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## Pathways Vermont Overview

**Pathways Vermont** is a social service agency that transforms the lives of more than 1,000 Vermonters each year by providing access to choice, connection and home. For the past six years Pathways has developed services that complement those that already exist in the system of care, with the goal of increasing the options for Vermonters who struggling with mental health and other life crises when seeking support.

In May 2014 Pathways was awarded conditional designation as a Specialized Services Agency by the Department of Mental Health in order to access Medicaid funding for Housing First services. These funds replace a five-year federal Substance Abuse and Mental Health Services Administration grant that ended at the end of September 2014.

- The **Housing First** program supports individuals with serious mental health issues and long histories of homelessness and/or institutionalization to lead independent lives in their local community. The Housing First program is composed of interdisciplinary support teams that provide permanent supportive housing via community-based services. Since 2010, the Housing First program has successfully housed over 260 individuals. The program currently has the capacity to support 230 individuals in 6 counties.
- The **Supportive Services for Veteran Families** program provides rapid re-housing and short-term case management to veteran households that have recently become or are at imminent risk of becoming homeless. Services are designed to support participants with the primary goal of reducing barriers and rapidly exiting homelessness by locating permanent housing. SSVF services are person-centered, meaning services are planned around each individual household's eligibility for community resources and desired housing outcomes. In 2014 Pathways' SSVF program successfully ended homelessness for over 100 veteran households. 90% of households exited the program with a sustainable housing situation. Pathways' SSVF program is funded by the Department of Veteran Affairs via a subcontract with Vermont Veteran Services at the University of Vermont.
- **Soteria** is an alternative setting for individuals undergoing an early episode of psychosis who are looking to navigate their experience with limited use of medication. Soteria provides person-centered, adaptive support in a home-like setting. The program's objective is to divert individuals from unnecessary hospitalization and support them to work through their experiences, develop coping methods and get back on the track to life. *Soteria Vermont was created by Act 79 and is funded by the Department of Mental Health.*
- The **Vermont Support Line** is a free, confidential phone service for Vermonters seeking connection and support. The line is staffed by individuals with their own experiences of mental health struggles and is available 8 hours a day, 365 days a year. In 2015 the support line completed 5,280 instances of support and diverted 263 calls from emergency services. *The Vermont Support Line was created by Act 79 and is funded by the Department of Mental Health.*
- **The Wellness Co-op** (TWC) is a community resource center in Burlington's Old North End. TWC targets its programming to young adults, aged 18-34, who are at risk of contact with crisis services (i.e. police, crisis teams and emergency departments) due to mental health crisis, addiction or trauma - but are not accessing traditional support services. Currently, TWC offers a range of services including individual and group peer support, employment support, art and music activities and a space to access to free Wi-Fi, public computers, snacks, tea and coffee. In 2014 TWC was regularly engaging with approximately 650 individuals. *TWC is a demonstration site for the Department of Mental Health's Mental Health Transformation Grant (funded by SAMHSA).*

# FACT SHEET

**Housing First ends homelessness. It's that simple.**

**Housing First is an evidence-based, permanent supportive housing program that supports individuals to maintain independent housing and lead meaningful lives in their community.**

The program immediately ends homelessness by supporting individuals and families to locate independent apartments in the community. Housing First clients are provided long-term, multidisciplinary community supports, including service coordination, drug & alcohol counseling, employment support, psychiatry, nursing care and representative payee services.

## ENDING CHRONIC HOMELESSNESS

Housing First is recognized by the Department of Housing and Urban Development as the most effective intervention for addressing chronic homelessness.

- Since 2010, the Housing First program has ended the cycle of chronic homelessness for **over 160 Vermonters**.
- The Housing First program maintains an **85% Housing Retention Rate**.

## SERVING THE UNDER-SERVED

The program targets the most vulnerable individuals, especially those who have “fallen through the cracks” of the system of care.

- The population served by Pathways’ Housing First program have experienced long histories of homelessness, involvement with corrections, frequent contact with emergency services and long periods of institutionalization.
- The program has supported 100+ individuals with long stays in hospitals, prisons and other institutional settings to successfully transition into the community.
- The average daily “cost” of homelessness for this population is approximately **\$91.51**.

## FY16 FUNDING

Beginning in FY16, the Housing First program is funded primarily through VT Medicaid Fee For Service Reimbursement and contracts with the Department of Mental Health & Department of Corrections.

VT Department of Mental Health Community Rehabilitation and Treatment	\$469,260
VT Department of Mental Health Medicaid Fee For Services	\$959,240
VT Department of Corrections	\$830,936
United Way of Windham County, United Way of Addison County, Foundation Support	\$16,000
<b>Total</b>	<b>\$2,275,436.00</b>

## FAST FACTS:

**\$ 91.51**  
AVERAGE DAILY  
COST OF  
“HOMELESSNESS”

**\$ 43**  
AVERAGE DAILY  
COST OF HOUSING  
FIRST PROGRAM

**160+**  
CYCLES OF  
CHRONIC  
HOMELESSNESS  
ENDED

**100+**  
INDIVIDUALS  
SUPPORTED TO  
TRANSITION INTO  
THE COMMUNITY

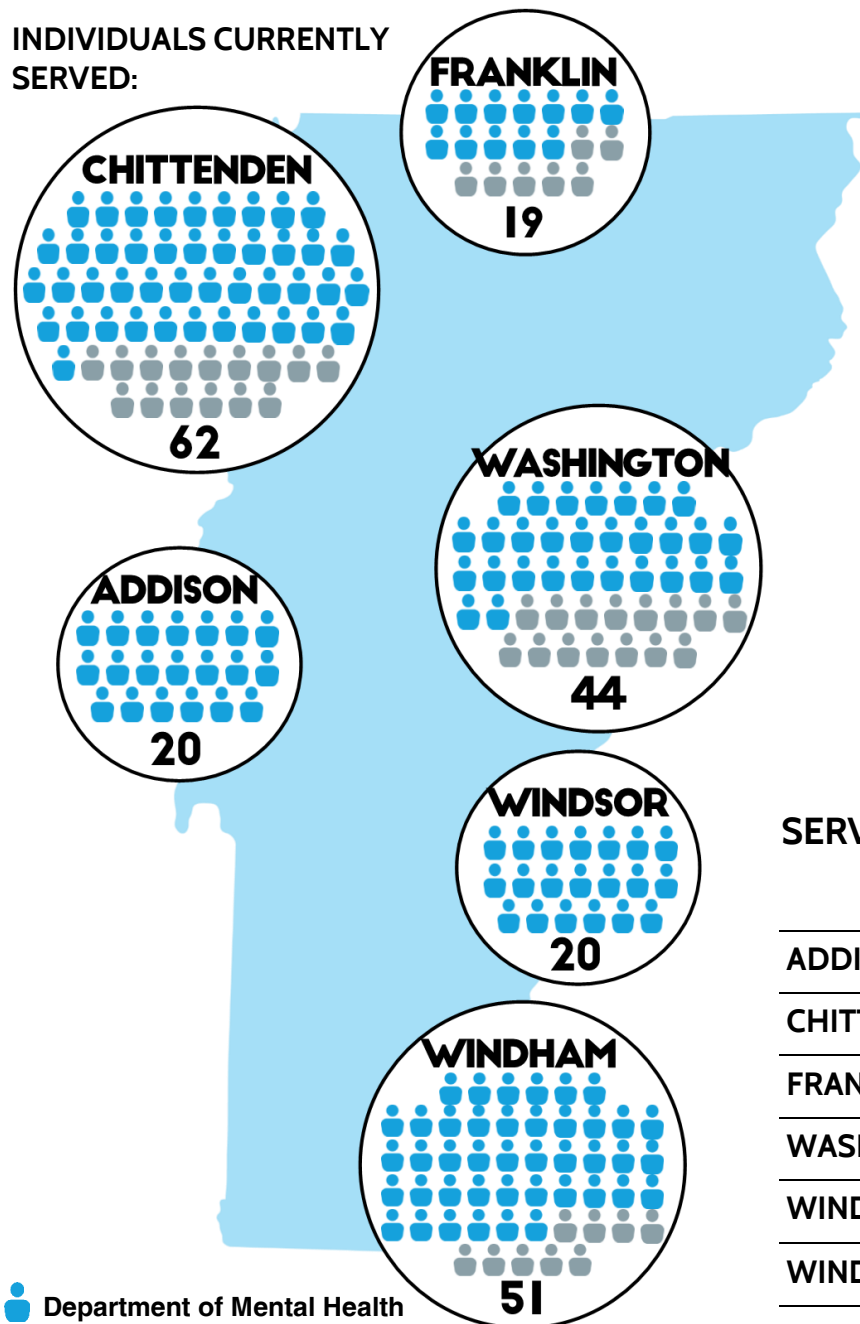
# PROGRAM PROFILE:

## POPULATION SERVED

Pathways Vermont’s Housing First program serves individuals who have long histories of homelessness and/or institutionalization who have struggled to maintain independent housing. The program has a reputation for successfully serving individuals who are considered “hard to house.” This often means that they have burned through or are ineligible for assistance through existing resources. This population faces multiple barriers to accessing traditional housing services including active dependence on alcohol and other substances, frequent mental health distress and complex histories of trauma.

- 70% of clients are diagnosed with some form of Mental Illness,
- 50% are diagnosed with a clinical Substance Use Disorder,
- 33% are dually diagnosed, meaning they struggle with both,
- 90% are survivors of past experiences of violence or trauma,
- 28 Seriously Functionally Impaired (SFI) clients served *without additional funding*.

## INDIVIDUALS CURRENTLY SERVED:



 Department of Mental Health  
 Department of Corrections

## HOUSING FUNDING

Housing First Supportive Services are funded via contracts with the Department of Mental Health and Department of Corrections. Housing for independent units is funded through the use of various federal and state- funded voucher and subsidy programs. These include:

- Mental Health Subsidy & Care Vouchers (state)
- Department of Corrections Subsidy (state)
- Section 8 (federal)
- Shelter + Care (federal)
- Veterans Administrative Supportive Housing vouchers (federal)

A small portion of clients entirely self-finance their apartments.

## SERVICE CAPACITY BY COUNTY:

	DMH	DOC	Total
ADDISON	20	--	20
CHITTENDEN	50	20	70
FRANKLIN	12	8	20
WASHINGTON	30	20	50
WINDHAM	40	10	50
WINDSOR	20	--	20
	<b>172</b>	<b>58</b>	<b>230</b>

# HOUSING FIRST CORRECTIONS PROJECT

## SUPPORTING COMMUNITY INTEGRATION

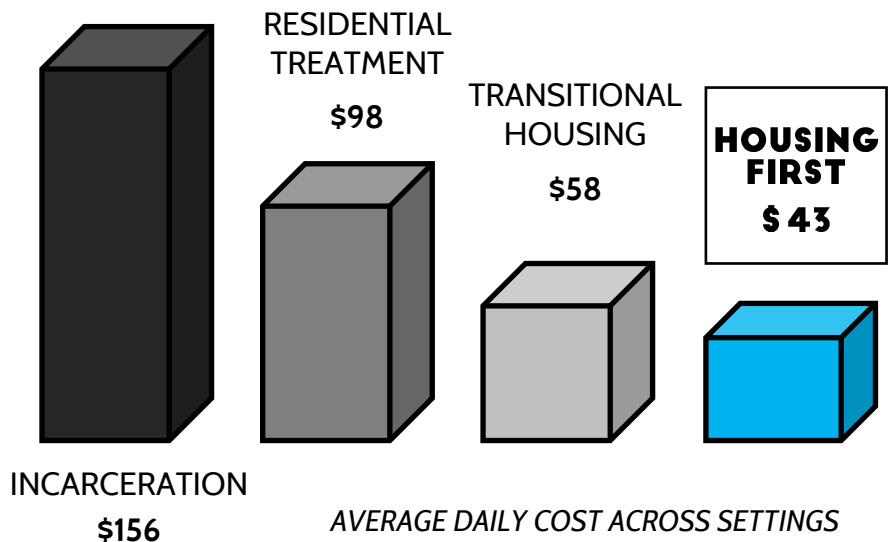
In partnership with the Department of Corrections, Pathways has adapted the Housing First model to serve individuals with long correctional histories to transition back into the community.

- Since 2010, the DOC project has supported over **100 individuals** re-enter the community,
- 66 persons who lacked alternative residences and sufficient community resources transitioned out of incarceration into the community.
- 81% of program participants have not returned to long term incarceration

## COST EFFECTIVE SOLUTION

By supporting individuals under the custody of corrections to transition back into community, Pathways' program reduces rate of incarceration and saves the state money. By providing individuals with acceptable housing and follow-up support, the program breaks the cycle of incarceration.

Pathways' approach is cost-effective in comparison to other re-entry programs, without compromising quality and quantity of care and long-term outcomes.



## IMPROVING LIVES

In addition to ending homelessness and reducing utilization of expensive services and resources, the Housing First program's person-centered support services help individuals to improve their quality of life and achieve their goals. Examples of program impact include:

- 99.5% maintained or increased income
  - 20 gained employment
  - 29 received or applying for social security benefits
- 98% secured adequate medical insurance
- General increases in everyday functioning, general well-being and improved orientation towards employment and recovery.

## DATA SOURCES

Data regarding the Housing First program is collected via program operations and generated using an Electronic Medical Record Database. In the past, data was derived from an evaluation project conducted in conjunction with funding from the Substance Abuse and Mental Health Services Administration. This evaluation concluded in 2014. Data regarding estimated costs of services and institutions were acquired from various state reports and documentation. For more information, please contact Program Manager Lindsay Casale - [lindsay@pathwaysvermont.org](mailto:lindsay@pathwaysvermont.org)

### Sam's Story:

Sam was referred to Pathways' Housing First program by both the local mental health agency and the police. Sam had a 10 year history of going in and out of state psychiatric hospitals and correctional facilities. Prior to being stuck in the institutional circuit, he was a part of Vermont's foster care system. When we met Sam we were warned by the police that if they had to arrest Sam, it would take more than 8 officers to subdue him. Sam was an active drug user, and often threatening and aggressive. Sam also destroyed property when upset and pounded on cars or walked into traffic.

Sam has had several apartments with Pathways over a three year period, but has not incurred an eviction. He is currently living in an apartment that he has maintained successfully for over a year (his longest time in an apartment to date). While doing so he has remained out of the hospital, he got his drivers license, bought a car, and has reconnected with his son.

## REDUCING RELIANCE ON EMERGENCY SERVICES:

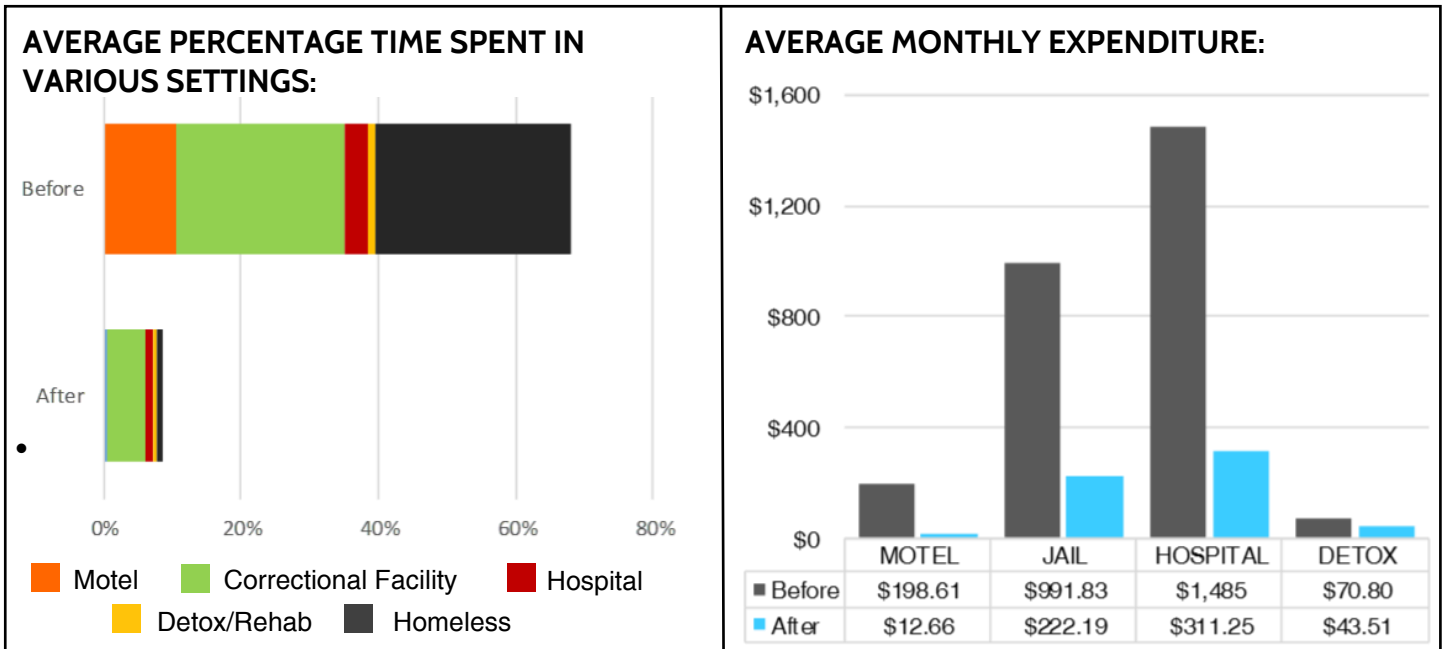
Pathways Vermont’s Housing First program significantly reduces the target population’s reliance on and utilization of emergency services and state institutions. The program additionally reduces the experience of homelessness.

In Fiscal Year 2015, participants in the Housing First program experienced:

- 96% reduction in homeless nights,
- 96% reduction in emergency motel stays,
- 77% reduction in days spent incarcerated,
- 67% reduction in days spent in the hospital.

These reduced utilization rates mean significant cost savings for the state, in addition to lightening the burden on these resources. We estimate that the Housing First program has the potential to reduce service costs for the population by approximately \$470,000 each month. This includes:

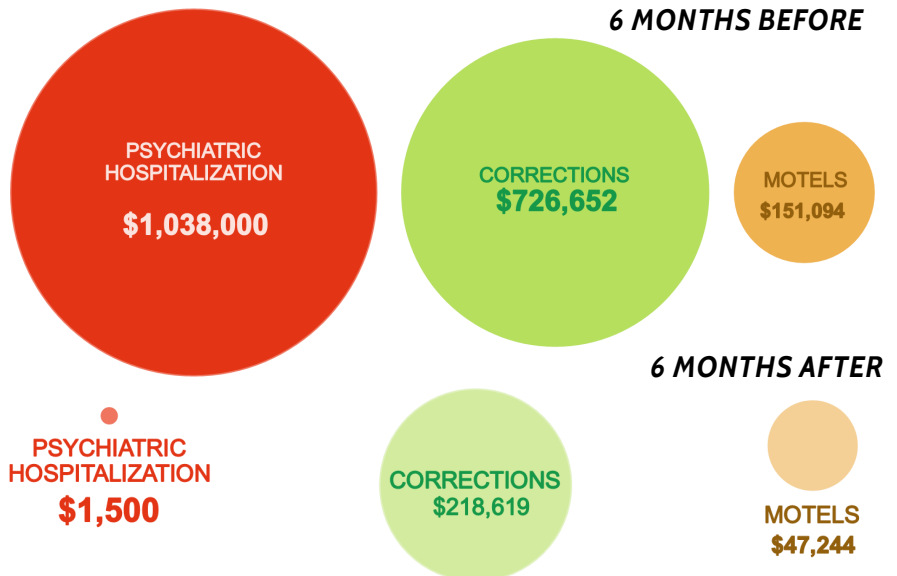
- \$40,000 in emergency motel stays,
- \$170,000 in incarceration costs,
- \$260,000 in psychiatric hospitalization



## A DIRECT COMPARISON OF 129 INDIVIDUALS

The graphic to the right illustrates a direct comparison of the combined estimated service costs expended by 129 clients 6 months prior to entering the Housing First program and 6 months after entering the Housing First program.

Service cost estimates were derived using information from relevant agency reports.





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## Supportive Services for Veteran Families Program Overview

In January 2014 Pathways was awarded a subcontract from Vermont Veteran Services to provide case management and housing services for a Supportive Services for Veteran Families (SSVF) grant awarded by the Department of Veteran Affairs. The SSVF program operates in all 14 counties of Vermont.

### What is Supportive Services for Veteran Families?

The Supportive Services for Veteran Families (SSVF) program is a national initiative funded through the Department of Veteran Affairs to address homelessness among veterans through rapid re-housing and homelessness prevention. The SSVF program offers short-term crisis response for veteran households that have recently become or are at imminent risk of homelessness. Services are designed to support participants in reducing barriers to housing and rapidly exiting homelessness, with a goal of returning to or restabilizing housing. SSVF services are person-centered and customizes service plans around the available community resources, available financial assistance, barriers to housing, and desired housing outcomes.

### What Services does SSVF Provide?

- (1) **Housing Placement and Support:** The SSVF program supports individuals in accessing and maintaining independent rental units in their local community. The program's Housing Coordinator works with local landlords to identify suitable units that meet the stated preferences of the households.
- (2) **Service Coordination:** Pathways' SSVF works with clients as they work to meet their basic daily living needs until housing is found. After move-in SSVF supports households to make a sustainable plan for success following move in, especially finding ways to increase or supplement their regular income. Pathways' SSVF provides employment support to clients, including assistance in job search and overcoming barriers to maintain employment. Service coordinators also support clients access benefit they are eligible for, such as Social Security, VA Benefits, Health Care, and Vermont Food Commodities.
- (3) **Temporary Financial Assistance:** In certain cases, service coordination may be accompanied by temporary financial assistance to help participating veterans address financial barriers to accessing or retaining housing, for example rent, security deposits & utility deposits.

### SSVF Program Outcomes

The SSVF program has a goal of providing assistance to 214 households per year. This goal was successfully achieved in fiscal year 2014. 90% of households exited the program into sustainable housing situations.

County	# Served
Addison	18
Bennington	15
Caledonia	5
Chittenden	84
Essex	1
Franklin	18
Grand Isle	1

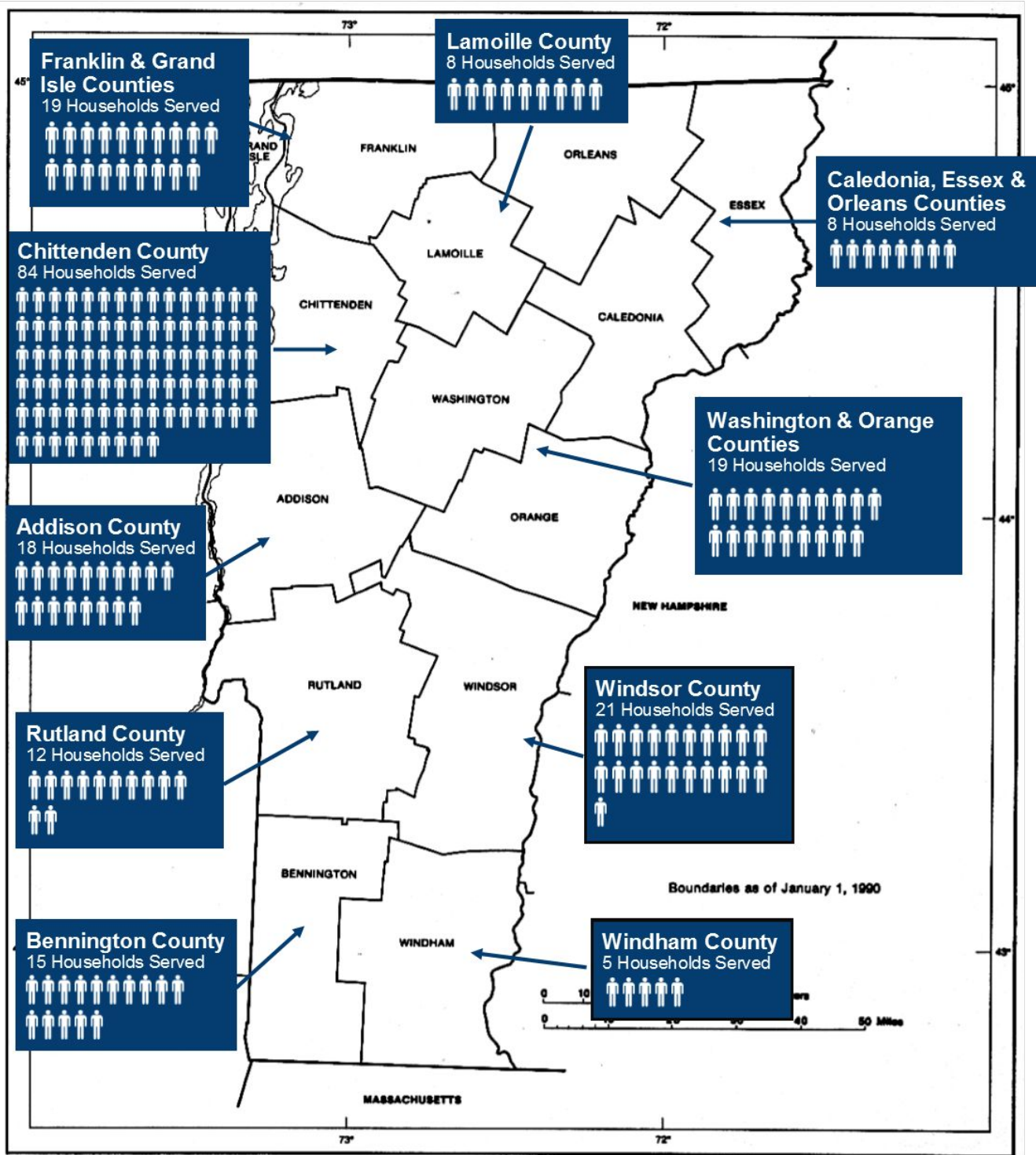
County	# Served
Lamoille	9
Orange	4
Orleans	2
Rutland	12
Washington	19
Windham	5
Windsor	21

<b>Total Served FY 14:</b>	<b>214</b>
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Pathways Vermont / Vermont Veteran Services  
**Supportive Services for Veteran Families Program Overview**

**2014 Enrollments by County:**

The following map details the geographic representation of veteran households served by the Vermont SSVF grant in FY 2014.



**An alternative path for individuals experiencing an early mental health crisis.**

In July 2012, Pathways Vermont was awarded a grant by the Department of Mental Health to develop a five bed residence for individuals “seeking to avoid or reduce use of medications during an initial episode of psychosis,” The creation of this program was mandated by Act 79, the legislature’s plan to redevelop the system of care following the closure of the Vermont State Hospital.

The residence was developed based on Dr. Loren Mosher’s Soteria model. This model is a non-medical hospitalization diversion that supports individuals through an early episode of psychosis focusing on interpersonal relationships and “being with” the individual in need.

Soteria is a Therapeutic Community Residence licensed by the VT State Department of Aging and Independent Living. It opened its doors in April 2015.

## SPECIALIZED INTERVENTION

According to epidemiological research about the national incidence of first episode psychosis, approximately 200 Vermonters have such experiences each year.

Soteria creates a specialized resource for early episode psychosis within the state system of care. There is significant evidence that suggests that intensive, early intervention programming can drastically improve the long-term outcomes of individuals experiencing psychosis<sup>1</sup>.

## CREATING ALTERNATIVES IN THE SYSTEM OF CARE

The predominant treatment available for initial experiences of psychosis entails the prescription of antipsychotic (aka neuroleptic) medications and inpatient hospitalization. However, a significant portion of individuals going through the experience are not interested in this form of treatment and alternative forms of care are not readily accessible, especially to those with limited resources.

Soteria offers an alternative approach to the experience of psychosis by providing person-centered adaptive care. Soteria has on-site psychiatry, but treats psychiatric medication as a personal choice and offers alternative modalities, including dream-work, breathwork, herbalism, and meditation.

## FY16 FUNDING

Soteria’s development was mandated by Act 79. It is funded through a grant from the Department of Mental Health.

Department of Mental Health	\$1,000,000
<b>Total</b>	<b>\$1,000,000</b>

# 200

ESTIMATED VERMONTERS WHO WILL EXPERIENCE FIRST PSYCHOSIS

# 45%

RECOVERY RATE FOR PSYCHOSIS WITHOUT SPECIALIZED INTERVENTION

# \$ 547

SOTERIA DAILY COST PER RESIDENT

# \$ 1,862

AVERAGE COST PER ER VISIT



# Pathways Vermont- Soteria Fact Sheet 2015

## FOCUSING ON LONG -TERM RECOVERY

The Soteria approach is centered on the belief that individuals can move through psychosis and go on to and lead full, meaningful lives. This is currently not the case for individuals who have psychotic experiences; one estimates that only 45% of individuals diagnosed with a psychotic disorder will experienced any period of recovery, compared to 80% of individuals with other mental health concerns<sup>2</sup>.

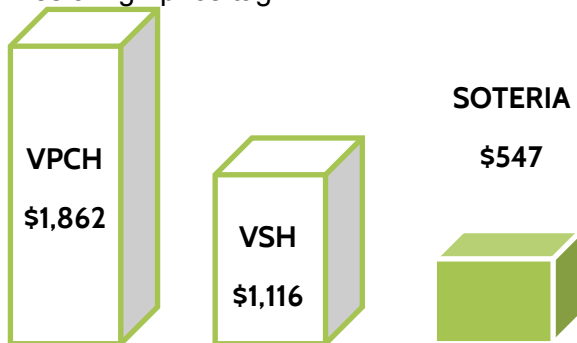
The original Soteria project showed remarkable outcomes. While short-term results were comparable to those who received care in a traditional setting, the project’s long-term results showed marked improvement in functioning. At two-year follow up, when compared to controls, Soteria participants:

- Had higher levels of social functioning,
- Were more likely to be living independently in the community,
- Were less likely to be medicated,
- Were more likely to be engaged in at least part-time employment.

These results are supported by a number of additional studies which document improved outcomes at 10, 15 and 20 year follow-up for individuals who were not provided with the conventional form of treatment (See: *Martin Harrow Longitudinal Study Outcomes and World Health Organization Outcomes*).

## EXPENSE COMPARISON

Psychosis is considered to be one of the most expensive mental health conditions. Frequent and long-term hospitalizations combined with high rates of disability among individuals diagnosed with a psychotic disorder carries a high price tag.



Soteria is remarkably cost effective compared to inpatient hospitalization, largely due to its less restrictive nature. The comparative nightly costs per individual range from:

- \$1,862 at the Vermont Psychiatric Care Hospital (post-Irene)
- \$1,116 at the Vermont State Hospital (pre-Irene)
- \$547 at Soteria

Additionally, by providing early intervention services, there is a great likelihood that Soteria will improve the long-term functional outcomes of residents. There is a documented trend that the number of people enrolled in Social Security Disability for a psychiatric disability has exploded in recent years, growing from 1.25 million Americans in 1987 to 3.97 million Americans in 2007<sup>4</sup>. Soteria hopes to combat this trend and support individuals to go on to lead meaningful lives in the community. By focusing on abating distress, building resilience and identifying future goals, individuals are able to obtain functional recovery.

## DATA SOURCES

<sup>1</sup>Malla et al. (2005). First-Episode Psychosis, Early Intervention, and Outcome: What have we learned? *Canadian Journal of Psychiatry*, 50(14), 883. ;<sup>2</sup>Jobe, T. & Harrow, M. (2010). *Schizophrenia Course, Long-Term Outcome, Recovery, and Prognosis*. Current Directions in Psychological Science 19: 220; <sup>3</sup>Mosher L.R., Vallone, B. (1992). *Soteria Project Final Progress Report*. Prepared for the National Institute for Mental Health (Grant Number ROIMI-135928). Retrieved from <http://psychrights.org/Research/Digest/Effective/SoteriaFinalReport.pdf>. ; <sup>4</sup>Whitaker, R. (2010). *Anatomy of an Epidemic*. New York, NY: Broadway Paperbacks. (Page 6)

## SOTERIA CALIFORNIA 2-YEAR FOLLOW UP OUTCOMES<sup>3</sup>

### SOCIAL FUNCTIONING

SOTERIA	CONTROL
2.04	1.89

### LIVING INDEPENDENTLY

SOTERIA	CONTROL
58%	33%

### TAKING MEDICATION

SOTERIA	CONTROL
43%	100%

### EMPLOYED

SOTERIA	CONTROL
60%	25%*

Immediate access to support, 8 hours a day, 7 days a week

**The Vermont Support Line is a free, confidential resource for Vermonters seeking support. We provide nonjudgmental, peer-to-peer support by phone.**

The creation of a statewide warm line was mandated in Act 79, the legislature's plan to redevelop the system of care following the closure of the Vermont State Hospital.

In July 2012, Pathways Vermont was awarded the contract to develop this service, which became known as the Vermont Support Line. The Support Line is intended as an alternative resource for individuals who regularly contacted crisis and other emergency-level services in search of support.

The Vermont Support Line began operation in March 2013 and has provided a daily service ever since.

## FILLING AN UNMET NEED

The Vermont Support Line fills a previously unmet need in the system of care, immediate access to nonjudgmental, compassionate support.

- Prior to the launch of the support line, access to this form of support was limited to areas where local warmlines were operating. This is the first time this service has been accessible to all Vermonters.
- Approximately one-third of callers to the line identify that there is no other service they would call to meet their need.
- More than 50% of callers choose not to leave a message for callback, suggesting there is still a larger need to be met.

## REDUCING CRISIS SERVICES' BURDEN

By providing a low-barrier, non-emergency level of service, the Support Line prevents the utilization of resources such as mental health crisis, 911 and emergency departments. Last year alone, the Support Line diverted 227 calls from emergency services.

## FY16 FUNDING

Pathways Vermont's Support Line was created by Act 79. It is funded through a grant from the Department of Mental Health.

Vermont Department of Mental Health	\$214,000
<b>Total</b>	<b>\$214,000</b>

## FAST FACTS:

*In fiscal year 2015...*

**6,050**  
COMPLETED  
CALLS

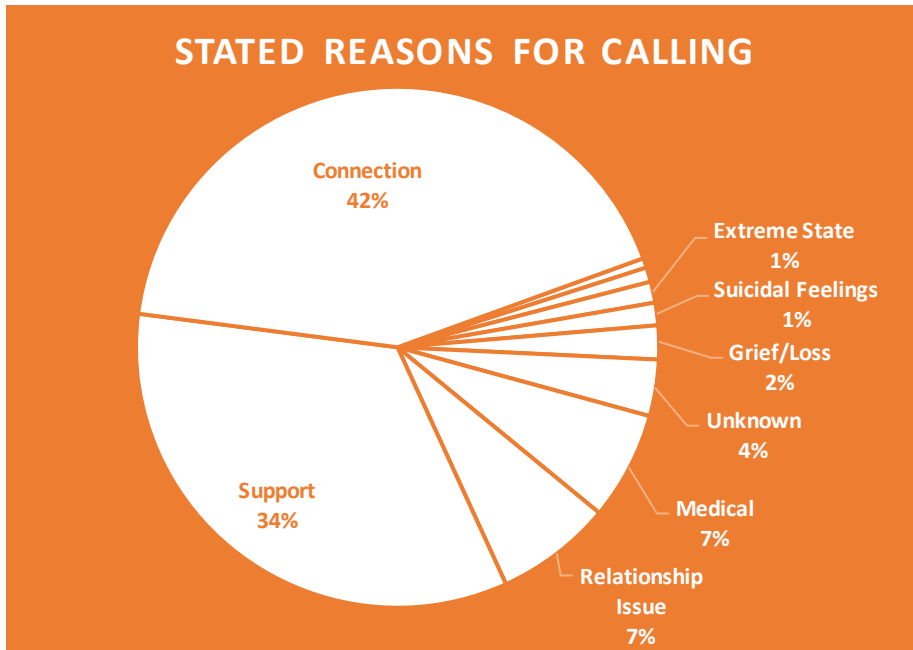
**17,895**  
INCOMING CALLS

**\$33.06**  
AVERAGE COST  
PER CALL

**\$692.50**  
AVERAGE COST  
PER ER VISIT

**415**  
CALLS FROM  
VETERANS

## CALLER CHARACTERISTICS



The Vermont Support Line has received calls from all 14 counties in Vermont.

The line receives calls from both men and women, in roughly equal proportion and attracts callers from a broad range of ages.

68.2% of callers report having public insurance, 8.4% have private insurance and 7.3% have some blend of both public and private insurance.

Approximately 15% of our callers identified as military veterans.

## COST IMPLICATIONS

Since its inception in 2013, the Vermont Support Line has diverted over 900 calls from emergency services\*, an average of **366 calls** each year. The Support Line is an important service which has the potential to prevent unnecessary visits to the emergency department and subsequent psychiatric hospitalizations, as well as ancillary services such as screeners and emergency transportation. This not only reduces the burden on these resources, but has the potential to save state dollars, given that the majority of callers to the line have state-funded insurance.

<b>366</b>	<b>x</b>	<b>\$692.50</b>	<b>=</b>	<b>\$253,455</b>
CALLS DIVERTED FROM CRISIS		AVERAGE COST PER E.R. VISIT		POTENTIAL DOLLARS DIVERTED

*\*It is important to note that the question regarding utilization of other services is our most frequently refused response on the post-call survey from which this data is derived.*

## CALLER FEEDBACK

*"The support line is one place where I don't feel alone in the world. It's so good to be able to pick up the phone and hear an empathetic voice on the other end I call each day because I find this line very effective."*

*"I am really glad the VT support line exists, it is 1000 times better, you listen, and it really helps. I have gotten more help the past two weeks, then what the crisis line has done over the past two years. Thank you."*

*"I really wanted to end it, I was happy to feel a connection with another human that had been through so many of the same things...thank you for saving my life."*

## DATA SOURCES

Data regarding Support Line calls is derived from the support lines digital phone system. Information regarding callers to the line is collected via a voluntary post-call survey. For more information, please contact Project Director, Nicholas Parrish - [nick@pathwaysvermont.org](mailto:nick@pathwaysvermont.org).

FACT  
SHEET

Cultivating community, creating alternatives & supporting resiliency.

Pathways Vermont was selected to develop a demonstration site for the Department of Mental Health's Mental Health Transformation Grant, funded by the Substance Abuse and Mental Health Services Administration. The grant is intended to develop programming to support young adults, aged 18-34, who are at risk of contact with crisis services due to mental health distress, addiction or trauma - but are not accessing traditional support services.

The Wellness Co-op (TWC) opened its doors in May 2012 and has been a valued resource for individuals seeking community and alternative resources for mental wellness. TWC is located at 279 North Winooski Avenue, in Burlington's Old North End.

### CREATING COMMUNITY ALTERNATIVES

The Wellness Co-op aims to cultivate a vibrant community that supports resilience through collective learning, creative exploration and mutual support. TWC offers a range of services including support groups, individual peer support services, supportive employment services, art and music activities, wellness workshops and a welcoming space for people to spend unstructured time with access to free Wi-Fi, public computers, snacks, tea and coffee.

### PROMOTING RESILIENCE & WELLNESS

The Wellness Co-op provides alternative mental health resources within the community, including:

- Alternatives to Suicide support groups,
- Hearing Voices support groups,
- Masculinity & Gender Identity Conversation,
- Employment Seeker's Support Group,
- Laughter Yoga,
- Open Ears, Open Mind Peer Support Circle

### FY16 FUNDING

The Wellness Co-op is currently funded through the Department of Mental Health's Mental Health Transformation Grant. This grant is scheduled to end in 2017.

Department of Mental Health, Mental Health Transformation Grant	\$276,000
<b>Total</b>	<b>\$276,000</b>
<i>City of Burlington - Community Development Block Grant (renovation Project, non-operational)</i>	<i>\$60,000.00</i>

### FAST FACTS:

*In fiscal year 2015...*

# 482

UNIQUE VISITORS

# 277

AVERAGE MONTHLY  
SIGN-INS

# 208

PEER COUNSELING  
PARTICIPANTS

# 39

EMPLOYMENT  
PROGRAM  
PARTICIPANTS

## Pathways Vermont- The Wellness Co-op Fact Sheet 2015

### EMPLOYMENT SERVICES

The Wellness Co-op's employment team combines the principles of peer support with the evidence-based practice of **Individualized Placement & Support- Supported Employment (IPS-SE)** to help community members achieve employment goals. In addition to one-on-one employment support, the employment team facilitates two Employment Seekers Support Groups each week to allow for mutual support and low-barrier engagement in supported employment.

In 2015, The Wellness Co-op was invited to join the Dartmouth Individual Placement and Support Collaborative due to its high performance in implementing the model. This relationship will not only support the strength of our Vermont-based program but will also allow the program to be involved in the ongoing development of the IPS-SE model.

#### 2015 EMPLOYMENT PROGRAM OUTCOMES

**39**

INDIVIDUALS ENGAGED IN  
EMPLOYMENT SERVICES

**20**

JOB  
STARTS

**115**

EMPLOYER  
CONTACTS

**51%**

EMPLOYMENT  
RATE

### Peer Support

The Wellness Co-op is staffed by individuals who identify as having lived experience with issues such as mental health crisis, trauma, substance use and homelessness. Staff are trained to provide what is commonly referred to as "peer support." Peer Support is a service delivery distinct from traditional mental health services. The peer approach to services encourages individuals to draw from their own lived experience when supporting others. This unique approach to relationships with service recipients has been proven effective in engaging individuals who might otherwise avoid mental health services and at promoting hope, resiliency and wellbeing.

Pathways Vermont and TWC are founding members of the **Wellness Workforce Coalition** (housed under VCIL) The coalition is composed of groups of organizations tasked with developing a peer workforce and creating employment opportunities for individuals with mental health challenges.

### IMPROVING LIVES

There is an ongoing study of outcomes for individuals engaging in services via the Mental Health Transformation Grant. This study is funded by the Substance Abuse and Mental Health Services Administration and its results are measured by an external evaluator. According to this study, those engaging with TWC and the other demonstration site reported:

- Increased stability in housing
- Improved retention in community (fewer hospital stays)
- Improvements in employment and/or educational status
- Increased positive social connections
- Decreased sense of loneliness

### DATA SOURCES

Data regarding The Wellness Co-op utilization is derived from data collected by staff including daily sign-in sheets, daily contact logs and other administrative data. Information regarding participant outcomes is collected via twice annual paper surveys conducted by staff and analysed by an external evaluation firm. For more information, please contact Project Director, Nicholas Parrish - [nick@pathwaysvermont.org](mailto:nick@pathwaysvermont.org).