



## Information for House Healthcare Committee

April 30, 2024

Testimony Provided by: Kelsey Stavseth, Executive Director and Laura Nelson, Chief of Organizational Development

Founded in 1960, Northeast Kingdom Human Services is the Designated Agency (DA) providing services and advocacy to adults, children, and families in Caledonia, Essex, and Orleans Counties. In our offices and communities, NKHS professionals provide case management, community and home supports, residential care, psychiatry, medication management, therapy, vocational supports, school-based counseling, emergency care, and respite. From July 1, 2022 – June 30, 2023 NKHS provided 288,578 direct services to 2,942 clients throughout the Northeast Kingdom and with a staff of over 500.

Mission: Empower individuals, families, and communities by promoting hope, healing, and support.

Vision: To be leaders in rural health and human services by offering innovative, flexible, and comprehensive programs.

### SERVICE QUESTIONS

**Describe the typical persons served and services offered within each:**

- *Adult Outpatient* - Serves adults 18+ who are seeking supports for depression, anxiety, bipolar disorder, schizophrenia, personality disorders, ADHD, developmental disabilities, autism spectrum disorders, grief & loss, substance use and addiction, PTSD, and other trauma-related diagnoses.

*Services:*

- Case Management
- Individual, couple, and group therapy
- Psychiatry and medication evaluation, management, and consultation
- Substance Use Disorder (SUD) - for adolescents (12+) and adults
- Intensive Outpatient Services (IOP)
- Dialectical Behavioral Therapy (DBT)
- Seeking Safety

- Impaired Driver Rehabilitation Program (IDRP) - IDRP is a State of Vermont program designed to provide education on substance misuse and driving under the influence (DUI) for those convicted of a DUI 1 or 2.
  - Reach Up—Through the Agency of Human Services Department for Children and Families, the program helps eligible parents set and reach short—and long-term goals that will enable them to financially support their minor, dependent children.
  - Eldercare - serves homebound people over 65 and those younger than 65 if disabled and homebound. Eldercare addresses issues of self-neglect, hoarding, isolation, depression, anxiety, stress, and other mental health-related symptoms.
- *Community Rehabilitation and Treatment (CRT)* - CRT supports individuals with severe and persistent mental health needs living in our community. Our enrollees are supported in the community to live as independently as possible with the goal of avoiding or reducing inpatient hospitalization.

*Services:*

- Case Management/Service Coordination
  - Person Centered Planning
  - Community Support and Integration (individual and groups)
  - Referral and Linking
  - Vocational Coordination (IPS)
  - Representative Payees
  - Housing Support and Coordination
  - Psychiatric assessment and medication management
  - Wellness Recovery Action Plan (WRAP) services and additional peer supports
  - Crisis Supports/Crisis Stabilization
  - Care Coordination
  - Family-based Intervention/Supports
  - Physical Health Coordination/Care Coordination
  - Wellness activities
  - Individual and Group Psychotherapy
  - WRAP (Wellness Recovery Action Planning)
- *Children, Youth, and Family Services (CYFS), Home and Community Support and Stabilization Program* - Providing trauma-informed, strengths-based, consumer-driven care to youth and families, birth through 21, in the home, community, and office settings. The program serves Vermont children and adolescents with Severe Emotional Disturbance (SED) and those at risk of SED in need of mental health assessment and treatment.

*Services:*

- Individualized and comprehensive assessment and evaluation

- Child psychiatry and medication management
  - Individual, family, and group therapy
  - Service planning and coordination
  - Case management
  - Community supports
  - Respite
  - Crisis intervention
  - Education, training, and consultation
  - Summer programming
  - Outdoor Adventure Programming – skiing, hiking, fishing, canoeing, kayaking, gardening
  - Transporting – providing assistance to access community resources through RCT, case managers also provide transportation as needed, and gas cards.
  - Jump on Board for Success (JOBS) Vocational Services - The program focuses on supporting young adults (12-22) with getting and keeping stable, competitive employment while working to overcome barriers and successfully transition into adulthood. These services include individualized and comprehensive assessment and evaluation, service planning and coordination, community supports, crisis intervention, education, training, and consultation.
  - Early Childhood Family Mental Health Program – Providing services as a community partner in Vermont's Children's Integrated Services (CIS). CIS encompasses four components: Maternal Health Nursing and Family Support, Early Child Family Mental Health, Early Intervention, and Specialized Child Care Services. Services provided to children ages 0 – 6 years old who are experiencing social, emotional, or behavioral struggles, childcare centers and other professionals needing consultation or information.
- *Children, Youth, and Family Services (CYFS), School-Based Services* - Children and youth aged 5-22 enrolled in school and their families. Services are provided in public elementary, middle, and high schools and private, independent, or therapeutic schools and tutorial settings. Contracting school administrators, faculty, and staff access embedded NKHS school staff for support, training, and referrals.
 

*Services:*

    - School-Based Clinical Services: trauma-informed therapeutic case management, home-school coordination, and school-based counseling services in various school settings.

- Behavior Intervention Services: Provides trauma-informed behavior intervention/social skill intervention, behavior intervention support coordination, and behavior consultation services in school settings.
  - The Behavior Intervention Compass Program: Provides individual behavior intervention, behavior consultation, and behavior intervention support coordination for an individual school or student
  - The Collaborative Program: Provides individual social skill intervention, behavior consultation, and therapeutic case management services to small groups of students who access their education in a separate classroom for all or part of their school day in a public school
- *Emergency and Crisis Response Services* – Designated population to serve through state statute. Providing immediate emergency support to someone of any age, 24 hours a day, 365 days a year. Each service works along a continuum of care, which allows the person in crisis to determine, when appropriate, how much intervention and support they need. The continuum allows the person in crisis to move freely between different levels of service they require, both during and pre/post-crisis.

*Services:*

- Frontline - Mental Health Emergency Services (ES) are available 24 hours a day, 7 days a week, providing emergency supportive counseling for telephone or face-to-face interventions (including Telehealth), screening for involuntary hospital admissions, and referrals to other appropriate levels of care.
- Embedded Mental Health Crisis Specialists (MHSC) - The State Department of Public Safety's division of the Vermont State Police (VSP) and NKHS have partnered to embed Mental Health Crisis Specialists in the VSP barracks (Derby and St. Johnsbury).
- 2- Person Mobile Crisis Response- meets the person where they are, assesses their individualized needs, provides a safety plan, and coordinates services to minimize the use of more restrictive services such as law enforcement and hospitalization. These intensive supports are for individuals and families experiencing or who may experience a psychological, behavioral, or emotional crisis.
- The 988 Suicide & Crisis Lifeline - a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. NKHS and NCSS contract with DMH and Vibrant to provide 24/7 state-wide coverage of Lifeline call/chat/text center supports for those in a mental health crisis.

- Advocacy and Peer Services
  - Peer Support Services available in all programs
  - Wellness Recovery Action Planning (WRAP)
  - Front Porch Peer Specialists
- *Intellectual and Developmental Disabilities (IDDS) Home and Community Based Services:* The primary funding source for adults with developmental disabilities is home and community-based services (HCBS) funded under the Global Commitment to Health Medicaid Waiver. HCBS services are tailored to the individual's specific needs and based on an individualized budget and person-centered plan. This program serves adult (18+) individuals with intellectual and developmental disabilities who qualify for IDDS services with Medicaid, and those who meet financial qualifications.
  - Clinical Services
  - Community Supports
  - Crisis Services
  - Home Supports
  - Respite Support
  - Service Coordination
  - Supported Employment
  - Bridge Program: Care Coordination for Children
  - Family Managed Respite
  - Flexible Family Funding
- *IDDS Residential:* Residential Care Homes/Therapeutic Community Residences are state-licensed group living arrangements designed to meet the needs of people who cannot live independently and often require a higher level of care and support than can typically be provided through other home support options. The program serves individuals with intellectual and developmental disabilities who qualify for IDDS services with Medicaid, who meet financial qualifications, are 18 and older, and who require long-term services and supports due to physical disabilities and are no longer able to care for themselves in their own homes. Those who desire a living option other than a nursing home.
  - NKHS currently runs 5 licensed homes and 9 unlicensed homes
- *IDDS Staffed Living:* IDDS Staffed Living: The program provides for the individual receiving services' physical, emotional, and adaptive needs. The program serves those who qualify for IDDS services with Medicaid, are 18+, meet financial qualifications, and require unique support that cannot be met in a traditional home or residential setting.
  - Medical care
  - Physical care
  - Behavioral support
  - Training assistance in daily living skills
  - Supervision of all daily living activities through person-centered planning
  - 24/7 care to no more than two individuals in a home setting

- *IDDs Employment Supports:* The program enables people with varying abilities to access and succeed in competitive employment by providing full access to work through individual support services for people historically excluded from employment.
  - Person-centered planning
  - Meaningful job matches
  - Full inclusion in the Vermont workforce that broadens employment opportunities are all foundational practices of Vermont-supported employment.
  
- *IDDs Public Safety Program:* a specialized funding priority within IDDS Home and Community Based Services. The program focuses on maintaining community safety while providing support, supervision, and treatment to individuals with intellectual and developmental disabilities who may pose a risk to the public.
  
- *Adult Family Care:* a 24-hour Home and Community-Based Service (HCBS) shared living option for Vermont’s Long-Term Care Medicaid Choices for Care (CFC) Program. AFC is a combination of housing and long-term service and supports where individuals live full-time in a single-family residential home and receive hands-on care from the home’s resident. This option is available through CFC to participants in the highest of the high-needs groups, those who meet financial qualifications, and Medicare adults 18 and older who require long-term services and support due to medical/health-related compromises and are no longer able to care for themselves in their own homes.
  - Person-centered supports in a safe, family-oriented home environment
  - Supported autonomy and maximized independence and dignity for up to two individuals enrolled in Choices for Care.

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

- Following the lead of Vermont’s adoption of the Results Based Accountability (RBA) framework, NKHS has embedded the RBA framework though all continuous quality improvement processes across the agency. An important tenant of the RBA framework is measuring how people you serve are ‘better off’ due to the service and supports provided. An important way to measure this impact is through client satisfaction surveys. Over the past 5 years, we have had approximately 2,000 responses to our annual client satisfaction survey. Results of the 2023 Client Satisfaction Survey show:

I received services that we needed: 85%

- From 2022 to 2023 there was a 19% increase in positive responses

Staff treated me with respect: 92%

- From 2022-2023 there was a 5% increase in positive responses

The services that I/we received made a difference 81%

- From 2022 to 2023 there was a 23% increase in positive responses

My quality of life improved as a result of the services I received 68%

- From 2022 to 2023 there was an 14% increase in positive responses

- The implementation of a value-based payment (VBP) model aligns closely with the principles of results-based accountability (RBA). Both frameworks emphasize the importance of measuring outcomes and focusing on achieving tangible results. We currently track the following Value Based Payment measures at NKHS (2023 data included)

VBP Metric	DMH requirement	NKHS
% of clients offered an appointment within 5 days	54%	75%
% of clients seen within 14 days of their completed assessment	50%	56%
% of adults screened for depression	59%	76%
% of adults screened for substance use	59%	75%
% of adults screened for trauma	55%	76%
% of youth screened for substance use	N/A	49%
% youth screened for depression	N/A	59%
% youth with a completed CANS in the last 6 months	60%	80%
% adults with an ANSA in the last year	35%	29%

Program	EBPs and Standardized Frameworks
Adult Outpatient	<ul style="list-style-type: none"> <li>• Adult Needs and Strength Assessment (ANSA)</li> <li>• CAMS framework - staff currently going through training</li> <li>• Seeking Safety</li> <li>• IOP</li> </ul>
Community Rehabilitation and Treatment	<ul style="list-style-type: none"> <li>• CRT utilizes and number of evidence based approaches to support individuals in treatment within CRT. These include IPS (Individual Placement &amp; Support) work as part of recovery, CBT (Cognitive Behavioral Therapy), DBT (Dialectical Behavioral Therapy), WRAP (Wellness Recovery Action Planning).</li> <li>• Data regarding current efficacy is not currently being captured though broad data for these remaining primary standards/best practice approaches is available.</li> </ul>
CYFS Home and Community Based Services	<ul style="list-style-type: none"> <li>• CANS</li> <li>• PHQ-A</li> <li>• GAD-7</li> <li>• Strengthening Families</li> </ul>
CYFS School-Based	<p>The school stakeholder satisfaction survey measures responses to the same five statements the client satisfaction survey contains. Each DA has the option to add items to their school stakeholder surveys. NKHS included this statement for the past two fiscal years: “The student is better able to access their education as a result of receiving NKHS School Based Services”.</p>
Emergency and Crisis Response Services	<ul style="list-style-type: none"> <li>• The annual MHCS report for 2023 contains substantial data illustrating the efficacy of these services.</li> <li>• Notably, 97 percent of individuals at imminent risk experience a decreased risk level by the conclusion of the phone call, as evidenced by consistent monthly reports. For further insights, monthly reports are routinely shared with the Department of Mental Health (DMH) and Vibrant</li> </ul>
IDDS	SIS-A, Person Centered Individuals Service Plan, VOTIPS, SOTIPS

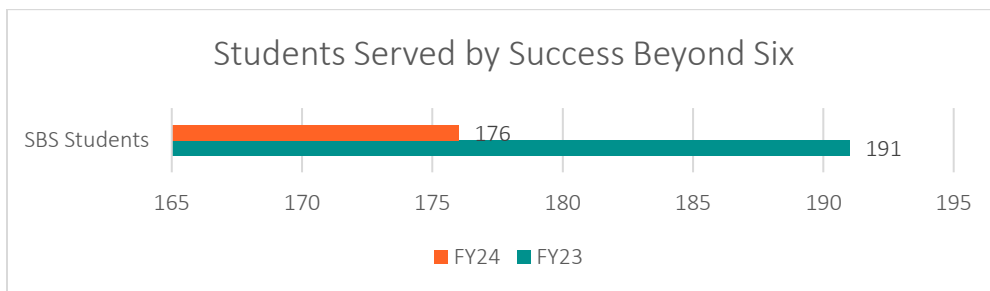


**Challenges within each service category.**

Program	Challenges
All Programs	Staffing shortages leading to burnout, resulting in clients having a high turnover of therapist, case managers, Med providers. Individuals have to retell their stories and experiences everything they have a new team to support them.
Adult Outpatient	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Follow through by clients, especially when significant substance use is involved.</li> <li>• Telehealth challenges such as lack of devices and solid cell service.</li> <li>• Lack of workforce related to hiring challenges, retention issues, and competitive wages.</li> <li>• Recruiting in-office medication providers.</li> <li>• Lack of community resources for medication prescribing for lower level of care.</li> </ul>
CRT	<ul style="list-style-type: none"> <li>• Safety issues with client care within home settings.</li> <li>• Lack of useable technology for those working in the community including cell phones/tablets to work effectively in the community.</li> <li>• Lack of transitional housing for CRT clients who are struggling with difficulty between hospitalization, homelessness and permanent housing needs.</li> <li>• Inability to access Level II and Level III care options for clients in need due to stigma/marginalization related to histories of mental health needs/hospitalization.</li> <li>• Hiring/staffing challenges with competitive wages.</li> <li>• Affordable housing for those with SPMI.</li> </ul>
CYFS Home and Community Based Services	<ul style="list-style-type: none"> <li>• Increase in higher needs youth -- suicidality, risk taking, aggression, complicated medical and mental health issues, youth with development delays and mental health not being able to be served in IDDS programs</li> </ul>
CYFS School-Based	<ul style="list-style-type: none"> <li>• A gap in serving parents/guardians of youth participating in NKHS School Based Services. Parents/guardians are either working during the day, do not want home visits or forget their child is working with NKHS since all services happen at school during the school day.</li> <li>• Phone calls home made by NKHS staff from school may show up on caller ID as coming from the school. Sometimes parents/guardians have poor relationships with school administrators and they will be reluctant to answer the phone if they see school is calling. This makes it more</li> </ul>

	challenging for NKHS staff to reach out. NKHS is considering changing the schedule of Home School Coordinators to start later in the day (11AM and work until 7PM). This would allow the NKHS school staff to provide support to students at school, check in with the school team and then provide parent/guardian support at home or in the community after school hours.
Emergency	<ul style="list-style-type: none"> <li>• Discrepancies in the interpretation of use-of-force policies among emergency response teams</li> <li>• A significant catchment area</li> <li>• Limited reception for telehealth services</li> <li>• Occasional client reluctance towards follow-up services.</li> </ul>
IDDS	<ul style="list-style-type: none"> <li>• Staffing, conflict of interest free case management, local system of care changes</li> </ul>

### SCHOOL-BASED SERVICES AND SUCCESS BEYOND SIX



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

	FY24	FY23	FY22	FY21	FY20
	Thru 2/29				
<b>Medicaid Billed</b>	1,136,144.46	1,112,376.03	1,233,896.42	1,049,003.76	993,252.68
Contract Revenue:					
Local/State Funds	547,969.33	543,025.28	671,230.99	609,952.50	509,942.15
Federal funds	331,468.23	212,965.35	126,762.54	120,868.39	0.00
<b>Total Contracts</b>	821,954.00	755,990.63	797,993.53	730,820.89	509,942.15
<b>%Medicaid</b>	0.60	0.72	0.84	0.83	100.00
<b>% Federal</b>	0.40	0.28	0.16	0.17	0.00
SBS Match	(447,304.16)	(401,258.45)	(466,599.72)	(373,273.00)	(438,209.69)

### Emerging Trends and Best Practices in Youth Mental Health

NKHS is kicking off a five year Project AWARE grant with Caledonia Central Supervisory Union School District. The purpose of the federal grant managed by VT DMH is to increase awareness

of mental health for the entire student body, identify youth who are acutely in need of services and make the necessary referrals to meet those needs. Faculty and staff who stayed in education through the pandemic are faced with educating youth who lost two years of academic and social/emotional learning. This puts more pressure on educators to perform and the Project AWARE grant seeks to meet the educators' mental health needs as well.

NKHS School Based Services and Emergency Services worked together this year to create a protocol to follow when schools refer for urgent mental health screenings. Schools receive disposition of the mental health screening and details relevant to help keep students safe when returning to school.

NKHS School Based Services is training in using Acceptance and Commitment Therapy this year which is an evidence based clinical best practice. The premise is based on helping students behave consistent with their values and apply skills to manage uncontrollable experiences.

*Training in Schools is on the Rise: It's Real Mental Health* training address teen's mental health and was presented to 187 students. *Gizmo's Pawsome Guide* introduces mental health and wellness, to grade K-5 kids and was presented to over 500 kids.

**Practice Improvement Questions**

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

CANS

ANSA

PHQ9

GAD-7

DAST

CRAFFT

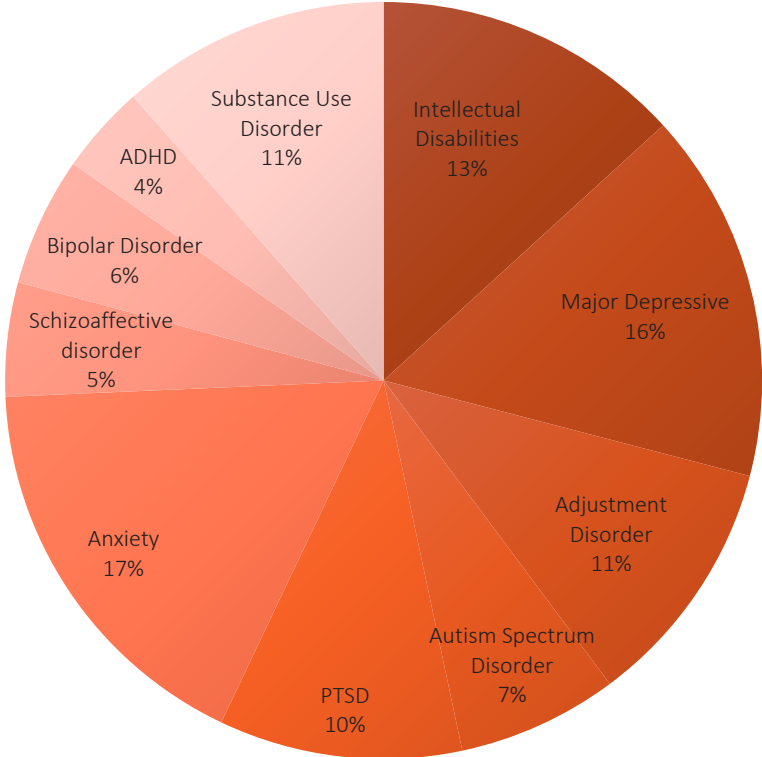
Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

Violent Offender Treatment Intervention and Progress Scale (VOTIPS)

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

Served (Fiscal Year)	FY19	FY20	FY21	FY22	FY23
Agency Total Unduplicated	3,264	3,551	2,945	2,950	2,942

**Diagnostic Categories of Individuals served at NKHS (point in time)**



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

NKHS approach to utilization review emphasizes flexibility and responsiveness, ensuring that individuals receive the right level of support when they need it most. We leverage a comprehensive approach to client care, integrating treatment goal progress, screening tools (ex. PhQ9), and data from the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment (ANSA) to inform our service recommendations. By integrating goal-oriented person-centered care, screening tools/assessments, and data-driven decision-making, NKHS strives to provide tailored and effective mental health services to every client we serve. As eligibility criteria for Community Rehabilitation and Treatment changes, there is a greater need and higher acuity of individuals in our community being served within the Adult Outpatient program. There will continue to be an increasing demand for case management and care coordination within Adult Outpatient to support individuals who do not qualify for more robust services offered through CRT.

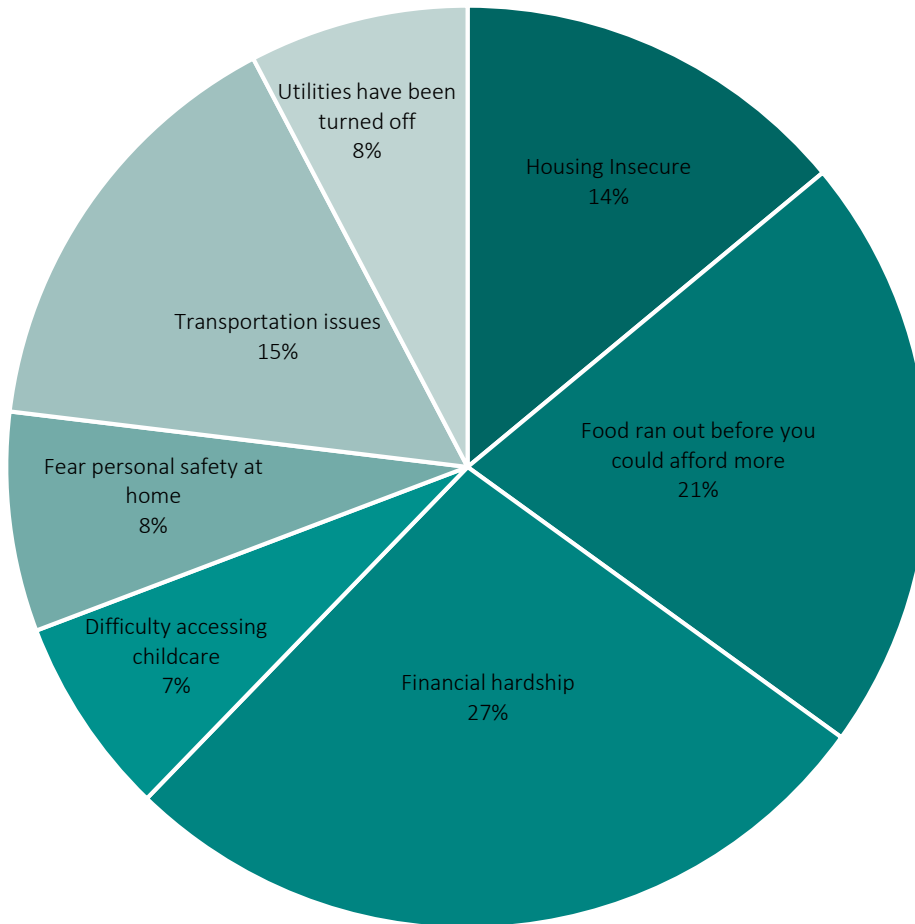
- **CRT** - Monitoring Treatment Plan development to help to drive care and support individuals with progress, reduce the number of individuals on ONH's (Orders of Non Hospitalization/Mandates to treatment), supporting clients with follow up to care (mental health and medical) following hospitalizations and discharging individuals to lower levels of care following evaluation, (or preference) when they no longer meet criteria/eligibility for the CRT Program.
- **Emergency** - To monitor service duration and density, we employ Power BI Dashboards and conduct chart audits utilizing DMH minimum standard quality measures, covering aspects such as response time, location, and clinical quality.
- **CYFS Home and Community Based** - This is not fully established -- reports pulled in Credible and Power BI are all we have right now. Exceeding target numbers of months, lots of time spent in non-billable prep and travel.
- **CYFS Schools** - Currently rely on electronic medical record reports for duration/density of services provided. We review case load size and length of time the student has received school based services to assess progress/review treatment plan during supervision. Treatment plans are reviewed and edited at least every six months to reflect progress.

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

Average No Show rates at NKHS across clinical programs range from 20-30%.

We understand that addressing social determinants of health (SDOH) is integral to supporting our clients in attending appointments and accessing mental health services. If an individual cannot meet their basic needs it can be challenging to prioritize their mental health, and often has a direct impact on their mental wellbeing. Over the last year with the support of grant funding through the CCBHC-PDI grant NKHS is investing in more robust care coordination and case management support systems to tackle the barriers that impact appointment attendance. Care coordinators work with each individual or family to identify and address their unique needs, whether it's connecting with community resources to safe and secure stable housing, arranging transportation, or connecting them with financial assistance programs.

## Barriers faced in the NEK by individuals accessing NKHS services

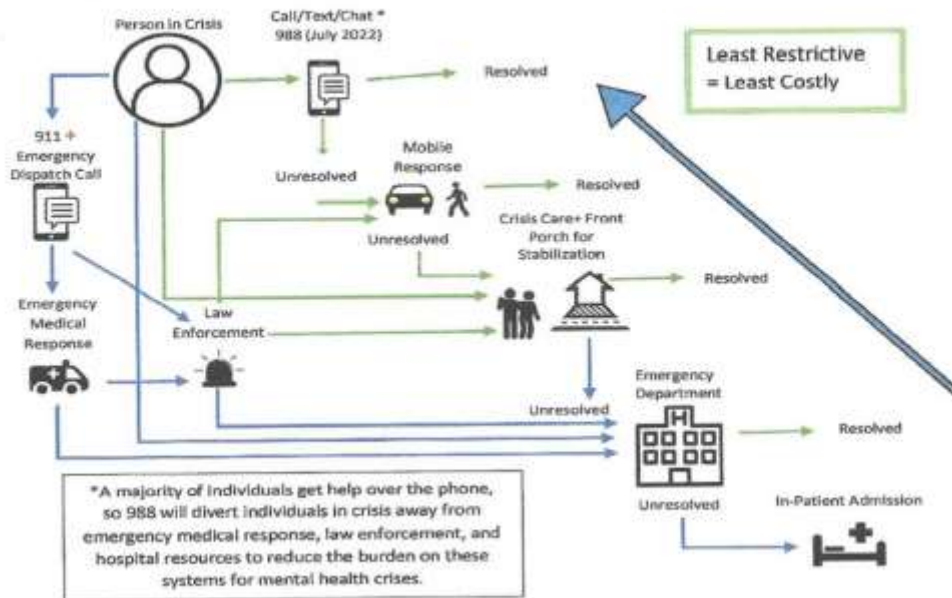


### What is the most innovative thing you are doing to improve your practice?

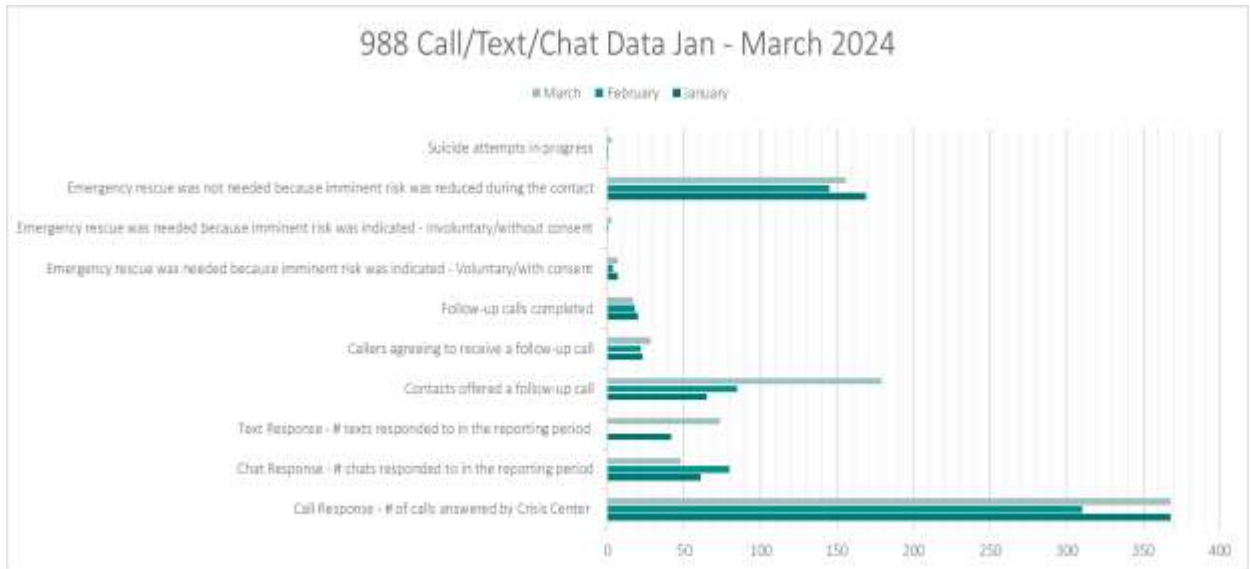
- The new NKHS Children & Family Center - space to create new programs particularly outdoor activities, family-based activities and urgent care in a therapeutic and family centered facility.
- Front Porch- Urgent Care (opening Summer 2024) and Crisis Stabilization Beds

Model came from [Missouri Crisis model](#)

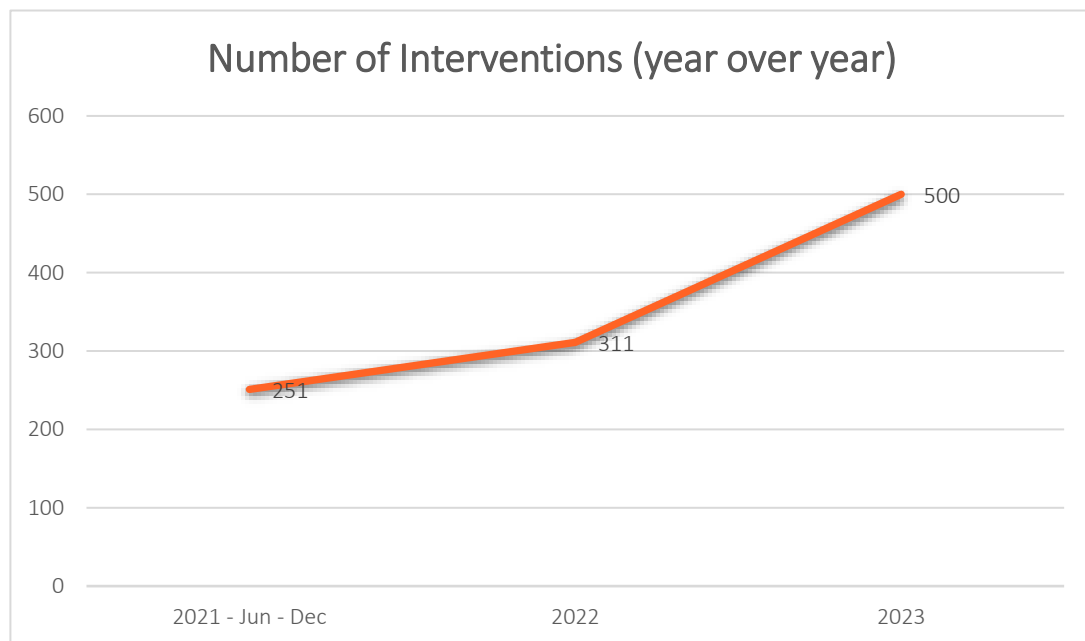
Crisis Care+ Response (Crisis Receiving and Stabilization Front Porch to Living Room Model)



- NKHS has a dedicated, 24/7/365 Front Porch Mental Health Urgent care and crisis stabilization space for adults, children and families experiencing mental health and co-occurring crises. The treatment facility would also be open for 'walk-in' supports, mirroring programs like Mental Health Urgent Care Initiatives (MUCI) and Psychological Urgent Care for Kids (PUCK).
  - Funding Approved last Legislative Session - Approx. \$1.6 million/year
  - 24/7 Staff with 4 'crisis stabilization beds'
  - A cohort of staff are currently training and onboarding
  - Hoping to open in early Summer 2024 – Urgent Care Facility Only.
  - Funding approved by the State of VT for a physical building
  - Purchased 235 Lakemont Dr., Newport
  - Working on architectural design with an 8-10 month anticipated completion.
- 988 Crisis Call Center
    - Average time to answer calls for NKHS: 12.8 seconds. The National average is 46 seconds.
    - 57 active rescues, 22 were voluntary
    - NKHS 988 staff answered 3,392 calls in FY'23
    - 1,973 calls where imminent risk was reduced and emergency services were not needed



- Embedded Crisis Clinicians with VSP
  - A co-response bridges the gap between an individual and the police.
  - Together, the whole person can be addressed with mental health supports and help to de-escalate situations that don't require a police response alone.





## Sustainability Questions

### Are any of your programs or projects regionalized?

- **CRT** - CRT Programs around the state collaborate with each other where possible to support the challenging needs involved in treating this population.
- **Emergency** - Our involvement in regional projects spans various initiatives such as:
  - Mobile crisis intervention
  - Mobile crisis dispatch pilot model with 3 other DA's
  - 988 services
  - Suicide safer pathways collaborations with primary care and hospitals. These endeavors aim to streamline clinical workflows and processes, particularly for individuals in crisis and post-crisis scenarios.
- **CYFS Home and Community Based**
  - BRANCH (Building Resilience and Nurturing Children for 6yr and younger) in partnership with NCSS, Umbrella, Team up for Children and private clinicians
  - Healing Together - 5 year grant to train BRANCH to clinicians, partner with community members, Umbrella, Kingdom Recovery, Journey to Recovery, NCSS, Lund Center
  - Breakthrough Parenting Curriculum - partnership with UVM, University of Conn, other DA's
  - Resource Parent Curriculum + - partnership with UVM, Child Welfare Training Partners and other DAs
  - Urgent Care of Kids --in conjunction with other DAs, support to schools
- **CYFS Schools** - NKHS is kicking off a five-year Project AWARE grant with Caledonia Central Supervisory Union School District. The federal grant managed by VT DMH aims to increase mental health awareness for the entire student body, identify youth who are acutely in need of services, and make the necessary referrals to meet those needs. Faculty and staff who stayed in education through the pandemic are faced with educating youth who lost two years of academic and social/emotional learning. This puts more pressure on educators to perform, and the Project AWARE grant seeks to meet the educators' mental health needs.

### 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.

- **CRT** maintains vital collaborations with community partners and healthcare organizations to support care, including complex care needs.
- **Emergency** - Our collaboration with community partners and healthcare organizations is multifaceted. As a vital component of community Emergency Services, Mental Health is the fourth entity alongside police, fire, and medical responders. We conduct monthly check-in meetings with local hospitals, first responders, public safety agencies, and

primary care providers. Additionally, bi-weekly statewide meetings for mobile crisis and 988 services facilitate coordination at a broader level.

- **CYFS Home and Community Based** - Blue print expansion grant to embed an MH navigator in St J peds, facilitation of LIT (Local Interagency Team), NEKCA CIS steering committee member, consultation to PCP offices with our med provider, member of Child Advocacy Centers, trainings to school and community partners
- **CYFS Schools** - The NKHS Director of School-Based Services leads the Kingdom LGBTQ+ Youth Support Team, a community group composed of youth-facing professionals concerned about the increased safety risks of youth who are LGBTQ+. Some lead community organizations are Northern Vermont Regional Hospital, Northeast Kingdom Community Action, Northeast Kingdom Youth Services, and North Country Pride. The Director of School-Based Services is also an active member of the Orleans County Student Engagement Team, which triages student truancy concerns, and is a member of the Orleans Northern Essex Prevention Coalition seeking to reduce substance misuse in the NEK.
- **Adult Outpatient-** The Adult Mental Health team coordinates care across several Primary care offices in the NEK and collaborates closely with its FQHC partner North County Health Care. There are close working relationships with the two hospital systems in the area, Northeastern Vermont Regional Hospital and North Country Hospital.

### Operational Questions

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

- Currently our admin rate is 14.6%, it would be safe to raise this to 15%.

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

In mental health, NKHS is paid a monthly prospective case rate, ahead of delivery of services and then a reconciliation is completed after the calendar year is completed. There are a couple small grants that are fee for service style and the rates tend to follow the Medicaid fee for service rates, which range between \$130 and 170 per hour- depending on the specific type of service. Our IDDS Waiver is 100% unique, individual rates determined by the person centered care model. This plan of care, is created by an independent entity, who makes recommendations to the state funding group who ultimately determines the funding package, weighting the clients request, family support and evaluators analysis to establish a funding package

#### **What is your staff vacancy rate?**

- We have seen a downward trend in vacancy rates over 2022 & 2023.



**Which positions are most often vacant? Which have highest rate of turnover?**

- The highest turnover rates occur in IDDS DSP and residential positions, which are some of our most frequently vacant positions. The subsequent highest turnover is across departments in service coordination/case management, particularly in departments like CRT, where there is a strong preference for candidates with a bachelor’s degree. Recruiting and retaining staff with bachelor’s degrees at the pay rates we can offer for these positions is difficult.

	Starting Headcount	Ending Headcount	Voluntary Turnover %	Involuntary Turnover %	Total Turnover
FY '24 Q1	485	502	4.3%	2.4%	6.7%
FY '23 Q1	446	445	5.2%	3.4%	8.5%

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

- Almost 50% of applications are generated through our employee referral program. Employee referrals provide far-reaching advertisements for open positions. Employees tell friends and family about job opportunities at the agency. There is no way to know if traditional job advertising methods would have reached these same people, so this is a valuable recruitment source. People are more likely to apply if they can hear about the agency firsthand from someone they know. We also get an excellent quality

applicant because if someone is already successful in their job, they can identify someone they feel has the attributes to be successful in a particular job here at NKHS. Then, we will likely get a candidate who can do the job well. Quality referrals directly tie into the importance of the work on workplace culture. The better the workplace culture, the stronger the referral program will be.

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

- Employee referral program is one of our more successful recruitment strategies. In addition we have started a staff advisory board that creates more intentional opportunities for feedback and staff voice to be involved in agency decision making.

**What EHR are you using?**

- NKHS transitioned to Credible in June 2022.

**Which payers are you working with (breakdown of payer by percent)?**

- 1% private commercial insurance (Medicare, BCBS, Cigna, etc)
- .5% Self Pay
- 93% Medicaid ( waiver and case rate included)
- 4 % State and or Federal contracts
- 1.5% local and investment income

**List of grant funded programs**

- Lifeline 988 call center
- Front Porch
- CCBHC PDI
- Police Embedded social workers
- Reach up Program – (Grant and Medicaid FFS)
- Eldercare – (Grant and Medicaid FFS)
- SASH – (staffed with 1 FTE)
- QPR/MHFA/YMHFA/Teen MHFA

**Additional Insights:**

- **Emergency** - There are several pertinent factors to highlight. Firstly, there is a pressing need to address wage competitiveness to mitigate retention and hiring challenges, particularly when compared to entities requiring less experience and assuming less risk. Offering employment retention incentives and implementing an annual Cost of Living Adjustment (COLA) would aid in sustaining our current workforce. Furthermore, reimbursement for mental health services, Case Rate, is insufficient to cover costs adequately. Lastly, the high demand for deliverables imposes a strain on service quality, emphasizing the importance of carefully evaluating the addition of new services within

existing programs to ensure alignment with both economic sustainability and clinical efficacy.

- **CRT**

- Managing the complex needs/challenges of each individual on a case load requires skilled staff. These needs range from applications to housing to limited resources and medical needs, amongst many others. Case Managers carry full caseloads, and demands on them are pretty significant. We do not have wait lists. There is a strong need to continue to address competitive wages to attract skilled individuals to do this work and to support retention. This should also include related and rising fringe/healthcare costs.
- Additionally, we need available facilities such as Nursing Homes (Level II) and Community Care Homes (Level III) to be resourced effectively to support access to care and to be willing to take those with severe and persistent mental illness (SPMI). This includes adequate Medicaid/Medicare reimbursements (ACCS). This population has considerable stigma and marginalization and is increasingly ineligible for these opportunities due to SPMI. Our population in Vermont is aging and will require opportunities to support those with SPMI.