interdisciplinary team
    - Total number of discrete legal needs identified through the Legal Partner consults both during case review and outside of case review
    - Total number of capacity building encounters during the reporting period
    - Average number of distinct FS-LP encounters per child
    - Total number of families screened, families with positive screens, and families connected to resources for all families enrolled

- Total number of families screened, families with positive screens, and families connected to resources for all families of children who graduated
- Total number of families connected to parenting supports
- Total number of families connected to legal supports
- Unique DULCE families who were offered a legal intake case assessment during the reporting period
- Unique DULCE clients who accepted a legal intake/case assessment
- Narrative outcome report required
- *Child and Adult Care Food Program Grant -*
  - Expiration Date - 1 year
  - Funding - USDA
  - Outcomes/performance measures -
    - # of children at tier 1 and 2 provider homes
    - # of provider home visits
    - 100% of provider visits completed within the prescribed timeline, both announced and unannounced
    - 100% of providers completing two hours of annual CACFP training
    - Significant financial reporting requirements, renewal, and auditing process
  - *Community Childcare Support Agency Grant -*
  - Expiration Date - 1.5 years/RFP proposal required
  - Funding - Child Development Division
  - Outcomes/Performance Measures -
    - 80% of referral clients have been offered information about quality care indicators
    - 80% of referral clients surveyed have indicated that the survey was helpful to them
    - 80% of regulated child care programs with referral information updated in 3 months in BFIS
    - 8% maximum improper payment rating for subrecipient
    - 80% of Child Care Financial Assistance applications initiated within 7 business days
    - 80% of Child Care Financial Assistance applicants have eligibility determined within 30 days of initial application

- Survey results and narrative outcome report required
- *Parent Child Center Master Grant -*
  - Funding: Child Development Division
  - Outcomes/Performance Measures:
    - % of catchment area served by PCC
    - % Increase in protective factors for families served by PCC services
    - # of parents/caregivers served by the PCC
    - # of children served by the PCC
      - # of children with disabilities served by PCC
      - # of parents/caregivers with disabilities served by PCC
      - # of children who received preventative direct services
      - # of parents/caregivers who received preventative direct services
      - # of families who received preventative direct services.
      - Percentage of participants who report an increase in protective factors as a result of services from the PCC
      - Percentage of participants who report satisfaction with services provided by the PCC.
      - Narrative outcome report required
- *Health Equity & Vermont Integration Prenatal – to – Three (VIP-3) -*
  - Funding: Vermont Department of Health/HRSA
  - Outcomes/Performance Measures:
    - # of indigenous recipients benefitting from the Abenaki Community Health Worker outreach, screening and prevention activities
    - Number of Parents and Babies indigenous participants
    - Number of mitigation and prevention resources and services delivered in support of Abenaki populations
    - Number and proportion of new, expanded or existing partnerships mobilized to address Abenaki health disparities
- *Parents As Teachers Grant –*
  - Funding: Vermont Department of Health
  - Performance Measures/outcomes:
    - At least 90% of children enrolled in the PAT program will have attended all well child visits with their pediatrician

- A Sustained Family Support Home Visitor or Supervisor will participate in at least 90% of all CIS referral team meetings that are held, unless otherwise agreed upon between the State and the grantee.
- Grantee will maintain a 95% enrollment in PAT services average over the course of the grant.
- Increase parent knowledge of early childhood development and improve positive parenting practices
- Provide early detection of developmental delays and connection to services
- Improve parent, child, and family health and well-being
- Prevent child abuse and neglect
- Increase children's school readiness and success
- Improve family economic well-being
- Strengthen community capacity and connectedness
- Franklin/Grand Isle Tobacco Prevention Coalition Grant -
  - Expiration Date: 1 year
  - Funding: Vermont Department of Health
  - Performance Measures/outcomes
    - # of outreach events performed
    - # of social media outreach efforts
    - # of outreach efforts targeted at child care providers
    - Narrative outcome report required

**Are any of your programs or projects regionalized? If yes, please explain: people served, project risks and benefits.**

*Transcranial Magnetic Stimulation (TMS)* - We are very proud to have been the 1st in Vermont to offer TMS. We have had patients from 5 counties (Franklin, Chittenden, Lamoille, Addison, Grand Isle) and from 23 different towns throughout the 5 counties.

*Soar Learning Center* has become a regional resource, serving students from not only Franklin and Grand Isle Counties, but Chittenden and Lamoille as well. Soar is also one of the only alternative independent schools in the state currently accepting referrals to start this school year.

*Early Intervention* is a federally funded program housed at NCSS under the umbrella of Children's Integrated Services (CIS), a continuum of supports that provide health promotion, prevention, and early intervention services to pregnant and postpartum people, infants and children across the state of Vermont. In 2020, NCSS submitted an RFP to assume responsibility for the service delivery of Early Intervention Chittenden catchment area. Now covering 3 counties, NCSS's early interventionists model, coach, and support children's caregivers to use strategies identified in the child's treatment plan regarding developmental milestones to help them help the child develop and learn. Early interventionists coordinate services, develop strategies, and provide specialized instruction caregivers can implement within the child's daily routines to improve the child's functional skills in areas of social/emotional development, early language skills, and behavioral skills.

*The 988 Crisis Lifeline* serves all Vermonters, including anyone with an 802 area code that call in for 24/7 access to trained crisis counselors who can help anyone experiencing mental health related distress. This may include thoughts of suicide / homicide, mental health or substance use, any kind of emotional distress as well as people contacting 988 with concerns about a friend or family member that may need support.

*NCSS' Enhanced Mobile Crisis Response* bolsters the agency's already existing mobile responses within the community. More conscious efforts are made to offer a 2-person mobile response to wherever the caller or client is. While each designated agency primarily provides this enhanced mobile response within their own community or designated catchment area, it is possible for one crisis team to assist another in statewide responses that cross catchment areas.

*Unified Electronic Medical Record Vermont (UEMRVT):* UEMRVT is a group of 4 Designated Agencies who have come together to create one unified electronic health record. We are leveraging our resources to have a shared resources model of governance and system maintenance that seeks to create both economies of scale and sustainability while increasing data and process quality. The group works together to ensure our system is built with best practice and industry standards, meets regulatory requirements, and creates an agile, data-driven environment. Through these objectives, we are able to achieve improved quality and efficiency within our documentation and workflow processes. UEMRVT also serves the agencies to keep us at the forefront of ongoing changes, promoting the opportunity to be part of the greater conversation about how we care for Vermonters.

**In what ways do you partner with other community health care organizations i.e. FQHC, primary care, hospitals, etc? Describe any informal or formal (MOU) ways you coordinate care.**

*Nursing* has developed a relationship with the VA in White River Junction. We have been working with Marley Malmgren, the Community Care Coordinator, to provide TMS Treatment for VA patients diagnosed with severe major depressive disorder here at our NCSS TMS clinic. We have received 5 referrals through this relationship in the past 9 months all of which have been served through our program. We have contracted with NMC to provide Psychiatry Consultations-Our psychiatry team provides psych consults, up to 6 hours per week, for NMC patients for Psychiatric diagnostic clarifications and medication recommendations.

*Law Enforcement Embedded Clinicians:* NCSS partners with our Local Police Department to embedded 2 clinicians directly into the police force. In addition, NCSS partners with our Vermont State Police St. Albans barracks to embed 1 clinician directly into the local State Trooper Team.

*Autism* - We partner with many school nurses but not sure if this counts as separate community health partner - for kiddos who have high medical needs we also get consent for their doctors and collaborate with them to support clients' medical needs (monarch maple, UVM medical center, etc.) this is in conjunction with schools.

*Soar Learning Center* – Our local independent school, the Soar Learning Center, works closely with sending schools in the Franklin, Grand Isle, Chittenden, and Lamoille County region. We also partner with Primary Care offices to help coordinate each student's medical care.

*School Based Behavior Consultants* - We often partner with PCPs who are prescribing medications to clients. We provide graphs of recent behavior trends and patterns and particularly highlight any changes in those following a medication introduction, titration, or termination. PCP's have reported appreciating this data to support their decisions around any shifts rather than solely relying on anecdotal reports from the family.

*School Based Clinicians (SBC)* - The SBC team provides therapy to children within the public school setting. They regularly partner with private therapists, PCP's, NFI, and DCF around client care coordination, treatment team meetings, and navigating family systems.

*The Parent Child Center of NCSS* partners with hospitals, pediatric homes, libraries, and community action agencies to provide direct support, intervention, resource & referral in needed service areas. For nearly a decade, the Parent Child Center has been actively advancing an integrated health model by embedding PCC staff into organizations that families are frequenting with their young children.

*Northwestern Medical Center (NMC)* – We currently partner with Northwestern Medical Center to provide diagnostic and assessment services to children displaying signs of autism or developmental delay. We have served over 100 children since inception 6 months ago.

*FQHC* – NCSS employs and supervises 3 embedded social work clinicians at the area FQHC (NOTCH). We also supervise one additional clinician who is a NOTCH employee. These clinicians provide non-traditional therapy in the PCP setting, which allows for warm hand-offs and coordination of care. These clinicians provide access to therapy for all ages and for clients who otherwise may not access NCSS or therapy services. Clinicians are connected to NCSS crisis team and notified of IHT clients who utilize crisis services so follow up smoother.

*PCP (St. Albans Primary Care)* September 2023 began an innovative program in a PCP. An NCSS clinician offers 2 intake slots every Monday morning for PCP clients who are hesitant to come to NCSS to access mental health services. The first appointment can be within the comfort of their PCP office, and then they are able to continue on as a therapy client either Mondays at the PCP office or at NCSS with greater appointment flexibility. This has been positively received and has helped build a positive relationship between NCSS and the PCP.

*Developmental Services* - Our partnerships with Primary Care Providers and specialists are primarily focused on individual clients. We hold significant responsibility in the lives of those we serve requiring extensive collaboration around each client we serve. We are working to build relationships with our local Emergency department to increase their knowledge of the unique aspects of supporting individuals with Intellectual Disabilities and/or Autism in the hopes of improving the care provided to our clients and others with IDD/Autism in the emergency department.



## Operational Questions

### What percentage of overall operational costs are administrative?

The current prevailing NCSS Admin Rate is 13-14%. NCSS is approved at the federal de minimis rate of 10%.

| FY19 | FY20 | FY21  | FY22  | FY23  | FY24 (Q1, 2 & 3) |
|------|------|-------|-------|-------|------------------|
| 9.5% | 9.1% | 10.1% | 11.1% | 13.1% | 13.2%            |

### What are your rates for each service your organization provides to Vermonters?

- DMH finds both our Adult and Child bundled programming through a monthly prospective payment structure that equates to 1/12 of the annualized funding cap per month. These dollars are then trued up at the end of the year based on service delivery actuals.
- All individuals being served within our DS Division have a unique rate, that is based on a budget individually tailored to their own strengths and needs. Every person accessing DS supports has a rate that is unique to them.
- Our audited financials regularly identify that NCSS is 98% Medicaid Funded. This means that Commercial is approximately 1.2% and that has been very consistent over the years

### What is your staff vacancy rate? Which positions are most often vacant? Which have highest rate of turnover?

With approximately 97 open positions, our current vacancy rate is 17%. This has decreased from 19% January 2024, which was also a decrease from 22% in October 2023.

We experience our highest vacancy and turnover in School-Based Behavior Interventionists, Behavior Consultants, and Residential Behavior Interventionist positions.

- 40 of current vacancies are in our early childhood and school-based division.
- 28 of them are school-based roles, which is typical. (2021 = 29, 2022 = 26)

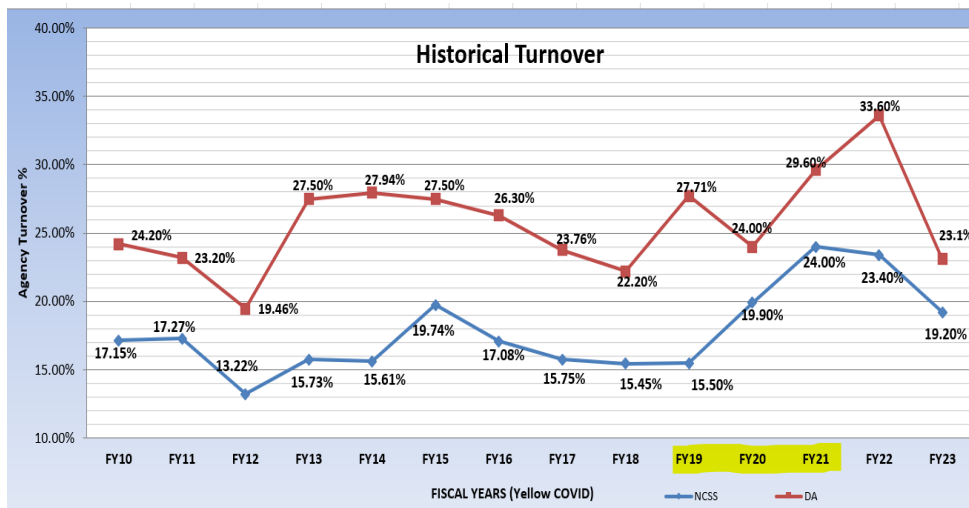
FY23 turnover rate was 19.2%. Historically, NCSS' turnover rate as trailed the state-wide average and this continues to be the case as agency-wide turnover slowly returns to pre-covid norms.

Current FY24 YTD data indicates:

- 27% of departed staff have been from school programs.
- 17% of departed staff have been from residential programs.
- 48% of all exit survey respondents stated leaving for financial reasons.

Licensed Clinical positions are also challenging to recruit, with limited applicants.

- 7% of departed staff have been licensed clinicians.



General Information:

- 510 active employees
- 100 shared living providers contracted to keep people in the community.
- 649,732 miles driven in personal cars with clients in the last 12-months.
- 30 Agency fleet vehicles (not included in personal miles count).
- 21 NCSS locations
  - 10 are residential homes, most with 24/7/365 staffing models.

**What is your most effective recruitment strategy and why?**

Most effective strategy is our employee referral program, which offers existing staff \$500 bonus for recruiting new employees and home providers.

- 39% (2023) of all hires come into the agency this way.

Second to referral bonuses, hosting our own on-site career fair has shown tremendous success over the past two years.

- 29% of those who applied by visiting in 2023 were hired.
  - 83% retention rate as of today.
- 40% of applicants in 2022 were hired;
  - 60% of them remain employed today.

An innovative recruiting strategy is our partnership with the local tech center's human services program, where high school students do job shadowing internships at our various agency locations. This is a long-term strategy to engage the future workforce. Partnering with local colleges and universities to establish NCSS as an Internship destination has also been an effective

- 3 high school students have been hired after graduating the Tech Center.
- We expanded to a second Tech Center in Enosburg this past year.
- Currently in communications with CCV's Career Pathways Entry Program.

#### **What is one innovative retention tactic you want to share?**

Several retention tactics have been used successfully, which have included retention bonuses and loan repayment programs yielding high results.

- 98% retention rate of those who have accessed the loan repayment program granted through State funds.

We have modified our benefits package to "sell" staff choice – making decisions for their family. This has included 4 health plans, 2 dental plans, unique critical care and diagnostic benefits (Cancer Care, Kisx) to name a few.

Providing free clinical supervision and internships towards licensure as part of our existing supervisory structure has been an effective recruiting/retention tactic.

#### **What EHR are you using?**

UEMRVT is a group of 4 Designated Agencies who have come together to create one unified electronic health record. We are leveraging our resources to have a shared resources model of governance and system maintenance that seeks to create both economies of scale and sustainability while increasing data and process quality. The group works together to ensure our system is built with best practice and industry standards, meets regulatory requirements, and creates an agile, data-driven environment. Through these objectives, we are able to achieve improved quality and efficiency within our documentation and workflow processes. UEMRVT also serves the



agencies to keep us at the forefront of ongoing changes, promoting the opportunity to be part of the greater conversation about how we care for Vermonters.

**Which payers are you working with?**

Our audited financials regularly identify that NCSS is 98% Medicaid Funded. This means that Commercial is approximately 1.2% and that has been very consistent over the years. We work with several commercial insurance companies, with Blue Cross Blue Shield, MVP, CIGNA being the primary ones.