



Information for House Healthcare Committee

March 28, 2024

Clara Martin Center is the Designated Agency (DA) for Orange County and the top five towns in Windsor County. We are also a Preferred Provider for Substance Use Services. Orange County is unique in that Clara Martin Center is the DA for mental health services and UVS is the designated agency for I/DD services. We work collaboratively to best support each other and the people we serve.

Vision: Individuals and families in our local communities will have the resources and support they need to lead healthy, meaningful, and rewarding lives.

Mission: Clara Martin Center supports people to lead fulfilling lives by providing high quality mental health and substance use services.

SERVICE QUESTIONS

Describe the typical persons served and services offered within each:

- *Adult Outpatient* – General adult outpatient services for adults age 18 years or older who are ineligible for CRT services.

Services:

- Individual, couple, and group therapy
 - Case management
 - Psychiatry and medication management
 - Wellness Programming/Tobacco Cessation – provides individualized support by a nurse to help identify measures to decrease physical risk factors and promote physical health through individual health coaching, group activities and coordination of treatment with community health providers.
 - Peer Support Services from those with lived experience
 - Vocational services
 - Tricounty Eldercare partnership with WCMHS and LCMHS through Central VT Council on Aging
- *Community Rehabilitation and Treatment (CRT)* – **Designated population to serve through state statute.** CMC has phrased CRT as the Community Support Program (CSP) at CMC. CSP serves adults, 18 years and older, who meet specific eligibility criteria set forth by the Department of Health. The criteria must be met in three categories: diagnostic criteria, recent treatment history and level of impaired role

function. Although persons with a primary diagnosis of Developmental Disability, head injuries, Alzheimer's Disease, or Organic Brain Syndrome frequently have similar treatment needs, they are not included in this definition.

Services:

- Individual and group therapy, family support
 - Case management
 - Psychiatric evaluation and medication management
 - Nursing/Medical support
 - Wellness programming/Tobacco Cessation – provides individualized support by a nurse to help identify measures to decrease physical risk factors and promote physical health through individual health coaching, group activities and coordination of treatment with community health providers.
 - Supported Employment – assists adults to identify, achieve, and maintain vocational goals, including paid employment, in collaboration with community employers. The program also helps with preparing for employment, assistance with job development, and assistance with on-going job support.
 - Peer Support Services from those with lived experience.
 - Support Work - Weekday and weekend services provided in community to support activities of daily living and living independently.
 - Care Coordination among members of a client's healthcare team and community partners
 - Representative Payeeship to administer and monitor client funds if needed.
 - Management of Housing contingency funding to assist individuals in maintaining current housing.
 - Recovery and community support groups and services
 - Community outreach and in home services
 - Transportation – provide assistance to access community resources for transportation support to allow for access to services, including CMC providing transportation directly.
- *Children, Youth and Families (CAFU/C+F) - Designated population to serve through state statute.* Provides high quality, family centered and strengths-based services that are comprehensive and integrated, prevention and community-based services to children and their families. All services are intended to enhance the functioning of the family system.

Services:

- Individual, family and group therapy
- Early childhood and family mental health (ages 0-5) – CMC provides therapeutic supports to young children ages 0 to 5 and their families. Services are specific to social and emotional and behavioral needs and tend to be delivered through a more specific prevention-based model. Services are provided in the home, community and at the office based on need and appropriateness.
- General Outpatient Services (ages 6 -15)
- Transition Age Youth (ages 16-22)

- Jump on Board for Success (JOBS) Vocational Services – provides job supports to young adults ages 16-22 who have graduated, are at risk of dropping out, or who have dropped out of school to aid them in preparing, securing and maintaining employment.
 - Nursing/Care coordination with primary care providers
 - Child Psychiatry thru contract with Counseling Service of Addison County (CSAC)
 - Peer Support Services from those with lived experience
 - Respite
 - Case management – Family and parenting support, supportive counseling, referral and resource assistance and coordination of care needs
 - Community based skills groups
 - Substance use services
 - Summer programming, school vacation programming
 - Adventure Based services – the adventure-based programming consists of services that engage clients in their treatment through experiential learning and adventure-based treatment. The program fosters resiliency and inspires change for children and adolescents by incorporating their whole self, including strengths and competencies that are brought out through active forms of treatment.
 - Wellness program - provides individualized support by a nurse to help identify measures to decrease physical risk factors and promote physical health through individual health coaching, group activities and coordination of treatment with community health providers.
 - COMPASS - contract with Hartford DCF that provides intensive supports to youth ages 12 through 23 (and their families) who are at risk of involvement with DCF. CMC assists youth with supports towards developing stable living environments, healthy and safe relationships, permanent connections and well-being.
 - Transportation – provide assistance to access community resources for transportation support to allow for access to services, including CMC providing transportation directly.
 - Reach Up – contract through the Department of Children and Families. Reach Up allows parents to access services and case management supports to assist parents with being able to financially support their minor, dependent children. Reach Up focuses on goals related to education, employment, finances, health, housing, safety, training, well-being and more. Also allows for monthly cash payments to help with basics like food, clothes, housing, and utilities.
- *Emergency and Crisis Response Services – Designated population to serve through state statute.* Provides immediate access to emergency support. Available to all ages 24 hours a day, 365 days a year either through in person emergency screenings or by telephone support based on need. Designed to be intensive, time limited, and are intended to resolve or stabilize the immediate crisis through direct treatment, supportive

services to significant others, or arrangements of other more appropriate services. CMC Crisis response includes members of the individual's treatment team.

- Emergency Services/Case Management
 - 2-person Mobile Crisis Response
 - Chris's Place Crisis Stabilization Program – community-based alternative to a hospital admission for adults ages 18+. Chris's Place is staffed 24/7 to provide intensive care and oversight so that clients are able to address current issues they are struggling with surrounded by readily available supports.
 - Onsite Community Crisis Response following varied incidents
 - Peer Support Services from those with lived experience.
 - Provider of FEMA's SOS-VT services for Orange County following 2023 summer flooding
 - After Hours contract with WCMHS – WCMHS provides phone triage support for CMC and reaches out to CMC for any needed community response after hours.
 - Collaboration with HCRS and NKHS on shared catchment areas and embedded mental health workers with Vermont State Police Royalton and St. Johnsbury barracks.
- *Advocacy and Peer Services* – Provides a unique level of support through an individual staff member's own lived experience with either mental health or substance use.
 - Peer Support Services available across all programs
 - Recovery Coach for SUD services
 - Safe Haven/Chris's Place – peer support as part of staffing plan
 - Board Advisory Committee – Internal CMC committee made up of individuals currently enrolled in services at CMC, eligible for services from CMC, or a family member eligible for services that meets monthly
 - Active Racial and Social Justice Committee, and LGBTQIA+ Committee focused on agency operations and care delivery to support diversity, equity, inclusivity and belonging; will be implementing a Neuro-Inclusivity/Neurodiversity Committee this year.

Any other services in your array:

- *Primary Care Integration* – The mission of the Primary Care Integration Program is to ensure access and coordination with primary health care services for those accessing services at CMC.
 - Co-located with Gifford Healthcare at Chelsea Health Center – 1 MH/SUD clinician for adults, 1 MH clinician for CYFS
 - Embedded clinician at White River Family Practice one day a week
 - Care coordination meetings with Upper Valley Pediatrics every other month.
 - Monthly care coordination meetings with LRHC.
 - Quarterly Leadership team meetings with local FQHC's, Gifford Medical Center (GMC) and Little Rivers Health Care (LRHC).
 - Quarterly Emergency Services meetings with GMC and CMC leadership.

- Blueprint for Health – includes attendance at local Unified Community Collaborative meetings in Bradford and Randolph
 - OneCare monthly Care Coordination meetings with GMC and LRHC for both children and adults.
 - Medication Assisted Treatment (MAT) Coordination with GMC as part of Hub and Spoke
- *School Services* – Provides a continuum of student-centered supports and interventions that allow students with mental health challenges to be successful student learners. With a focus on prevention and early intervention, the goal of school services is the promotion of wellness for all students in their educational, family, and community environments.
 - East Valley Academy (EVA)– independent, therapeutic alternative school for grades 3 through 12. CMC oversees all therapeutic as well as academic aspects of EVA.
 - School based clinicians, behavioral interventionists, BCBA oversight, Behavioral Specialists
 - Emergency response as requested to all schools in the catchment area.
 - Trainings in Mental Health First Aid/ Youth Mental Health First Aid provided to local schools.
- *Substance Use Disorder (SUD) Services* – Promotes healthy lifestyles by reducing the harmful effects of alcohol and other drugs on the client, family, and community.
 - Individual, family and group therapy
 - Case management
 - Recovery Coach
 - Embedded SUD Responder with Hartford Police
 - Intensive Outpatient Program (IOP) – IOP helps clients reduce the harmful effects of substance use and enhance their skills to prevent relapse. Program meets three times per week for approximately 6 weeks.
 - MAT program– part of statewide Hub and Spoke model with GMC
 - Nursing support – established as part of our CCBHC development; provides on site nursing support for individual and group education on infectious diseases, the ability to offer harm reduction materials, and HIV screening.
 - Harm Reduction/Narcan – through a partnership with the H2RC, we have installed three access boxes at our Wilder, Bradford and Randolph locations that allow 24/7 access to free Narcan for the community.
- *Criminal Justice Program* – The Criminal Justice Program provides effective assessment and treatment services to people who have been or are currently involved with the court or corrections system.
 - Domestic Violence Accountability Program – The program is designed to provide education to domestic violence offenders to motivate them to end

- their abuse and to ultimately change their behavior. The program adheres to the Standards set forth by the VT Network Against Domestic Violence.
- Sex Offender Treatment – contracted with Rutland & Addison Probation; Program aims to decrease the risk of re-offense and promote healthy lifestyles through individual and group therapy. The program meets the standards set forth by the VT Center for the Prevention and Treatment of Sexual Abuse.
 - Re-Entry Case Management – services for individuals supervised out of the Hartford Probation and Parole office. These services assist individuals to successfully re-enter the community after incarceration or who are already on probation and parole needing additional supports.
 - Anger Management – Provided in an individual or group setting. This service aims to provide clients with skills necessary to identify and effectively manage emotions that may lead them to engage in threatening or assaultive behavior.
 - Partner with Orange County Special Investigative Unit (SIU) as part of multidisciplinary team, as well as Orange County Restorative Justice.
- *Residential Services*
 - Safe Haven transitional living shelter (4 transitional beds) – Provides a recovery-oriented community living environment for homeless individuals age 18 or above that have a mental health diagnosis. Individuals can stay up to two years. Safe Haven is currently full.
 - 28 South Main Street – created in 2019, provides four individual 1-bedroom low-income apartments/permanent housing for individuals who have a mental health diagnosis and meet federal poverty levels. CMC case management is provided to all residents, and outpatient mental health and substance use services are available based on individual’s choice. 28 South Main Street has been full since opening in 2019.
 - Partner of Housing Continuum of Care – currently exploring options for expansion of housing availability at CMC.
 - *Access* – the Access Program is the entry point for the majority of programs offered at CMC. The program aims to make the process of accessing care an easy and supportive one for the individual seeking care.
 - Walk-in supports
 - Same Day Assessments available for all ages
 - Linking to resources both internally and externally to CMC
 - Checking Insurance eligibility and linking clients with available providers based on insurance type
 - Administering screening tools to identify areas for treatment concentration
 - Short term counseling and case management
 - Access serves as the Engagement Team to assist clients who may need support to attend appointments.

- Manage all incoming referrals to CMC from community partners and individual inquiries for services.

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

Number of Vermonters served within both MH and DS within each service.

# served (calendar year)	2019	2020	2021	2022	2023	2024 Q1
Access	1174	1039	1006	1055	768	180
AOP	650	771	910	787	811	469
Child & Family	559	537	618	529	518	346
Criminal Justice	77	90	99	88	90	63
CRT	162	152	152	150	156	131
Emergency	384	277	289	253	364	96
SUD	475	430	342	282	275	138
Schools	109	76	115	127	119	103
Total served w/programs	3700	3450	3789	3953	4305	1578
Total Agency-unduplicated	2243	2089	2146	1889	1943	1253

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

We have adopted the Results Based Accountability framework since 2013. Over the past 11 years, we have had 2,763 responses to our annual client satisfaction survey. Results of the 2023 Client Satisfaction Survey show:

- 93.3% stated staff treated them with respect.
- 86.1% stated the services they received made a difference.
- 85.2% stated they received services that were just right for them.
- 86.2% stated they received the services that they needed.
- 81.4% stated their quality of life improved as a result of the services they received.
- 80.4% stated CMC services are easy to access.
- 84.1% stated CMC is a welcoming environment for all.
- 8.9 out of 10 would recommend CMC to a friend or colleague.

We currently track the following Value Based Payment measures:

- % of clients offered an appointment within 5 days
- % of clients with a follow up appointment within 14 days
- % of adult clients screened for depression at intake
- % of youth clients screened for depression at intake
- % of adult clients screened for substance use at intake
- % of youth clients screened for substance use at intake
- % of adult clients screened for trauma at intake
- % of clients with a CANS assessment

- % of clients with an ANSA assessment

Persons with chronic mental illness are at a higher rate for comorbid conditions, therefore we implemented the Wellness Program to address these risk factors. As part of our psychiatry services and Wellness program, all clients that receive those services at CMC have quality health indicators such as BMI, HbA1c, height, weight, blood pressure, and tobacco use tracked and monitored. During the time period when CMC had a Tobacco Cessation Grant through the Department of Health, 20 individuals successfully quit smoking and 2 successfully quit vaping.

Challenges within each service category.

Program	Challenges	Current open positions
ALL PROGRAMS	<ul style="list-style-type: none"> • Need for predictable, flexible and sustainable funding • Ongoing workforce and recruitment challenges especially for licensed MA level clinicians • Balancing the workload of new initiatives with staffing challenges • Lack of available housing for both clients and new staff • Limited public transportation options for clients to access services • VT OPR rule changes/roster limits • Administrative documentation burden • Ongoing COVID recovery 	
Adult Outpatient	<ul style="list-style-type: none"> • Stable case management and clinical staffing • Aging population • Lack of space in agency facilities hampering ability to provide greater services 	1
CRT	<ul style="list-style-type: none"> • Currently collaborating with DMH to address eligibility criteria changes • Aging population and lack of appropriate resources • Aging population with complex medical needs 	3
CYFS	<ul style="list-style-type: none"> • Limited child psychiatry • Lack of respite providers 	6
Emergency	<ul style="list-style-type: none"> • Lack of skilled workforce • Increased acuity of client needs • Lack of stable law enforcement resources in our area to partner with 	2
Peer Services	<ul style="list-style-type: none"> • No current statewide Peer Services certification process. CMC developed our program to meet Medicaid eligibility once we can. • Limited support for those re-entering the workforce. • Benefit cliff for some staff members that impacts work availability. 	0
Schools	<ul style="list-style-type: none"> • Duplication of service lines with area providers 	7.5

	<ul style="list-style-type: none"> • Unstable school contracts when school leadership changes • Increased acuity of student needs in schools 	
Substance Use Disorder	<ul style="list-style-type: none"> • Consistent lack of rate increases hampering ability to provide services • Decrease in number of Licensed Alcohol and Drug Counselors (LADC) available in VT by half 	0
Criminal Justice	<ul style="list-style-type: none"> • 3 Sex Offender Treatment providers for the whole state 	0
Residential	<ul style="list-style-type: none"> • Lack of affordable housing inventory for individuals to transition to following completion of program. • Difficulty in staffing 24/7 site 	0

SCHOOL-BASED SERVICES AND SUCCESS BEYOND SIX

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

# served	2019	2020	2021	2022	2023	2024 Q1
Schools	109	76	115	127	119	103

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

2019 - \$1.82M

2020 - \$1.52M

2021 - \$910K

2022 - \$1.16M

2023 - \$1.36M

SB6 Contracting trends:

There are 4 supervisory unions in our region, 2 that we have current contracts with to provide services.

- Contracted Services:

- White River Valley Supervisory Union:

- 1 Behavioral Interventionist (BI) in Bethel

- 1 BI in Rochester

- 4 BI's in Tunbridge

- 1 Behavioral Specialist (BS) in Sharon

- 1 BS in Chelsea

- 2 Classroom Case Managers

- 2 school-based clinicians

- 1 Board Certified Behavior Analyst

- *Currently 4 open positions for School Clinicians, 1 open position for BI in South Royalton

- Orange East Supervisory Union

- 1 BI in Blue Mountain School

- Services provided in various schools in the following SU's without a contract for co-located services:
 - Orange East Supervisory Union
 - Orange Southwest Supervisory Union
 - Rivendell Interstate School District

Other emerging trends and best practices in youth mental health

- Focus on trauma-informed care; CMC has allocated portion of CCBHC funding on targeted trauma-focused trainings for CYFS staff
- JOBS vocational services
- Expand Dialectical Behavioral Treatment (DBT) for youth
- Transition Age Youth services
- Youth Mental Health First Aid
- Harm reduction for youth with SUD behaviors
- Transgender/LGBTQ+ affirming treatment for youth
- Plan to implement Columbia Suicide Severity Ratings Scale (CSSRS) specific to youth as part of Zero Suicide efforts

PRACTICE IMPROVEMENT QUESTIONS

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

- National Outcomes Measures (NOMs)
- Self Sufficiency Outcomes Matrix (SSOM)
- Level of Care Utilization Score (LOCUS) for residential services
- Children and Adolescent Needs and Strengths (CANS)
- Adult Needs and Strengths Assessment (ANSA)
- Evidence Based Practice specific measurements
- Daily Living Activities (DLA-20) will be implemented in the fall
- Situational Specific Screening tools:
 - PHQ-9, PHQ-A depression screening
 - PC-PTSD 5
 - CRAFFT/CAGE Alcohol screening
 - Mood Disorder Questionnaire
 - Child Dissociative Checklist
 - Dissociative Experiences Scale (adults)
 - Children's Yale-Brown Obsessive-Compulsive Scale
 - Yale-Brown Obsessive-Compulsive Scale (adults)
 - Generalized Anxiety Disorder-7 (GAD-7)
 - Screen for Child Anxiety Related Disorder (SCARD)
 - Vanderbilt ADHD (kids)
 - Adult ADHD Self Report Scale (ASRS)

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

- Since CCBHC has allowed an expansion of individuals eligible for services, we have seen an increase in need for case management services; we are an integrated dual

diagnosis treatment agency so we have seen an increase in individuals with both a mental health and substance use disorder.

- Increase in services and needs for Older Vermonters – need greater access to geriatric psychiatry:

# served by age	2019	2020	2021	2022	2023	2024 Q1
over 60	203	223	235	224	257	189

- Rates of suicide and overdose – more rural areas of the state have higher count of firearms; Orange County overdose rates in line with the rest of the state, but higher in Hartford region.
- Individuals served in our Substance Use Disorder Program continue to present with alcohol as their primary substance of use, over opiates or other substances.
- Exploring Impaired Driver Rehabilitation Program (IDRP) – IDRP is a State of Vermont program designed to provide education on substance abuse and driving under the influence for those convicted of a DUI1 or DUI 2. CMC used to successfully provide this weekend program until state funding shifted. Now the state is looking to shift this again, so we are looking at whether it makes sense to take this project on again at this time.
- Breakdown of clients seen by primary diagnosis:

Disorder	Percentage of Clients Seen
Mental and behavioral disorders due to psychoactive substance use	12.8%
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	4.34%
Mood disorders	15.79%
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	39.24%
Behavioral syndromes associated with physiological disturbances and physical factors	0.28%
Disorders of adult personality and behavior	3.92%
Intellectual Disabilities	0.09%
Pervasive and specific developmental disorders	1.06%
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	5.08%
Other	17.91%

- See below for CMC service penetration rate:

TABLE 1-2
 Vermont Agency of Human Services
 Department of Mental Health

CLIENTS SERVED PER 1,000 AGE-SPECIFIC POPULATION
 by Clients' Primary Program Assignment and Designated Agency
 Fiscal Year 2023

<u>Designated Agency</u>	Children's	Adult MH	Community	<u>Unassigned</u>	<u>VPCH</u>
	<u>Services</u>	<u>Outpatient</u>	<u>Rehabilitation</u>		
CMC (Orange)	93.3	27.3	5.4	4.0	<0.05
DA system average	85.4	13.3	4.2	10.6	0.1

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

Patient Level:

- Length of stay for all clients
- Cancellation/no show rates
- Progress made towards treatment goals
- Frequency of services
- Use of emergency services
- Admission rates to hospitals

Diagnostic level:

- Service count by diagnosis
- Co-occurring MH and SUD clients
- Individuals enrolled in the MAT program have medication compliance tracked.

Population level:

- Track no show rates by program and service
- Track group attendance to target different areas
- Discharges by reason, by program
- Track whether an evidence-based practice was used on those completing treatment.
- Service cancellation rates between in-office services and those provided through telehealth or telephone.

What are your no-show rates?

No Show rates (calendar year)	2019	2020	2021	2022	2023	2024 Q1
Access	84%	44%	36%	21%	20%	15%
AOP	34%	31%	32%	36%	26%	16%
Child & Family	23%	30%	26%	25%	17%	15%
Criminal Justice	6%	7%	7%	6%	5%	8%
CRT	8%	14%	15%	11%	8%	8%
Emergency	0%	0%	1%	0%	1%	0%
SUD	37%	38%	40%	35%	25%	18%
Total Agency	19%	23%	22%	17%	21%	13%

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

The implementation of the SAMHSA Certified Community Behavioral Health Clinic grant and framework has been transformational for the agency and has impacted all service and administrative programs and functions. We launched a same day access (SDA) pilot in our Wilder site in 2023 to shorten wait times for services and move to on-demand assessments to meet the needs of the populations we serve. Due to the success of this pilot, in February of this year, we began expanding SDA to all sites. This has resulted in a decrease in the no-show rates, an increase in the number of individuals able to be seen same day or within a few days of their initial inquiry around services (excluding emergency and crisis response services which are available same day), and individuals leaving that assessment appointment with a follow-up appointment already scheduled for them. Due to this work, CMC no longer has a waitlist for services at any CMC sites.

We work from the philosophy and best practices that the earlier you can meet with someone when they are requesting services, the more likely they are to engage in treatment and successfully complete treatment. Our data has demonstrated and proven this research to be true locally.

Part of the ongoing work that CMC does is to continue to look at ways to diversify our funding and seek opportunities as they arise, such as the CCBHC grant opportunity. Over the past few years, we have successfully been able to access different funding streams through independent programs, and at the state and federal level for overall agency operations, for employee support, or for various program initiatives to support and augment client care.

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.

- 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.
- Hartford Police Department Embedded SUD Responder – position funded through the Opiate Settlement Funds; the purpose of the position is to allow for increased community response and intervention along with Law Enforcement when someone is struggling with substance use issues or overdose concerns; allows for immediate intervention and follow up case management for the individual or their family.
- Contingency Management for SUD clients through Opiate Settlement Fund – purpose is to encourage and support adult client's attendance at SUD services.
- SOSVT – FEMA supported funding for program available through Orange County, program concludes at the end of June 2024.

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

- Sex Offender Treatment – providing services to individuals involved with the Rutland and Addison Probation & Parole offices. As we are one of only three providers in VT, there is a need for these services, but limited funding to provide them.
- Safe Haven – 4 bed transitional living residence for any individual age 18 or older. Program primarily serves Orange, Washington and Windsor counties, but available for any individual statewide. Benefits of program include transitioning people from homeless to housed and provided needed supports and care coordination.
- Chris's Place – 2 bed crisis stabilization program for individuals age 18 or older. Available for all VT residents as a short-term alternative to hospitalization during times of crisis. Provides 24/7 staffing augmented by individuals with lived experience.
- East Valley Academy – independent, therapeutic alternative school for students in grades 3 through 12
- CCBHC – no refusal of services due to residence; services available to all individuals regardless of age. CCBHC has allowed an expansion of services targeted to a person's individual need, increase in care coordination among service providers, and decreasing barriers to care. It has also allowed for investments in staff to receive intensive training on select evidence-based practices, such as EMDR among others. As we are currently grant funded through SAMHSA, there are some risks if VT is not successful with its application to join the federal demonstration and our grant concludes in September of 2026.
- SOS-VT – program supports available to all Orange County residents to assist with flood related needs, connection with disaster resources.

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.

- Emergency Response services – currently provide contracted onsite emergency assessments in the Gifford Medical Center Emergency Department and Med/Surg unit; also provide emergency response support to LRHC (FQHC); care coordination with WCMHS for afterhours response
- Access –Pregnant individuals screened for opiate use at time of intake to allow for quick access into services and coordination with medical providers.
- MAT – current MAT nursing and coordination with Gifford Health Center through the statewide Hub and Spoke program
- Primary Care – Co-located at Chelsea Health Center, one day a week at White River Family Practice, monthly care coordination meetings with LRHC, Upper Valley Pediatrics care coordination meetings every other month; quarterly leadership meetings with both GMC and LRHC; quarterly Emergency Services coordination/collaboration meeting with GMC, One Care Care coordination meetings with GMC and LRHC; participate in community listening tours with GMC, Capstone Community Action, and Trivalley Transit;

- LRHC – triage individuals in need of psychiatry support between the two organizations so individuals with more intense needs can be seen by the CMC Psychiatrist, and those with more general or maintenance needs can be seen by a LRHC provider
- Collaborative Solutions Corporation – Level III Community Care Home providing step down programming for individuals discharging from inpatient services; 501(C)3 between CMC, WCMHS, and Howard Center
- One Care – participant in Unified Community Collaboratives in both Bradford and Randolph and provide care coordination between Gifford and CMC.
- Housing - member of the Hartford Housing Continuum of Care

OPERATIONAL QUESTIONS

What percentage of overall operational costs are administrative?

- 11.5%

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

The full cost of each service is listed below. True cost to individual is based on income level, number in household, and insurance type. The majority of clients served have Medicaid which has no copay for services.

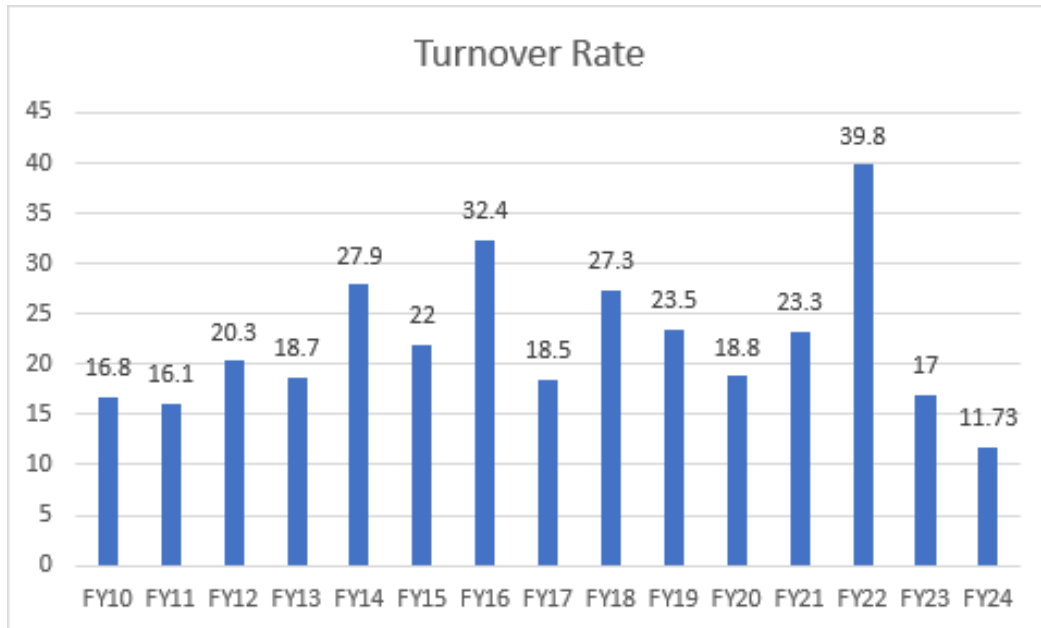
Services	Unit Cost	Services	Unit Cost
Individual/Parent Per Hour	\$170.00	Evaluation Per Hour	\$158.00
Couple/Family Per Hour	\$170.00	Intensive Outpatient	\$194.00
Medication Check w/ Therapy *	\$176.00	Psychiatric Evaluation Per Hour **	\$176.00
Group Per Hour	\$115.00	Service Planning Per Hour	\$128.00
Community Supports Per Hour	\$128.00	Group Community Supports	\$62.00

What is your staff vacancy rate? Which positions are most often vacant? Which have highest rate of turnover?

Our current Vacancy Rate is 10.73% with 19 FTE’s open. This is down from 18.67% in October, and 15.54% at the end of December. Eighteen of our openings are clinical / direct care & one is administrative. Traditionally Nurses and Behavioral Consultants are incredibly difficult to find and retain, however we do not have current openings for either one.

Our most significant challenge is recruiting master level clinicians / social workers, with licensed master level staff being even more difficult to find. Geographically, we also experience disproportionate challenges in filling all clinical positions in our more remote locations in the Bradford region.

We experience high rates of turnover with master level clinical staff who are in great demand across industries including human services, hospital / physical health care, education, corrections and more. Also, entry level positions, which typically pay on the lower end of the pay scales experience more turnover as they seek out opportunities for higher wages, or a different type of position.



What is your most effective recruitment strategy and why?

The vast majority of our applicants come to us from the on-line platform Indeed, which is widely known across many industries, and make applying easy and efficient. Newspaper advertising, job fairs & other on-line posts (jobsinvit, LinkedIn, Handshake) rarely produce any applicants. Occasionally we have some success with direct mailing sent to master level graduates by using the Office of Professional Regulation lists, or for school-based positions using the School Spring platform.

What is one innovative retention tactic you want to share?

We have experienced great success in the past 2 years with re-hiring past CMC staff who have left for a period of time and reached out to us to return to work here. We've also had success with providing graduate students with an internship placement and licensed clinical supervision, many of whom move into Master level clinical positions after graduation. We have strengthened our health insurance benefit over the past 8 years by reducing the high deductibles from 5,000/10,000 to 2,500/5,000, adding a health savings account match, and reducing the employee's share of premium costs over time. And we've received positive feedback from staff regarding access to flexible work arrangements, as well as providing a collaborative team approach to providing care.

What EHR are you using?

- myAvatarNX by Netsmart

Which payers are you working with?

- Medicare, Wellcare
- United Healthcare, United Behavioral Healthcare/Optum (These are Medicare Advantage plans)
- Medicaid
- BC/BS
- MVP
- Cigna
- Tricare, Martins Point
- Harvard Pilgrim
- Victims Compensation
- Misc. plans – AETNA, CBA Blue, Mutual of Omaha

CMC Strengths:

Agency Operations:

- CMC was first in the state of VT to be awarded a federal CCBHC grant; we have since taken a leadership role with VCP to assist other DA's and the State of VT to explore CCBHC statewide implementation; CMC is one of the two DA's selected by DMH for initial CCBHC certification
- CMC is local and embedded in our communities and maintains strong partnerships with community partners.
- Dynamic electronic health record that allows ability to produce data reports for monitoring of key performance indicators
- Quality improvement efforts to improve care
- Active Racial and Social Justice Committee, as well as an active LGBTQ+ Committee
- Stable Leadership Team who also play key roles with system committees and advocacy (Chairs of VCP Emergency Services committee, Chief Financial Operations Committee and VCP leadership, CCBHC statewide development)
- Tuition assistance/loan repayment option for staff with funding approved by the Legislature
- Diversity, Equity, Inclusivity and Belonging (DEIB) work woven throughout agency operations including programming, policy, hiring, etc.
- Collaborative leadership for supervision of staff
- Food shelf available for clients at our Bradford site; regional food support for other sites through different avenues.

Staff Support:

- A commitment to staff to support a work/life balance
- Developed processes for clinical supervision, provision of CEU's, internal Leadership Academy;

- Training ground for clinical staff entering the field
- Ability to support most internship needs for staff currently in school
- Flexible and remote work options
- Team environment
- Internal Employee Wellness Committee focused on ways to support healthy opportunities for staff such as apple picking events with families, walking challenges, healthy snack boxes at sites. CMC was a Governor's Worksite Wellness Gold Level award winner in 2023.
- Offer internal CPR/AED training for staff
- Reimplementing ALICE active shooter response training for staff on how to respond to a workplace safety situation

Programming:

- Fully developed Wellness Programming which is in the process of expanding to all CMC outpatient programs
- Care for Older Vermonters – continued expansion of services under the CCBHC grant
- Transition Age Youth Programming including Adventure Based Services
- Integrated Dual Diagnosis Treatment philosophy and services throughout programming
- Innovation, creativity, flexibility
- Same Day Assessments and no wait list for services – optimization of process

Evidence Based Practices available at CMC:

- Acceptance and Commitment Therapy (ACT)
- Applied Behavior Analysis (ABA)
- Child Parent Psychotherapy (CPP)
- Cognitive Behavioral Therapy (CBT)
- Cognitive Behavioral Therapy (CBT) for Adolescent Depression
- Cognitive Processing Therapy (CPT)
- Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder (PTSD)
- Dialectical Behavioral Therapy (DBT) - Adult
- Dialectical Behavioral Therapy (DBT) - Child
- Dyadic Developmental Psychotherapy
- Exposure with Response Prevention
- Eye Movement Desensitization and Reprocessing (EMDR)
- Medication-Assisted Treatment (MAT)
- Mental Health First Aid/Youth Mental Health First Aid
- Mindfulness
- Motivational Interviewing
- Prolonged Exposure Therapy for PTSD
- Psychoeducation
- Recovery-Oriented Cognitive Therapy (CT-R)
- Same Day Access (SDA)

- Seeking Safety
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) - Adult
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) - Child
- Zero Suicide

CMC Challenges:

Challenges of divided service area for state agencies and other regional providers:

- 4 different DCF offices – Hartford, Barre, St. Johnsbury, Middlebury
- 3 VSP barracks – Middlesex (for shared catchment areas), St. Johnsbury, Royalton
- 2 different AHS districts – Hartford, Barre
- 3 public transportation providers – Trivalley Transit, Rural Transit, Advanced Transit
- 3 Probation and Parole offices – Hartford, Rutland, Addison
- 2 FQHC's – Gifford Medical Center, Little Rivers Health Care

Agency Operations:

- Lack of cost-of-living increases hampers our ability to support the full continuum of care, eroding an essential safety net in VT. A lack of stable funding hinders our ability to effectively strategize and plan from a business perspective.
- Unstable workforce and limited pool of applicants – when there is a duplication of services and providers it draws from the same pool of people
- Area geography – lack of public transportation or wi-fi connectivity in the rural area
- People from out of catchment area seeking services either due to lack of availability or from NH as we have some border towns.

Staff Support:

- Lack of available housing has hindered recruitment efforts
- Stagnant and low wages due to chronic underfunding
- DA staff not eligible for federal student loan repayment like staff at FQHC's are
- Licensure/OPR rules – lack of reciprocity between states

Programming:

- Lack of emergency housing/motels in Orange County (Fairlee Motel and Bradford Motel are the only ones)
- Unstable school contracts

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