



Community Care Network

Rutland Mental Health Services & Rutland Community Programs

Community Care Network-Rutland Mental Health Services Serving Rutland County

Service Questions

Describe the typical persons served and services offered within each of these categories. Illustrate performance measures and outcomes over the past 5 years for each service line. Please include at a minimum;

Number of Vermonters served in MH and DS in each service.

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

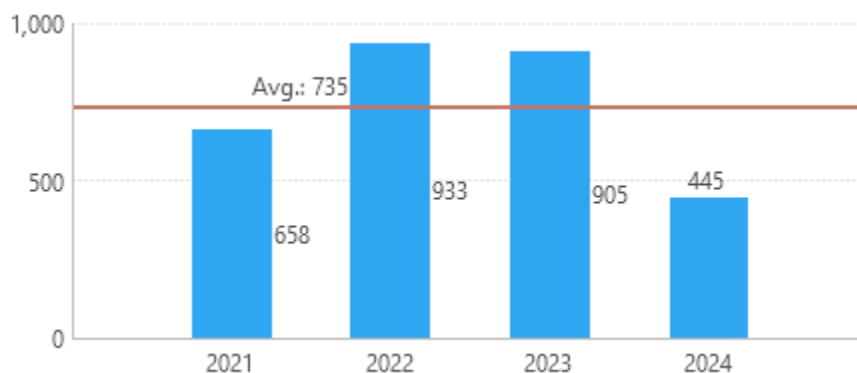
-Challenges within each service category.

****Note:** RMHS adopted a new Electronic Medical Record system in early 2020. Due to this transition and the accompanying disruption caused by the global pandemic, data from calendar year 2020 and before is incomplete. Data from 2024 shows counts through April 2024. **

Adult Outpatient Services

(Includes Reach Up, Eldercare, Welcome Home, Lincoln Place)

On average over the past 4 years, RMHS-CCN has served 735 Vermonters in Adult Outpatient Services each year. 2024 data is for the first quarter of the year.



The Adult Outpatient population spans middle to later ages, with a typical outpatient client entering services at about 39 years old, with a Reach Up client somewhat younger at about 32 years old. Eldercare clients average about 73 years old, while Welcome Home clients are usually about 60 years old on average. Overall, the average family income for this population is about \$19,422.

This group tends to present with issues such as depression, coping, or social and interpersonal issues. Most of them report prior treatment for mental health, primarily outpatient therapy. This group is 93% white, and 94% non-Hispanic; 78% single, divorced or separated; about 3.2% are veterans or active-duty military. This group is more than half female, and of those who reported their sexual orientation, 17% reported an LGBTQ+ orientation (RMHS-CCN began collecting information about sexual orientation as part of its CCBHC (Certified Community Behavioral Health Clinic) certification process in early 2023; prior to this no data was collected).

CCN-RMHS provides high quality outpatient mental health services to individuals and families. Services are guided by our mission of enhancing the health and wellbeing of those served through responsive, innovative, and collaborative services that offer support across the lifespan. This includes services offerings for any life phase where developmental functioning may impact treatment need.

The *Adult Outpatient* program offers specialized care provided by staff with unique expertise. This tailored approach allows CCN-RMHS to organize the most proficient evidence-based services for an individual or family as driven by the person-centered assessment and plan. Currently Cognitive Behavioral Therapy, Trauma-focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Contingency Management, Assertive Community Treatment and Motivational Interviewing serve as clinical frameworks throughout outpatient behavioral health programming. Through structured CCBHC framework, CCN-RMHS has developed a continuous quality model to identify evidence-based practices and assess associated service outcomes.

Individuals receiving Adult Outpatient services have access to integrated healthcare and co-occurring treatment frameworks. Cognitive functioning, trauma experience, stage of recovery and other factors further inform specialized placement. Psychiatric services including Medication Assisted Treatment (MAT) for Opioid Use Disorders are available as a component of outpatient care. As a cultural foundation to preventative healthcare, Primary care health screenings are also available to individuals accessing care.

Adult Case Management assists individuals in developing and reaching self-directed goals. The framework focuses on accessing community resources, working with other providers

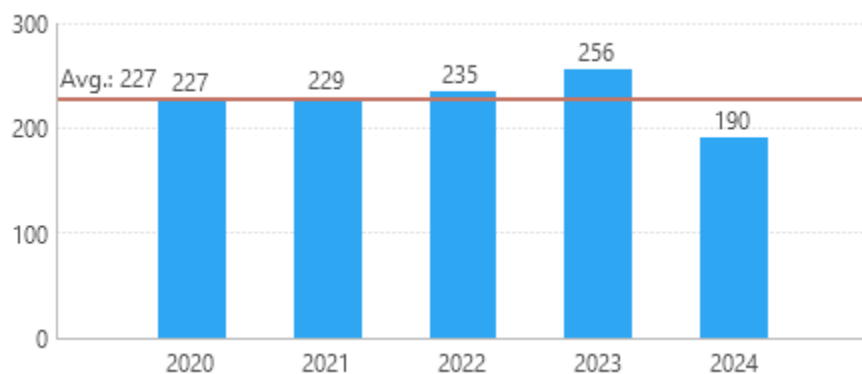
in the community and assisting individuals in solving problems related to employment, housing, and healthcare.

Eldercare Support Services are provided to older individuals who have a mental illness. Services are provided in Rutland and Bennington Counties by a case manager and a clinician in partnership with the Southwestern Vermont Council on Aging. The services are provided in the community and help facilitate the unique needs of aging individuals with mental health needs. As part of Eldercare Support Services, Caregiver Support is a service offered to primary caregivers, providing supportive counseling, skills coaching, and connections to additional resources. Caregivers do not need to be clients of CCN-RMHS, as that may be a barrier for some in that role seeking support. CCN-RMHS also provides substance use services to elders in their home.

Lincoln Place in Rutland City consists of 19 one-bedroom and micro units for low income and formerly homeless residents of our community. The Lincoln Place Case Manager meets with any applicant for housing there to discuss services that they can provide to best support the applicant to be successful in housing. If the applicant is interested in moving forward a clinical intake will be scheduled. The Lincoln Place Case Manager will be responsible for providing a supportive presence to the residents including resources, supportive counseling, mediation, education, and promoting a sense of community within the building. The case manager will maintain close working relationships with the community partners invested in this program and a larger team of mental health professionals throughout CCN-RMHS.

Community Rehabilitation and Treatment (CRT)

On average CCN-RMHS has served 227 Vermonters in the CRT program annually over the past 4 years. 2024 data is for the first quarter of the year.



CCN-RMHS provides psychiatric rehabilitation services to individuals with severe and persistent mental illness. These services are available to adults eligible for Community

Rehabilitation and Treatment (CRT) Program services based on standard eligibility criteria. The CRT treatment approach is based on the understanding that recovery from serious and persistent mental illness and cooccurring disorders requires person-centered psychiatric treatment, education, and support. These recovery-oriented services aim to provide a full array of services that facilitate community inclusion and integration. Services include case management, psychotherapy, psychiatric evaluation, medication management and evidence-based treatments such as Dialectical Behavioral Therapy. Additional support for navigating employment, education and housing needs is offered to address the social determinants of health.

Supported Employment programming, including evidence-based supported employment services are provided as a component of the CRT Program framework. These services, Vocational Opportunity Works, collaborate closely with Hire Ability (formerly Vocational Rehabilitation) to ensure consistent, individualized plans of employment for individuals served. These plans are developed with person-centered principles and include employer development and support to maintain employment.

Psychiatry Services provides psychiatric evaluations, psychiatric consultation and medication administration and management. These services are primarily office-based, but home visits are available.

Community Outreach provides medication monitoring to individuals who reside in an apartment building in Rutland, and those who live independently and have been referred by their CRT treatment team. Individuals are referred for this service due to struggles with remembering to take medications consistently, overdose risk, and/or additional oversight during a medication change. Individuals are provided with a lock box to store their prescribed medications, and staff bring the key at the scheduled appointment. This support occurs on a frequency determined between the CRT team and the individual with the goal of decreasing visits and individuals managing their own medications safely and consistently. In addition, this team of staff provide additional support visits to individuals for more frequent contact, skills coaching, engagement

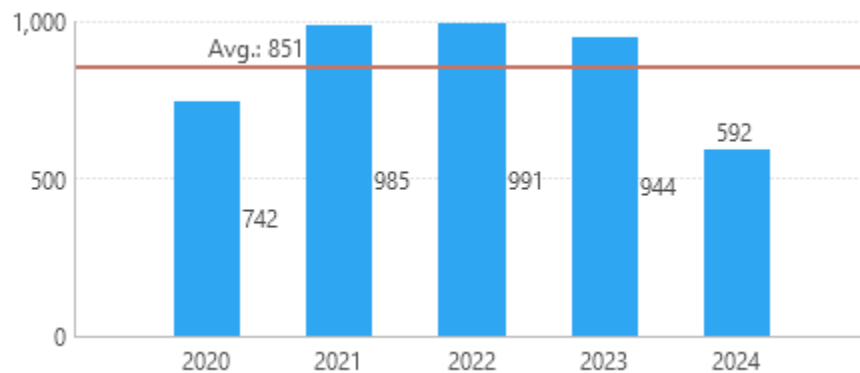
Transitional Housing apartments are available to CRT clients in transition from one residential setting to another in the community. The length of stay is generally up to 90 days, during which the individual's housing needs are assessed by the CRT team in preparation for transition to a community-based residential setting.

The Maplewood Recovery Residence is a licensed Level 3 Residential Care facility serving up to four individuals in Rutland. Maplewood Recovery Residence offers:

- A therapeutic community that provides and promotes a welcoming and respectful atmosphere
- A strength-based, trauma-informed approach to recovery
- Person-centered recovery services focused on the client’s stage of readiness and their pace in movement towards the next stage of change
- Recovery approaches that foster improvement in resident self-care skills, increased autonomy and meaningful goal setting and achievement
- The ability to address barriers to other living environments in the community through social skills trainings
- Intensive supervision and support for residents by on-site residential staff and program staff
- Use of the motivational enhancement method to engage clients
- Attention to the recovery needs of clients with co-occurring substance abuse and dependence and other health care needs.

Children, Youth and Families

(Includes Child OP, Child ECT, JOBS and Mobile Response)



This program has served an average of 851 children and youth over the last four years, primarily through Child Outpatient services. 2024 data is for the first quarter of the year.

The average family income for this population is more than \$32,000, which is about 50% more than the typical income of an adult client of CCN, but still less than half the median family income for Vermont.

About half of this population has had prior treatment for mental health, typically in the past year, and typically either crisis services or outpatient therapy. This population tends to present with coping, social or interpersonal issues, family issues or depression.

CCN-RMHS provides specialized care for children, youth and families across stages of child development. Tailored service approaches target early childhood, childhood, adolescence and transition-age. Child and Family services adopt a trauma-informed approach by prioritizing safety, trust and collaboration. This commitment includes providing timely access to care in safe therapeutic environments. These care settings emphasize collaborative approaches, cultural competence and evidence-based practice frameworks.

From the first contact, the Child and Family Program prioritizes rapid access to evaluation and person-centered care that focuses on developing trust through open communication. Developmental needs can drive specialized support such as *Early Childhood Treatment* (ages 0-6) and *Jump on Board for Success* (ages 16-22). Throughout this process, children and families are provided with choice and engaged in person-centered treatment planning. Treatment Planning and engagement are aided by formal tools such as the Child and Adolescent Needs and Strengths Assessment (CANS). Services are provided in various youth and family-friendly environments including school, home, community, and wilderness-based offerings.

Early Childhood Treatment provides assessment, consultation, home and office-based case management and individual and family psychotherapy, for infants and children aged 6 and under. *Intensive Case Management* services are provided for children at Rutland County Head Start to help facilitate kindergarten readiness and to support children in need of intensive short-term work on skill building.

Child Outpatient Services include community-based care provided by staff with unique expertise. This tailored approach includes offerings such as psychotherapy, case management, supportive counseling and psychiatric services. Cognitive Behavioral Therapy, Trauma-focused Cognitive Behavioral Therapy, Motivational Interviewing and Dialectical Behavioral Therapy serve as clinical frameworks in programming.

CCN-RMHS provides community-based, *Therapeutic Case Management* for children and youth (0-22 years of age) experiencing mental health, behavioral and/or emotional barriers. Services provided are family-driven and youth-guided and include acute therapeutic intervention and care coordination service. Child Case Management services are available when a family-defined, urgent need arises.

Following an acute crisis evaluation, psychiatric hospitalization or residential placement, *Rapid Response TCM Services* provide urgent TCM access to support transitions and community reintegration. This service also bridges enrollment with other necessary outpatient programming including therapy, case management and psychiatric services.

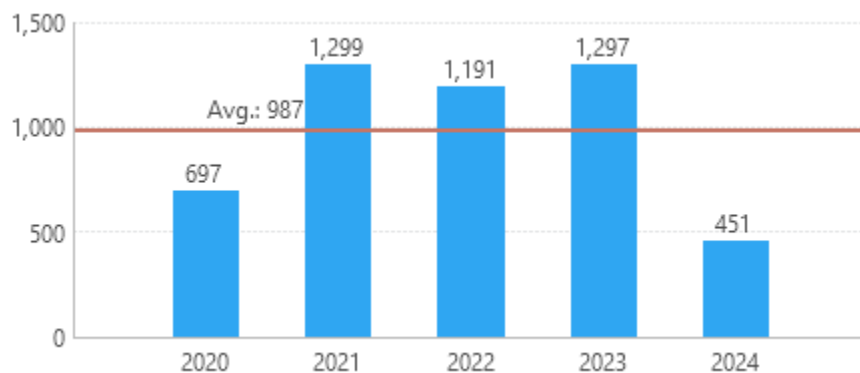
The *JOBS Program* is an innovative supported employment and intensive case management service that targets eligible youth, ages 16 through 21, considered at-risk in the community. This program provides age-specific treatment and addresses the social determinants of health that can act as obstacles to independent living and adulthood transition.

The *Respite Program* provides respite services for children in Rutland County engaged in other services at RMHS and whose family system would benefit from brief separation (one to four hours) of the child from the home environment. We also offer short-term respite services for families who need this extra support to help them get through a crisis period. Services:

Intensive Family-Based Services (IFBS) is an intensive community-based, short term (3 to 6 months) program that works with families when a child is at risk of removal from the home as a result of emotional or behavioral problems, delinquency, truancy, or family risk factors such as domestic violence, mental health issues of parents/caregivers and substance abuse and in an out-of-home placement and IFBS services are provided with clinicians and case managers and is focused on reunification.

Emergency and Crisis Response Services

(Includes Crisis phone and text line, mobile response and partnership with RRMC ED).



CCN-RMHS provides 24-Hour crisis response services to individuals experiencing a mental health emergency, to more than 1,000 people per year over the last four years. (2024 data is for the first quarter of the year). These services include 24-Hour availability of screenings, assessments, mobile response, planning, referrals, and aftercare. Offerings can be accessed in-person, in the office or community, and via virtual, text or phone based on the presenting issue and person's needs. Options include *Mobile Response* and *Integrated Services* in healthcare environments such as the Rutland Regional Medical

Center (RRMC) Emergency Department. This core service promotes close collaboration with law enforcement, schools, and our local system of care.

Adult and Child Crisis Service Case Management is available following a crisis screening and/or assessment. This follow up service is leveraged when individuals and families are not currently receiving another service from CCN-RMHS.

Crisis services are provided through an integrated team approach including access to psychiatric consultation. Staff have been trained in trauma-informed and other evidence-based practices that provide the framework of quality service offerings in the community. The Crisis Service advocacy efforts, including Zero Suicide, aim to educate the community about prevention, provision, and access.

In addition, CCN-RMHS provides a residential component to crisis aftercare, *Crisis Stabilization and Inpatient Diversion Program (CSID)*. This therapeutic community residence supports short-term stays for adults with acute psychiatric symptoms. CSID services help avoid the need for a higher level of care, such as an inpatient psychiatric hospital, or serve as a step-down from inpatient psychiatric care to prepare for a return to community-based support.

Advocacy and Peer Services

CCN offers a wide array of direct and collaborative peer support to individuals across their life span. Direct peer support and counseling services are provided for individuals and families receiving mental health care. SUD Services offer direct support from the Peer Services Coordinator and connection to Peer Recovery Coaching through a collaboration with Turning Point Center of Rutland.

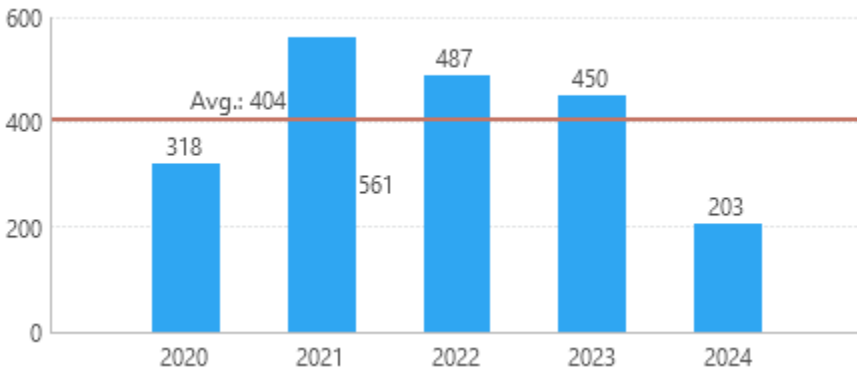
Peer Support Specialists are involved in supporting individuals during transitions and in the initial stages of recovery. To serve children and families, these direct peer supports are embedded in the Early Childhood Treatment (ECT). This includes an evidence-based group parenting intervention using the Circle of Security Parent Facilitation model. Other child and family advocacy initiatives such as the “Climb Out of Darkness: You are Not Alone” were instituted to support parents by increasing community awareness and reducing stigma around Postpartum Mood and Anxiety Disorder in the community.

To support adults, direct Peer Supports are embedded in Maplewood Recovery Residence (Maplewood) and Community Rehabilitation and Treatment (CRT). CRT offers adults a Peer Wellness Group Facilitator. This promotes the identification of Wellness topics from the perspective of individuals receiving services. These individuals then assist in the

development of peer-facilitated groups offered in our psychiatric rehabilitation and outpatient mental health core service areas.

Substance Use Disorder Treatment

CCN helps about 404 people per year with substance use disorder services. 2024 data is for the first quarter of the year.



CCN provides Outpatient Substance Use Disorder Services to individuals and families at three community sites. This includes specialized Outpatient SUD services for adolescents and older adults. At first contact, rapid access to SUD evaluation is facilitated. The use of ASAM Criteria (level of care placement) and Harm Reduction practices, such as Naloxone distribution, are incorporated into treatment services. This process includes fast access to the Intensive Outpatient Program. All SUD services include uniquely targeted and specialized care provided by staff with expertise in trauma-informed care and other evidence-based practice models. Cognitive Behavioral Therapy, Contingency Management and Motivational Interviewing serve as clinical frameworks throughout SUD programming. Adult Drug Court Standards of Care and Seeking Safety further drive best practice offerings. CCN directly provides psychopharmacology services as a dedicated treatment offered in SUD. This includes the prescription of medications for Opioid Use Disorder and Alcohol Use disorder. Direct Medication Assisted Treatment (MAT), along with primary health screenings, healthcare referral and other medical services focus this fully integrated care.

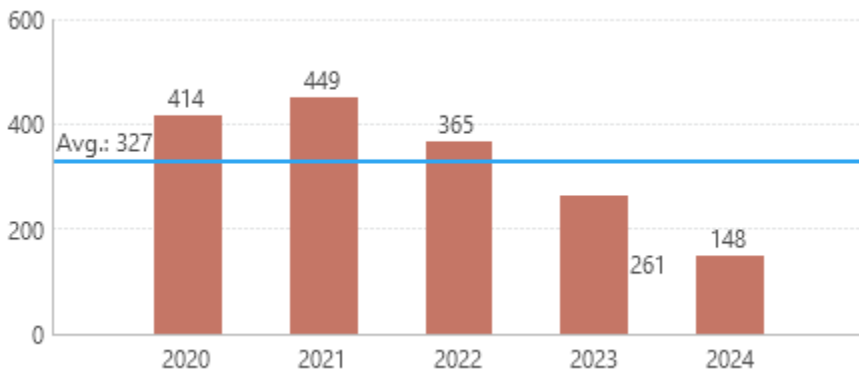
When needed, CCN leverages formal care and other external treatment partnerships to ensure the comprehensive needs of persons served by the CCBHC are met. This includes consultation and referral when evaluations indicate the need for specialized expertise or care not available internally. CCN holds MOUs with Recovery House, West Ridge Recovery Center, and Rutland Regional Medical Center to ensure strong care coordination

practices. These care coordination efforts leverage the Hub and Spoke and Drug Court regional systems of care to best serve individuals with complex addiction.

School-based Services and Success Beyond Six

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

CCN-RMHS has served 327 students through Success Beyond Six programming over the last five years. -



-SB6 Contracting trends

Our local school district, Rutland City Public Schools, no longer contracts for in-school mental health or behavioral interventionist services from CCN-RMHS, despite a long-standing relationship. This accounts for most of the student decrease served by CCN-RMHS from 2021-2023. In the past few years, 10 contracts have been terminated by RCPS, which now hires its own staff. This is a growing trend across the state.

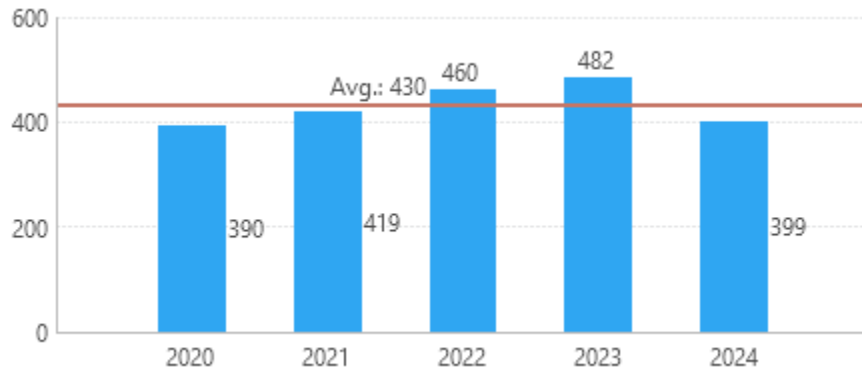
Over the past five years, the Agency's school-based programs generated \$9.2M in Medicaid revenue. Medicaid matching funds, sourced by contracts with local schools amounted to approximately \$4M. There has been a steady decline in school contracts in the past several years, which has significantly reduced SBS revenue.

Emerging trends include:

Suicidality and self-harm, there is an increase in clinical acuity. Public schools are struggling with disruptive classroom behaviors, there is an increase with children experiencing trauma and substance use and overall use of technology is impacting mental health.

Developmental Services

On average, CCN supports about 430 individuals each year in Developmental Services, via a variety of services, including service coordination, community and employment supports, Bridge Care coordination and funding. 2024 data is as of March 31.



Service coordination, assists individuals in planning, developing, gaining access to, coordinating and monitoring their services and support. Service coordination responsibilities include, but are not limited to, assisting in person-centered planning; developing, implementing and monitoring the Individual Support Agreement (ISA); coordinating medical and clinical services; and providing general oversight of services and supports.

Community Supports, assist individuals to develop skills and social connections. Supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships.

Employment Services help individuals obtain gainful and competitive community employment based on interests, abilities and career objectives. Support is individualized with the emphasis on fostering natural support and reduced paid support wherever possible.

Respite Services assist family members and shared living providers to support individuals by providing breaks for the primary care provider. Respite is provided hourly and/or daily (overnight) in the respite provider's home or in the individual's home.

Crisis Services are provided as needed to individuals experiencing a psychiatric, behavioral, emotional, or medical crisis. The RMHS 24/7 Crisis Hotline is available for individuals supported through DS and DS on-call team.

Supervised Living, regularly scheduled or intermittent hourly support is provided to an individual who lives in his or her home or that of a family member.

Staffed Living-is 24-hour staffed support provided in a home setting for one or two people.

North End Ranch is a 24-hour staffed supports are provided in a licensed Level 3 group home

Shared Living is individualized support provided for one or two individuals in the home of a contracted shared living provider. Shared living providers may be an individual, couple, or family. Individuals are supported to learn or maintain skills, cultivate relationships, and develop a sense of belonging at home and in the community.

Health Care Coordination. nurse consultants provide advocacy around appropriate health care for individuals. In addition, the Nurse Consultants provide training to staff, shared living providers and other contracted workers on Medication Administration and Special Care Procedures.

Targeted Case Management (TCM) provides assessment, care planning, referral and monitoring. Services are designed to assist adults and children to gain access to needed services.

The Bridge Program is an Early Periodic Screening, Diagnosis and Treatment (EPSDT) service that provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other services for their children up to age 22 with developmental disabilities.

Family Managed Respite (FMR) provides families with a break from caring for their child with a disability, up to age 21. FMR is available to children with developmental disabilities or mental health needs who do not receive HCBS funding.

College Steps is an independent non-profit organization that provides individualized supports for students living with social, communication, or learning challenges to experience college coursework and campus activities in collaboration with Castleton University. The College Steps program helps prepare participants for meaningful careers and increased autonomy after graduation.

Project SEARCH is an international workplace immersion program for students with developmental disabilities who are in their final year of high school. Rutland Regional Medical Center, the local Vocational Rehabilitation office, and RMHS have formed collaborative that supports students in various internships.

Pre-admission Screening and Resident Review (PASRR) Specialized Service, Individuals 18 years old and older who reside in a nursing facility may qualify for Specialized Services to meet their unique needs related to their developmental disability. Staff provides additional personalized services not provided by the nursing facility to support the individual to engage in social, leisure, recreation, and other activities to function as independently as possible

Practice Improvement Questions

CCN utilizes Child and Adolescent Needs and Strengths Assessment (CANS) and Adult Needs and Strengths Assessment (ANSA) as client-level outcome assessment tools. These multi-purpose tools are designed to inform person-centered treatment planning, support collaborative decision making and to effectively measure treatment outcomes. At intake, CANS and ANSA serve as engagement tools to inform the comprehensive discovery of all necessary treatment considerations. This comprehensive inventory is associated with action levels that can be leveraged for person and family-centered treatment planning. Upon reassessment, treatment needs can be reprioritized and aligned for full recovery. This transparent process monitors all progress toward goals and outcomes determined during treatment.

At reassessment, the outcomes of services are determined.

CCN has adapted services for Vermonters with co-occurring diagnoses – people with both mental health and substance use disorders – to ensure that they receive the services they need, by combining and streamlining the intake process for Adult OP and SUD, and by offering more services for this population. This reflects a continued focus on patient-centered care but is a challenge due to the state’s divided regulatory framework.

In Developmental Services, the ongoing need is for stable and suitable housing for an aging population of caregivers and providers. In addition, a small subset of this population struggles with mental health and substance use issues that CCN-RMHS has worked to address. Efforts to provide supports by staff who are trained in the specific needs of this population have helped.

CCN-RMHS has begun work as part of a multi-disciplinary team on a Street Outreach program, responding to a need for meeting people where they are – on the street or in a temporary hotel living situation. This is not related to a particular diagnostic code, but more to do with social determinants of health.

Innovation

Providers spend as much as 35% of their time documenting encounters to comply with standards and guidelines (National Institute of Health, 2018). For many, this time-consuming practice impacts quality of life. In some cases, provider documentation is viewed as an activity that borrows time from our important work with individuals and families. The burden of excessive documentation can even trigger the stress and exhaustion associated with “burnout” (Substance Abuse and Mental Health Services Administration, 2022). Yet, quality documentation remains an essential aspect of our organizational livelihood and our service to individuals and families.

CCN's Digital Health Initiative has doubled down on efforts to prioritize the provider experience. This includes innovation that brings cutting-edge tools and strategies to bear. These transformative options put us on the forefront of innovation to assist with many aspects of provider documentation.

Transcription technologies are outdated and lack the functionality to alleviate the burden. Furthermore, the community-based nature of our work requires strategies uniquely targeted at context and environment. New technologies integrate augmented intelligence and offer multi-layered solutions to these complicated problems. These technologies automate documentation processes in collaboration with our current EHR. All strategies emphasize provider autonomy and control.

CCN has launched Eleos Scribe. This documentation assistant is designed to streamline note writing, allowing staff to focus more on quality service and self-care. This tool takes notes during a session and organizes the information into a customized note format. The tool overlays our EHR for a seamless and familiar experience.

As a second phase of implementation, CCN will launch Eleos Outreach. This AI documentation option is most appropriate for community-based staff as it provides a time saving, flexible option for less predictable provider environments. This tool involves a session-specific branching and AI-informed Q&A that drives a narrative note. Rest assured that both tools maintain privacy while also increasing accuracy with regulatory standards.

These unique technologies have the potential to revolutionize the provider experience. Providers caring for themselves produce quality outcomes for those they serve. Embracing these changes in the form of digital health tools will enhance efficiency, bolster satisfaction and mitigate burnout.

Sustainability Questions

CCBHC – funded through SAMHSA CCBHC Improvement and Advancement Grant through September 2026; the purpose of the CCBHC model is to expand service availability to and transform community behavioral health systems and provide comprehensive, coordinated behavioral health care. CCBHC services are available for all ages and across all programs at the agency.

VSP Embedded ES Responder- position funded through the purpose of the position is to allow for increased community response and intervention along with Law Enforcement.

SOSVT – FEMA supported funding for program available through Rutland County, program concludes at the end of June 2024

SAMHSA - SASH Embedded Mental Health - This grant supports delivering mental health counseling services to clients in Rutland and Bennington Counties.

Contingency Management for SUD clients through Opiate Settlement Fund – purpose is to encourage and support adult client’s attendance at SUD services.

Community Mobile Crisis Services - This grant supports mobile crisis response teams who provide crisis interventions in the community at any location where any member of the community requests support. Services range from sub-acute wellness checks to more urgent crisis stabilizations, interventions, follow-up care referrals

PCIT Parent-Child Interaction Therapy Grant -Therapy modality for parent child relationship and parenting supports.

Partnerships

CCN-RMHS coordinates care extensively across a local and state network to satisfy the preferences and person-centered needs of individuals and families served. We hold MOAs with other health care entities to ensure care coordination is performed in a formal and predictable way for those served. To ensure health integration, CCN holds a Care Coordination Agreement with the area’s largest primary care provider, Community Health Centers of the Rutland Region (FQHC). Examples of other CCN-RMHS initiated Care Coordination Agreements include Rutland Regional Medical Center, Recovery House, VT Dept of Children and Families and West Ridge Recovery Center.

CCN-RMHS holds active partnerships with our local inpatient and acute care facility, Rutland Regional Medical Center. This includes partnership with the associated emergency department, outpatient clinic, medication assisted treatment facility and other service components necessary to coordinate urgent care across systems. CCN-RMHS coordinates consent and follow-up services with individuals served in inpatient and/or acute care within 24 hours of discharge. This protocol is supported by the transfer of medical records and real time patient notification through Patient Ping. CCN-RMHS responds accordingly to Admission, Discharge and Transfers (ADTs) and provides discharge planning and targeted case management services, emphasizing smooth transitions to and from emergency department and inpatient psychiatric unit. These services continue until the individual is linked to services or assessed to be no longer at risk.

CCN also coordinates care to meet individual's needs related to the social determinants of health. This includes the provision of care coordination services in all behavioral health core service areas.

Operational Questions

-What percentage of overall operational costs are administrative?

Around 13 percent.

Vacancy Rate: Our vacancy rate as of April 30, 2024, is 10.4%

Turnover: Our annual turnover rate as of April 30, 2024, is 28.5%

Most Frequently Recruited Positions: Residential Recovery Specialist, Clinician and Case Managers are the most frequently recruited positions by volume.

Position with Highest Turnover: Residential Recovery Specialist is the position which has the highest turnover rate.

-What EHR are you using?

Qualifacts-Credible (since October 2019)

-Which payers are you working with?

All. Primarily Medicaid via DMH and DAIL.