



HCRS

HEALTH CARE & REHABILITATION SERVICES
OF SOUTHEASTERN VERMONT

House Health Care Committee

— TESTIMONY —

Report

April 26, 2024



HCRS Programs & Services

HCRS' Philosophy of Care

The following beliefs are the foundation of our services:

- A person, or the responsible family member of a child, is at the center of decision making for their own care.
- People always have choice regarding their own care, even when mandated to treatment.
- All people are resilient, capable, and have a natural tendency towards growth.
- It's important to celebrate the strengths of a person to overcome challenges and focus on solutions.
- Continuous, healing, and trusting relationships are transformative in helping to address trauma and other challenges a person may be facing.
- Our services are culturally sensitive and inclusive of perspectives such as harm reduction, cultural, societal, and environmental factors that impact an individual's experience.
- Treatment is provided in a holistic manner in order to address the mind, body, and spirit.
- A person's challenges exist within a social context and the social factors that influence well-being will be addressed as a part of treatment.
- Community and State collaborations are important in order to provide a positive experience for people seeking or receiving services.
- We provide services with kindness, empathy, and compassion.
- We treat people with respect and dignity within the context of caring and mutual relationships.
- The experience of stigma and impact of oppression and discrimination exists; we actively find ways to challenge them and minimize the harm that can affect all of us as a result.
- Our services are grounded in evidence-based and promising practices that promote hope, healing, and wellness; they acknowledge the impact of biological, psychological, and social factors.

Our Peer Support Team has been instrumental in crafting the philosophy of care that is the foundation for how we support people. Influenced by the tenets of Intentional Peer Support, our Philosophy of Care prioritizes the voices of people served by HCRS or those with psychiatric labels, some of whom have been helped by the system and some who have been harmed by the system. This philosophy is at the forefront of all programmatic decision making at HCRS, at the direct service level all the way up to the senior leadership and board level.

Adult Outpatient Services

Serving adults (18+) with a mental health experience that is impacting their lives in some way.

Often individuals are experiencing a short-term life situation, more intense complex needs, or significant complex needs including trauma, access to resources, disability, co-morbid conditions, and/or substance use. Services include:

- Assessment
- Individual Psychotherapy
- Group Psychotherapy
- Case Management-Community Supports
- Case Management-Service Planning and Coordination (Care Coordination)
- Supported Employment/Vocational Supports
- InShape Wellness Program
- Elder Care Program
- Veterans Services (in collaboration with the VA Hospital)
- Reach Up Program
- New Americans Program
- Crisis Stabilization Program
- Housing contingency supports (fundraising)
- New Americans Program (grant)
- DBT Program
- Peer Support and Advocacy
- Life Enrichment Center

“I like that they are individualized treatment plans. They offer support in your all around life. My [HCRS] counselor is very in tune to what I need.”

-Feedback from 2023 client survey

Community Rehabilitation & Treatment (CRT) Program

Generally serving people with severe and persistent mental health experiences with many life domains impacted by their experience.

The Department of Mental Health determines eligibility criteria for this program based on diagnostics, recent treatment history, and impairment of functioning. HCRS serves eligible Vermonters who are 18 years and older in the CRT program. Diagnoses served include Schizophrenia, Bipolar Illness, Mood Disorders, and Personality Disorders. Services include:

- Assessment
- Individual Psychotherapy
- Group Psychotherapy
- Family Support
- Psychoeducation
- Case Management-Community support
- Case Management-Service Planning and Coordination
- Supported Employment
- Peer Support and Advocacy
- Life Enrichment Center
- Psychiatric Evaluation and Medication Management
- Medication Support
- Nursing Supports
- Wellness and Recovery Groups
- Management of Housing Contingency Funds
- Budgeting Support and Representative Payee Support
- Community Outreach and In Home Support
- Transportation
- InShape Wellness Program
- Wellness Activities (i.e., Gardening, Nutrition)
- Therapeutic Community Residences (2)
- Crisis Stabilization Program

Children, Youth, and Family Services (CAFU)

Providing comprehensive outpatient, community-based, and school-based services for children, youth, and families.

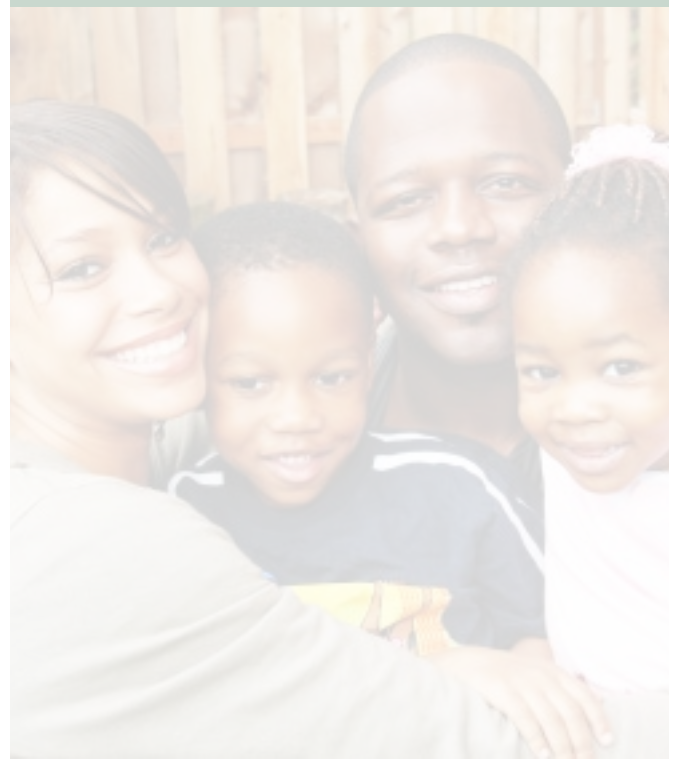
Services are comprehensive and strengths-based with a focus on prevention and early intervention. We work in collaboration with many providers and community partners, employers, AHS departments, develop collaborative plans (CSPs), and more. Services include:

- Assessment
- Individual, Group, and Family psychotherapy
- Psychiatric Evaluation and Medication Management
- Psychoeducation and Family Education
- Case Management - Community Supports
- Case Management - Service Planning and Coordination (Care Coordination)
- **Early Childhood and Family Mental Health** (Children's Integrated Services) Providing therapeutic interventions for children 0-5 and their families in collaboration with 3 Area Parent Child Centers
- **Therapeutic Activities** (serving ages 6-17) Providing community based supports including overnight respite and group activities
- **Youth Stabilization Program** (serving ages 12-18) Providing short term intensive outpatient services for youth who have been in crisis
- **Jump On Board for Success (JOBS) Program** (serving ages 16-21) Serving youth who are at high risk of not completing their high school education, have dropped out, or who have completed high school with additional risk factors including housing instability/homelessness, DCF involvement, justice involvement, receiving SSI, pregnancy or parenting, or significant mental health issues. Therapeutic and case management interventions support employment and successful launch into adulthood
- **Youth in Transition** (serving youth 18 or older) Provides an efficiency apartment with supportive services to develop independent living skills
- **Intensive Skill Building (ISB)** (serving youth at high risk of hospitalization or out of home placement) Providing intensive outpatient and community based therapeutic interventions including respite

School Based-Programs

HCRS offers a wide range of mental health supports and collaboration with school systems within the state of Vermont.

- School-based mental health clinicians.
- 1:1 classroom supports from well-trained behavioral interventionists.
- Students in our program receive assessment, consultation, and ongoing support from a licensed mental health professional as well as a Board-Certified Behavior Analyst.
- The primary mode of therapy is Applied Behavior Analysis, however, this approach is combined with trauma informed practices and is individualized.
- HCRS has contracts with 9 out of 19 school districts in our region.



Kindle Farm School

An independent therapeutic school for boys in grades 2-12.

Kindle Farm School is approved by the state of Vermont to serve students with a variety of emotional, behavioral, neurological, and learning needs. Areas of special education approval include:

- Intellectual Disability
- Specific Learning Disabilities
- Developmental Delay
- Autism Spectrum Disorder
- Other Health Impairment
- Emotional Disturbance
- Multiple Disabilities

The students at Kindle Farm benefit from a setting which provides multiple hands-on learning experiences, an appreciation of Multiple Intelligences, a 3:1 or strong student to staff ratio, and an understanding that every student wakes up in the morning wanting to succeed.

In 2010, HCRS brought Kindle Farm School into our agency. This partnership has greatly enhanced Kindle Farm's delivery of clinical services.



50
Students

16
School
Districts

Kindle Farm School serves boys and young men from Windham and southern Windsor counties in Vermont and Cheshire and Sullivan counties in New Hampshire. Most of the students at Kindle Farm receive Special Education services in accordance with Individualized Education Plans and 504 plans that are created in collaboration with their sending school districts.

All Kindle Farm students are referred by their home school districts.

We believe that every child can succeed in school when given the opportunity to discover individual interests and personal passions.



School-Based Services

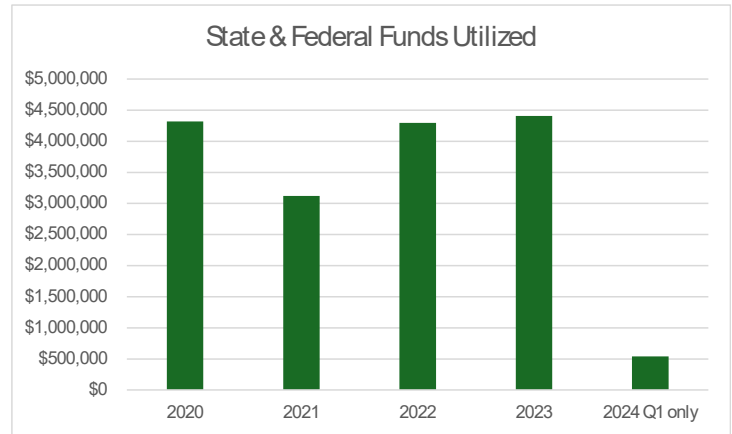
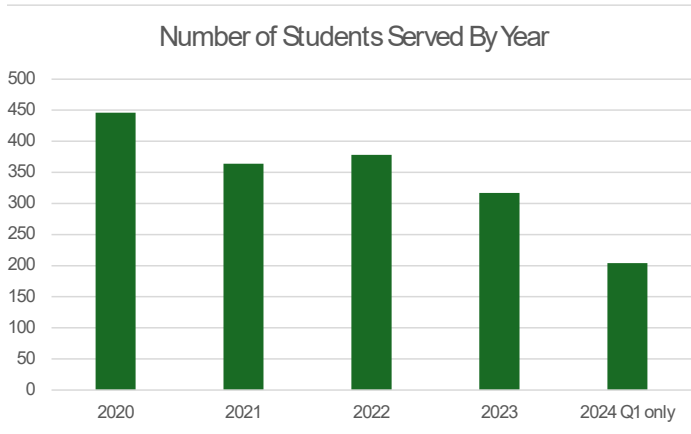
All HCRS staff working in a school are supervised by Masters-level, licensed clinicians who are skilled in mental health and applied behavioral analysis.

We currently have the following contracts with schools and school districts in southeastern Vermont.

School District	School	Clinician FTE	Interventionist FTE
Hartford	Dothan Brook	1.0	2.0
	Hartford Memorial Middle	1.0	1.0
	White River Elementary	0.8	1.0
	Ottauquechee	0.4	1.0
	OQS/White River	1.0	--
Mountain Views S.U.	Woodstock Middle High	1.0	--
SAU #70 - Norwich	Marion Cross	--	1.0
Springfield	Riverside Middle	--	3.0
	Springfield High	--	3.0
	Springfield High ODP	--	1.0
	Elm Hill	--	3.0
	Union Street	--	2.0
Two Rivers S.U.	Cavendish Elementary	--	2.0
	Green Mountain Union High	--	4.0
Windham Northeast S.U.	Bellows Falls Middle	--	4.0
	Central Elementary	--	1.0
	Compass	--	1.0
Windham Southeast S.U.	Oak Grove Elementary	--	1.0
	Brattleboro Middle	--	2.0
	Brattleboro High	--	1.0
Windham Southwest S.U.	Twin Valley Elementary	1.0	1.0
Windsor Southeast S.U.	Hartland Elementary/Weathersfield	1.0	--
	Windsor K-12	1.0	--
	Windsor Elementary	--	2.0
	Hartland Elementary	--	1.0
	Windsor High	--	1.0
	Total FTEs	8.2	39.0

The number of School Based Interventionist contracts in our program have continued to grow since the COVID pandemic, while the number of School Based Clinician contracts have decreased. The reason for the decrease can be attributed to schools hiring clinicians directly as well as our inability to find clinicians to fill requested positions. Overall, our total contracts have increased, but the number of students served has decreased. This is driven by the decrease in School Based Clinician contracts since each clinician works with a larger caseload (10-15 students) and our School Based Interventionists typically only work with one student.

School-Based Services - Success Beyond Six



Other Emerging Trends and Best Practices in Youth Mental Health

Increased Need: It is not uncommon to hear direct service professionals, school staff, administrators, and care givers noting an increase in the need for mental health related services and programming in the school setting. Concern continues around chronic absenteeism, exposure to, and experiences of violence, thoughts of suicide, and self-harm.

Insufficient Resources: The CDC conducted its Youth Risk Behavior Survey in 2021 and released the results in 2023. While this survey was conducted when schools were still transitioning away from COVID protocols, which likely impacted the results, it is important to note that anecdotal reports of youth, caregivers, service providers, and adults working in the school environment suggest that the identified areas of concern continue to be relevant. Schools and service providers are struggling to meet the current needs of youth with available resources and programs.

High Acuity: According to the same survey, 42% of high school students reported feeling, “So sad or hopeless that they could not engage in their regular activities for at least two weeks,” up from 37% in 2019 (pg 61). Fifty-seven percent of female students reported, “Persistent feelings of sadness or hopelessness” (pg 63), with 24% reporting having made a suicide plan (pg 68), and 13% reporting a suicide attempt in the past year (pg 70).

Minority Populations: The survey results suggest that students identifying as LGBTQ+ are significantly more at risk to experience all forms of violence. Seventy percent of these youth reported “persistent feelings of sadness or hopelessness during the past school year, and 22% reported a suicide attempt in the past year. The

CDC identifies School Connectedness as an important protective factor for youth. However, while 61% of all students reported feeling a sense of school connectedness, only 58% of female students, 54% of black students, and 52% of students identifying as LGBTQ+ reported a sense of school connectedness.

Best Practices: In December 2023, the CDC’s Division of Adolescent and School Health released, “Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders.” The action guide identifies 6 strategies and approaches to support mental health in response to the identified areas of need. These six strategies are: increasing the mental health literacy of students; promoting mindfulness; promoting social, emotional, and behavioral learning; enhancing connectedness among students, staff, and families; providing psychosocial skills training and cognitive behavioral interventions; and supporting staff wellbeing.

Current HCRS school-based services are tertiary in nature, focused primarily on meeting the individual needs of students whose functioning is more severely impacted by their social, emotional, and behavioral needs. These interventions are funded through the Success Before Six program. However, with such high percentages of students reporting significant emotional distress, the results from the Youth Risk Behavior Survey suggest that targeting approaches to the broader school population through a multitiered system of support is indicated. Also, given the disparity in experiences reported between subsets of the overall student population, it is particularly important to thoroughly assess the needs of individual schools and consider principles of equity when developing and implementing programs.

Emergency and Crisis Response Services

For any community member experiencing an emotional, mental health, or substance use crisis.

Crisis services include our crisis hotline and in person or telehealth crisis evaluation and stabilization services. Serving all ages, 24 hours a day, 365 days per year. Emergency screenings take place in hospital and residential settings as well as community based and office locations. Responses are immediate and time limited, meant to resolve the immediate crisis through direct services and referral to longer term supports and services. Supports include:

- Evaluation
- Referral
- Care Coordination
- Psychoeducation
- Family Support and Education
- Crisis De-escalation
- Phone Support
- Case Management/Follow-up

Enhanced Mobile Crisis

Two Person, In-Person Response

Team Two Co-Response

Crisis response with law enforcement, when indicated

FEMA's SOS-VT

Provider for Windsor and Windham Counties

Police Liaison Program

HCRS launched this innovative program in 2003 to keep people out of the criminal justice system and help them receive the services and supports they need to succeed.

1st
in the
State

8.5 FTEs are embedded in local police departments and VT State Police (VSP):

- Brattleboro
- VSP Royalton & Westminster
- Rural Provider (Windham County)
- Bellows Falls
- Springfield
- Windsor
- Hartford

“HCRS Leading Statewide Mobile Crisis Response”

-Springfield Reporter (2/29/24)

“Crisis Response Teams Ready 24/7 in Vermont”

-Brattleboro Reformer (4/16/24)



Peer Support and Advocacy

Supports any adult enrolled in our Adult Outpatient, Substance Use, CRT, Residential, and Crisis programs. HCRS partners with a youth group in the region to provide peer support and advocacy education and services. Additionally, HCRS provides peer support to youth enrolled in our Youth Stabilization Program.

Most who receive support through peer support and advocacy have experienced one or more trauma in their lives, have at least one psychiatric diagnosis, are on psychiatric medications, have experienced some form of psychiatric distress that disrupts their lives, and many have experiences that are outside of what is considered “normal” such as hearing voices. Services include:

- One-on-one Peer Support Using the IPS Model of Peer Support
- Groups (offerings vary over time)
- Life Enrichment Center (peer run mutual support space)

HealthWorks ACT

A partnership with Groundworks Collaborative, Brattleboro Memorial Hospital, and the Brattleboro Retreat to provide peer leadership and peer support services in a multi-disciplinary Assertive Community Treatment (ACT) model embedded within Groundworks.

Co-Reflection

A peer run practice to reflect on the work collaboratively; peer support advocates facilitate this practice for other providers

Trainings & Consultations

A key element of implementing peer support at HCRS, and uplifting and valuing the voices of those impacted by the services provided, is to provide opportunities for peer support advocates to train non peer staff. HCRS Peer Support Advocates offer Intentional Peer Support training to all staff. HCRS also contracted with the Wildflower Alliance (peer run organization) to train staff on “When Conversations Turn to Suicide,” a framework for supporting suicidal individuals.

Substance Use Program

General outpatient and intensive outpatient substance use services for all age groups impacted by substance use.

Services include:

- Assessment
- Individual, Group, and Family Psychotherapy
- Intensive Outpatient Program
- Recovery Groups
- Service Planning and Coordination
- Community Outreach and Overdose Response
- Medication Assisted Treatment (MAT) Provided Through a Collaboration with SaVida Health
- Harm Reduction/Naloxone Distribution program

100%
of Substance Use
Service Recipients
Report Services are
Making a Difference
(2023)

Health Care Integration

We've been integrating our services into other organizations for the past 23 years.

We initially began this innovative practice as part of a large Robert Wood Johnson "Depression in Primary Care" grant. Current HCRS positions embedded into physical health care organizations include:

- Brattleboro Primary Care - Care Coordinator (currently vacant)
- Brattleboro Pediatrics - Clinician (currently vacant)
- Brattleboro Memorial Hospital - Health Coach
- Mount Ascutney Hospital Pediatrics - Clinician

DUI Docket Court Program

A voluntary program for individuals who receive numerous DUI offenses.

Built on the foundation of years of partnership with the courts, including the Sparrow project, which served as a pre-trial treatment service, the Southeast regional DUI Treatment Court Docket participants must be over 18 years old and meet criteria for a moderate to severe substance use disorder. The goal of the program is to help participants receive treatment for substance use disorder with the goals of keeping communities safe and helping people end their criminal behavior. The docket's team consists of the presiding Judge, Defense Counsel, State's Attorney, Representatives from Probation and Parole, HCRS (case management/treatment), Law Enforcement, and a peer specialist. Services include:

- Clinical Assessment at HCRS
- Group and Individual Psychotherapy
- Group Treatment
- Case Management
- Care Coordination
- Participation in Court Hearings



Residential Services

Offering a continuum of mental health treatment in a residential setting so that people can move between levels of care and maintain continuity of community and approach.

The HCRS Residential continuum contains 5 state licensed short term residential treatment programs (38 beds) of varying levels of support. People served in the programs must be 18 years old or older, capable of exiting the building independently in case of an emergency, and must meet licensing regulations level of care (generally means person does not need skilled nursing care or hospital level of care).

76.9%

Average Occupancy
Rate
(2019-2023)

2024

5 Beds Closed Due to
Staffing Shortages
*(expected to
reopen in May)*

Alternatives (6 beds): Short term crisis/ hospital diversion program

Residents are often referred from the community by way of a Crisis Program or from a hospital setting. Alternatives maintains high staff to resident ratio with awake overnight staff. The program serves residents of Windsor and Windham Counties and maintains 2 beds, known as commissioner beds for Vermonters across the state. The highly trained staff

are able to support individuals in distress with crisis stabilization supports, de-escalation, psychiatric care, nursing care, and therapeutic services. The program is meant to provide crisis stabilization and respite for residents at varying stages of crisis, so the programming is highly supportive with minimal demands or schedules.

Woodstock (8 beds) & Beekman (10 beds) Houses: For clients enrolled in our CRT program

These facilities have a low staff to resident ratio (2 or 1 staff to 8 to 10 residents). They are semi independent programs designed to assist residents to develop the skills necessary to transition to independence. The focus is on building and living in community, caring for self and the space, community integration, development of skills for employment, and manag-

ing mental health symptoms. These programs use a relational approach that is highly experiential. All residents have a CRT treatment team and access to psychiatry, nursing services, case management, group and individual therapy, and the full complement of supports within the CRT program, in addition to the supports provided by residential staff.

Meadowview Recovery Residence (6 beds): For HCRS clients enrolled in our CRT program.

This program serves people from across Vermont and is an intensive recovery residence for all ages. Meadowview provides a high staff to resident ration with staff awake 24/7 regularly supporting residents. The program focuses on primary re-integration from a hospital setting with emphasis on building and maintaining community, community integration,

and development of valuable life skills while also attending to the intensive treatment needs of residents by providing psychiatry, nursing, case management, individual and group psychotherapy, peer support and advocacy, and community integration supports.

Hilltop Recovery Residence (8 beds): For young adults across Vermont

An Intensive Recovery Residence providing high staff to resident ratio awake overnight staff, 24/7 regularly supporting residents. Historically this program has served individuals up to 25 years of age. HCRS just increased the age to 35 in response to the needs of Vermonters for this level of care. The program serves as a re-integration from a hospital setting and accepts referrals from the community, for those with new onset of mental health experiences impacting their ability to achieve their goals in the community. Hilltop program has a heavy focus on

community integration and job development, using a Collaborative Network Approach to engage and/or develop a community network of support with residents. Hilltop's unique programming provides an opportunity for personalized healing using Multiple modalities including the use of experiential programming such as caring for animals and tending a garden, to peer support and advocacy, Hearing Voices groups, supported employment and the use of art and music in therapy.

Access Program

Same day access to screening, intake and assessment through centralized access navigation.

The access program allows for a low barrier to same day access to HCRS services. Implemented in September 2020, this innovative program has made significant improvements to access. Services provided include:

- Phone triage
- Screening and brief intervention
- Intake
- Assessment
- Referral to community supports
- Referral to care coordination
- Referral to crisis services

Care Coordination Program

Supporting the Care Coordination needs of community members.

Through the CCBHC grant, HCRS developed an innovative care coordination program that services non HCRS enrolled community members to access care coordination services, including outreach, engagement and supportive counseling to address social determinants of health. Services include:

- Community Education
- Outreach and Engagement
- Care Coordination
- Discharge and Transition

“New Resources from HCRS bring Specialized Support to Library & Other Town Departments in Brattleboro”

-The Commons (1/31/24)

Care Coordination Team

- Team Leader (1.0 FTE)
- Care Coordinators (3.0 FTE)
- Discharge and Transition Specialist (1.0 FTE)

Developmental Services

Providing comprehensive supports for people with a developmental disability.

These services are provided for children and adults in Windsor and Windham counties who meet eligibility requirements. To be eligible, a person must have an Intellectual Disability (IQ of 70 or less) or Autism Spectrum Disorder AND have both significant deficits in adaptive function and onset of the disability prior to age 18. In addition to developmental disabilities, 39% of the people served in this program have a co-occurring mental health condition, with a small percentage with a co-occurring substance use disorder.

Children's DS Services

Family Managed Respite: For individuals up to age 21, living with their biological/adoptive families, and not receiving services - provides families with a break from caring for their child with a disability.

Bridge Care Coordination: For individuals under age 22 not receiving services from another AHS funded source as identified in the Bridge guidelines. Early and periodic screening diagnostic testing program offers care coordination to help families access and/or coordinate medical, educational, social, or other services for their child(ren) with a developmental disability

Youth Employment Supports: We collaborate with local schools to support students to explore careers, gain job skills, and have paid work experiences.

Adult DS Services

Service Coordination: Includes assessment, development, implementation, and monitoring of the service agreement, coordinating access to medical and clinical services, assistance with accessing needed resources and services, and more.

Employment Supports: Includes job development and search, work skill development, and support to maintain meaningful paid employment.

Community Supports: We provide supports so that clients can access the community and participate in meaningful activities including recreation/leisure, social, volunteer, and educational/lifelong learning, and skill development.

Home Supports: We provide assistance with daily living activities including cooking, hygiene, household maintenance, and self care, and support and monitoring of medical needs including medication administration.

Respite: This provides a break for the primary caregiver and supports sustainability of living situations.

Targeted Case Management: Funded under Medicaid, this includes assessment, care planning, and referral, monitoring, and assistance to gain access to needed services.

Flexible Family Funding

Income based funds to support families caring for a family member with a developmental disability at home. Helps pay for activities such as respite, assistive technology, and home modification. These funds are available based on the family's income (max of \$1,000/year) and can be used at their discretion.

Person-Centered
Services

Maximizing
Independence

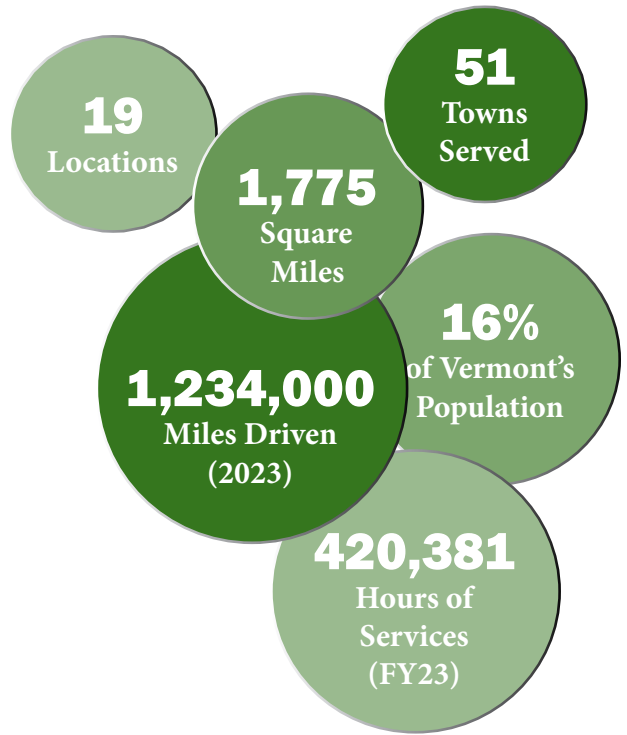
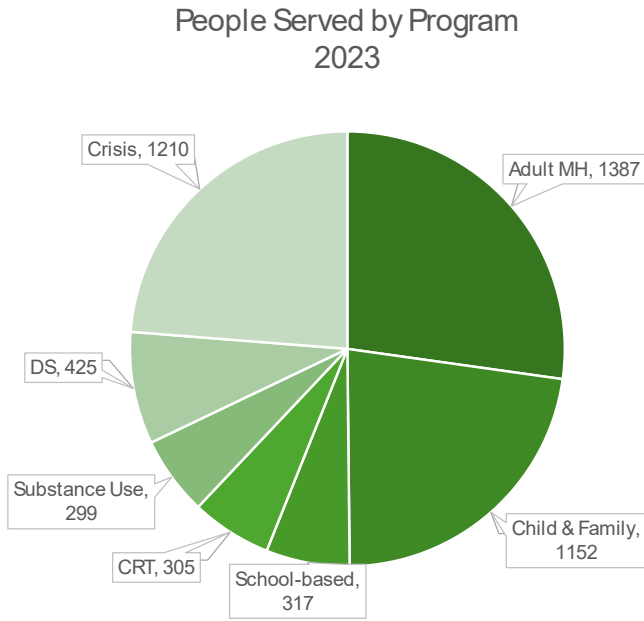
500

Number of people
served across our
region annually

39%

Number of clients with
a co-occurring mental
health condition

Performance Measures & Outcomes



Client Survey Data

HCRS' annual Client Satisfaction Survey was initiated in 2000 and provides the Agency with comparative data from current clients every year. Results from our most recent annual client satisfaction survey (CY2023) show the following:



Results from HCRS 2023 Client Satisfaction Survey

Survey Question	Adult	Substance Use	Child	CRT	DS	Overall
I received the services that were right for me	88%	100%	85%	78%	80%	84%
Staff treat me with respect and make me feel welcome	96%	100%	93%	90%	93%	93%
The services that I receive have made a difference	87%	100%	78%	82%	85%	83%
My quality of life has improved as a result of the services I received	83%	100%	75%	74%	84%	83%
I would recommend HCRS to a friend or colleague	84%	65%	82%	84%	81%	82%
I received services in a timely manner	85%	83%	84%	90%	91%	88%

Challenges

Adult Outpatient/CRT	Staff turnover resulting in high caseloads, high acuity of needs and acuity of experiences, aging population, limited housing options including supportive housing resources for those who need support to live independently
Substance Use	Complex use profile, dangerous substances, high overdose rates, short residential stays, lack of available supportive and sober housing options
Children, Youth, & Family Services	Staffing turnover and high case loads, high acuity of needs and acuity of experiences, complex family system needs, limited child psychiatry, limited prevention resources
Peer Services	Lack of Medicaid eligibility/reimbursement
School Based Services	Staff turnover, limited opportunities for prevention supports
Crisis	Staffing, high acuity of need, resources directed towards management of individuals in the hospital emergency room instead of directed towards new crisis, high acuity of needs and experiences
Residential	Staffing
DS	Housing, staffing, crisis bed availability, acuity/safety concerns, increase in complex needs

Practice Improvement

HCRS utilizes Results Based Accountability, Lean Six Sigma, and Plan-Do-Study-Act (PDSA) frameworks

HCRS also uses a number of standard client-level outcome assessment tools, including:

Self Sufficiency Outcomes Matrix (SSOM)	Children and Adolescent Needs and Strengths (CANS)	Adult Needs and Strengths Assessment (ANSA)	National Outcomes Measures (NOMs)	Screening Tools <ul style="list-style-type: none">• PHQ-9• PTSD-5• CAGE-AID• GAD-7• Columbia
--	---	--	--	---

Value Based Payment Measures

Measure	2023 Goal	Percentage of Goal Achieved
Clients seen face-to-face within 5 days of request	54%	92%
Clients seen within 14 days of assessment	50%	34%
Adults screened for depression	59%	92%
Adults screened for trauma	55%	92%
Adults screened for substance use	59%	92%
Clients with a CANS in the last 6 months	60%	87%
Clients with an ANSA in the last 12 months	35%	56%

Starting in 2024, we are tracking and measuring children screened for depression and substance use.

Breakdown of Clients by Diagnosis				
Diagnosis	2020	2021	2022	2023
Mental and behavioral disorders due to psychoactive substance use	14%	17%	22%	30%
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	6%	7%	9%	12%
Mood disorders	33%	41%	53%	75%
Anxiety, dissociative, stress-related, somatoform, and other non-psychotic mental disorders	38%	46%	61%	86%
Behavioral syndromes associated with physiological disturbances and physical factors	<1%	1%	1%	1%
Disorders of adult personality and behavior	3%	4%	4%	6%
Intellectual disabilities	7%	7%	8%	10%
Pervasive and specific developmental disorders	6%	6%	7%	9%
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	11%	12%	14%	19%

As shown in the chart above, we're seeing a dramatic increase in almost all the most prevalent diagnoses. Based on the above breakdown of frequent diagnoses, we're seeing the following trends:

Most significant increases:

Anxiety and stress (86%)
Mood disorders (75%)

Other Notable Increases:

Substance use (30%)
Child mental health (19%)
Schizophrenia (12%)

- The notable increase in Anxiety disorders across all age groups is profound. The impacts on functionality have been notable post pandemic, including severe presentations of social anxiety and agoraphobia that are impacting wellbeing and ability to engage meaningfully in life, including employment
- Windsor and Windham counties continue to have some of the highest rates of overdose in the State.
- In addition to diagnosis, HCRS is seeing a high acuity of needs assessed by the CANS and ANSA with most clients having impacts in 2 or more domains (housing, transportation, interpersonal, substance use, etc.)
- There continues to be high rates of suicide in Windsor county.

“I never feel like I'm being judged, so it's easy to ask for whatever I need. In turn, staff have shown full and complete effort in finding the most effective ways to support my healing and growth.”

-CRT service-recipient

Service Duration and Density Monitoring

Patient Level Measures

- Length of stay
- No show rates/cancellations
- Progress made towards treatment goals
- Service frequency
- Days since last visit
- Hospital admissions

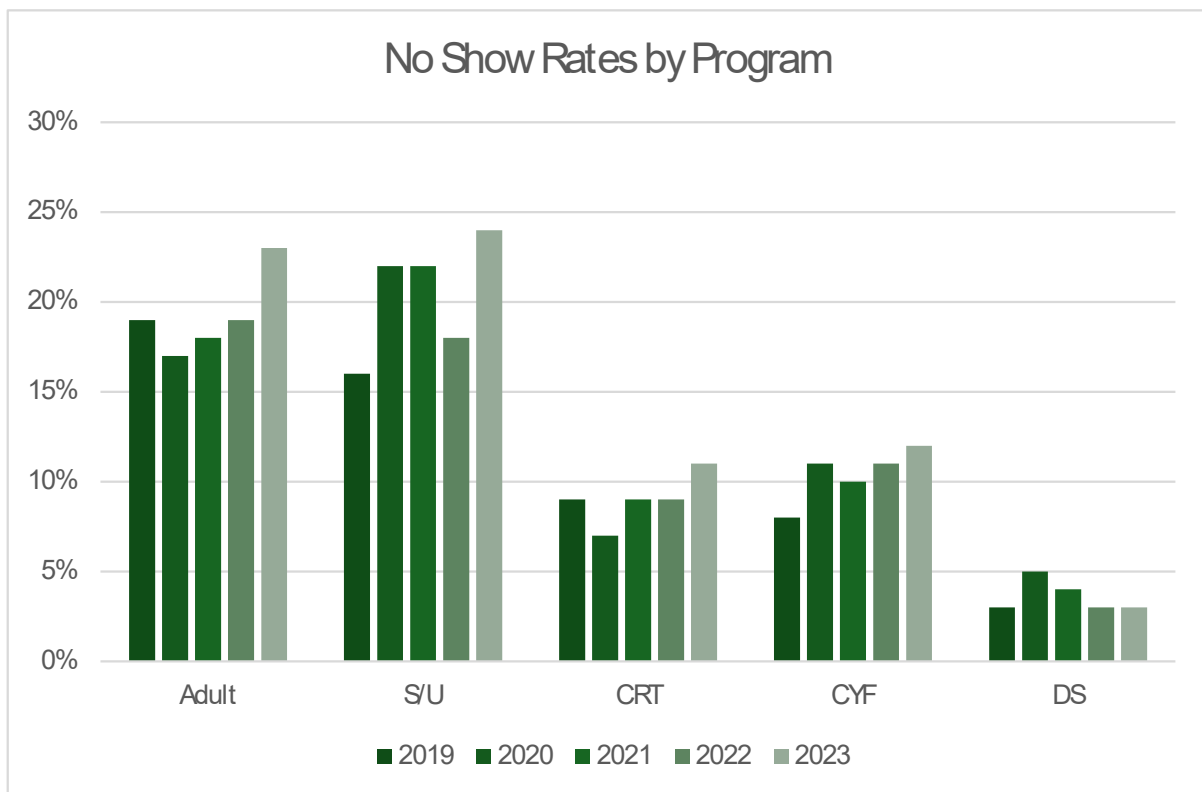
Diagnostic Level Measures

- Diagnosis over time
- Service count by diagnosis
- Top diagnosis by divisions

Population Level Measures

- Length of stay
- No show rates
- Evidence-based practices
- Discharges

No-Show Rates



Innovative Practices at HCRS

HCRS has a proud history of innovation from the development of our embedded police liaison program, to our Hill-top Recovery Residence, and the recent implementation of the new statewide enhanced mobile crisis program.

Peer Support and Advocacy Program

This person driven approach to client care truly uplifts and centers the voices of those most impacted by the services we provide and the conditions that we treat.

Our peer support and advocacy program goes far beyond providing direct services; this team informs practice changes and holds the agency accountable to the people we serve.

Peer support leadership have been involved and often leading efforts to develop key elements of our practices including our Philosophy of Care and Ethical Guidelines, as well as clinical documents such as

the wellness plan, risk check in, and critical training plans.

As part of the Zero Suicide initiative, one best practice is to include people impacted by suicide. The people involved informed us of the harm that often takes place when a client shares suicide risk with their provider, often ending in experiences of coercion or involuntary treatment, and often reactivity instead of support. HCRS took this information and worked together with the Wildflower Alliance, a peer run group that was recognized by the World Health Organization for their human rights focused approaches. This group of people

with lived experiences trained all of our staff in an approach that is based on the tenets of Alternatives to Suicide, called, "When Conversations Turn to Suicide." This training shared the real perspective of people who have contemplated and attempted suicide, using those who truly have the expertise to train our direct service staff on how to support people who are at risk. HCRS coupled this foundational skills based training with other evidence based approaches like CAMS-CARE and the CSSR-S to create a comprehensive and supportive suicide specific treatment approach, centering the voices of people most impacted.

Certified Community Behavioral Health Certification (CCBHC)

Another innovation that HCRS is proud of is the implementation of the Certified Community Behavioral Health Certification (CCBHC). HCRS applied for and was awarded a competitive 4 year grant to implement the rigorous quality standards to be awarded this certification.

CCBHC implementation begins with a comprehensive needs assessment to fully understand the needs of our communities as well as meeting rigorous quality standards. To become a CCBHC, HCRS must meet 193 requirements that ensure the highest quality care

rooted in best practice standards. The CCBHC has a focus on the use of evidence based practices, data informed decision making (clinical and operational), integrated care, screening and monitoring for health conditions, and care coordination.

As part of the CCBHC, HCRS has expanded to develop a care coordination program, ensuring the highest level of care coordination is available for any person in our communities, including those who are enrolled in HCRS services, with a primary goal of addressing the social determinants of health and

ensuring access to treatment and other supportive services.

HCRS also expanded to develop a contract with a community treatment provider to ensure access to Medication Assisted Treatment for people in need. HCRS was also able to partner with the Veteran's Administration to ensure bidirectional care for veterans in our region. This is one of the only formal agreements between CCBHCs and the VA. The CCBHC really pushes us to grow to meet the needs of the people in our community in creative and helpful ways.

Sustainability at HCRS

Grant Funded Program	Funding Amount	Expiration	Purpose	Population Served	Outcomes
Pro	\$220,358	6/30/24	Integrate substance use and mental health service planning and coordination	Reach Up families	Provide specialized mental health services and treatments
AHS Forgivable Loan Program	\$124,465	10/31/26	Loan repayment and tuition assistance	Mental health and substance use disorder treatment professionals	Address labor shortage, recruitment, and retention
Crisis Counseling Assistance & Training SOSVT	\$133,500	6/30/24	Provide CCP services related to flood disaster	Flood victims	Help people recover and rebuild their lives after a disaster
Community Violence Prevention (VDH)	\$293,600	1/31/26	Hiring embedded police liaisons in Brattleboro	Residents of Brattleboro	Address violence in marginalized communities by enhancing response capacity
Outreach Workers (Opioid settlement)	\$76,000	6/30/24	Increase engagement with people with substance use disorder in community settings	Residents of Windham and Windsor counties	Reach underserved communities and those who have lower interaction with Vermont's system of care
DUI Docket Program	\$166,357	9/20/24	Maintain a DUI court docket program	Residents of Windham, Windham, and Orange counties	Expanding the availability of evidence-based substance use disorder treatment
New Neighbors Refugee Mental Health (AHS)	\$104,752	6/30/24	Provide wellness and mental health supports to refugees in southern VT	Refugee families	Provide access for refugees to comprehensive mental health services
SASH Embedded Mental Health Program	\$122,976	9/9/24	Employ and embed a SASH Emotional Wellness Clinician in collaboration with the Housing Trust	SASH affordable housing participants	Improve social determinants of health, increase social connections, and prevent homelessness
DPS Mental Health Crisis Specialist	\$117,000	6/30/24	Offer state mental health crisis services	Vermont residents	Reduce potential future crises and contacts with law enforcement
Children's Integrated Services	Varies	12/31/24	Provides Children's Integrated Services	Vermont families	Increase access to high-quality services that are developmentally beneficial for children and families
Upstream	\$11,560	12/31/24	Provide mental health and trauma training and consult to providers serving youth (age 12-18)	Windham and Windsor county agencies	Increase capacity for educators, emergency responders, and other providers to identify trauma and mental health needs

“Our [HCRS provider] has found a way to connect with our child and has really helped us make community connections. Family therapy helps us share feelings.”

-Children's service-recipient

Grant Funded Program	Funding Amount	Expiration	Purpose	Population Served	Outcomes
Friends for Change	\$211,638	5/31/25	Trauma-informed after-school programs	Youth and families in Windham county	Create a space where all youth feel safe, valued, and empowered
Intensive Family Based Services	\$375,005	6/30/24	Safely maintain children who are at high risk of removal from their home	Brattleboro, Hartford, and Springfield	Preventing children coming into DCF custody and re-abuse, improving family functioning
Success Before Six (SB6)	\$6,023,498	6/30/24	School-based mental health services	Children and families	Help children with mental health needs receive an appropriate education
VPQHC Telemedicine Equipment		11/30/25	Distribute telemedicine equipment	Providers in Windham and Windsor counties	Allow clients to maintain frequent contact with Children's crisis support
MUCI/YSP (SAM-HSA/VCN)	\$177,745	9/29/24	Provide harm reduction and crisis stabilization program	Teens ages 12-18 in Brattleboro	Build skills for safety, coping, and well-being
PUCK (DMH)	\$663,107	3/31/25	Provide an alternative to ER utilization	Children in a mental health crisis in Brattleboro	Offer space for clinical, case management, and peer support services
Jump on Board for Success Program	\$540,960	9/30/26	JOBS program services for youth with severe emotional disturbances	Windham and Windsor counties	Provide supported employment services for youth and CRT clients
ARPA Facilities Funding	\$343,987	12/31/24	Make mental health services more accessible	HCRS facilities in Windham county	Upgrade physical facility for improved access
CCBHC Planning, Development, & Implementation	\$1,000,000	9/29/24	Planning, development, and implementation	Children, youth, & adults with mental health or substance use disorders	Address health disparities in rural areas
HRSA RCORP IV Implementation	\$1,000,000	8/31/25	Address substance use needs of populations with health disparities	Homeless population & those with substance use disorder	Reduce substance and opioid use disorder in Windham county
Community Mobile Crisis	\$8,898,987		Provide timely community-based mobile crisis response	All Vermonters	Mobile Crisis teams provide a 2-person in-person response

“Being able to have appointments through zoom has been a huge help. It makes it easier to keep appointments and cuts down on stress - as I won't have to worry about transportation or if I can afford the gas to travel. It also helps with anxiety when the weather is bad as I don't have to drive. Everyone [at HCRS] is very reachable by either phone or email which [makes me] feel very supported.”

-DS service recipient

FY2023 Funding		
Source	Amount	Percentage
Medicaid Fees	\$46,923,234	81%
Other Patient Fees	\$4,457,794	8%
State Grants & Contracts	\$4,972,788	8%
Federal Grants & Contracts	\$904,757	1%
Other Funding (includes Town Funding of \$72,768)	\$992,981	2%
Total	\$58,251,554	

Regional Projects

New Americans Program: This grant funded program is operated in collaboration with United Counseling Services in Bennington and supports refugees in Windham and Bennington counties.

Enhanced Mobile Crisis: This new statewide program expands our ability to support our community. The enhanced 2-person, in-person response provides significantly more support for our communities.

SOS-VT: Support available to community members with flood related needs or from other natural disasters. Reaching people in need of this support has been a challenge.

Collaborations & Partnerships

We understand that in order to help support and empower our community, and those we serve, we must work together with our community partners. We have been actively engaged in partnerships for decades and deeply believe in the power of collaboration. Each and every one of us is interconnected and exist as a whole being whose needs are not simply the challenges that bring us to seek services but are impacted by a myriad of social factors such as poverty, homelessness, legal challenges, transportation issues, and other disparities that get in the way of access to health care and other social services. Our collaborations can create a synergy in our communities that is necessary to help people achieve success and live healthy and meaningful lives. We are all interconnected individually and collectively, so our work must reflect a willingness and drive to work together and seek solutions if we are to have collective impact.

We are very proud of our focus on collaborations and partnerships throughout our communities. We have over 200 partnerships with community organizations. Many of these partnerships have been formalized with MOU's and include:

Medical	We work with 5 hospitals/FQHCs in our 2 county area. We also work with a wide variety of primary care practices and other health care providers.
Veterans	We have an MOU with the Veterans Administration in White River to provide services for each other's patients/clients.
Law Enforcement/ Criminal Justice	Our partnerships in this category are many. We work with 6 local police departments as well as the Vermont State Police to embed staff in their programs through our Police Social Work program. We also collaborate with the Windsor County Court and others on our DUI Court Docket program for people with repeated DUIs. Lastly, we work with the local Social Justice/Restorative Justice centers.
Substance Use	We collaborate with SaVida to provide Medication Assisted Treatment. We also collaborate with the Turning Point Recovery Centers in our region.
Housing	Our partnerships on this critical need are many and include the Windham & Windsor Housing Trust, a number of shelters and drop-in centers, and many others.
Seniors/Elder Care	We work with Senior Solutions (AAA) to support the needs of elders in our communities.
Marginalized Populations	We work with a wide variety of groups who are focused on this important topic. Key partners include GroundWorks Collaborative and the Brattleboro Retreat.
Local Community	These are too numerous to name but include private mental health practitioners, Community Action, Parent Child Centers, AHS Departments and Field Services, municipalities, libraries, employers, youth services, and many local businesses, just to name a few.
Education	We work with a wide variety of schools through our school-based and Kindle Farm School services. We also collaborate with community colleges as we work to advance the education of the people we serve.

HCRS Operations

12.5%

Percentage of overall operational costs that are administrative

16.0%

Staff vacancy rate for full-time positions in CY2023



Note: These rates do not apply to people receiving our Developmental Services

Fee Schedule

(July 1, 2023 - June 30, 2024)

Service	Unit	Cost
Mental Health & Substance Use Services		
Clinical Assessment	Each	\$215
Psychiatric Assessment	Each	\$220
Individual Therapy	Per Hour	\$176
Check in with Psychiatrist	30 Minutes	\$142
Group Therapy	Per Hour	\$115
Crisis Evaluation / Emergency Services	Per Hour	\$320
Case Management	Per Hour	\$140

Rates may differ according to the amount of time spent with your HCRS provider.

FY24 SLIDING FEE SCHEDULE

Does not apply to Developmental Services

Income Category	Annual Income According to Family Size							Percentage of Charges
	1	2	3	4	5	6	7+	
1	\$0 to \$14,580	\$0 to \$19,270	\$0 to \$24,860	\$0 to \$30,000	\$0 to \$35,140	\$0 to \$40,280	\$0 to \$45,420	10%
2	\$14,581 to \$16,767	\$19,721 to \$22,678	\$24,861 to \$28,589	\$30,001 to \$34,500	\$35,141 to \$40,411	\$40,281 to \$46,322	\$45,421 to \$52,233	15%
3	\$16,768 to \$17,496	\$22,679 to \$23,664	\$28,590 to \$29,832	\$34,501 to \$36,000	\$40,412 to \$42,168	\$46,323 to \$48,336	\$52,234 to \$54,504	20%
4	\$17,497 to \$18,225	\$23,665 to \$24,650	\$29,833 to \$31,075	\$36,001 to \$37,500	\$42,169 to \$43,925	\$48,337 to \$50,350	\$54,505 to \$56,775	25%
5	\$18,226 to \$18,954	\$24,651 to \$25,636	\$31,076 to \$32,318	\$37,501 to \$39,000	\$43,926 to \$45,682	\$50,351 to \$52,364	\$56,776 to \$59,046	30%
6	\$18,955 to \$19,683	\$25,637 to \$26,622	\$32,319 to \$33,561	\$39,001 to \$40,500	\$45,683 to \$47,439	\$52,365 to \$54,378	\$59,047 to \$61,317	35%
7	\$19,684 to \$20,412	\$26,623 to \$27,608	\$33,562 to \$34,804	\$40,501 to \$42,000	\$47,440 to \$49,196	\$54,379 to \$56,392	\$61,318 to \$63,588	40%
8	\$20,413 to \$21,141	\$27,609 to \$28,594	\$34,805 to \$36,047	\$42,001 to \$43,500	\$49,197 to \$50,953	\$56,393 to \$58,406	\$63,589 to \$65,859	45%
9	\$21,142 to \$21,870	\$28,595 to \$29,580	\$36,048 to \$37,290	\$43,501 to \$45,000	\$50,954 to \$52,710	\$58,407 to \$60,420	\$65,860 to \$68,130	50%
10	\$21,871 to \$23,328	\$29,581 to \$31,552	\$37,291 to \$39,776	\$45,001 to \$48,000	\$52,711 to \$56,224	\$60,421 to \$64,448	\$68,131 to \$72,672	60%
11	\$23,329 to \$24,786	\$31,553 to \$33,524	\$39,777 to \$42,262	\$48,001 to \$51,000	\$56,225 to \$59,738	\$64,449 to \$68,476	\$72,673 to \$77,214	70%
12	\$24,787 to \$26,244	\$33,525 to \$35,496	\$42,263 to \$44,748	\$51,001 to \$54,000	\$59,739 to \$63,252	\$68,477 to \$72,504	\$77,215 to \$81,756	80%
13	\$26,245 to \$28,577	\$35,497 to \$38,651	\$44,749 to \$48,726	\$54,001 to \$58,800	\$63,253 to \$68,874	\$72,505 to \$78,949	\$81,757 to \$89,023	90%
14	\$28,578 or more	\$38,652 or more	\$48,727 or more	\$48,801 or more	\$68,875 or more	\$78,950 or more	\$89,024 or more	100%

Instructions:

1. Locate the column for the number of members in your immediate family.
2. Scroll down that column to find the box containing your annual household income (before taxes).
3. Follow that row across to the right to see the percentage of our fees that you are eligible to be charged.
4. Let your Provider know if you would like to speak with our Billing Department about a sliding fee rate.

Staff Recruitment & Retention

Staff recruitment and retention continues to be our primary challenge across programs. There are a variety of causal factors, but the focus of turnover is due to:

- Educational opportunity
- Career change or advancement
- Burnout/stress
- Compensation

Hard to Fill Positions

- Clinicians
- Direct Support Professionals
- Residential Specialists

Positions with High Turnover

Residential Specialists

- CY23 - 30%

Direct Support Professionals

- CY23 - 14%

Program	Current Open Positions
All Programs	71*
Adult Outpatient	6
Community Rehabilitation & Treatment (CRT)	0
Children, Youth, & Families Division	12
Emergency & Crisis Response Services	14
Peer Support & Advocacy	4
Substance Use Program	2
Developmental Services	14
Residential Services	10

*Total open positions across the agency, including other areas not listed, e.g., administration.

Recruitment Strategies

Our most effective recruitment strategy has been increasing referral bonuses. Not only do we hear from many candidates from staff referrals, but overall, they tend to be people who stay at HCRS longer than candidates we hire from Indeed (which is our second most effective recruitment source).

Our recognition as a Best Place to Work in Vermont for 4 years in a row has also significantly impacted our recruitment efforts.



Retention Strategies

In a landscape where companies are slashing benefits, both locally and nationally, employees are feeling the strain, leading to disengagement. At HCRS, we prioritize maintaining comprehensive benefits and incorporating sought-after perks. A new program that has been very well received is individual wellness coaching for our workforce.

We ensure that our team feels not only heard but also valued as we foster a culture of care to engage our workforce. A Culture Committee made up of staff from across the agency is helping to support this effort.

The recent funding provided for staff Retention Bonuses as well as our loan repayment and tuition assistance programs have also contributed to staff retention.



Electronic Health Record

We use [Credible](#)'s EHR Platform by Qualifacts, for all our client health records.

We are in the process of obtaining augmented artificial intelligence (AI) software from [Eleos Health](#) to support documentation of services for our staff. Their behavioral health specific AI product is expected to reduce documentation time by more than 50%.



Payers

In addition to Vermont Medicaid and Federal Medicare, we work with the following 3rd party insurers.

AARP Health Care Options	Medical Mutual
AETNA	Mercy Care Advantage
AETNA Better Health	Meritan Health
American Plan Administrators	Minute Man Health NH
AmeriGroup	Multiplan
AmFirst Insurance Co.	Mutual of Omaha Companies
Anthem	MVP
Bankers Life & Casualty	Next Level Administrators
BC/BS of Vermont	NH Motor Transport Association
Beacon Health Strategies	Office of Worker's Comp Prog.
Behavioral Health Systems	Ohio Security Insurance Co.
Blue Shield of NE New York	Optima Health
Blueprint	Optimum Healthcare
Boston Medical Health Net	Optum Health Behavioral Solution
CBA Blue	Oxford Health Plan
CDPHP	Pacific Source Community Solution
Cenpatico	Palmetto GBA
Centurion	Preferred One Community Health Plan
ChampVa Program	Pro Health Plus
CIGNA	Sanford Health Plan
Colonial Penn Life Insurance	Sedgwick Workers Comp
Commercial Travelers Mutual	Selman & Company
Commonwealth Care Alliance	Seven Corners
Comprehensive Benefits	Sovereign Nations
Consolidated Health Plans	State Farm
Covenant Admin Inc-90 Degree	Student Resources
Diversified Admin Corp.	TransAmerica Life Insurance Co.
EDIS	Tricare East
Fallon Community Health Plan	Tricare for Life
GEHA	Tufts Health Plan
GEHA - ASA	Ultra Benefits, Inc.
Genworth Financial	UMR
GPM Life	Unicare
Group Benefits Solutions	United American Insurance
Harvard Pilgrim	United Health Care
Hawaii Mainland Administration	US Family Health Plan
Health New England	USAA Life Insurance Company
Health Partners Claims	VA CCN Optum
Health Plans, Inc.	Vermont Center for Crime Victim Services
HMA, LLC	Veterans Administration
Humana	Washington National Insurance
Independence Administrators	Wellcare Health Plan Inc.
Kaiser Permanente	Wellnet Healthcare
Magellan Behavioral Health	Zenith American Solutions
MailHandlers Benefits	
Martins Point Health Care	

Statewide Mobile Crisis

HCRS responded to the Vermont Department of Mental Health's call for proposals as the lead agency, working alongside our nine designated agency partners to create a robust system of care for Vermonters facing mental health and substance use crises. HCRS was selected as the lead due to our longstanding excellence in project management, collaboration, and our robust clinical and peer support programs.

In less than a year, HCRS, in partnership with the Department of Mental Health (DMH) and the Vermont Care Partners network, established a statewide enhanced mobile crisis response program. This program delivers a timely, two-person multidisciplinary response to individuals across the state. One responder brings expertise in crisis evaluation and referral, while the secondary responder is trained as a peer support advocate, offering valuable lived experience and support.

Our program is designed to address a wide spectrum of crises, including emotional and mental health crises, substance use crises, and crises experienced by specialty populations who are often underserved. We are committed to serving the elderly, veterans, Black, Indigenous, and other people of color, as well as the LGBTQIA community. Our goal is to ensure that all Vermonters, regardless of background, receive the support and care they need during challenging times.

Furthermore, our program goes beyond traditional mental health crises to include non-emergent substance use crises. We recognize the importance of comprehensive care and strive to meet individuals where they are, providing compassionate and effective interventions.

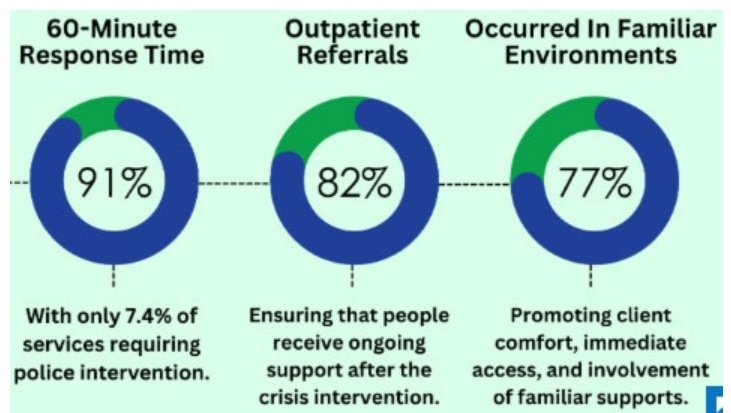
By leveraging the Vermont Care Partners network and working with the designated agencies to provide enhanced mobile crisis, we are able to draw upon the decades of experience providing crisis services that each designated agency holds, and bring in additional resources to enhance programming. Each designated agency has deep roots within their communities and

high quality crisis services, which lends itself to best serving Vermonters in crisis. Additionally, we partnered with the two agencies contracted to provide 988 services to develop a single access point to mobile crisis services, without losing local access through the designated agencies, allowing for ease for individuals seeking care. We have also been able to capitalize on the use of telehealth to bolster the capacity to serve Vermonters, however, many pockets of Vermont are still without cellular service, challenging our ability to safely respond to crisis situations.

As is true in other programs, staffing the program has been the most challenging. Some crisis teams, HCRS being one of them, have been understaffed to provide traditional crisis services, making it difficult to fully implement the enhanced model. In addition to staffing, the rural nature of Vermont and lower population make it challenging to develop a model of care, limiting traveling long distances across the State and creates safety concerns for staff when internet service is unavailable.

Since this is the first time we've had one designated agency leading a program for the entire State, there have been numerous questions on governance, policy development, and training.

Statewide Mobile Crisis Data March 2024



We launched a statewide communication campaign for Mobile Crisis, in February, to inform community members, clients, partners, and all other Vermonters about this new enhanced crisis service. Paid advertising included statewide radio ads, digital ads, print advertising. We also created public service announcement videos and distributed press releases widely. Flyers and business cards were provided to all designated agencies to support their individual promotional efforts.

426
of Responses
Statewide Q1



Just remember this,

We provide a 2-person mobile team of mental health professionals who can come to you when you need help the most.

GetHelpVT.org



MOBILE CRISIS