BUILDING A STRONGER COMMUNITY

UNITED COUNSELING SERVICE

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Executive Director

House Healthcare Committee
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United Counseling Service, Inc

United Counseling Service (UCS) is the designated agency for Bennington County. Voted the Best Community Service Organization by the 2021and 2023 Readers' Choice, we have played an essential role as part of Bennington Couty's integrated healthcare system since 1958. We are a certified Center of Excellence through Vermont Care Partners and the Jeffords Institute. Our mission is to build a stronger community by empowering individuals and families to live healthy and meaningful lives. We do this through all our programs and offer care in 17 different facilities including two primary outpatient and substance use locations in Bennington and Manchester. UCS provides outpatient counseling and addiction services, emergency mobile mental health services, extensive rehabilitation services, home, community, and school-based services, supported employment and residential services for people living with a mental illness or have a developmental disability and early childhood services through Head Start and Early Head start.

Mission: Building a stronger community by empowering individuals and families to live healthy and meaningful lives.

Service Questions:

Describe the typical persons served and services offered within each:

There is no "typical person" served. People we serve present with a variety of issues including anxiety, depression, first-episode psychosis, and suicidal ideation. The number of people and the acuity of those seeking services has increased significantly over recent years. During the fourth quarter of calendar year 2023, 34% of individuals reported thoughts of self-harm or harm to others. During and after the covid years, we experienced a significant increase in the number of people seeking service and in the complexity of their presentation. We experienced a 150% increase in the number of callers seeking services from before the COVID pandemic and the trend is continuing post the COVID pandemic.

- ***Access to Care***– Access to the right service, at the right time with the right provider, is the UCS philosophy of care.

- Universal Access Team – Any person calling for service is immediately directed to the Universal Access Team who guides the caller on how to access services. They are directed to come in for Same Day Access or provided with information and referral services.
- Same Day Access provides walk in same day care for initial screening and intake. They can also be directed to emergency services, if needed or offered a FAST session.
- Finding Access to Services and Treatment (FAST) - FAST is a service provided that includes access to a mental health clinician and reflector who offer Collaborative Network Approach. FAST can be accessed for up to 30 days.
- Information and Referral services.

- ***Adult Outpatient*** -- General adult outpatient services for adults aged 18 years and older. UCS serves the community with an array of mental health needs within its outpatient offerings. This ranges across most clinical diagnoses.
  - Individual/group/couples/family therapy
  - Case management
  - Psychiatry and Medication Management team collaborates with PCP; training and collaboration with clinicians and case managers, monitor for side effects and adverse events from psychotropic medications, collaborate and prescribe in MAT services. (See Psychiatry section for more detail).
  - Health and Wellness – individual and group support, coaching, nursing support.
  - Services are provided to meet client specific needs. This may include weekly, bi-weekly, monthly therapy sessions, participation in groups, or couple/family therapy sessions as deemed necessary and appropriate.
  - Sex Offender Treatment
  - BluePrint for Health– clinicians embedded in 10 primary care offices.
  - Specialized treatment such as EMDR and Equine Assisted Psychotherapy (EAP).

Equine Assisted Psychotherapy (EAP); equine assisted EMDR (Eye Movement Desensitization and Reprocessing) is a psychotherapy **treatment** that is designed to alleviate the distress associated with traumatic memories). called Equilateral (EQL); equine assisted learning (EAL). This is a complementary therapy that enhances other mental health support efforts. Particularly appropriate for a broad range of anxiety disorders, across the age span and across variations in intellectual functioning.

UCS has certified 5 clinicians and 2 community support workers. We partner through an MOU with non-profit, Kanthaka (stables) of North Bennington since 2018.
Current activity: 3 individual clients; 4 groups with increased numbers as weather improves.

A 66-year-old widowed woman, with lifelong anxiety, past history of alcohol use disorder and recurrent depressive episodes, who had treatment resistant depression and benzodiazepine dependence, was referred after crisis stabilization, medication management, and individual

therapy seemed to be at a plateau. She expressed fear of daily activities, fear of returning to desired activities including participation in AA, and having her grandchildren visit and cook with her. She participated in six EAP sessions, spread at weekly intervals, while continuing to engage in individual therapy and take prescribed medication. After the first session, she expressed surprise that she felt less anxious. By the fourth session, she had re-engaged in attending AA and speaking at meetings. The following week, she announced volunteering to lead a meeting. She resumed having her grandchildren visit and bake with her; she was sleeping better; she joined a small group of female friends in meeting for lunch. One breakthrough involved getting the horse to move around her in the round pen; she had to discover it was safe for her to raise her energy and she did not lose control or be angry to get the horse to move from standing. A year later, she called requesting follow-up, which involved one session. She described that through the horses she learned to trust that she could feel some anxiety, yet not be paralyzed; that they would listen to her; that she could start and stop activities when she felt ready.

- ***Community Rehabilitation and Treatment (CRT) -***- CRT services are provided to adults 18 years and older who meet specific eligibility criteria as identified by the Department of Mental Health.
    - Individual, group, and couple's therapy
    - Case management and care coordination that support individuals in meeting social determinants of health needs, providing support ranging from learning and maintaining positive living skills, working with outside partners, attending, and obtaining their medical needs, advocacy, supportive counseling.
    - Psychiatric evaluation and medication management.
    - Health and wellness programs including nutrition, physical exercise, diabetes education.
    - Vocational and Supported Employment Services – available to any person whose goal it is to find and maintain gainful employment. Vocational specialists work with community employers, assist with job development, removing barriers to employment and provide assistance for ongoing successful employment.
    - Housing support and management of emergency funding to assist individuals.
    - Representative Payee services and support.
    - Transportation to increase access to services and to community.
    - Peers Support Services – Peer Support and advocacy is provided by staff who utilize their own lived experience to connect and support others. UCS currently has three peer positions. These individuals who have lived experience provide individual and group support and coaching.

    There is currently a vacancy in our peer support service due to a significant success story. One of the peer staff has recently been hired into the full-time vocational specialist position. This individual came to UCS with significant mental health and substance use needs, that they were able to successfully address through participating in our Medication Assisted Treatment and Intensive Outpatient Programs. After a period of stabilization, they were hired

as a peer support and further into their recovery journey they were successfully hired as the vocational specialists.

- ***Substance Use Services*** – Provided to any individual experiencing a substance use disorder. Alcohol related treatment equates to roughly 50% of treatment provided. Cocaine and heroin roughly 20% each. Other drugs make up the remaining 10%.
    - Individual/group/couples/family therapy
    - Case management and care coordination services
    - Intensive Outpatient Program – Nine hours per week of intensive group and individual treatment.
    - Medication Assistance Treatment (Spoke) Services – small but comprehensive services with expansion to Manchester and mountain towns on May 1, 2024.
    - Harm Reduction – onsite and community distribution of Harm Reduction Bags containing Narcan, fentanyl testing strips, and community resources materials.
    - Community Outreach Specialist in partnership with Turning Point Center. The community outreach program is a cross agency outreach team who engage with homeless individuals in hopes of building trust with the potential to engage in services.
    - Public Inebriate Bed Program

- ***Children, Youth and Families Services (CAFU***) - High quality, comprehensive community-based services provided through a trauma-informed, strength-based, and family-centered care philosophy.
    - Children's Integrated Services (CIS) provides early childhood and family mental health services for families whose children are 0-5 years old.
    - Individual, group and family therapy for children and youth up to 22 years old
    - Compass program provides services to children 13 – 18 who are at risk of entering the state's custody.
    - Case management and service coordination for children and youth up to age 22.
    - Transition age youth program for youth aged 13-22. Youth learn independent living skills, leadership, and other skills to live independently and successfully in the community.
    - Teen 4 Change (T4C) is a youth led group where they learn leadership skills, volunteerism, and independence.
    - Community Support and Respite: ages 0-18, and 0-22, respectively. Provides an opportunity for the youth to practice skills learned in the therapeutic setting and provides caregivers time for a break.
    - Camp Be A Kid: Allows children ages 5-13 a camp experience they are not typically able to access due to cost, but most often due to emotional and behavioral difficulties.
    - Adventure Camp/Teen Summer Programming: ages 15-18
    - After School Program: ages 5-12
    - Substance use services.
    - Psychiatry and medication management

- Transportation to assist with access to care and community.
- Health and wellness activities, nursing, and coaching supports.
- Psychiatric Urgent Care for Kids (PUCK) - first in the state urgent care program to divert children and youth in a mental health crisis from utilizing the ED. Designed for children and youth aged 3-18. In its first year, PUCK reduced ED utilization by youth in a mental health crisis by 40% from the previous year.
- Elementary age Intensive Outpatient Mental Health Program – UCS provides the only intensive outpatient program for children aged 6-12, with 8 hours of intensive therapeutic group activities and 1 hour of therapeutic family specific programming per week. The programming includes multimedia mindfulness activities, DBT, and sensory and body based regulatory practices.
- Mobile Puck van - to improve access and to increase outreach to mountain towns such as Readsboro and Rupert, we retrofitted a van to allow for a safe therapeutic mobile space for kids.

- ***Emergency and Crisis Response Services*** – Provides crisis intervention services to individuals, family, and community 24 hours a day, 365 days per year. Services are designed to be intensive, short term and intended to solve the immediate crisis. Services are mobile, phone, face to face.
    - Emergency assessments and support in person in the community, in the emergency room.
    - Contracted to provide emergency assessments in Southwestern Vermont Medical Center.
    - Assist with transition to next level of care when assessments are completed (inpatient, crisis stabilization, structured program, or to the community), with follow up in 24-48 hours by phone to support non-hospital transitions.
    - Maintain staff training and certification as QMHP.
    - Provide enhanced mobile crisis, with two-person response; highest rate of successful utilization across DA system in January, February, and March 2024.
    - 2 Crisis Support Workers embedded with Vermont State Police in Shaftsbury Barracks and Bennington Police Department.
    - Crisis stabilization beds available 24/7; Public Inebriate Program (PIP) bed available 24/7 for medically safe alcohol detox.
    - Phone support to clients and/or families 24/7, linking with other agency providers as needed directly and via email.
    - Provide debriefing and support after traumatic events/disasters to First Responders: Police, EMS, Firefighters, Emergency Room personnel (examples include after violent suicide, multiple vehicle accidents with death, shaken baby death)

- ***Developmental Services*** – Services provided to those with an intellectual, developmental disability as defined by the Department of Aging and Independent Living providing support services where individuals can live as they choose. 54% of those we serve have a co-occurring

mental health or substance use disorder diagnosis. Clinical oversight and support are provided by a UCS psychiatric nurse practitioner.

- Service Coordination: 194 clients receive Service Coordination. Approximately 180 of these individuals receive another DS service in addition to Service Coordination such as supported employment.
- Supported Employment: 34% of clients are employed, (53 people) and 17 people work independently. 12 people have worked in the same job for more than 5 years and 10 different people more than 10 years. 23 people volunteer their time in various settings such as the local animal shelter.
- Community Supports: 30 clients receive goal-based support in the community.
- Group Community Supports and 6 recurring groups such as art and music are being offered.
- Supported Independent Living: 32 clients receive support to be able to live independently. 6 of those clients are in transitional living where they receive additional support and work on goals toward getting their own apartment in the community.
- Shared Living: 54 clients live with a Shared living provider. We currently have 51 contracted shared living providers.
- Family Services:14 clients are in our Bridges Program and access Flexible Family Funding. They may also utilize Family Managed Respite Services that are managed by ARIS Solutions.

UCS recently purchased a two-unit home to increase our independent living options for clients wishing to live on their own. We are prioritizing young people who would prefer to live with peers of the same age rather than with a shared living provider.

- ***Residential Services*** – All residential services are staffed 24/7 with psychiatric provider and nursing supports.
  - Autumn House and Gatling House are level 3 group homes that support 8 clients with a developmental disability who need a higher level of care.
  - Union Street Group Home is home to 6 individuals with a developmental disability.
  - South Street Group Home is a level 2 group home supporting 6 individuals in transition who are living with a chronic and persistent mental illness.
  - Bank Street apartments is home to 6 individuals with developmental disabilities living in their own individual apartment with support from staff.
  - Batelle House is a crisis stabilization and hospital diversion program for any community member experiencing a mental health crisis.

- ***Psychiatry Services and nursing*** - Provide psychiatric care across the lifespan, including psychiatric diagnostic evaluations, medication management, group therapy, formal and informal educational seminars, and clinical guidance in collaborative team meetings.

- Philosophy is to focus on non-pharmacologic services, or to at least ensure that non-pharmacological services are utilized by all clients receiving medications prescribed by our practitioners.
- Follow 350-400 clients across Childrens and Adult services, including Substance Use and Developmental Services.
- Contracted to provide psychiatric consultation to Southwestern Vermont Medical Center 12.5 hrs/wk (M – F) performed by one psychiatrist and two nurse practitioners.
- Nurses provide injections of psychotropic medications, health education to clients, direct personal care when needed, train direct staff in personal care when new procedures are required.
- Collaborate with and utilize our in-house pharmacy partners, Genoa Health.
- Nursing staff support a limited Employee Health office; monitor and educate about infection control, including Covid-19.
- Monitor Bamboo Health, with administrative assistance from Executive Office and Developmental Services when short-staffed.
- Nursing staff provide medication delegation training and oversight to staff to administer medications in group home settings, residential settings.
- Consultation via phone, in person, and one-time evaluations regarding patient care management across other healthcare settings: hospital, outpatient primary care, specialty care
- Contracted to provide psychiatric consultation to Southern Vermont Supervisory Union regarding challenging children, youth, and adolescents.

Illustrate performance measures and outcomes over the past 5 years for each service above. Please include at a minimum:

MH Service	2019	2020	2021	2022	2023
Same Day Access	N/A	N/A	N/A	634	664
AOP		1133	1150	1478	1043
CYFS	551	693	748	660	631
CRT	157	179	181	138	153
SUD			134	114	125
PIP bed	9	8	7	3	18
Emergency	608	507	536	682	705
Psychiatry	532	536	549	530	500
School based	171	135	139	155	152

DS Service	2019	2020	2021	2022	2023
employment	58	31	52	36	53

Community Supports	48	44	88	84	111
Supported Independent Living	37	34	22	69	14
Shared Living	68	61	65	60	67
Family Services	48	23	30	29	52
Service Coordination		189	201	202	206

- DS clients served:
  - 2018 – 228 clients served
  - 2019 – 335 clients served
  - 2020 – 300 clients served
  - 2021 – 323 clients served
  - 2022 – 300 clients served
  - 2023 – 314 clients served
- Currently 12 people are on public safety and 2 are on act 248

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

UCS monitors the following Value Based Payment Measures:

Measure	2020	2021	2022	2023
% of clients offered an appointment within 5 days	88%	90%	93%	98%
% of clients with a follow up appointment within 14 days	66%	73%	77%	64%
% of adults screened for depression at intake	62%	93%	95%	88%
% of youth screened for depression at intake	Not Required	Not Required	Not Required	25%
% of adults screened for substance use at intake	37%	93%	96%	90%
% of youth screened for substance use at intake	Not Required	Not Required	Not Required	8%

% of adults screened for trauma at intake	26%	94%	96%	88%
% of clients with a CANS assessment	58%	75%	78%	65%
% of clients with an ANSA assessment	Not Required	Not Required	45%	59%

The Designated and Special Service Agencies conduct client satisfaction surveys twice a year using the same 6 questions. UCS recently opened the satisfaction survey year-round in both electronic and paper formats. One of the questions asked on the survey, “I would recommend UCS to family and friends” is a best practice question. 89% of those surveyed would recommend UCS to a friend or family member, which is a Net Promotor Score (NPS) or Calendar Year 2023 of 54 (Excellent); with the healthcare average score being 34.

UCS uses Result Based Accountability (RBA) to track, monitor and report on headline measures, beyond that of Value Based Payment measures. The results are presented bi-annually to our Quality Council Team, who consist of senior leaders and the compliance officer. The Team makes recommendations and provides follow-up regarding outcomes presented, as needed.

Challenges within each service category:

Funding – A challenge within our service categories is that the unit cost of the service does not align with reimbursement rates. Salaries and fringe are two main components of our unit cost and in a capped funding model, we cannot pay market rates which contribute to difficulty in recruiting and retaining staff.

Developmental Services – Housing and high acuity clients in crisis are the primary challenges within the DS service delivery. Alternative placements for clients who are aging. Shared living providers are aging. The lack of respite options for clients. There are no respite options for providers and families who need a break to prevent crisis, and therefore crisis situations occur that could be prevented.

Children, Youth. And Family Services – Housing, Acuity of needs and complexity of family systems, based on funding models: inability to pay staff based on complexity of typical clients, creating systemic burnout.

Adult Outpatient/Substance Use Disorder Services – Housing, Acuity, increase demand for services and the inability to hire the staff necessary (based on funding models), contributing to systemic burnout. Increased prevalence of suicidal ideation in the community. Increase in PTSD and trauma related diagnoses. Currently accounts for roughly 30% of those on the waitlist.

School-based Services and Success Beyond Six:

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

- 2019 – 171 students served
- 2020 – 135 students served
- 2021 – 139 students served
- 2022 – 155 students served
- 2023 – 152 students served

UCS currently contracts with eight schools with clinicians in each and 3 behavioral interventionists. UCS hires, trains, and supervises the staff. Benefits of the contracts include the connection to the array of services provided by the DA (UCS) and the lower cost to the school system for the services. The school-based clinicians can provide individual and group which can include mindfulness and Rainbows group for kids experiencing loss. School-based staff provide consultation and education to school personnel to increase appropriate interactions with students who struggle with mental health issues in the school environment.

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

- Medicaid:
  - FY23 – $678,100 (8 contracts)
  - FY22 – $654,800 (8 contracts)
  - FY21 – $542,400 (8 contracts)
  - FY20 – $449,500 (7 contracts)
  - FY19 – $548,300 (9 contracts)

SB6 Contracting trends and challenges:

- Schools are hiring their own mental health clinicians instead of contracting with DA's which is more costly for the school.
- The number of contracts fluctuates, and they can change the school where the contract is located.
- An ongoing trend is that schools will recruit our staff to work for them for higher salaries and better health insurance, thereby terminating the contract.
- Rather than utilizing the SBS model when additional funds are available, these funds are sometimes funneled directly to schools to hire their own mental health workers perpetuating the practice of poaching our staff.

Other emerging trends and best practices in youth mental health:

- Significant increase in depression, anxiety, self-harm, and suicidal ideation.

- More behavior interventionists needed.
- UMatter training for Suicide Prevention
- Zero suicide as a best practice
- Support for LGBTQIA+ youth is needed.
- Substance use services.
- Trauma informed care and trauma informed schools
- Comprehensive crisis intervention strategies
- Utilizing social media and Apps to connect with youth.

Practice Improvement Questions:

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

- Child Adolescent Needs and Strength (CANS)
- Adult Needs and Strengths (ANSA)
- Patient Health Questionnaire (PHQ9) - Depression Screening
- Generalized Anxiety Disorder (GAD-7)
- Primary Care - Post Traumatic Stress Disorder (PC-PTSD5)
- CAGE AID- Substance Use screening tool.
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)
- Columbia Suicide Rating Scale (C-SSRS)
- HEDIS measures such as follow up within 7 days from hospital discharge.
- Trauma Symptoms Checklist
- Pediatric Symptoms Checklist 17
- Other assessment tools as needed.

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

- Much of our population has a type of anxiety, depression, adjustment, trauma, or substance use disorder. They are receiving individual and group therapy and case management services. As diagnosis is not the only criterion for receiving intensive services. People with adjustment disorders can receive intensive services, but diagnosis must change in 6 months. CRT services are provided to those who are diagnosed with the most serious mental illness, such as schizophrenia, bipolar disorder, and major depression diagnosis.

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

- Utilization Management (UM) process data is tracked and reviewed monthly at our Clinical Quality Improvement Team (CQIT) meeting and consist of the following activities:

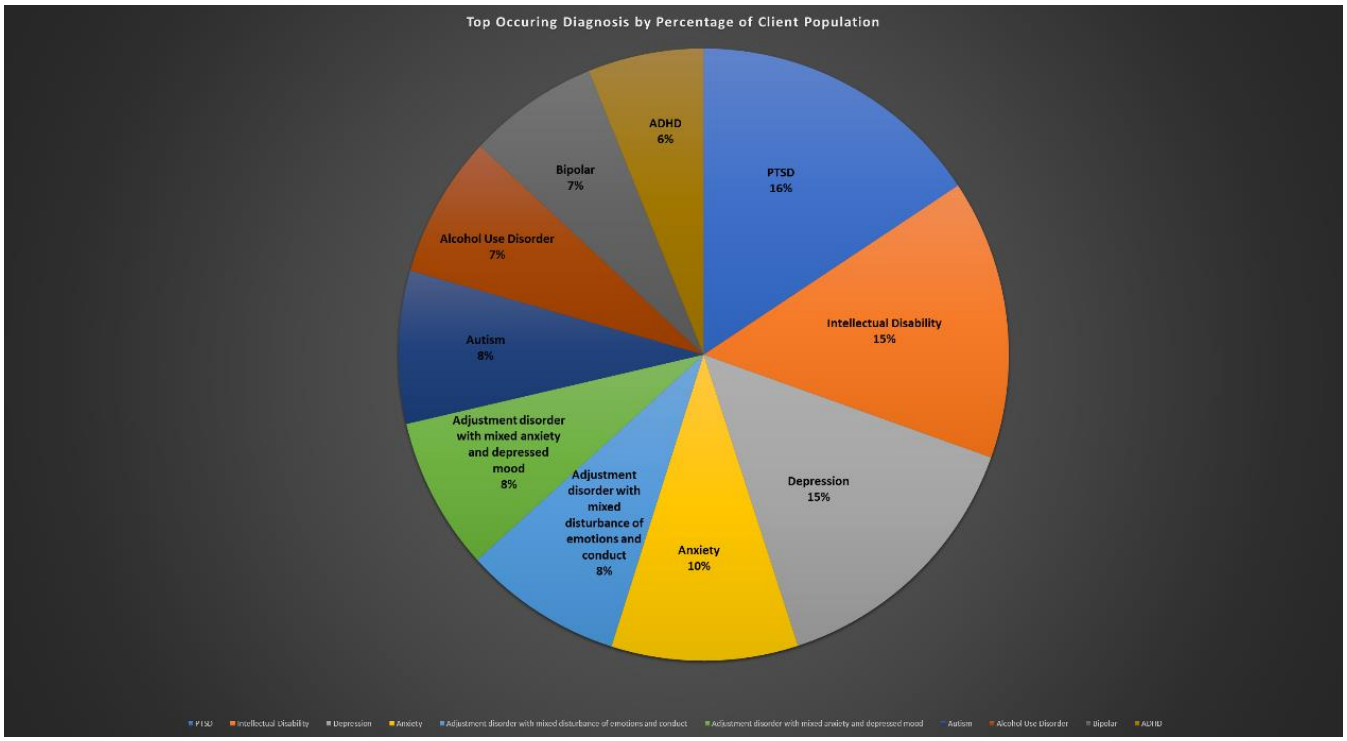
- Technical Chart review is completed by a member of the health information management team that inspects the health record for completion of non-clinical requirements.
- Clinical Quality Review, also known as Peer Review process entails reviewing different clinician records monthly utilizing the minimum documentation standards required by DMH, DSU, and DAIL.
- Outcomes of Clinical Quality Reviews are addressed by agency leadership and staff and brought to CQIT for review and oversight.
- Utilization Review consists of conducting a data review at three levels:
  - **Client leve**l to ensure clients receive the appropriate service level and frequency.
  - **Program Level** to complete an overview of aggregate client level data to ensure agency is providing the right level of service to meet overall need.
  - **Agency level** analysis of all programmatic data across the agency to ensure clients are better off and outcomes are being met.

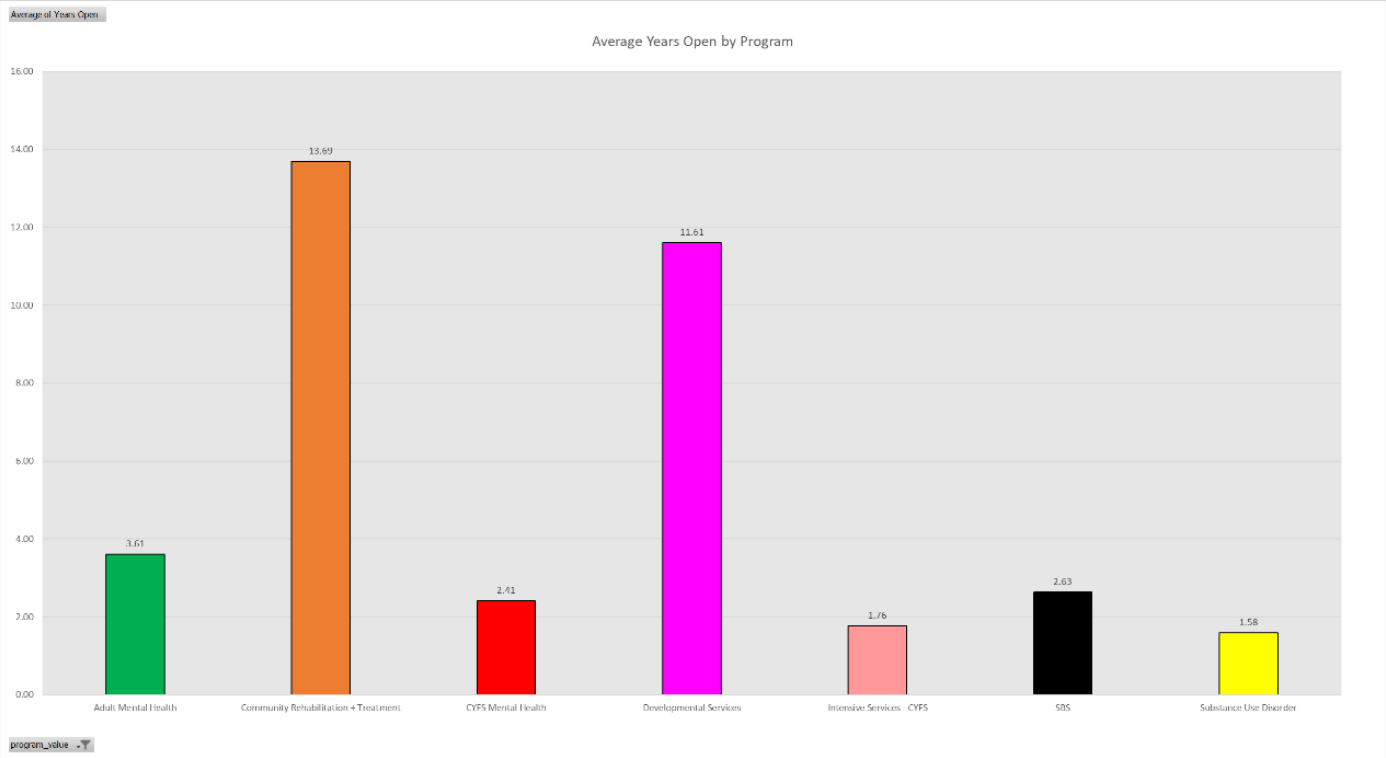
Clinical supervisors and staff review the following data:

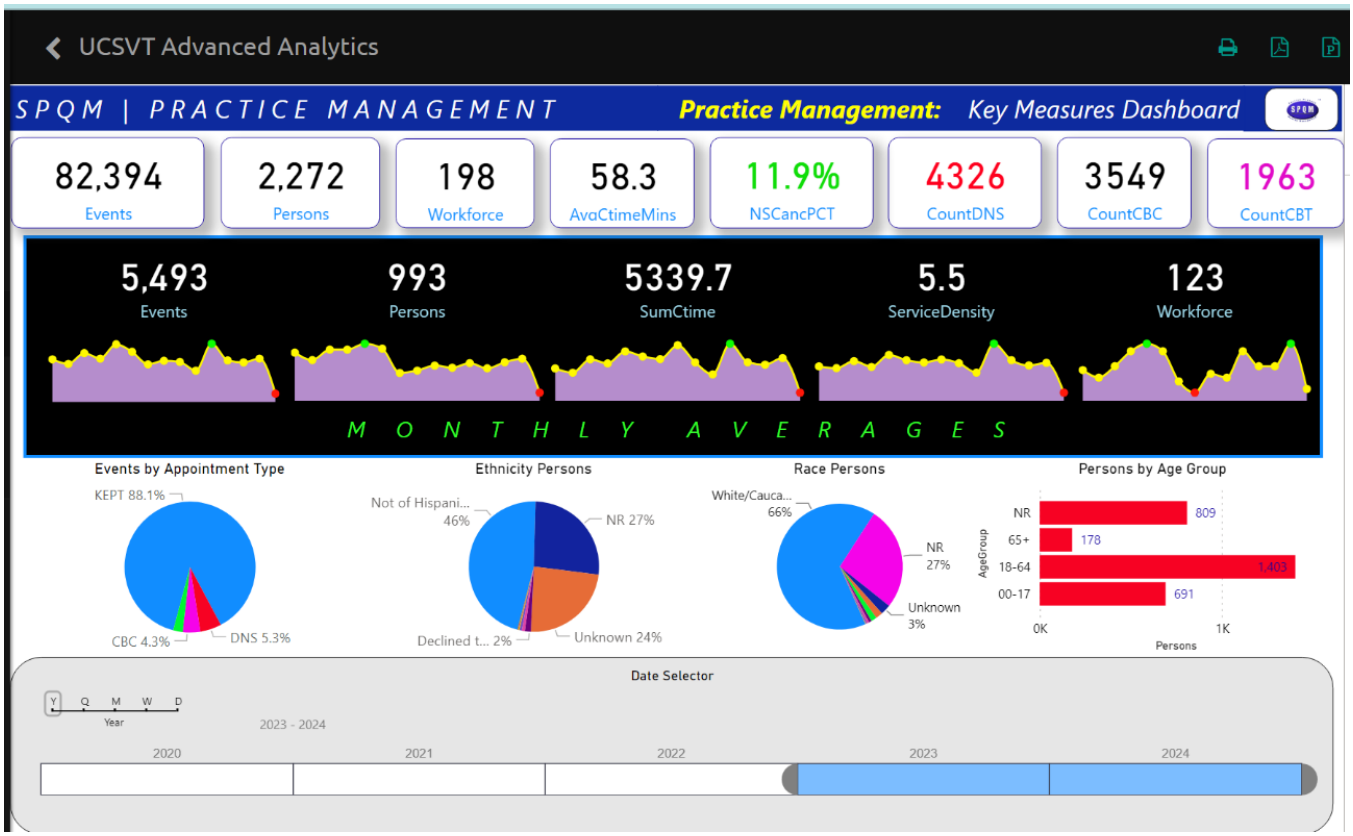
Sources	**Purpose**
DSU 30 Day Utilization Review	Identifies client's most recent SUD service in program 5 to determine number of days since last service
American Society of Addiction Medicine (ASAM) criteria.	Identify level of need of clients in SUD
Payment Reform Caseload Count	A count of the first qualifying encounter per client during each calendar month.
Adult & Child MH 60 Day Utilization Review	Identifies client's most recent service in programs 12 and 11 to determine number of days since last service.
Treatment Plan Audit	Monthly proactive audit to identify treatment plans due to expire.
Non-final Approved Assessment Audit	Identifies clinical assessments that have not been final approved
Child & Adolescent Needs & Strengths (CANS)	Audit Identifies completed assessments and when they are due for the next six-month reassessment.
Opening/Closings	Annual report counting clients opened and closed within the calendar year.
Length of Service Report	Quarterly audit reviewing length of service.
Number of Services	Monthly report identifying all services received during the previous month.

Comprehensive Assessment Report	Proactive monthly report identifies the due date for a two-year reassessment.
CRT Utilization Review 60 day	Identifies client's most recent service in program to determine number of days since last service.

Clinical Division Directors receive the reports as indicated and review them with staff. Clinical division staff will review the data monthly and respond accordingly to it, including closing cases, increasing frequency and length of appointments. Clinical Division Directors will report on their Utilization Management activities at CQIT bi-monthly to determine if changes are clinically warranted for quality improvement. CQIT will report on utilization trends, patterns, and recommendations to Quality Council at least two to four times per year.




Average of Years Open
Average Years Open by Program
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
3.61
13.69
2.41
11.61
1.76
2.63
1.58
Adult Mental Health
Community Rehabilitation + Treatment
CYFS Mental Health
Developmental Services
Intensive Services - CYFS
SDS
Substance Use Disorder
program_value


UCSVT Advanced Analytics
SPQM | PRACTICE MANAGEMENT
Practice Management: Key Measures Dashboard
82,394 Events
2,272 Persons
198 Workforce
58.3 AvgCtimeMins
11.9% NSCancPCT
4326 CountDNS
3549 CountCBC
1963 CountCBT
5,493 Events
993 Persons
5339.7 SumCtime
5.5 ServiceDensity
123 Workforce
MONTHLY AVERAGES
Events by Appointment Type
KEPT 88.1%
CBC 4.3%
DNS 5.3%
Ethnicity Persons
Not of Hispani... 46%
NR 27%
Declined t... 2%
Unknown 24%
Race Persons
White/Cauca... 66%
NR 27%
Unknown 3%
Persons by Age Group
NR 809
65+ 178
18-64 1,403
00-17 691
AgeGroup
0K
1K
Persons
Date Selector
Y Q M W D
Year
2023 - 2024
2020
2021
2022
2023
2024

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

No Show Rate

Count of Status	Column Labels	
	Client Cancel	No Show
2020		
Adult Mental Health	1.44%	2.45%
Community Rehabilitation + Treatment	0.45%	2.01%
CYFS Mental Health	0.05%	1.73%
Developmental Services	0.00%	0.09%
Intensive Services - CYFS	0.00%	0.00%
Interim Eligibility - Pre-Admit	0.00%	1.90%
SBS	0.00%	0.00%
Substance Use Disorder	0.66%	17.24%
2021		
Adult Mental Health	4.25%	6.74%
Community Rehabilitation + Treatment	1.76%	3.76%
CYFS Mental Health	5.65%	6.50%
Developmental Services	0.18%	0.16%
Intensive Services - CYFS	10.37%	4.44%
Interim Eligibility - Pre-Admit	0.00%	0.00%
SBS	0.50%	0.58%
Substance Use Disorder	4.41%	33.32%
2022		
Adult Mental Health	6.49%	7.28%
Community Rehabilitation + Treatment	3.08%	5.59%
CYFS Mental Health	7.84%	9.70%
Developmental Services	0.36%	0.31%
Intensive Services - CYFS	10.40%	6.41%
Same Day Access	0.00%	0.21%
SBS	1.43%	1.94%
Substance Use Disorder	8.76%	19.04%
2023		
Adult Mental Health	6.58%	7.51%
Community Rehabilitation + Treatment	3.81%	4.85%
CYFS Mental Health	7.80%	9.08%
Developmental Services	0.55%	0.28%

Intensive Services - CYFS	5.28%	11.78%
Same Day Access	0.00%	0.00%
SBS	3.28%	0.97%
Substance Use Disorder	8.43%	15.37%
Grand Total	**2.84%**	**4.16%**

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

- Same Day Access (SDA)- Those seeking services can walk in same day. Prior to SDA, only 51% of those seeking services were seen within 5 days. Currently, 98% of people seeking service are seen within 5 days.
- Finding Access to Services and Treatment (FAST)- FAST is an arm of SDA and provides access to Collaborative Network Approach, an evidence-based practice providing deep listening. 94% of those who participated in FAST reported it was helpful.
- Implementation of Centralized Scheduling for direct care/clinicians increased timely access to care. UCS has increased its outcome of percentage of people who are seen within 14 days since implementation. At one point it was as high as 84%, currently 62% of people accessing services have a follow up appointment within 14 days.
- Levels of care implementation this fall to align people with the right level of care.
- Revenue Cycle Management project completed June 2023 to improve back-office functions and revenue cycle to decrease redundancies, increase efficiency, and increase collection rates.
- SPQM – The agency has contracted with The National Council for Mental Wellbeing for consultation with MTM Services to utilize SPQM to turn our data into insights. The insights support the agency's leadership team in making data-driven decisions. SPQM is an analytical and management support tool that measures the effectiveness of management clinical practices and helps identify meaningful opportunities to improve our delivery of care. Report dashboards include: client engagement rates, staff productivity, no show and cancellation rates, utilization, staff/client ratio.
- HCBS grant- "UCS Thrives" is a comprehensive staff recruitment, engagement, and retention strategy that includes increased wellness activities for staff, staff training, implementation of a new HRIS system, and Lorna Listens.
- Chess Health App helps with access to care particularly when staffing is an issue or concern. Chess Health app provides text and live action support by people in recovery for people in recovery.
- Working with Open Minds, a national performance and market management and management consulting firm to perform service line portfolio management and to develop a plan to diversify funding to augment client care.
- UEMRVT is a group of four Designated Agencies who have come together to create one unified electronic health record, currently using Netsmart, myAvatar. We are leveraging our resources to have a shared resources model of governance and system maintenance that seeks to create both economies of scale and sustainability while increasing data and process quality. The group works together to ensure our system is built with best practice and industry standards, meets regulatory requirements, and creates an agile, data driven environment. We achieve improved

quality and efficiency within our documentation and workflow processes. UEMRVT also serves to keep us at the forefront of ongoing changes, promoting the opportunity to be part of the greater conversation about how we care for Vermonters.

Sustainability Questions:

Which grant-funded programs does your organization operate? What is their purpose, who is being served, what are the outcomes, what is the funding, when does the funding expire?

- **Mental health Urgent Care Initiative:** An MOU with multiple agencies and the Vermont Care Partners to expand mental health urgent care services in the state. UCS provides urgent care services (PUCK) to children ages 3-18 at risk of hospitalization due to mental health issues. Outcomes include decreasing acuity at discharge, decrease ED utilization, for those admitted to the ED to decrease time in the ED (youth who are in PUCK spend up to 2 hours at PUCK vs 6 or more hours in the ED).
    - Funding/Timeline: $121,577, expires 9/29/24.

- **PUCK initiative**: Purpose: via the Vermont Community Foundation, this supports the existing Psychiatric Urgent Care for Kids (PUCK) program through tool expansion and staffing support. Children aged 3-18 who are at risk of hospitalization due to mental health issues and extreme behaviors. Outcomes are same as above. Funding/Timeline: $150,000, expires 8/31/24.

- **Mental Health Intensive Outpatient Program** for youth grant through Four Pines Funding, this supports an intensive outpatient program designed to treat elementary age children in their own community and preventing hospital or residential placements.
    - Outcomes: reduction in hospitalization, suicidal ideation, and residential treatment placements. Funding/Timeline: $263,626, expires 8/31/24.

- **DMH PUCK Expansion Grant** via the Department of Mental Health, this supports the existing Psychiatric Urgent Care for Kids (PUCK) to expand programming, staffing, and hours of operation. Serves children ages 3-18 at risk of hospitalization due to mental health issues and extreme behaviors.
    - Outcomes: decrease acuity at discharge from PUCK Program, decrease utilization of the emergency department for mental health crisis, youth admitted to the PUCK program will not require hospitalization for mental health crisis during their admission and or 6 months following their discharge date.
    - Funding/Timeline: $864,313, expires 3/31/25.

- **Project Aware** (Advancing Wellness and Resiliency in Education)- SAMHSA funded grant contracted with DMH and SVSU. Currently 2 years but can be up to 5 years. SVSU and UCS will work together on this grant. A District Leadership team will be formed with community members. An advisory board will include family members and agency staff from UCS and

SVSU. All 10 SVSU schools, students, and staff will participate in this project. $106,250 Year 1 and $105,656 Year 2.

- **State Police/Bennington Police -** Through the generosity of the Vermont State Police, we embed a clinician within the Bennington Police Department. This grant is for one year and is due to expire June 2024.

- **SASH** (Support and Services at Home) to embed a clinician within several Shires apartments to increase health outcomes and independence. The grant was for one year, to end September 2024, but it has been expanded for another year.

- **Department of Substance Use (DSU) Engagement/Outreach**- Currently grant funded through Turning Point as fiscal agent. This opportunity will allow for UCS to be an active member of community outreach efforts to engage homeless individuals.

- **New American Resettlement** We have just employed a part-time worker in this position that will link with local community partners and new incoming Americans to support their transition and settlement.

- **UVM migrant farmworkers** grant to provide limited and short-term clinical support to the migrant farmworker's community. The grant is renewed annually, set to end June 2024.

Are any of your programs or projects regionalized? If yes, please explain: people served, project risks and benefits.

- Batelle House- our crisis stabilization bed is available to any Vermont resident experiencing a mental health crisis.

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.

- SVMC psychiatry contract provides in person consultation five days a week.
- SVMC emergency services contract provides in ED crisis response.
- Blueprint for Health – MAT Services (as a Spoke) and integrated primary care services within 10 offices.
- Psychiatric Consultations with Primary Care offices which provide ad hoc consultation.
- Embedded clinician within the FQHC provides Substance Use services.
- EAP- UCS is contracted with Bromley, Bank of Bennington, Bennington Rescue, Seall, Inc, Equinox Village to provide Employee Assistance
- AIDS Project MOU that created a needle exchange service within UCS
- PAVE (Project Against Violent Encounters) MOU prioritizes PAVE referrals for immediate access.
- VHSA/Shelter Plus provides funding to people in need of housing.

How do you integrate and collaborate in the community with other agencies and programs?

- Turning Point Center MOU – UCS hired an outreach worker to partner with Turning Point in outreach to those who are homeless to help get connected to service.
- Bennington Rescue Squad MOU to increase communication and immediate response when they respond to an overdose.
- Project Alliance- cross agency and cross community team created to develop a coordinated response to increased community violence, gang activity, and increase in drug use and overdoses. UCS facilitates.
- A contracted mental health clinician is embedded in the Bennington Police Department. This has made a significant difference to the community and officers.
- UCS is contracted with the Bennington Police Department to provide mental health counseling to each officer.
- Vermont State Police contract embedded mental health worker.
- UCS partners with others to respond to community need for education. Most recently through the Stratton Mountain School where UCS clinician was a panelist to discuss suicide prevention.
- Regular meetings among leaders and service providers and grant-funded collaborations with Southwestern Vermont Supervisory Union.
- Regular meetings among leaders and service providers and grant-funded collaborations with the Department for Children and Families (DCF).
- Psychiatry consultation contract with the Southwestern Vermont Supervisory Union.
- Sunrise Family Resource Center partnership for ongoing coordination of care with clients and fiscal agent for Children's Integrated Services.
- HireAbility collaboration and contracts for supported employment programs
- HUD – we collaborate on behalf of clients in our Supported Independent Living Program and group home.
- Education – to provide support to clients and families that access DS services and to transition graduating students to DS waiver services.
- Community crisis response which has included in the past year Dorset Fire department, Bennington Police Department and Green Mountain Power.
- Vermont Chronic Care Initiative - through the agency of human services. We collaborate on individuals who have presented in the ED and have a DS diagnosis.
- Kanthaka of North Bennington for equine assisted therapies

Operational Questions:

What percentage of overall operational costs are administrative?

- 13.41%

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

- Evaluation & Management (MD):

○ Straightforward	Per Session	64.50
○ Low Complexity	Per Session	95.00
○ Moderate Complexity	Per Session	143.50
○ High Complexity	Per Session	202.50

• Psychiatric Individual Therapy (MD)	1 hour 242.50
• Psychiatric Diagnosis & Evaluation (MD)	1 hour 242.50
• D & E Interpretation Time (MD)	1 hour 242.50
• Psychological Evaluation/Testing	1 hour 242.50
• Interpretation Time (Psychological Evaluation & Court Ordered)	1 hour 242.50

• Individual Therapy	1 hour 175.00
• Diagnosis & Evaluation	1 hour 242.50
• D & E Interpretation Time	1 hour 242.50
• Group Therapy	1.5 hours 105.00
• Parental/Couples Therapy	1 hour 175.00
• Emergency Care	1 hour 313.50
• Family Therapy (2 members)	1 hour 175.00
• Family Therapy (more than 2 members)	1 hour 175.00
• MH Service Planning and Coordination	.5 hour 75.00 .75 hour 112.50 1 hour 150.00
• MH Community Supports	.5 hour 75.00 .75 hour 112.50 1 hour 150.00
• MH Community Supports Group	.5 hour 25.00 1 hour 50.00
• DS Service Planning and Coordination	.5 hour 75.00 1 hour 150.00
• Intensive Outpatient Program	Per Day 222.00

Which payers are you working with?

- Department of Vermont Health Access (DVHA)
- DMH Medicaid
- DAIL Medicaid

- DSU Medicaid
- Medicare
- Third Party Payers-Aetna, BCBS, CDPHP, Cigna, MVP, Optum, WellCare
- Self-pay

What is your staff vacancy rate?

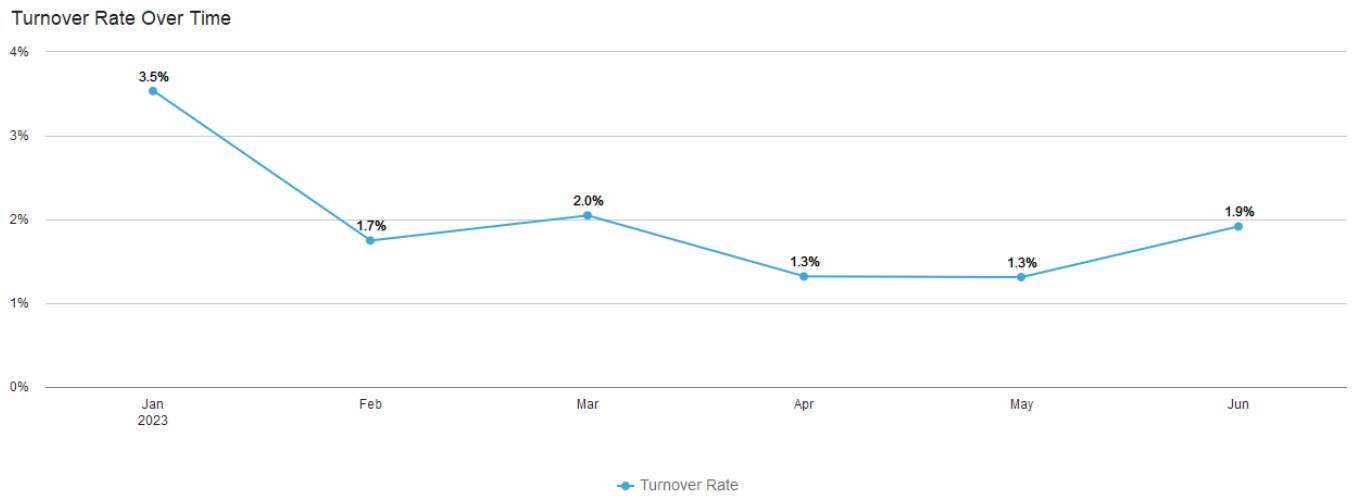
- We currently have 38 open positions with a vacancy rate of 12.5%. It is worth noting that we created 10 new positions between 7/1/23-12/31/23 and 21 new positions so far in 2024 (several include Head Start/Early Head Start positions), which affects our vacancy rate. Our vacancy rate has decreased over the last year as we had 65 vacancies in December 2023.

Which positions are most often vacant?

- Clinician and Teacher positions (Head Start and Early Head Start) are vacant for extended periods of time as they are extremely hard to fill. As a result, they are the positions that are most often vacant.

Which has the highest rate of turnover?

- Direct Support Professionals (DSP) Residential, front desk positions, and DS Service Coordinators.
- Turnover rates for the past five years:
    - 2018-19 turnover 22.8%
    - 2019-20 turnover 26.9%
    - 2020-21 turnover 37.3%
    - 2021-22 turnover 31.1%
    - 2022-23 turnover 23.6%



What is your most effective recruitment strategy and why?

- Our most effective recruitment strategy is utilizing programmatic advertising for open positions. We contract with a service called JobTarget which automatically posts our open positions to over 60 job boards. This ensures that our open positions are visible to a much larger candidate pool. By switching to programmatic advertising, we increased the number of applications received by 52%.

What is one innovative retention tactic you want to share?

- Once a year, UCS conducts an employee engagement survey. This survey gathers feedback from employees on a wide range of engagement areas including their relationship with their supervisor, training and development, benefits, and whether employees feel supported in their job. After employees have taken the survey, we will compile the data and share it with all staff at a town hall meeting. Employees can provide more feedback during the town hall meeting. The innovative next step is to hold focus groups which develop ideas to address improvement areas identified in the survey. All agency employees can participate in these focus groups. This demonstrates our commitment to on-going improvement in employee engagement and promotes employee buy-in as staff are the ones who identify solutions.

What EHR are you using?

- MyAvatar NX Netsmart

Specify strengths and obstacles the agency experiences:

UCS Strengths:

One or our greatest strengths is our ability to be flexible and to pivot to respond to community need. Prior to the pandemic, we implemented “Transformational Change” which provided us with change management tools to be the first in the state to implement Same Day Access and the only DA to utilize Centralized Scheduling. The Transformational Change process prepared us for the pandemic and making changes safely and quickly. No staff were laid off, no programs were closed during the pandemic. Most recently, we converted a utility van into a mobile PUCK to respond to the increased need for crisis services in Manchester and the mountain towns.

UCS is firmly embedded in the community and is an essential provider within the health network. We actively, and with intention, reach out to the community to cultivate positive relationships and develop collaborations across the spectrum. Our connections in the community go far beyond the health network to include providing training such as Mental Health First Aid, offering events that decrease stigma such as our UCS Presents series of films, speakers, and panels, and creating a Superhero 5K and kids dash that is in its 6th year.

UCS is innovative. Examples of our innovative spirit include being the first in the state to develop an Urgent Care model that diverts children and youth from the Emergency Department. This is now being recreated throughout the state. We regularly receive inquiries from others nationally to consult on how to implement the program in their state. The program was even featured in The Wall Street Journal last month. UCS created FAST, Finding Access to Services and Treatment) which is being implemented in other DAs. UCS created the only Elementary Age Mental Health IOP in the state to respond to the intensive needs of the children in our community,

Continuous quality improvement and data driven decision making is core to how we focus on process improvement and enhanced care. We are currently conducting a community needs assessment that will inform our strategic plan. We recently conducted a Revenue Cycle Management process that helped us create more efficient processes, reduce write-offs, and implement billing software that is integrated within our electronic medical record.

Staff engagement is a top priority. UCS applied for and was awarded an HCBS grant focused on staff recruitment and engagement. Included in the grant was the implementation of a new Human Resource Information System (HRIS) that is user friendly and mobile to better respond to staff needs, increased training including The Management Academy training conducted by the National Council, and Wellness dollars that can be used at the discretion of each staff (this will enhance our award-winning Wellness Program).

UCS Challenges:

Inadequate funding is one of our greatest challenges as it permeates all aspects of our agency:

- We are **not able to keep up with market rates** and therefore the staff's primary reasons for leaving UCS are pay and benefits.
- We are **not able to provide staff with annual cost of living raises** and therefore fall further and further behind the market.
- The **high cost of health insurance** contributes to our vacancies and turnover rates as staff cannot afford it.
- Workforce c**hallenges are exacerbated by staff being recruited by other agencies** who can pay a higher salary and better benefits.
- We cannot recruit clinicians **due to low pay**.
- As the demand for services increased, we responded as best as we could, however, **capped funding does not allow us to effectively respond to the demand**.
- **Limited funding restricts our ability to expand programming** without having to pursue grants that are time limited.

The lack of affordable housing affects our ability to recruit staff from out of the area. In addition, several people who are in our care are homeless or living in transitional spaces. Situations where our clients are living in unacceptable conditions affect staff morale and lead to burn-out.

Complex administrative rules and documentation requirements are burdensome. Staff have resigned from a job they love, working with clients, due to the burden of documentation requirements. Most importantly, people who seek services must sit through hours of screening and questioning before receiving on-going treatment. This process can be a barrier to seeking services and has proven to be overwhelming to many, some will leave during the process of intake and not return. As an agency that provides SUD, DS and MH services, the varied and vast requirements by state and federal agencies are difficult to maintain and take away from direct client care. We encourage the state to continue to find ways to reduce the burden on staff and the people we serve.

We believe in our “tag line,” UCS is a great place to work and a great place to get care! Thank you for the opportunity to share that with you. Please feel free to reach out.

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