



WCMHS

Washington County
Mental Health Services

2024 Testimony Report To:

State of Vermont
House Healthcare
Committee

VISION

Healthy Neighbors, Healthy Communities: Leading
the Way to Wellness Through Collaborative,
Inclusive and Compassionate Care.

TESTIMONY

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Thank you so much for taking the time to hear what designated agencies do within the system of care. I have worked for Washington County Mental Health Services for over 30 years. When I joined this community mental health agency it was highly accentuated that we were here to respond to our entire community, and we've held onto that basic tenet throughout the years. Back then, anyone who came through our doors was to be served, and the entranceway was frequently through emergency services. Sixty years ago, we established a mobile crisis team to help de-institutionalize the Vermont State Hospital. This team responded to emergencies, but also worked proactively to find homes within the community for people leaving the hospital.

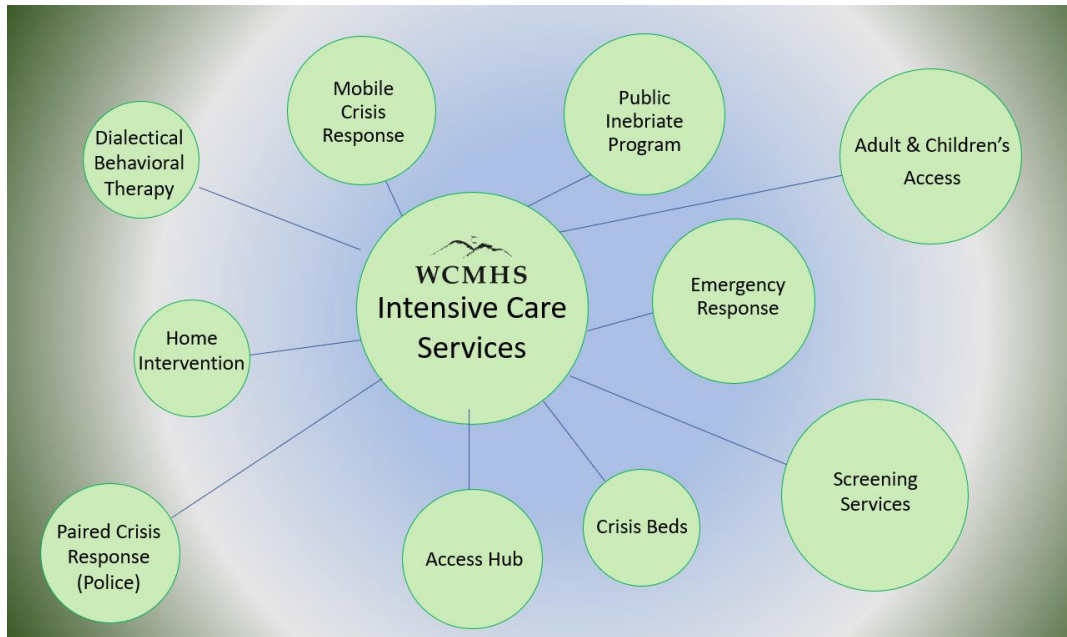
We've maintained that active mobile crisis team presence to this day, while building out a robust set of treatment and support services for children, families and adults who have experienced trauma, severe mental health challenges, and the need for developmental disability services. We have also blended in co-occurring services through groups for individuals with substance use disorders. As we highlight these services and talk about the prevalence of different diagnoses, we say with confidence that the approach we have promoted within our community through education, discussion, and promotional materials has helped to reduce the stigma of seeking help. We consistently message that "mental health is health" thus encouraging people to come through our doors and lay down that mantle of stigma. We adopt a person-centered approach to care across the board. Each person is unique.

The work we have done in disaster response, which is a specialized community service, has helped our community provider partners to learn this, as well, and to help us spread the message that normal responses to stress should be openly discussed so that community members can respond to community members and refer to WCMHS with questions, concerns, advice, and referrals. I would add that WCMHS has been responding to critical incidents and disasters for 25 years, and this past flood event demonstrated commitment and resiliency of staff that was astounding, particularly following a pandemic, and having responded for nearly 3 years straight to the impact of that long-term event. We are acutely aware of the levels of need in our community, and we cannot fill it all. It takes a village, as we often say. We are so grateful for our community partners. You will hear more about those relationships today, as well.

Before we jump into our programming, we want to share some very good news as it relates to our impact upon our most high needs population, in comparison to national averages. We have just completed a Community Needs Assessment and learned that WCMHS reaches approximately 70% of the estimated number of individuals with Serious Mental Illness (SMI) in the community. For those with Serious Emotional Disturbance (SED), WCMHS serves around 80% (i.e., providing one or more services/encounters). These figures are remarkable considering our nationwide estimated penetration rates for serving these populations with publicly funded services, which are less than 10% for adults with SMI and approximately 20% for children with SED.

Moving forward, our goal to demonstrate a blend of the deep-seated philosophy we carry and a level of sophistication we've developed over the years in assessing and addressing community needs to the best of our ability.

SCOPE OF PROGRAMS & SERVICES



Emergency and Crisis Response Services (ICS)

Intensive Care Services are provided on a spectrum that ranges from urgent to emergency care. Response teams meet clients in the community, in their homes, and at the emergency room. The focus of services is to assess client need and provide immediate support in ways that work best for clients. Current services comply with Certified Community Mental Health and Substance Use Treatment Centers should the State of Vermont succeed in becoming a planning state and WCMHS seek compliance review. Services include:

- 24/7 mobile crisis response with ability to perform 2-person response through an Enhanced Mobile Crisis Response model.
- Urgent Care/Access Program for Children & Adults – A group of brief treatment case managers/therapists who accept emergency room and self-referred clients. This team carries a caseload that is referred to out-patient therapy as needed, but waitlist for that out-patient service does not afford immediate access. Urgent care “holds” the person’s care during this interim through the brief treatment model.
- Mental Health Screening services that evaluate client mental capacity and needs for treatment.
- Home Intervention Crisis Beds – 4 beds. 24/7 service; person is referred by mobile crisis team and case managers. Assessment is performed pre and post admission to this program for those who are diverted from hospitalization into a staff secure setting.
- Adolescent DBT Program – clinical team working with teens to strengthen emotional resilience and coping.
- Access Hub – newly-developed program in Montpelier. People experience mental health and substance use challenges are welcome to walk in or come through referral throughout the week, 7 am – 7 pm. This is a clinician and peer-led program. Highly successful thus far.
- Embedded Police Clinicians in Montpelier/Barre & Vermont State Police



Adult & Children's Outpatient Services (CCPS)

Adult and Children's Outpatient Services provides comprehensive counseling services across the lifespan (ages 6 - 99). The program serves any community member who identifies a counseling service needs and these vary in levels of complexity. Service density and duration are driven by multiple factors such as type and severity of diagnosis, client capacity for appointment pacing, type of therapy, and client availability to attend services. Care is delivered to anyone regardless of ability to pay, in client-centered, trauma-informed, and culturally sensitive ways that position the client to drive their treatment and inform their outcomes. Services include:

- Individual, couples, family, and group therapy
- Case Management and Care Coordination
- Psychiatry Services and Medication Management
- Wellness Services (Wellness Collaborative)
- Specialty Services:
 - Child and Family Trauma Treatment Program for clients with psychological trauma (CFTTP)
 - Trauma Treatment Services – Linking Community Supports Program (LINC)
 - Dialectical Behavioral Therapy (DBT) for clients with need to regulate emotions.
 - Reach Up, for clients with substance misuse and mental health needs that are served by a case manager and clinician.
 - Eldercare Services in Washington, Orange, and Lamoille counties, including a contracted clinician embedded at SASH locations.
 - Behavioral Health Integration Program (BHIP) that co-locates therapists in primary care practices associated with Central Vermont Medical Center (CVMC).
 - Collaborative Systems Integration Project (CSIP) – a street outreach intervention program for community re-entry for individuals involved with criminal justice.

Adult & Children's Outpatient Services

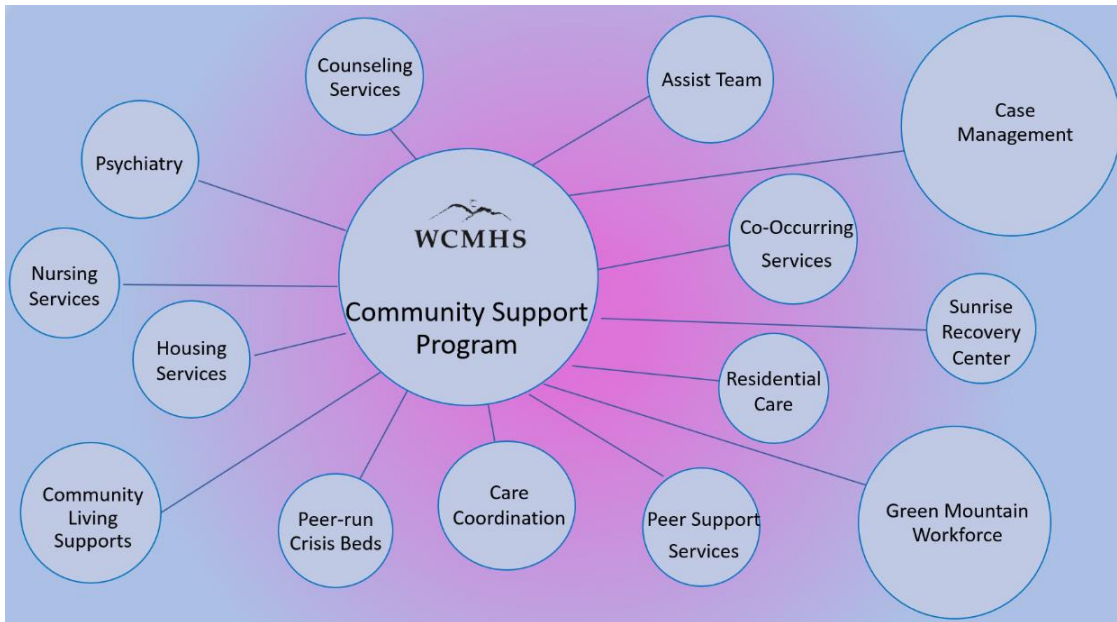
- Poorly designed funding streams to support a comprehensive outpatient counseling services array
- Lack of funding to support outpatient counseling services that require blended treatment approaches.
- for aging clients experiencing cooccurring complex mental health and medical needs.
- Aging buildings and treatment spaces that limit create barriers for innovative treatments models.
- Limited access to general Psychiatric care in the community.
- Lack of reimbursement for case management and care coordination services
- Lack of electronic medical records system interoperability between mental health and medical providers/ hospitals.
- Lack of sex offender treatment programming and housing options for this population.

Practice Improvements/ Innovative Practice:

WELLNESS SERVICES: WCMHS has expanded wellness services to include emerging best practices in homeopathic medicine that offers clients access to acupuncture, acupressure, massage, Reiki, and hyperbaric oxygen therapy. Mind and body wellness also includes access to kinetic art therapies such as pottery, painting, Eco-therapy's such as forest bathing, and physical fitness classes. Offerings are provided at low-no cost through partnerships with local practitioners, artists, and other wellness experts. While many of these activities and services are integrated into client treatment plans, we provide free access to many of these services to all agency clients, staff, and community members on well-attended "Wellness Wednesdays".

INTEGRATION OF SUBSTANCE USE SERVICES: WCMHS has recently acquired "Treatment Associates" a community-based drug and alcohol treatment program to improve the agency's ability to offer clients comprehensive mental health and substance use treatment services. Providing holistic community mental health services that treat the whole person requires the ability to address co-occurring mental health and substance use needs as these often occur together. We anticipate a significant increase to client satisfaction and utilization of substance use services as these expand within the WCMHS system of care this year.

ARTIFICIAL INTELLIGENCE FOR ELECTRONIC MEDICAL RECORDS SYSTEM: With 2024 HCBS funding, the agency is working with Netsmart's MyAvatar, our electronic medical records system improvement team to integrate new AI capabilities into our charting dashboards to improve documenting service delivery. The agency expects to decrease documentation burden and duration by 50% in the coming year and anticipates this will have a significantly positive effect on decreasing staff burn-out, increasing job satisfaction, and increasing direct service time.



Community Rehabilitation and Treatment (CRT)

Community Support Program (CSP)

Community Rehabilitation and Treatment (CRT) services are provided by the Community Support Program (CSP) at Washington County Mental Health Services (WCMHS). CSP provides a range of supports and services to adults meeting the federal and state definition for severe and persistent mental illness (SMI). We serve approximately 340 individuals ranging in age from 19 to 85 with an average age of 53. Many individuals (approximately 40%) experience co-occurring mental illness and substance abuse needs and many more, especially our aging population, experience complex physical health conditions. A large proportion of individuals we serve have received care in inpatient psychiatric settings in their lifetime, some on involuntary commitment, and many, especially those that are older, resided at the state hospital for long periods of time.

Our focus is on relationships and respect. We are trauma-informed and recovery oriented and our values are rooted in self-determination, person-centeredness, community inclusion, and whole person care. We endeavor to meet people ‘where they are at’ in their recovery process and include individual’s natural supports, including family members, in our team-based approach wherever and whenever possible.

Our service array includes peer and recovery support from individuals with lived experience, vocational and benefit support, case management and coordination with medical providers, psychiatry and nursing, individual and group therapy, community support for the purpose of inclusion and access to care, and residential and housing support. The majority of our services are provided in community-based settings and people’s homes.

Trends and Challenges: There are several communal and demographic challenges that have necessitated changes in our service structure. To address housing insecurity, CSP has developed and expanded our community-based peer supported housing portfolio and supports. Peer staff work in concert with our housing coordinator and case management team to support individuals living in agency managed, public housing, and private landlord settings to feel more included. Like the rest of Vermont, individuals receiving CSP support are aging. The social determinants of health are clear. Individuals experiencing SMI, on average, experience complex medical conditions (ex. diabetes, COPD, etc.) at a higher rate than others. To address this concern, we provide a wide range of wellness activities at our

Sunrise Wellness and Recovery Center and other locations including smoking cessation, chair yoga, and nursing support. We have also restructured our case management team toward a care coordination model in which collaboration with our broader healthcare system is prioritized. We have invested in accessibility upgrades to our existing residential settings to accommodate for mobility challenges. We continue to strengthen relationships with our community partners, including our local affordable housing partners with embedded SASH programs. As our population continues to age and require more long-term residential care, we are collaborating with community care homes for the purpose of future planning and access to these vital supports.

Practice Improvements/ Innovative Practice:

In accordance with the World Association for Psychosocial Rehabilitation and SAMHSA, we believe and support the full human rights of persons experiencing mental illness and for their effective and meaningful participation in all aspects of their care. To that end, several CSP staff have been trained in and are employing the promising practice of Open Dialogue (referred to as the Collaborative Network Approach here in Vermont). With support from DMH, we have hosted several trainings open to all WCMHS staff and community partners, including VPCH staff, and are practicing the principles of ‘nothing about me without me’ by including persons served in all decision making about their supports and services. Our hope is that these principles, in practice, will help individuals to feel more empowered, ameliorate the systemic effects of coercive practices, reduce the need and frequency of intensive support, and meet out the spirit of inclusion as we have embraced it in the state of Vermont.

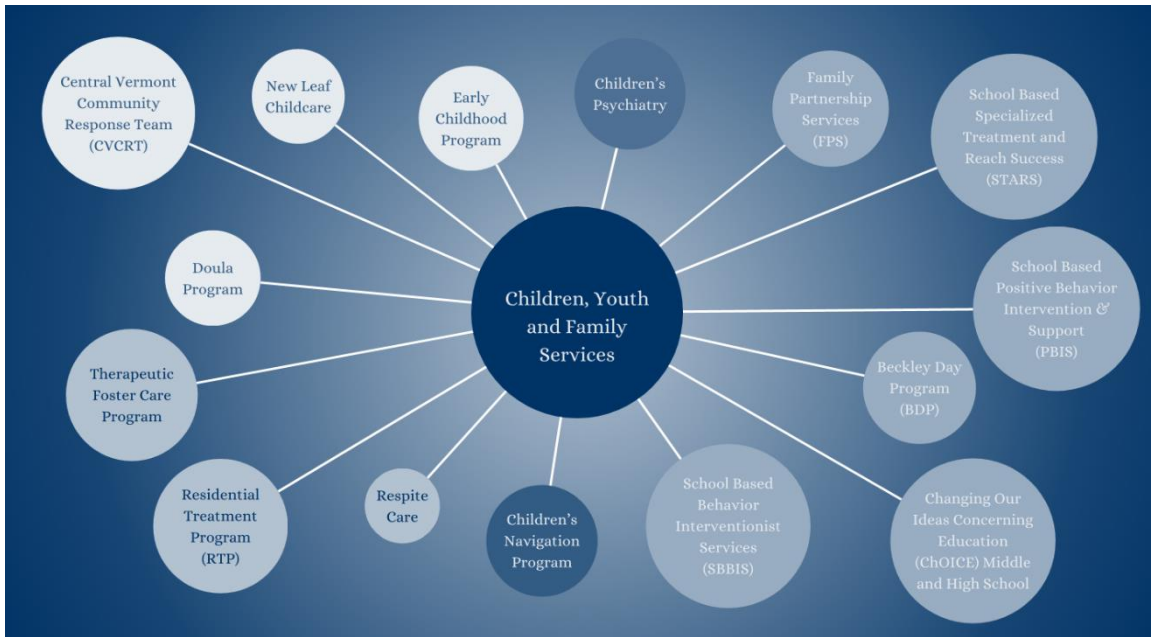
Advocacy and Peer Services

SAMHSA defines a peer as, “A person who uses his or her [their] lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.” Approximately 22% of WCMHS staff (110 total staff) consider themselves peers. Our Sunrise Wellness and Recover Center has the most peers at 83% of the total staff there. Peers use skills and tools from Intentional Peer Support (IPS) and Mary Ellen Copeland’s Wellness Recovery Action Plan (WRAP) in their work as well as other trainings provided by WCMHS. Support is provided by offering empathetic support and a shoulder to lean upon. Peer support is provided in the home, community, at the crisis bed program, and throughout agency buildings. Plans for peer services expansion and peer certification are being developed.

OPEN DIALOGUE: Several WCMHS staff have been trained in and are employing the promising practice of Open Dialogue (referred to as the Collaborative Network Approach here in Vermont). With support from DMH, we have hosted several trainings open to all WCMHS staff and community partners, including VPCH staff, and are practicing the principles of ‘nothing about me without me’ by including persons served in all decision making about their supports and services.

CRT/ CSP

- Housing Insecurity and insufficient safe housing for clients
- Aging client populations that are developing complex medical needs and comorbidities that are co-occurring with mental health concerns.
- Lack of resources to fully address social determinants of health disparities for this client population.
- Aging buildings and infrastructure that impact client access to facilities and services.
- Workforce shortages and compensation challenges.



Children, Youth, & Family Services (CYFS)

Children's Navigation Children's Navigation is a unified point of contact for families seeking services through Washington County Mental Health. Navigation offers intakes in home, office, or community-settings and, with families, assesses needs based on their interest, resources, and challenges. Navigators also provide short-term office- or community-based treatment as needed by WCMHS, including therapy, group therapy, case management, and service coordination.

Early Childhood Services (ages 0-5) WCMHS provides therapeutic supports to young children ages 0 to 5 and their families. Services are specific to social and emotional and behavioral needs and tend to be delivered through a more specific prevention-based model. Services are provided in the home, community and at the office based on need and appropriateness.

Doula Program A primary goal of The Doula Project is to support families in having a birth experience that lays the groundwork for attachment to their newborns. A labor doula is defined as "a physical (non-medical), emotional and informational support to women and their partners during labor and birth, as well as to families in the weeks following childbirth" (DONA International). Prenatal services include care coordination and support to prenatal appointments, identifying needed community resources and access to those resources, and childbirth education and creating a birth plan. A doula will be present at the birth. Postpartum doula services include breastfeeding/bottle feeding support and education, newborn care instruction, infant development, and continued case management support regarding family needs.

Central Vermont Community Response Team (CVCRT): Focus is on supporting the parent entering treatment if they are not already engaged, consistently getting to treatment appointments, attending pre-natal appointments, support in identifying other family needs and finding appropriate service to support those needs (i.e. housing, Reach-Up, nursing).

Parent-Child Interaction Therapy (PCIT) and Toddler PCIT (PCIT-T):

This evidence-based treatment model is designed to improve the relationship between a caregiver and his/her child ages 2.5-6. PCIT focuses on enhancing the relationship between you and your child, increasing your child's self-esteem, reducing your child's frustration, and helping your child with

organizational skills. Parenting skills are learned and then practiced in play sessions with your child, with live coaching by the PCIT therapist. PCIT Toddlers, ages 12-24 months, is an adaptation of PCIT that aims to meet the unique developmental needs of toddlers with big emotions.

Family Partnership: This program utilizes the supports of case managers to provide individualized services for children and families who are experiencing a serious emotional disturbance. Children served are typically at-risk of a more restrictive placement, and/or multi-agency involvement.

Substance Abuse Services WCMHS is in the initial stages of providing screening, assessment, and treatment services for youth ages 12-26. This will include care coordination, case management, individual and group therapy. Additionally, youth will have access to peer support and recovery coaching.

Wellness program This program offers youth wellness coaching and access to a naturopathic doctor. Coaching can include both education about the foundations of lifestyle medicine, identifying challenges around these topics and establishing individual goals/health plans. Program focuses include healthful eating, movement, stress management, sleep, reducing risky substance use, and building social connectedness.

Therapeutic Foster Care is a trauma-informed program that provides foster care placements with skilled foster parents to children and youth who have experienced trauma and/or are experiencing mental health challenges. The TFC program provides wraparound services to children and youth placed in our care, coordinated by an assigned therapeutic case manager. Foster parents are provided with specialized training to meet the unique needs of each individual client. The TFC team collaborates with the Department for Children and Families and the Department of Mental Health to meet the short- and long-term needs and goals of each child/youth.

Success Beyond Six Programming/ School Based Services:

STARS School Aims to help children with autism and other developmental disabilities become more adaptable to change, experience healthy attachments, have positive relationships with others, and solve problems effectively. STARS works with parents/guardians and teams to see the clients in a more informed way based on modern research, and thus offers support with skill acquisition and therapeutic recovery for the children we serve. Each youth receives an academic curriculum that is compliant with Vermont Common Core, Vermont Framework of Standards, and Next Generation Science Standards.

Beckley Day Program The Beckley Day Program (BDP) is a short-term tutorial program available for students served (or willing to be served) by the WCMHS School Based Services (SBS) Program in grades K-6 that are having acute difficulties accessing their education in a mainstream environment. Children served by the Beckley Day Program are typically students needing extra support, stabilization, and assessment. BDP offers youth a supportive environment in which their social, emotional, and educational needs can be assessed.

School Based Clinicians: Under the umbrella of School Based Services, a program at Washington County Mental Health Services (WCMHS), the School Based Clinician Program, provides collaborative educational and mental health supports for up to 10 referred children in conjunction with the child's school team. Referred students are children and youth with social, emotional, and behavioral needs, which have not been successfully addressed through standard classroom and school-wide services and procedures. The

School Based Clinician Program provides public schools with assistance in the development and implementation of individual, small group, and school wide behavior change programming.

Changing Our Ideas Concerning Education:

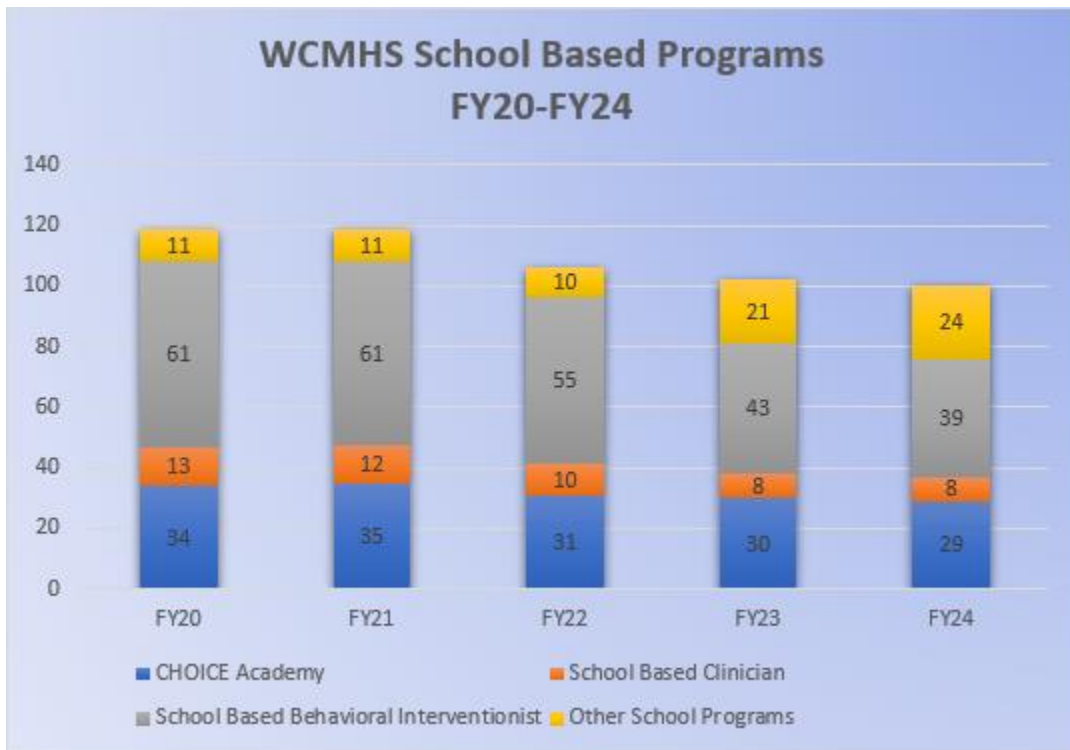
Ch.O.I.C.E Academy is a licensed independent school, and an integrated transitional mental health treatment facility/educational center. Ch.O.I.C.E. provides educational and therapeutic services to youth in grades 5-12. Enrollment is voluntary and limited to youth currently unable to access their education in a mainstream setting.

Residential Treatment Program

WCMHS’s 5 residential treatment programs provide intensive community-based services to children with challenging behaviors. Up to four residents are served in each program. WCMHS Children, Youth and Family Services Division currently operates five such programs, one of which is a short-term crisis stabilization placement for children and youth in DCF custody. Each specializes in serving residents with specific needs. The primary goal of the programs is to provide stable treatment-based placements to children and youth who have experienced multiple placements, extended residential placements or who would otherwise be hospitalized.

Respite care services are designed to give limited, planned, scheduled breaks to families caring for a child or youth experiencing, or at risk of experiencing a serious emotional disturbance. The Respite Program may provide overnight respite services through licensed the Vermont Department of Children and Families foster care providers.

Number of Students Served by Success Beyond Six over the past 5 years:



State and federal funds utilized per year over the past 5 years

School Years	State/Federal Funds
FY20	\$14,643,788
FY21	\$14,932,594
FY22	\$15,521,171
FY23	\$12,120,778
FY24	\$15,521,171

SB6 Contracting Trends

	CHOICE Academy	School Based Clinician	School Based Behavioral Interventionist	Other School Programs
FY20	34	13	61	11
FY21	35	12	61	11
FY22	31	10	55	10
FY23	30	8	43	21
FY24	29	8	39	24

There is a perception that because the number of contracts has decreased, that schools are not contracting with local DA's. Workforce is the number one barrier. Currently, WCMHS has 35 referrals for students needing to access School Based Services. Additionally, CH.O.I.C.E Academy has 15 referrals from area schools. Schools are seeking flexibility within their contracts due to the emerging needs of students and complexity of clinical needs within the local schools. School administrators are needing more support and training for their staff in efforts to support students and school staff with their own mental health.

Other Emerging Trends and best practices in youth mental health

Project Aware Grant is a 5-year federal award from the Substance Abuse and Mental Health Services Administration (SAMHSA), the VT Department of Mental Health and the VT Agency of Education continue the collaborative partnership from the 2018 Project AWARE (Advancing Wellness and Resiliency in Education) to engage three new regional teams of Local Education Agencies and their regional Designated Mental Health Agencies. Together, these state and local partners will develop sustainable infrastructure for social, emotional, and mental health supports within the Vermont Multi-Tiered System of Support Framework (VTmtss). Increase awareness of mental health, substance use, and co-occurring disorders among school-aged youth.

Goals:

- Increase the mental health literacy of individuals who interact with school-aged youth to understand and detect the signs and symptoms of mental illness, substance use/misuse, and co-occurring disorders.
- Promote and foster resilience building and mental health well-being for all school-aged youth.

- Provide positive mental health support; targeted services to those who need more support; and intensive services to those who need them.
- Connect school-aged youth who may have mental health issues, including serious emotional disturbance or serious mental illness, and their families to needed services.
- Increase and improve access to culturally relevant, developmentally appropriate, trauma-informed schools and community-based AWARE activities and services.

Preventing Youth Overdose Grant is a 3-year federal award from the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this program is to improve local awareness among youth of risks associated with fentanyl, increase access to medications for opioid use disorder (MOUD) for adolescents and young adults screened for and diagnosed with opioid use disorder (OUD), and train healthcare providers, families, and school personnel on best practices for supporting children, adolescents, and young adults with OUD and those taking MOUD.

Goals:

- Improve accessibility and quality of youth SUD services in the community.
- Enhance staff capacity and expertise in youth SUD services for WCMHS staff.
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- Increase Community Awareness and Understanding of Youth SUD needs and services.
- Decrease youth SU in the community through evidence-based programs.
- Increase evidence-based SU prevention education in schools, community, and health settings.

Doula Services In partnership with a Community Health Worker Grant, WCMHS provides Doula Services since 2015 recognizing that maternal emotional health and social supports, including pre- and peri-natal care have significant impacts on positive birth outcomes such as improved labor and delivery with decreased need for caesarian births, improved infant APGAR scores, accelerated post-partum recovery, decreases in post-partum depression, increases in mother-child bonding, and reports of more resilient and connected parenting experiences. WCMHS provides doula services that include counseling, case management, pre- and post-partum support and educational groups and crisis supports.

EARLY INTERVENTION FOR PRE-SCHOOL AGED CHILDREN EXPERIENCING SEVERE EMOTIONAL DISTURBANCES: Although WCMHS has provided therapeutic day-care services for many years, our School-based Services Team has developed an early intervention program for pre-school aged children who have significant emotional disturbances that impede their access to pre-school programs. This new program is contract based and provides behavioral intervention, applied behavior analysis, and case management services to the youngest population of pre-school children on the continuum of daycare and pre-school educational services. This early intervention approach equips children with emotional regulation, socialization, and problem-solving skills so they can enter the school system successfully and participate in a standard classroom along with their peers.

HUMAN TRAFFICKING AND SEXUAL EXPLOITATION TRAINING AND AWARENESS: WCMHS has been partnering with the State’s human trafficking and sexual exploitation team to mobilize trainings, educational resources, and awareness building activities to equip our staff and community partners to recognize the signs of exploitation and know how to respond and offer support. The agency has brought nation-wide speakers to Vermont in support of these efforts and plans to continue making resources and trainings available. WCMHS staff receive training, consultation, and educational resources to remain

informed about this evolving field of clinical practice as knowledge about the impact of human trafficking continues to emerge.

Challenges:

The greatest challenges that we see affecting children and youth today are presenting with incredibly high ACES scores as a result of generational trauma. This is resulting in more youth presenting with attachment disorders, substance use and abuse, trauma, stress disorders, depression, anxiety, mood disorders and of course ADHD. ADHD is often the manifestation of the chaotic and unpredictable caregiving system they are being raised in. As a result of changing economical stressors from the pandemic, we are witnessing dramatic increases in caregivers that are experiencing, extreme poverty, homelessness, and substance abuse. Families are struggling in having their basic needs met which is resulting in our system of care reacting to crisis rather than prevention and upstream services intended to prevent children needing to access mental health treatment.

- Lack of substance abuse clinicians (LADC's) trained to work with youth.
- Lack of trained workforce in general
- Lack of respite providers and therapeutic foster home providers
- Increased clinical acuity of students and their families within the school system
- Change in leadership across local supervisory unions
- Increased population of youth that are diagnosed with intellectual delays and mental health.
- There is an increased need for these youth to access ABA services within the home and community and WCMHS has limited resources to meet this need. As these youth age out of CYFS services there are limited placement options for these youth.

Children's Services Strengths

- Longevity of children's division staff at the agency and genuine passion to support children and their families.
- WCMHS commitment to staff to support a work/life balance, flexible schedules
- Training ground for clinical staff entering the field
- Meeting clients where they are and adapting our service delivery to meet their needs. For example: continuing to meet remotely or via telehealth, developing an array of groups to offer clients, Mural Group, Mountain Biking Group, Swim Group, Confidence Collective, Art & PE Group, Survivor Group (outdoor games, etc), Equine Group and focused on building individualized treatment planning in collaboration with clients and their families.
- Revitalizing and beginning to implement Integrated Dual Diagnosis Treatment philosophy and services throughout programming with youth.
- Offering wrap around supports offered through therapeutic foster care program. WCMHS is one of the few regions across the state that can offer this program to youth transitioning back into the community. This serves as a mechanism to foster permanent connections for youth, promote access to treatment and build resiliency for youth in this region.
- Crisis stabilization bed that is available through ICAP. This statewide program will serve children and youth who are at risk of hospitalization, waiting to be admitted into a program/hospital, or need a temporary placement between a higher level of care and full integration into the community.



Community Developmental Services (CDS)

CDS programming serves clients experiencing developmental disabilities, autism, and traumatic brain injury by offering services that enable client autonomy, independence, skill building, nursing, psychiatry, and residential care to clients across the lifespan. Services are community or home based and include approximately 80 contracted shared living providers who can serve 1-2 clients in their homes. Community Developmental Services also offers a supported apartment program to help clients maintain independence while they are supported in tasks such as grocery shopping, medication and daily living activities and assistance with preparing meals. Services include:

- Case Management
- Care Coordination
- Independent Living Supports
- Counseling Services
- Facilitated Communication
- Nursing and Psychiatry supports
- Community skills building
- Independent living supports

- **The Bridge Program:** Serves children and young adults ages 0 – 22 with care coordination for children with Developmental Disabilities and offers families assistance with accessing needed medical, educational, social, or other services to address their children’s needs. It also supports families with coordinating multiple community-based services through a coordinated service plan.

- **Community Supports:** are offered to clients at the age of 18 to help them navigate and access all the resources in their community.

- **Home and Community Based Services (HCBS):** serve adults 18 and older (and children who meet the funding priorities of Preventing Institutionalization – Psychiatric Hospitals / Nursing Facilities)

through case management, service coordination, community supports, residential supports, communication supports, clinical supports, flexible family funding, and employment supports.

- **The Learning Collaborative:** classes are scheduled in 9:30 -4:00pm time slots in a weekly format with special events that involve day long trips and excursions. This program offers a diverse selection of activities that focus on the themes of physical fitness/health, independent study, creative expression, academics, self-advocacy, independent life skill building, employment preparation, nature, and community integration. Participants, staff, and invited teachers and guests work together to create a vibrant peer focused learning community. The creativity and personal learning style of each participant is taken into consideration in providing guidance instruction needed for their success.
- **Developmental Homes (SLP's):** We serve 102 individuals in approximately 80 shared living providers that can host 1-2 people in their homes. This program offers community based residential treatment for people with ID/DD, Autism, and TBI diagnosis. We contract with the home care providers as they are not agency staff.
- **Supported Apartment Program:** Clients served in this program live independently with staff supports that enable them to access the community, grocery shop, med reminders, Activities of daily living reminders and some assistance with preparing meals. We provide very limited staffing for people in SAP.

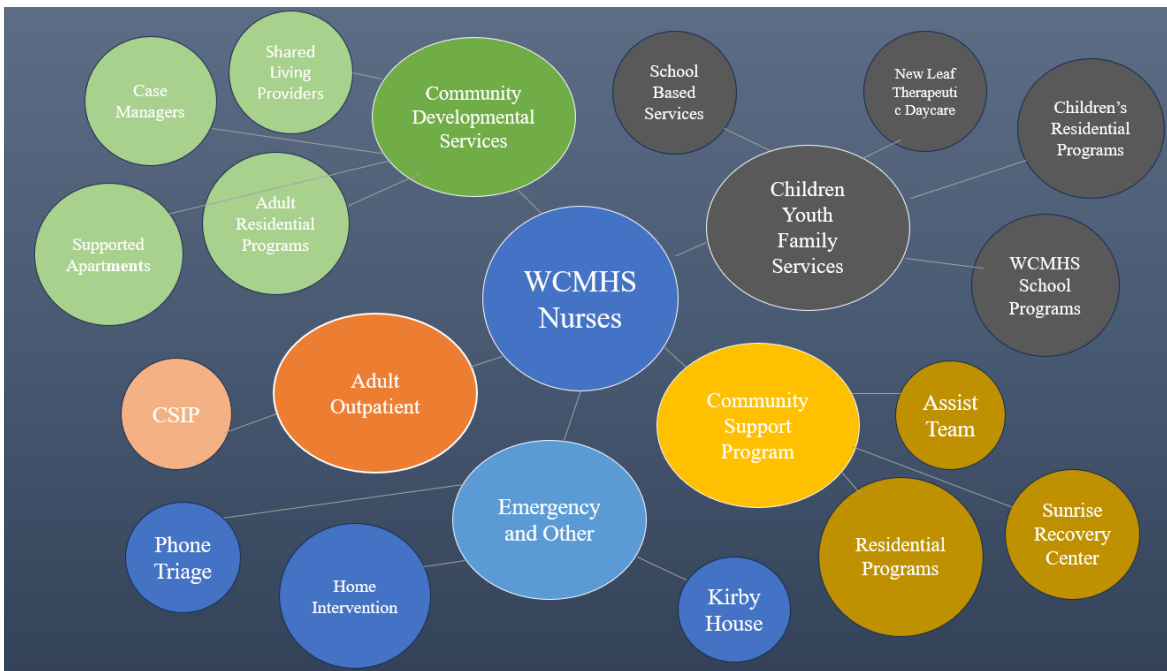
Practice Improvements/ Innovative Practice:

SMART HOME LIVING SUPPORTS: With 2024 HCBS Grant funds, WCMHS is building a “smart home living” model of care that integrates client centered smart home technology and virtual supports into client homes. This enables us to leverage the power of technology and Artificial Intelligence to provide clients with greater independence and autonomy in their homes while ensuring remote monitoring can provide safety supports, virtual access to care teams, crisis response, medication supports, and chronic health monitoring for clients diagnosed with Diabetes, Hypertension. Technology is individualized, HIPAA compliant, connected to the client’s electronic medical record system, and customizable to individual treatment needs. The agency anticipates a decrease in staff-burn-out and overtime, improved client and staff satisfaction, and the ability to improve the quality of care as services can be more customized than has been possible in the past. Project launch is currently in process.

Challenges

- Client access to safe, affordable, and appropriate housing. Because social security and disability payments are insufficient to cover rent, food, personal needs, and transportation needs, CDS clients depend on housing subsidies to reduce rent and enable them to access housing.
- Staffing limitations and an ongoing decrease in an available workforce.
- Funding to keep the pace with cost-of-living increase and the ability to provide a competitive wage to qualified people.
- A general lack in a robust service array that that meets DS specific therapeutic needs, offers enough crisis response, and medication management services.
- Lacking DS crisis beds. Statewide DS only has 3 operational crisis beds for our client population, so access to these beds is almost nonexistent.

- Lack of system-wide knowledge of appropriate hospital care for clients presenting at the hospital in need of psychiatric services. This population is often described as having a “behavioral issue” and is released without care.
- Although Vermont has established shared living and licensed/unlicensed group homes. There is a need to develop group home models that specialize in Autism.
- There is need to develop improved forensic treatment models that offer strong therapeutic services for DS that have a co-occurring mental health diagnosis. Programs must be upscaled in ways that can successfully engage with the justice system to address issues with Act 248 and other challenging law enforcement issues.



Nursing Services

Nursing is embedded across all areas of our agency. The amount of nursing services currently integrated within WCMHS are determined by licensing regulation, client safety, and overall population health. WCMHS currently employs 9 full-time RNs and a handful of part-time/per diem RNs. The number of nursing hours WCMHS has, has remained steady – while need is only increasing.

WCMHS Nursing tasks are as follows (but not limited to):

- Medication reconciliation and management
- Delegation (medication and nursing tasks/special care procedures)
- Medical case management and coordination of care with community health providers
- Injections
- School nursing
- Medical care within our residential programs (high acuity of medical needs – many clients are nursing home level of care)
- Wellness and Education (diabetes, tobacco treatment, nutrition, chronic disease management, harm reduction)
- Agency education and trainings

Psychiatry Services

The Psychiatry Team at WCMHS serves clients in collaboration with clinicians and staff across all agency programs and divisions. Offerings include diagnostic evaluation, consultation, and ongoing medication management and services are provided on an emergent, urgent, and continuing care basis. Psychiatry staff collaborates and consults with internal and external providers in a multidisciplinary treatment delivery model. This collaboration is part of ongoing care for all clients. More intensive consultation and collaboration services are also available for emergent, complex, and high-risk cases. As with many of WCMHS's services, the Psychiatry team treats many clients who experience severe and persisting mental illness that is outside the scope of our community's primary care practices. We provide client-centered, trauma informed, and culturally sensitive care.

Housing Opportunities/Programs

Housing is foundational to good mental and physical health. As de-institutionalization advanced through the years, many people being discharged from the Vermont State Hospital sought to settle in the Washington County area. We have developed robust housing options ranging from group homes to a Housing First model. Following is a list of WCMHS supported housing programs totaling 120 beds plus 102 Shared Living Provider Home settings:

	CSP	CDS	Out-patient	Children's	ICS
Group Home	3 homes 19 units				
2-bed home 24/7 staff	1 home 2 units	2 homes 5 units			
1 bed home 24/7 staff		2 homes 2 units			
Supported Apartments Case Mgmt Outreach	6 buildings 22 units	2 building 4 units		1 building 2 units	
Peer Supported Housing	3 homes 8 units				
Peer Crisis/Transitional	2 locations 4 units				
Crisis Beds		1 building 2 units			1 building 4 unit
Micro-residential				4 homes 19 units	
Group Homes - High needs med/DS/end-of-life care		2 homes 12 units			
Tiny houses	2 homes 2 units				
Re-entry Residence Peer-Supported w/staff			1 home 4 units		
Substance Use Support Bed					1 building 2 units
Shared Living Providers		102 homes			
Staff Supported Apartments 24/7		2 buildings 7 units			
TOTAL BEDS=UNITS	57	32 plus 102 SLPs*	4	21	6

*Shared Living Providers contract with WCMHS to provide housing

Note: Up-Coming Housing Project with Downstreet – Montpelier Communit

2023 Disaster Response Team

On July 10, we immediately moved to action. We began sandbagging our buildings, moving our clients to higher elevations, and checking on our neighbors and first responders. As soon as the City of Barre began opening the Barre Auditorium up as a shelter, we were there. We made sure to have printed materials with our contact information for people and we contacted every individual accessing the shelter daily, including volunteers.

We began door knocking at both residences and businesses even while we helped our coworkers dig out their homes and tried to dig out our own 5 damaged buildings, some of which are still not fully functional. All of this occurred prior to SOS VT beginning.

Once we began working as part of the Starting Over Strong VT program (a FEMA training through DMH), we made our own flyers and continued our outreach countywide. Of our initial Flood Response team of 14, five went to the SOS VT training. Staff have been performing individual visits to 924 individuals, including at the Red Cross shelter, door knocks, calls to the counseling line, and at community events.

An additional 1,706 individuals were served over 21 separate group opportunities we either created or were participated in through invitation:

Group sessions- Community Based Support Groups
Community Based Wellness Events (Held by WCMHS)

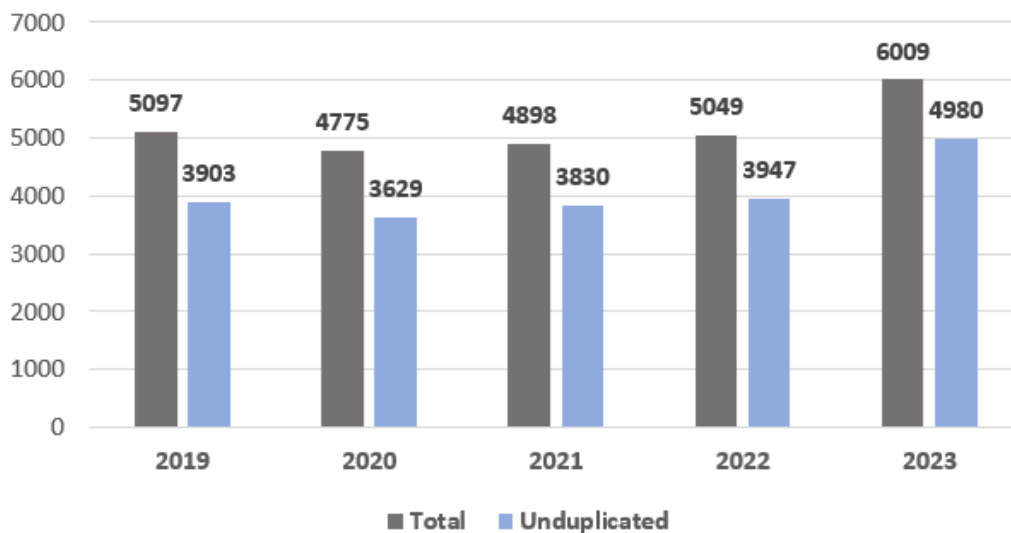
- Business Specific Support Groups
- Community Partner (including First Responders) and School Education and Support

OUTCOMES & DATA: 2019 – 2024 Performance Measures and Outcomes

The following charts and graphs report the total number of WCMHS clients served, by program. This data is then also summarized by total encounters and total unique encounters, by program, over a 5-year performance period.

	2019	2020	2021	2022	2023
CDS	371	365	380	388	393
Emergency	1445	1250	1529	1523	1438
CRT	363	374	364	378	384
SBS	448	398	357	328	282
Children's Services	771	764	780	840	852
Peer Services	113	75	105	120	123
Adult Mental Health	1117	1052	1108	1195	1138
Urgent Care	469	387	141	277	224
Police Clinician		110	134		76
Police Clinician					175
Disaster Response					924
	2019	2020	2021	2022	2023
Total	5097	4775	4898	5049	6009
Unduplicated	3903	3629	3830	3947	4980

Total Individuals Served



How Are Vermonter’s Better Off - Standardized Frameworks and Evidence-based Data:

2023 client satisfaction survey results from 493 clients (17% of active clients) reported being very satisfied with the services they receive, showing a small increase across all CORE questions. In all four of the Center of Excellence (COE) and Department of Mental Health (DMH) Value Based Payment measures the agency scored above the standard / target that were set for the agency.

Client Satisfaction Survey Results by core service and WCMHS division	CCPS	CDS	CSP	CYFS	ICS	Wellspace	Agency Total
I received the services that were right for me	93%	100%	90%	93%	77%	73%	91%
I received the services I needed	92%	92%	90%	93%	79%	80%	89%
Staff treated me with respect	98%	96%	92%	95%	94%	87%	96%
The services I received made a difference	90%	88%	89%	90%	66%	86%	87%
My quality of life improved as a result of the services I received	84%	95%	89%	90%	51%	80%	84%
I found the video/phone options helpful	36%	69%	69%	11%	40%	53%	45%

WCMHS Performance Measure: 7-day follow-up following hospitalization.

Age Group	2021	2022
WCMHS Adults (18 and older)	70%	71%
WCMHS Youth (6-17 years)	79%	74%
State-wide Rate: Medicaid Population (NCQA)	74.4% Youth 61.8% Adults	73.9% Youth 60.6% Adults

Practice Improvement:

Orders of Non-Hospitalization: WCMHS has had a reduction in this high-level legal oversight through utilization of a clinical approach that is more positive than coercive. These orders have been reduced from 40+ 5 years ago to 25 currently.

Standard Client-level Outcome Assessment Tools

- Drug Abuse Screening Test (DAST-10)
- CANS/ ANSA
- Columbia-Suicide SeverityRating Scale (C-SSR)
- CAGE-AID Substance Abuse Screening Tool
- The PrimaryCare PTSD Screen for DSM-5
- Patient Health Questionnaire-9
- Alcohol, Smoking and Substance Involvement Screening
- PediatricACEs Screening and Resiliency Study
- PTSD Checklist for DSM-5 (PCL-5)
- Generalized Anxiety Disorder-7 (GAD-7)
- The assessment tools that we already utilize such as a biopsychosocial, mental status assessment, screening tools such as the cage aid, PC-PTSD 5 and PHQ already provide a full and clear understanding of client’s strengths, needs, and clinical presentation. We feel The ANSA is administratively burdensome and duplicative. We also feel that there are better tools that could

be used to assess progress such as the PHQ (Depression), ASI (addiction severity index), and the PCL-5 (trauma checklist), as these allow for client self-report not just clinician observation.

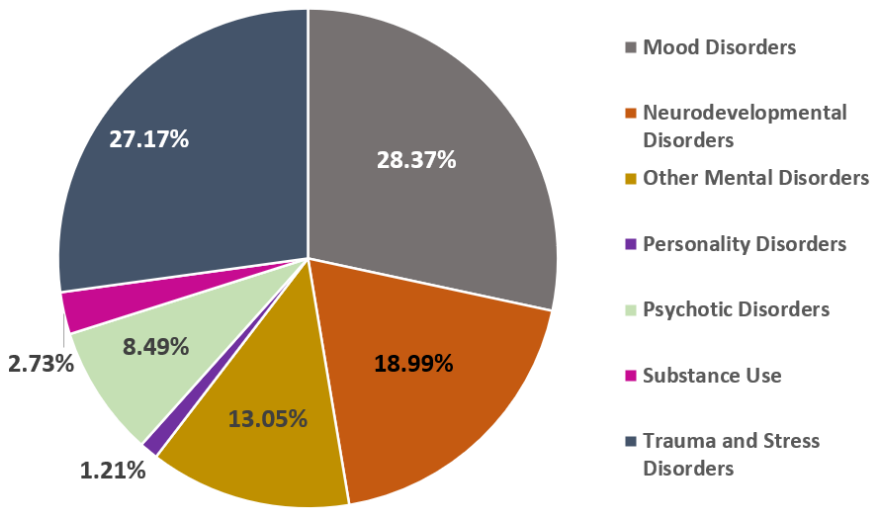
Quality of Service Providers and Evidence Based Practices:

WCMHS has 134 licensed and rostered clinical staff and 520 programmatic and support staff providing supervised care to our consumers based on evidence-based practices. WCMHS will utilize the following EBP's without modification or additions:

- Integrative Dual Diagnosis treatment: A staged group model for life and coping skill building. Identifies triggers/ early warning signs for co-occurring mental health/ substance use disorders.
- Motivational Interviewing: A motivation development model to address addiction behavior.
- Cognitive Behavioral Therapy & Trauma Focused-CBT: A model for resolving thoughts/behaviors associated with mental health and substance use disorders. TF-CBT is trauma-focused and augments classical CBT.
- Relapse Prevention: A recovery focused model to assist with social/emotional/lifestyle skills to decrease relapse and build resiliency.
- Contingency Management: A treatment court focused model based on operant conditioning and incentives to encourage positive behavior change.
- Seeking Safety: A curriculum for substance use recovery with a focus on emotional safety after trauma, specifically for veterans and domestic violence survivors.
- Eye Movement Desensitization and Reprocessing: An information processing model to resolve traumatic memories impacting trauma, substance use, depression, etc.
- Solution Focused Brief Therapy – A future focused/goal-oriented model for problem solving and stress management for short & present-focused treatment of mental health/ SUD.
- Matrix Model: A comprehensive and foundational EBP not currently offered at WCMHS but indicated for SUD/Co-occurring IOP treatment in inpatient or outpatient settings.
- Attachment, Self-Regulation & Competency (ARC): A child trauma treatment model to augment care delivery for substance-involved youth and their families.
- Collaborative Assessment and Management of Suicidality (CAMS): A collaborative therapeutic framework for assessing suicidality and treating clients with suicide risk factors.
- Dialectical Behavioral Therapy (DBT): A model to treat substance use disorders that focuses on concrete skill building and behavior reframing.
- Housing First: A harm reduction model for clients with co-occurring mental health/SUD facing or experiencing homelessness.
- Peer Supports: A support model for clients with SUD/Co-occurring disorders delivered by peers with lived experience.
- Seven Challenges: A co-occurring model for substance-involved adolescents with mental health challenges.
- Wellness Recovery Action Planning (WRAP): A personalized recovery system based on principles of self-determination.

Population Based Outcomes and Service Needs by Client Utilization and Diagnostic Code

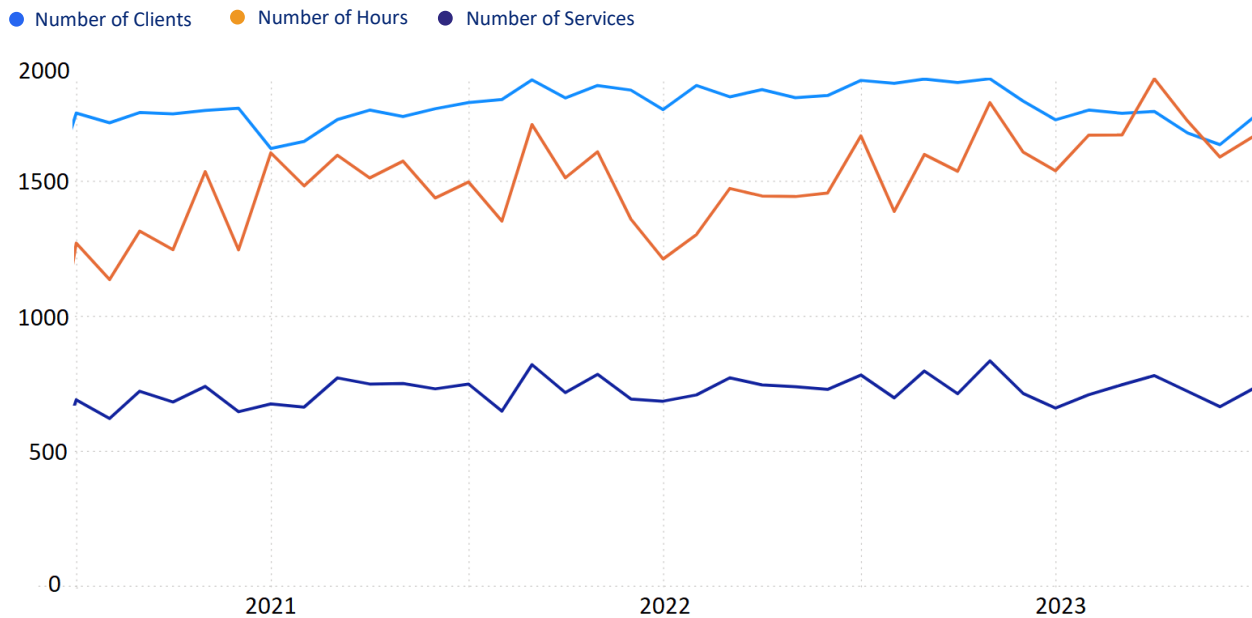
WCMHS CLIENT DIAGNOSIS



	Client Count	Diagnosis %
Mood Disorders	822	28.37%
Neurodevelopmental Disorders	550	18.99%
Other Mental Disorders	378	13.05%
Personality Disorders	35	1.21%
Psychotic Disorders	246	8.49%
Substance Use	79	2.73%
Trauma and Stress Disorders	787	27.17%
Grand Total	2897	100.00%

Service Duration and Density by Client, Diagnosis, Population

WCMHS DIRECT CARE ENCOUNTERS (SERVICES) AND HOURS



Observations based on client utilization data and population based outcomes

[INSERT TEXT] WCMHS Population management, high utilizers, talking about service mix, peer reviews, case consultations

No-show Rates

Over the past 5 years, no-show rates have diminished due to the utilization of telehealth services. However, consistent no-show rate tracking is currently unavailable at the agency because not all programs utilize the UEMR scheduling interface to track client appointments. In programs that do track appointments, no-show rates were as high as 20% although still lower than national averages that average between 25-38% for community mental health service agencies.

SUSTAINABILITY

Grant-funded programs: Purpose, Outcomes, & Funding

In addition to the agency's 19 Master Grants with the Department of Mental Health (DMH) and Department of Aging and Independent Living (DAIL) we are awarded with 24 unique grants that fund the programs and services we offer. These grants are:

- SAMHSA Preventing Youth Overdose
 - This grant supports the development of youth focused opioid use prevention, drug education, staff training, service delivery, community engagement, assessment, screening, and treatment services.
- SAMHSA - SASH Embedded Mental Health Program Subaward
 - This grant supports the delivery of mental health counseling services to clients living in care homes for the elderly.
- SAMHSA – Project Aware subaward (DMH)
 - This grant supports the integration of a school-based mental health coordinator who works to support and improve the mental health response processes within the Barre Unified School District.
- ARP ESSER Act 112 Mental Health & Well-Being
 - This grant supports agency and educational staff within our 27 regional schools with therapeutic supports, after-school socialization activities, and interventions to counter-act the post-Covid 19 emotional effects leading to staff burn-out, emotional fatigue, and educational set-backs.
- AHS Home and Community Based Services Grant
 - This grant supports a comprehensive array of program model innovations, staff development initiatives, and infrastructure improvement activities.
- Access Hub - Living Room Model Grant
 - This grant supports care model innovations that make immediate access to mental health services available to anyone who walks of the street and presents with a bio-psycho-social need that is impacting their wellness.
- Community Health Worker Doula Grant and Health Equity Doula Grant
 - These two grants support doula services that are described in the “practice innovations” segment of this report.
- Crisis Counseling Assist. & Training Grant
 - Disaster Response Training and Resource Funding
- Building Bright Futures (New Leaf Daycare Program)
 - This grant supports services that are delivered in our therapeutic daycare program (New Leaf)
- Community Mobile Crisis Services

- This grant supports mobile crisis response teams who provide crisis interventions in the community at any location where any member of the community requests support. Services range from sub-acute wellness checks to more urgent crisis stabilizations, interventions, follow-up care referrals.
- Crisis Counseling VT Community Foundation Grant
 - Flood Relief funding to provide community supports
- Department Of Health Food Program
 - This grant provides funding for student meals at the agency’s CHOICE Academy, an independent school for students with mental health and developmental disabilities.
- PCIT Parent-Child Interaction Therapy Grant
 - Therapy modality for parent child relationship and parenting supports
- Police Clinician and Outreach Grants
 - For Montpelier/ Barre area paired Clinician/ Police response

REGIONALIZED PROGRAMS

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.

WCMHS interfaces with multiple community health care organizations to coordinate care. WCMHS works daily with local primary care offices to support our clients/consumers with both acute and chronic health concerns. Much of this interface is through WCMHS case managers and nurses and includes coordination of care, reconciliation of medications, and referrals/support to outside specialists, and sharing of relevant health care data. We have more formal relationships with our hospital with regular Emergency Department utilization meetings (with other community providers present), electronic notification of our clients/consumers hospital admission/discharges (patient ping) and ongoing discussion around shared medical data/EMR access. Community meetings and conversations are regularly arranged between community organizations to support WCMHS clients/consumers with complicated medical needs.

While WCMHS works closely with community medical partners there is an increased need for internal medical support and coordination. WCMHS nursing support is embedded across all divisions. Many of the nursing supports within the agency are determined by licensing regulations (residential programs, school, DAIL Health and Wellness Guidelines). The CCBHC model incorporates best practices that include holistic and all-encompassing care. Other nursing requirements are determined by the rising health care needs of our populations (comorbidities and aging) simultaneously the health care system is overwhelmed and stretched to capacity. Many WCMHS clients/consumers have special needs that our program RNs and case managers can better support through education and medical care. They have the medical and mental health knowledge to provide person centered care and ongoing support, meeting the clients/consumers where they are at. Nursing within our DA systems is an essential building block of whole person care and yet is generally unfunded.

- Some of WCMHS’s Community Health Partners:
- CVMC – Medical floors and the Emergency Department
- CVHHH - Home Health
- SASH

- Treatment Associates
- VCCI
- Pharmacies

MOUS related to Community Collaborations (some referenced above)

- MOUs with Downstreet Housing
 - Tiny house project
 - Supported apartments through Case Managers/Housing Specialists
 - SASH Counselor/Case manager for Downstreet residents
 - SASH coordination with current clients and referrals
 - MOU with Area Agency on Aging
 - Elder Care Clinicians
 - Agreements with Central Vermont Medical Center
 - Emergency Services Clinicians – Emergency Response to ER and Psychiatric Unit
 - Co-location of Therapists in 3 Primary Care Offices
 - Agreement with Good Samaritan Haven
 - On-site nursing assessments through our Nursing Division
 - Montpelier and Barre Police Departments
 - Embedded clinician responding with law enforcement
 - Vermont State Police
 - Embedded crisis clinician responding through and with VSP
 - Treatment Associates – a private substance use provider
 - WCMHS provides an Advanced Practice Registered Nurse with Psychiatric and Substance Use Specialization. The practitioner prescribes for a panel of patients receiving Suboxone for opiate treatment and bridges them over WCMHS out-patient therapy
 - THRIVE – Accountable Community for Health
 - A community provider group convening/collaborating on identified projects – 2023-24
- Flood response – WCMHS Disaster Response Team w/United Way, Rainbow Bridge, Family Center of Washington County, Capstone
- Responses to Montpelier, Woodbury, Marshfield, Barre, Waterbury, Williamstown --- community education and support on flood-related stress reactions
- Health Equity
- Crisis Intervention Team Training w/law enforcement
- Social Justice Agenda
- Homelessness Action Team
- Response to hotels
- Response to discontinuation of hotel program
- Wellness Wednesday programs --- community practitioners give time to our community at our WCMHS WellSpace, where anyone can sign up at no charge or walk-in 4-7 on Wednesdays
- In early 2022 in response to this crisis of long waitlists, Washington County Mental Health created "Wellness Wednesdays," an immediate accessible program for all residents of Washington County and parts of Orange. The use of complementary and alternative modalities (acupuncture, reiki, massage, meditation, acu-detox and acupuncture) for mental health care is effective and rising. "Wellness Wednesdays" provides the community with access to free holistic approaches to enhance overall well-being and provide a valuable adjunct therapy while consumers wait for traditional mental health services. The community response to Wellness Wednesdays has been extraordinary.

To date, WCMHS has provided **579 free** unique services to the community through Wellness Wednesdays, with 95% indicating they experience a reduction in stress level as a result of the adjunct therapy chosen.

Imagination Station

Sensory Room for children with autism – funded through donations through community service groups – This room was lost to the Flood but will be back on-line in the next 2 months. While in full operation it is booked on average 40 hours/week and is used by one individual/hour.

Washington County Survival Guide (pocket guide to services in Washington County)

Supported by WCMHS/Central Vermont Prevention Coalition/Faith-Based Organizations and Police. This resource is in constant demand from community members, law enforcement officers, emergency personnel and other providers. This was created by WCMHS as a community resource.

Inter-Agency Collaborations

- Collaborative Solutions Corporation
- A corporate structure operated by WCMHS/Howard Center/ and Clara Martin Center
- Operating 2 staff secure residential homes for people stepping down from psychiatric hospitalization (total 24 beds) – statewide resource
- One 3 bed home for individuals transitioning from hotels back to community --- currently experiencing homelessness and needing mental health/substance use supports
- Unified Electronic Medical Record through the NetSmart my/Avatar system
- 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 goals, we can 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.
 - Unified Platform
- CHART is an IT collaboration between three agencies with the goal of providing savings and innovative services to those member agencies. Started in 2018 Collaborative Solutions Corp, Lamoille County Mental Health Services and Washington County Mental Health Services pooled resources and knowledge to deploy a secure, reliable and cost-effective network. Utilizing the larger user base to negotiate better deals on licensing and equipment while acquiring leading technology.
- WCMHS/Lamoille Mental Health Services/Collaborative Solutions Corporation Case collaboration with Lamoille County Mental Health w/shared staffing model

Operations

Which payers are you working with?

- Medicare
- Wellcare
- United Healthcare
- United Behavioral Healthcare/Optum (These are Medicare Advantage plans)
- Medicaid
- BC/BS
- MVP
- Cigna
- Tricare, Martins Point
- Harvard Pilgrim
- Victims Compensation
- Misc. plans – AETNA, CBA Blue, Mutual of Omaha

What percentage of overall operational costs are administrative?

Admin Rate: 12.09% of our operating budget is administrative (\$8.3M of our \$69M budget). However, our admin % is 13.75%. The second rate – which is what the state uses – is what percent is Admin of direct supports (or Direct, 60.5M, times 13.75% is \$8.3M for a total of \$69M).

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

Addendum Attached

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

Our highest number of vacancies exist the in the direct service positions. This is the also the highest rate of turnover across all divisions. The data in the chart on the right represents 16.66% vacancy rate

Division	Hired	Termed	Turnover Rate
CDS	50	53	31%
ADMIN	7	12	17%
ICS	8	6	12%
CCPS	7	7	22%
CSP	20	22	22%
CYFS	66	65	30%
Total	158	165	26%

PROGRAM	BUDGETED FTE'S	ACTUAL FTE'S	OPEN POSITIONS
Admin	69	61	8
CCPS	34	32	2
CDS	178	131	47
CSP	86	81	5
CYFS	235	195	40
ICS	46	41	5
TOTAL	648	541	107

What is your most effective recruitment strategy and why?

[INSERT TEXT]

What is your most effective recruitment strategy and why?

[INSERT TEXT]

What is one innovative retention tactic you want to share?

[INSERT TEXT]

Unified EMR Platform

CHART is an IT collaboration between three agencies with the goal of providing savings and innovative services to those member agencies. Started in 2018 Collaborative Solutions Corp, Lamoille County Mental Health Services and Washington County Mental Health Services pooled resources and knowledge to deploy a secure, reliable and cost-effective network. Utilizing the larger user base to negotiate better deals on licensing and equipment while acquiring leading technology.

As we close, we'd like to thank you for your questions and for allowing us the time to present this picture of our designated agency. We do have many system challenges, but the primary issues we'd like to highlight are:

- Service delivery with increasing VCP measures and no guarantee of Medicaid rate increase to maintain and enhance necessary services; need to maintain workforce to hit our targets.
- Having to approach this legislative body year-after-year for a rate increase
- Administrative burden
- Cracking the code on the workforce shortages
- Housing/Homelessness

Please contact Mary Moulton with any further questions: Mary.Moulton@wcmhs.org