Counseling Service of Addison County, Inc.

Report to the House Health Care Committee
May 2nd, 2024

Introduction The Counseling Service of Addison County (CSAC) is the designated agency for Addison County. Since 1959, CSAC has been providing comprehensive mental health, developmental services, and substance use services.

MISSION
By offering comprehensive services and supports for social and emotional well-being, CSAC helps nurture communities where individuals and families thrive.

VISION
CSAC envisions a compassionate and resilient community that honors everyone's full potential.

VALUES
We commit to:

- People-Centered Care: We offer responsive, respectful services and supports that honor client choice, all in a safe, trusting environment.
- Collaboration: We partner with our clients, our colleagues, and community providers to ensure the best possible health outcomes for all residents of Addison County.
- Innovation: We engage in continual learning and reflection to find creative solutions for meeting individual and community needs.
- Justice, Equity, Diversity, & Inclusion (JEDI): We provide accessible, affirming services to our whole community by examining and addressing bias in our practices, procedures, and policies.
- Resourcefulness: We are wise stewards of the financial and staffing resources entrusted to us in support of our mission.

Service Questions:

Describe the typical persons served and services offered within each:

Adult Outpatient Services (AOP): CSAC serves a diverse clientele aged 18 and older who do not qualify for the Community Rehabilitation and Treatment (CRT) program. Our clients range from Medicaid and Medicare beneficiaries to private-paying individuals. They face a multitude of challenges, including poverty, trauma, domestic abuse, mental health issues, substance use, homelessness, and housing insecurity. Over the past five years, we have noted an increase in the severity of conditions among our Adult Outpatient Program (AOP) clients. This underscores

the critical need for a robust support network and accessible employment opportunities, which are vital for sustained recovery and well-being. Our services are tailored to meet the unique needs of each individual, whether they seek help on their own, are referred by professionals, or are in crisis. Services include:

- Individual, family/network, and group therapy for mental health issues like depression, anxiety, and stress.
- Substance abuse recovery services, including therapy and support groups.*
- Psychiatric services including assessment and medication management.
- Consultation and assessment services to determine effective treatment plans.
- Emergency services for individuals in immediate mental health crisis.
- Case management and care coordination with local providers and social services.
- Peer support services, offering support from individuals with lived experience.
- Vocational services to help clients achieve employment goals.
- Eldercare services for older adults, provided in homes and community settings.

Community Rehabilitation and Treatment (CRT): CRT is tailored for adults coping with severe and persistent psychiatric conditions, offering case management, psychiatric services, individual and group counseling, employment services, and residential support. Our mission is to support individuals to live fulfilling lives within the community, aligning services with their personal goals and strengths. In addition to the suite of services listed under AOP, CRT clients have access to:

- Individualized planning and community-based support services.
- Psychiatric assessment and medication management for major psychiatric symptoms.
- Individual, family/network, and group counseling focusing on life goals, coping strategies, and recovery.
- Employment services, including job search assistance and support for maintaining employment.
- Residential support, including consultation and assistance with housing.

**Substance Use Disorder (SUD)* services are part of our Adult Outpatient program and accommodate a diverse clientele facing significant challenges. Our typical client experiences substantial financial stress, often relying on SSDI or facing unemployment. Many also struggle with food insecurity and housing issues, compounded by living in environments where drug use is prevalent, hindering their recovery efforts.

We have observed an increase in older clients with SUD issues alongside significant medical concerns. Transportation barriers further complicate access to services, underscoring the importance of remote and telephone therapy, which we believe should receive equitable funding.

Clients often face health disparities and express feeling discriminated against by health providers due to their socioeconomic status and SUD issues. Co-occurring disorders, such as trauma, depression, and anxiety are often prevalent, intertwined, and requiring comprehensive treatment approaches.

CSAC SUD services encompass:

- clinical assessment,

- individual therapy,
- referrals for in-house case management and job counseling,
- psychiatric support,
- access to the 17 Court Street Center groups,
- access to Collaborative Network Meetings.

We recognize gaps in services, particularly in the post-treatment phase, where intensified aftercare and transitional housing are crucial but often inaccessible. Overall, our Substance Use services seek to address the complex needs of our clients comprehensively, recognizing the interconnectedness of their challenges and the importance of holistic, individualized care.

Children, Youth, and Families (CAFU): CSAC provides comprehensive supports to children, youth, and their families dealing with a range of issues from emotional and behavioral challenges to developmental disabilities. Services are integrated across settings – homes, schools, and the community – to ensure a holistic approach to family and child wellness. Services include:

- psychiatry services, including complex case evaluation and medication management.
- access and crisis support, including immediate response and crisis stabilization.
- early childhood mental health services in partnership with local centers.
- outreach clinicians providing intensive home, school, and community-based services.
- school-based mental health services, including individual support and school-wide program.
- intensive school supports, using behavioral analysis for emotional and behavioral needs.
- adolescent substance use services, offering assessment and individual treatment.
- home-based autism services, providing intensive support for developmental disabilities.
- interagency teaming to coordinate services across different settings and providers.
- employment supports through a United Way of Addison County grant.
- group based programming for kids and parents.

Emergency and Crisis Response Services: CSAC offers a comprehensive continuum of crisis services designed to meet the needs of individuals and families during times of mental health emergencies. This range includes our Mobile Crisis team, providing rapid, on-site support 24/7; *Interlude*, our daytime and evening mental health crisis alternative with a nurturing, home-like environment; *The Cottage* crisis bed program and our Emergency Services, offering immediate assistance for acute mental health crises. Alongside these CSAC-managed services, we also integrate the national 988 crisis and suicide helpline into our continuum of care. While 988 is not directly managed by CSAC, it is a vital part of the support network available to our clients and families, ensuring that everyone in our community has access to immediate help and support, regardless of the time or situation. Together, these services form a robust safety net, ensuring that comprehensive, compassionate, and timely support is available to those in need.

Mobile Crisis: CSAC offers comprehensive Mobile Crisis Services to provide rapid, effective, and compassionate support to individuals in crisis, 24 hours a day. This program is designed to ensure that no person is left to face their crisis alone, highlighting our commitment to accessible and immediate mental health care.

Key Features of Mobile Crisis Services:

- 24/7 Availability: Our Mobile Crisis Services are accessible around the clock, acknowledging that crises can occur at any time and require prompt attention.
- On-Site Support: A two-person team is prepared to meet individuals, in a safe setting, where they are, whether at home, the workplace, or a community setting. Individuals receive support in an environment where they feel most comfortable, minimizing additional stress during critical times.
- Skilled Response Team: The mobile response team comprises highly skilled mental health providers and peers. The team offers a blend of professional expertise and empathetic, caring support, tailored to meet the immediate needs of the person in crisis.
- Comprehensive Support: The service is not just about crisis intervention; it also focuses on creating a follow-up care plan that addresses the individual's longer-term needs. This may involve connecting them with ongoing mental health services, community resources, or other supports to ensure a continuum of care.

Interlude (Mental Health Urgent Care): Interlude represents a cornerstone of the Counseling Service of Addison County's commitment to innovative mental health care, offering a unique, voluntary alternative for adults experiencing a mental health crisis. Interlude provides a trauma-sensitive, home-like environment where individuals can find solace and support. The center is designed to be a sanctuary, featuring a living room, kitchen, bathroom, private relaxation room, and spaces dedicated to music and movement, fostering a sense of calm and recovery. Interlude's daytime and evening services provide adults with an alternative to traditional crisis intervention, inviting them to engage with their experiences in a supportive, healing environment.

At Interlude, the staff, including peer support specialists and clinicians, are professionals informed by their own lived experiences. They employ trauma-informed approaches, such as Intentional Peer Support (IPS) and Open Dialogue (OD), to offer person-centered, compassionate, and humanistic support. This approach ensures that individuals are met with understanding and care, tailored to their unique experiences and needs.

*Crisis Bed***:** *The Cottage* crisis bed program provides round-the-clock support and is funded for single-bed occupancy. However, it can accommodate two guests during periods of high demand. This program offers individuals coping with mental health crises a place to stay for a short time, serving as an alternative to hospital admission or as a transitional option post-hospitalization.

*Emergency Team***:** Our 24/7 emergency services offer immediate assessment, supportive counseling, and follow-up treatment coordination to individuals experiencing a mental health crisis. These services, integrated with Mobile Crisis, are accessible county-wide, ensuring timely support during critical moments.

- 24/7 emergency response for mental health crises.
- Risk assessment and psychosocial assessment.
- Supportive counseling and critical incident/stress debriefing.
- Coordination of additional services such as hospitalization and psychiatric consultation.
- Active referrals to Interlude, Rapid Access/Collaborative Network meetings, Cottage Crisis Bed, and other services and supports.

Embedded Mental Health specialist with the Vermont State Police (VSP): CSAC employs a mental health specialist embedded at the New Haven State Police barracks. This specialist works in cooperation with law enforcement to provide a co-response during incidents involving individuals experiencing mental health crises in the community. In collaboration with the VSP, this specialist can extend support to other law enforcement agencies when scheduling and resources permit. The role includes offering immediate assistance and coordinating follow-up case management for the affected individuals and their support networks.

Advocacy and Peer Services: CSAC offers peer support services across our programs, individuals with lived experience provide support and services, fostering a sense of understanding and solidarity. Peers work in a variety of positions, including our mental health urgent care initiative, *Interlude*, facilitating parent support groups, and within our Developmental Services program. Peer services are grounded in trauma-informed approaches with the goal of creating a respectful and compassionate environment for recovery.

Housing and Residential Services: Consultation and assistance is available to help clients with housing and housing related resources and supports.

- The CRT Program staffs and manages two group residences: *Hill House*, a transitional group residence, and *Robinson House*, a licensed "Therapeutic Community Residence".
- In 2020, CSAC launched the MyPad residential program, an intensive supported apartment initiative specifically designed for clients in CRT. MyPad targets individuals who have faced repeated hospitalizations or difficulties in other residential settings, indicating a need for enhanced assistance to achieve their personal goals. The program offers clients subsidized apartments that provide a stable living environment, coupled with access to round-the-clock care. This combination helps participants to manage their challenges and work towards greater independence and fulfillment of their life goals.

Unique to CSAC

- *Evergreen* is a day drop-in center for clients. Our staff offer activities, meals, a place to hang out and connect, community outings, and much more. Most recently, a group of clients held a talent show for staff, clients, and the community.
- The *Cente*r offers group activities and classes in person and by Zoom for CSAC adult clients enrolled in our mental health services. Here's an example of a typical week:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
11:00			**Check-in** *Zoom link is below*	**Bridges Check-in**	**Check-in Zoom Only**

				Zoom link is below	
12:00	**Check-in** *Also is a Zoom link is below*	**Check-in** *Zoom link is below*			
12:15	**SOLAR ECLIPSE Gathering-** come anytime from 12		**Bi-Polar Support** *Zoom link is below*		
1:00	***No Intrusive Thoughts group***	**Beginner Uke Practice 1:30-2:00**			
1:30	**We'll head over to Rec Park about 2:30, which is**	**Intermediate Ukulele Practice 2:00-3:00**	**ART with Nate- 1:30-3:00**		
2:00	**behind The Center by town pool and ball fields**		**(In person Only)**	**Women's Group** *Zoom link is below*	
3:00		**MEN'S GROUP** *Zoom link is below*			
3:15			**Creative Writing**		
			(In person Only)		
4:30-7:00			**GAMING GROUP! (In Person Only)**		

- *Summer Forest***:** Now in its 28th year, the Summer Forest Program began as a camp designed to serve families with children of various ages, recognizing a specific need for employment opportunities of teenagers. Evolving to meet this need, it has become a five-week program that runs three days a week from 9 AM to 2 PM.

  The benefits of the Summer Forest Program are extensive. Participants gain prevocational experience and practice applying for jobs, while also enjoying free nutritious meals, exercise, and fresh air. The program is particularly beneficial in building social skills, decreasing isolation, and channeling feelings of depression and anger into positive outlets. It fosters a sense of purpose, self-esteem, and community connection, helping teenagers establish lasting friendships.

The program also plays a vital role in the maintenance and increased usage of the National Forest, aligning with community and environmental benefits. The teens receive a stipend, which serves as a significant motivator, making the Summer Forest Program a win-win for both the community and the environment.

- *Parent Groups***:** The *"Breakthrough Parenting: Curriculum Navigating Trauma Across Generations"* (BPC) is a program designed to address the complexities of parenting in families affected by trauma. This intensive class, rooted in the principles of the "Resource Parent Curriculum" (Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents), was initially tailored for foster and adoptive parents but has since expanded to support any parent confronting similar issues. The curriculum focuses on trauma, helping parents understand how their own traumatic experiences may affect their parenting and decision-making. Moreover, it provides parents with the tools they need to effectively support their children who have also been impacted by trauma.

- *Resilient Communities*: CSAC's Resilient Communities project is a unique initiative focused on trauma-informed care and healing within Addison County. Addison County Resilient Communities Committee (RCC) facilitates training and connection opportunities on Trauma-Informed Systems (TIS) for staff and leadership working with children and families. The RCC's training curriculum is based on six key TIS principles, including understanding stress and trauma, safety and stability, cultural humility and equity, compassion and dependability, collaboration and empowerment, and resilience and recovery. These trainings are designed to enhance staff satisfaction and retention, foster a sense of belonging and resilience, build teamwork, and improve the quality of support and services for Addison County families.

  The RCC comprises a diverse group of stakeholders, including representatives from CSAC, the Addison County Parent Child Center, Department of Children and Families (DCF), VT Agency of Human Services, VT Department of Health, Building Bright Futures, and United Way of Addison County.

  The project builds upon pre-pandemic interagency efforts in Addison County of Addison County, leveraging existing collaborative structures to initiate TIS training with child and family-serving organizations. The plan is to gradually extend this outreach and training to new population groups, with a focus on including adult providers starting in fall 2024.

  The current work plan, supported by CSAC donors and a United Way substance use prevention STOP grant, includes various components such as Connection Lunches for monthly staff gatherings, Reflective Supervision Practices for supervisors, and a Workshop Series focusing on TIS principles. The goal is to create a sustainable model of trauma-informed practice integrated into everyday work, fostering ongoing culture change and improved outcomes for the community.

- *Community Bridges*: This project seeks to combat the epidemic of loneliness and isolation in our communities by offering opportunities for involvement, connection, and

meaningful roles in responding to community needs. This is a grassroots model led by community members with some administrative support from CSAC.

- *Street Outreach***:** In partnership with our local shelter, Charter House, staff, and interns provide outreach to people coping with the extreme stress of being unhoused.

- *Power, Voice, Choice Group*: Based on the "Citizenship" model developed at Yale University, this program offers a peer led program with a curriculum on the "5 R's" of "Rights, Responsibilities, Relationships, Resources, and (meaningful) Roles". We are prioritizing this program for people not otherwise choosing to engage in mental health treatment, including people living in shelters. There is an incentive for participating but the engagement always becomes more intrinsically motivated.

- *Open Dialogue Project*: Also referred to in Vermont as "Collaborative Network Approach". CSAC was one of first agencies involved in piloting this model for engaging personal networks in times of crisis. Over the past few years, CSAC has developed availability of Open Dialogue for clients and their personal networks across most of our service system and treatment population including AMH, CAFU, and Crisis Services.

- *Rapid Access Project*: This program was developed to address provider shortages and long waiting times for adults seeking services. It is a way for adults to quickly engage in short term services. A short intervention can sometimes fully meet the person's needs, in which case they seek no further care. Or it can serve as a gateway to engagement with more comprehensive array of traditional services. Those seeking treatment are offered appointments ranging from same day to within one week. We offer dialogic network meetings in more acute situations and short-term therapy and case management for others seeking series for the first time.

- **eCPR** *and Bidirectional Community Engagement*: We need community to be part of "community mental health." eCPR is one approach we have been offering to train in how to respond to experiences of mental health related distress using a normalizing framework for understanding mental health distress (as opposed to a diagnostically based medicalized approach which has been shown in multiple research studies can actually increase stigma).

- *Trauma informed Systems*: CSAC has begun implementation of Trauma-Informed System (TIS) training, engaging 10% of our staff in a specialized program designed to integrate TIS principles throughout our agency. This training is pivotal for staff in all departments, as it equips them to better understand and respond to the complexities of trauma in the lives of the individuals we serve. The participants of this training enhance their own skills and are part of a Catalyst Group tasked with the responsibility of championing TIS principles throughout CSAC.

  One primary goal of this initiative is to implement reflective practice across the agency, a method proven to foster deeper understanding and more thoughtful responses to client needs. Reflective practice involves a deliberate process of thinking about and analyzing one's actions, which is fundamental to developing a deeper connection to one's work and enhancing the quality of care provided. This approach aligns with our organizational

goals of becoming a healing organization where understanding trauma and recovery shapes how we interact with all stakeholders.

CSAC is committed to engagement-oriented approaches and low-barrier access as cornerstones of our service delivery. These methods are not just operational tactics; they are deeply rooted in our organizational philosophy and reflect our commitment to human rights as outlined by best practices globally. CSAC integrates a range of innovative programs such as Open Dialogue, Interlude, Rapid Access, community outreach to shelters, the Power Voice Choice group, and our mobile crisis unit, all designed to reduce barriers to access and prioritize the individual's immediate experience and needs over systemic bureaucratic requirements often dictated by traditional funding structures.

By focusing first on engagement, CSAC ensures that the initial contact points are as welcoming and non-restrictive as possible. This approach aligns with our belief in the importance of human rights within mental health care—recognizing the dignity of each individual and striving to offer services that respect and enhance their autonomy and choice.

Furthermore, our adherence to Human Rights Based Practices, as championed by the World Health Organization, underscores our commitment to methods that honor choice, autonomy, and community inclusion. These practices are trauma-informed and consider the broader socio-political contexts affecting those we serve. They aim to minimize coercion by fostering environments where clients feel empowered and supported. CSAC's initiatives are continually developed to align with WHO's guidance on leading examples of "human rights-based practices," ensuring that our community members coping with mental health challenges receive the most respectful, effective, and person-centered care possible. Such an approach not only helps in alleviating immediate distress but also supports long-term recovery and integration into the community, reflecting our deep commitment to these universally held values at CSAC.

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 over most recent 5 years

Program Service Area		**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 24 (Q1 &2)**
Adult Outpatient		700	616	552	514	428	371
Eldercare		44	52	50	26	0	0
Community Rehabilitation and Treatment (CRT)		182	179	161	151	134	123
Community Rehabilitation and Treatment - Emergency		58	59	55	61	38	31
Children, Youth and Families (CAFU)		562	555	561	574	555	394
Access - Children, Youth and Family Emergency		228	162	187	229	208	127
Schools		346	321	282	280	284	242
Emergency and Crisis Response Services		587	477	410	451	380	172
Substance Abuse Disorder (SUD)		285	231	146	127	91	77
Developmental Services (non-Clinical)		211	176	171	181	187	180
Developmental Services (Clinical)		48	49	39	34	33	26
Total Served w/Programs		3251	2877	2614	2628	2338	1743
Total Agency - unduplicated		2398	2202	2052	2063	1863	1452

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

Client Survey responses 2023

I/We received the services that were right for me/us.	93.10%
I/We received the services that I/we needed.	90.70%
Staff treated me/us with respect.	93.20%
The services that I/we received made a difference.	91.10%
My/Our quality of life improved as a result of the services I/we received.	83.60%

2023 Client Survey Response Rate

	program/service	respondents	total possible respondents (Numbers of clients that were seen in each program. The count is not unique clients seen in the fiscal year.)	response percentage
FY23	AMH/AOP	24	**380**	**6%**
	CA/DS	47	**198**	**24%**
	CRT	30	**123**	**24%**
	ES	11	**166**	**7%**
	SUD	7	**82**	**9%**
	IFS	111	**597**	**19%**
	ISS	1	**13**	**8%**
	SBS	61	**259**	**24%**
FY23 AGENCY TOTAL		**292**	**1818**	**16%**

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.

We use the following Evidence- Based and Evidence-Informed Practices

EBP or EIP	Populations Served	Anticipated Outcomes
Dialectical Behavioral Therapy (DBT)	Youth and adults with trauma, self-harming behaviors, suicidal ideation, and/or emotional dysregulation.	Decreased risk behaviors, suicidal ideation, trauma-related symptoms, and emotional dysregulation.
Attachment, Regulation, Competency	Children with complex developmental trauma and their parents.	Decreased trauma-related behavior and symptoms.
Seven Challenges	Youth who use substances or have co-occurring needs; youth referred by courts.	Increased engagement and retention in treatment; decreased substance use.
Wellness Recovery Action Plan	Adults with any mental illness (AMI), SUDs, or co-occurring disorders (CODs).	Reduced substance use, lowered stress, decreased trauma-related symptoms.
Peer Support	Adults with AMI, SUDs, and CODs.	Sustained recovery; greater sense of understanding.
Zero Suicide	Adults and youth at risk of suicide; all clients served.	Reduced risk of suicide, increased understanding of suicide risk factors, enhanced protective factors.
Eye Movement Desensitization & Reprocessing	Adults with PTSD depression, anxiety, SUD, or CODs.	Decreased trauma-related behaviors; reduced anxiety; reduced substance use.
Motivational Interviewing	Adults with AMI, SUDs, CODs, physical health risks.	Improved motivation for change and achieving goals.
Open Dialogue	Adults experiencing first-episode psychosis with broader application for crisis response.	Reduced hospital stays; symptom reduction.
Cognitive Behavioral Therapy	Adults with AMI, SUD, or CODs.	Decreased trauma-related symptoms; reduced anxiety; decreased substance use, can be helpful with thought disorders

EBP or EIP	Populations Served	Anticipated Outcomes
Citizenship model	People coping with highly marginalizing experiences who are not otherwise engaging in services	Increased understanding of resources, development of relationship skills, self-advocacy, increased engagement
Individualized Placemen and Support (Supported Employment)	Adults with any mental illness (AMI), SUDs, or co-occurring disorders (CODs).	Increased competitive employment/sustained employment
Peer Support-recovery and wellness (Evergreen and the Center)	Adults with any mental illness (AMI), SUDs, or co-occurring disorders (CODs).	Coping and wellness skills, relational connectedness
Peer support crisis stabilization (Interlude)	Any person who is 18 and over who is coping with a mental health crisis	Reduced ED stays and hospitalizations, increased engagement

Challenges within each service category:

Program	Challenges
All Programs	• Need for predictable, flexible, and sustainable funding; • Ongoing workforce and recruitment challenges especially for licensed MA level clinicians, BCBAs, residential and case management staff; • Balancing the workload of new initiatives with staffing challenges; • Lack of available housing for both clients and new staff; • Lack of childcare for staff; • Administrative burden and documentation • Volume of changes to system of care is overwhelming and taxing on front line staff; • Lack of office and meeting spaces; • No medical director; • Older workforce; • Competition for staff, especially licenses clinicians, with other providers and private practice.
Adult Outpatient	• Aging population; • Increasing acuity of clients; • Transportation challenges; • Lack of case management resources; • Limited psychiatry resources; • Lack of licensed clinicians.
CRT	• Eligibility criteria changes; • Aging population and lack of appropriate resources including housing; • Aging population with complex medical needs.
Substance Use Disorder	• Funding requirements siloed from Mental Health creating a significant administrative burden; • Consistent lack of rate increases means growth is contained; • MAT access and service gaps in county; • Transportation.
CAFUS	• Increase in kids acuity; • Failed school budgets means we are anticipating cuts to contracts;

	• Lack of Applied Behavioral Analysts positions in state means our Behavioral Interventionists positions are capped-stressing schools; • General lack of staffing; • Stressed school systems/partners.
Crisis Services	• Lack of staffing for 2-person response on nights and weekends; • Lack of funding to support more robust staffing; • Increased gun activity and violence in community; • Lack of licensed clinicians to support all crisis staff including peers; • Increased acuity of clients; • Mismatch in community expectations and resources.
Peer Services	• Limited support for those re-entering the workforce; • Benefit cliff for some staff members that impacts work availability; • Small county and balancing the challenge of employing and providing services to peers within same agency/department.
Residential	• Severe understaffing; • High overtime leading to significant burn out; • Serving more people with higher medical acuity; • Lack of resources for older residents.

School Based Services and Success Beyond Six

Number of Students Served by SB6 (most recent 5 years)

Program Service Area		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 24 (Q1 &2)
Schools		346	321	282	280	284	242

State and Federal Funds Utilized (per year, most recent 5 years)

- FY 2019 - $3.48M
- FY 2020 - $2.68M
- FY 2021 - $2.89M
- FY 2022 - $2.59M
- FY 2023 - $2.41M
- FY 2024 (Q1 &Q2)- $968,000

SB6 Contracting Trends

- There has been a rise in demand for School-Based Clinicians and Behavioral Interventionists from schools that previously did not utilize our services.
- We are experiencing a heightened demand for consultation services by Board Certified Behavior Analysts (BCBAs).
- Prior to the COVID-19 pandemic, there was a reduction in School-Based Clinicians at CSAC, correlating with a decrease in our service numbers during that period. Post-COVID, the surge in service requests has exceeded our hiring capacity, resulting in our inability to fulfill some requests or provide schools with fewer staff than they require.

Other emerging trends and best practices in youth mental health

- Enhancing creativity in our services to reach more children and families by increasing the variety and number of groups offered.
- Expanding partnerships with schools, allowing our outreach staff to conduct groups within school settings.
- Implementing ABA school team approaches versus individual contracts for Intensive School Support. Due to staff shortages, however, we had to reduce the number of school team BIs (Behavioral Intervenors).
- Supporting schools in building capacity through classroom management consultations.
- Providing reflective practice/supervision workshops for teachers and school personnel.
- Offering brief treatment options.
- Promoting open dialogue.
- Implementing the Zero Suicide initiative through CAMS (Collaborative Assessment and Management of Suicidality) training.
- Providing mobile crisis services.
- Strengthening interagency collaboration and connections.
- Supporting staff through both individual and group supervision, creating a culture of care to foster resiliency.
- Establishing interagency committees, such as Resilient Communities, focused on staff care.

Practice Improvement

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

- Children and Adolescent Needs and Strengths (CANS),
- Adult Needs and Strengths Assessment (ANSA),
- Self Sufficiency Outcomes Matrix (SSOM),
- Level of Care Utilization Score (LOCUS) for residential services,
- Evidence Based Practice specific measurements – Employment fidelity assessment,
- PHQ-9, PHQ-A depression screening,
- PC-PTSD 5,
- CRAFFT/CAGE Alcohol screening,
- Mood Disorder Questionnaire,
- Open Dialogue,

- Citizenship model,
- Individualized Placement and Support (Supported Employment),
- Peer Support – community connection through Community Bridges,
- Peer support – Recovery and wellness through Evergreen and the Center,
- Peer support crisis stabilization through Interlude,
- Child Behavior Check List,
- Parent Stress Index,
- Columbia Suicide Severity Risk Scale,
- Child PTSD Symptom scale,
- CAMS- Collaborative Assessment and Management of Suicidality,
- CALM-Counseling Against Lethal Means.

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

Most people we see have complex multi diagnostic presentations with the most common thread usually involving trauma and neglect histories and high levels of current life stressors. We have increasingly recognized the linkage between isolation and disconnection with severity of the symptom presentation and have been focusing our services on these issues even before the pandemic. We have seen increases in youth with anxiety and depression.

We have seen younger children, early elementary aged, with increased levels of aggression which has had significant impacts on the classroom, teachers, and administrators.

Additional observations using available agency, county, and state level data include:

Population	Need	Citation
Youth	Addison County high school students report higher rates of alcohol use and marijuana use in the last 30 days compared to state averages. High school students of color face disproportionate risks related to substance use in several categories.	Vermont Department of Health. (2020). *Vermont Youth Risk Behavior Survey*. [Youth Risk Behavior Data]. Retrieved from the Vermont Department of Health website.
People Experiencing Homelessness (or At-Risk)	Approximately 51% of Vermont renters are cost-burdened (spending 30-49% of income on rent) or severely cost-burdened (paying over 50% of income), putting them at risk of homelessness. In 2022, the Point in Time count found 97 county residents were homeless, including 26 children; however, this does not include people at risk of homelessness or in temporary housing situations. Among homeless adults, 35% had SMI and 11% had a SUD.	Vermont Legal Aid. (2020). *Housing Discrimination and Segregation in Vermont*. [Civil Rights Report]. Retrieved from the Vermont Legal Aid website.
Individuals with SUD	In 2019, Addison County had the lowest rate of residents receiving medication for opioid use disorder (MOUD) among Vermont counties. The opioid overdose death rate in	Vermont Department of Health. (2022). *Opioid-Related Overdose Deaths in Vermont*. [Mortality Data].

Population	Need	Citation
	Addison County in 2022 was 19 per 100,000, which is 3.5 times higher than in 2019.	Retrieved from the Vermont Department of Health website.
Older Adults	In Addison County, 5% of older adults engage in chronic drinking, 10% in high-risk drinking, and 25% in at-risk drinking.	Vermont Department of Health. (2020). *Adult Alcohol Consumption in Vermont*. [Alcohol Use Statistics]. Retrieved from the Vermont Department of Health website.
Underserved Hispanic/Latino Community	In Vermont there are an estimated 1,500 migrant farmworkers working in the dairy industry. Addison County has a significant subpopulation of Hispanic/Latino dairy workers. Some are accompanied by their children, who attend local schools. Many are linguistically and culturally isolated and disconnected from services.	Migrant Justice/Justicia Migrante. (2020). *Milk with Dignity Report*. [Labor Rights Report]. Retrieved from Migrant Justice website.

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

At CSAC, monitoring the duration and density of services provided at the patient, diagnostic, and population levels is achieved through a data-driven approach. We keep a close watch on waitlists for services and caseload sizes, as well as the acuity of each case. By considering factors such as the severity of the mental health condition's impact on daily life, diagnostic complexity, and levels of client motivation and engagement, we can have informed discussions about the appropriate intensity and duration of care for each individual.

In our Children, Youth, and Family program, which often experiences higher waitlists, our teams review waitlists and caseloads daily. This process ensures that children with the greatest acuity receive immediate support and services. By prioritizing those in most urgent need, we strive to deliver timely and effective interventions tailored to the unique challenges faced by our younger clients. This approach not only enhances individual care but also improves overall program efficiency and effectiveness.

In Adult Mental Health service data, levels of acuity/need, levels of engagement, and systemic capacity needs are all factors considered in supervisory discussions to complement collaborative person-centered service planning between practitioners and clients. Short term episodic frameworks offered through Rapid Access support a track of quick access to short term stabilization supports prior to determination of need for longer term services and supports.

Diagnostic Data

	AMH	CAFU
Mental and behavioral disorders due to psychoactive substance use	**17.8%**	**0.16%**
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	**16.2%**	**0%**
Mood disorders	**35.3%**	**13.22%**
Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	**31.8%**	**16.17%**
Disorders of adult personality and behavior	**0.9%**	**4.20%**
ADD	**1.7%**	**24.73%**

What are your no show rates

Program Service Area		FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 24 (Q1 &2)
Adult Outpatient		6.86%	16.81%	15.55%	21.73%	24.04%	24.93%
Eldercare		8.33%	10.66%	10.66%	7.45%	0.00%	0.00%
Community Rehabilitation and Treatment (CRT)		6.27%	11.66%	14.02%	27.26%	38.78%	37.32%
Children, Youth and Families (CAFU)		6.44%	29.29%	19.27%	32.35%	31.21%	25.65%
Substance Abuse Disorder (SUD)		8.86%	42.49%	34.58%	35.16%	26.97%	25.91%
Developmental Services (Clinical)		7.32%	8.79%	16.95%	19.72%	22.04%	11.33%
Total Agency - unduplicated		6.73%	18.42%	17.18%	22.23%	26.01%	22.75%

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

- Exploring use of brief treatment modalities
- Open Dialogue with individuals and their networks/families
- Resilient Communities
- Parenting groups
- Open Dialogue
- Interlude

Sustainability

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.

- Interlude project uses the living room model with peer support and open dialogue as an approach to head off hospitalizations and ED stays. We are seeing very good results as evidenced by diverted hospitalizations and client feedback that this is a highly valuable alternative resource for coping with crises. Mental Health Urgent Care Adult funding expires January 31, 2025.
  - Total unduplicated people served (Jan. - March 2024) – 23
  - Total episodes of contact – 67 (includes "meet and greets" but under-represents other engagement efforts such as sitting in on dialogic crisis network meetings).
  - Days of being open at full schedule: The program maintained full availability of intended schedule of 10-6 on non-holiday weekdays.
  - Count of situations where someone was hospitalized immediately following Interlude contact: 0 (1 situation where a person was hospitalized a couple days later).
- Mental Health Urgent Care Kids Outreach Support Worker Funding expires September 30 2024. Provides supports to kids and families meeting them where they are at.
- Grant funding has ended for our Citizenship project, or what we call the "Power, Voice, Choice" group. Which offers a curriculum and group-based support approach for people not otherwise engaging in services, including people who are unhoused, with work on "Rights, Responsibilities, Relationships, (meaningful) Roles, and Resources. Participation is incentivized but with very good indications that engagement and intrinsic motivation are building over time. We have no current funding mechanism that supports this but will do what we can to continue offering it.
- While we are seeing some challenges with Mobile Crisis implementation there are promising aspects to this approach that have also been affirmed for us with other practices – flexibility/ mobility, working in pairs, offering timely responses, and involving peers where possible are all approaches where we've seen very good results in other contexts, especially for our experiences with open dialogue. Mobile crisis funding expires June 30, 2025
- SUD uninsured/underinsured grant (June 30, 2025)
- Open Dialogue/CNA statewide training funding expires September 30, 2025

Are any of your programs or projects regionalized?

- Embedded MH Specialist with VSP: available within every county
- Mental Health Urgent Care
- Open Dialogue/Collaborative Network Approach (CNA):
- Zero Suicide

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.

At CSAC, we are deeply committed to partnering with other community healthcare organizations, including our FQHC, Mountain Community Health, primary care providers (PCPs), and our local hospital, to enhance the continuity and quality of care for our clients. Our approach to collaboration is multi-faceted and client-centered, ensuring that we engage with our partners both systemically and on a case-by-case basis, as consented by the client.

One of the key elements of our collaboration involves bi-directional communication with PCPs throughout the duration of our clients' mental health services. This ensures that primary care providers are kept informed about significant mental health issues such as crises, suicidal ideations, treatment plans, etc., allowing for a more integrated care approach.

Additionally, we are actively collaborating with Porter Hospital as part of the Zero Suicide Initiative. This initiative is an effort to enhance suicide prevention strategies across the healthcare spectrum. By working together, we aim to get our staff and hospital staff trained in suicide identification, facilitate warm hand-offs, and ensure effective treatment protocols are in place. This training helps in building a more resilient framework for identifying and addressing suicidality among clients, enhancing both prevention and intervention efforts.

In the past we have embedded clinicians and other staff at our local primary care offices and an APRN and clinician at Mountain Community Health. However, staffing and funding challenges have meant we've pulled back from embedded positions. Our partners have asked for help and it is our goal to embed staff in primary care practices in the future when staffing and funding allow. We currently support the Clara Martin Center via a contract for our child psychiatrist. This psychiatrist is also embedded at Middlebury College Campus once a week, providing care to students through the health center.

Our collaboration extends beyond formal training and communication. We strive to work with community partners through informal arrangements as needed and through regular community coalition meetings such as the Community Health Action Team CHAT, Local Interagency Teams, and Housing Coalition meetings. These meetings serve as a platform for discussing client-specific needs and systemic issues, allowing us to address challenges collaboratively and to leverage community resources effectively.

Our aim as an agency is to foster a network of care that addresses immediate health concerns but also works proactively to support the overall well-being of our clients. This collaborative

environment ensures that our clients receive holistic and coordinated care, enhancing both their health outcomes and their overall experience with the healthcare system.

Operational

What percentage of overall operational costs are administrative?

10.47% for FY 2023

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

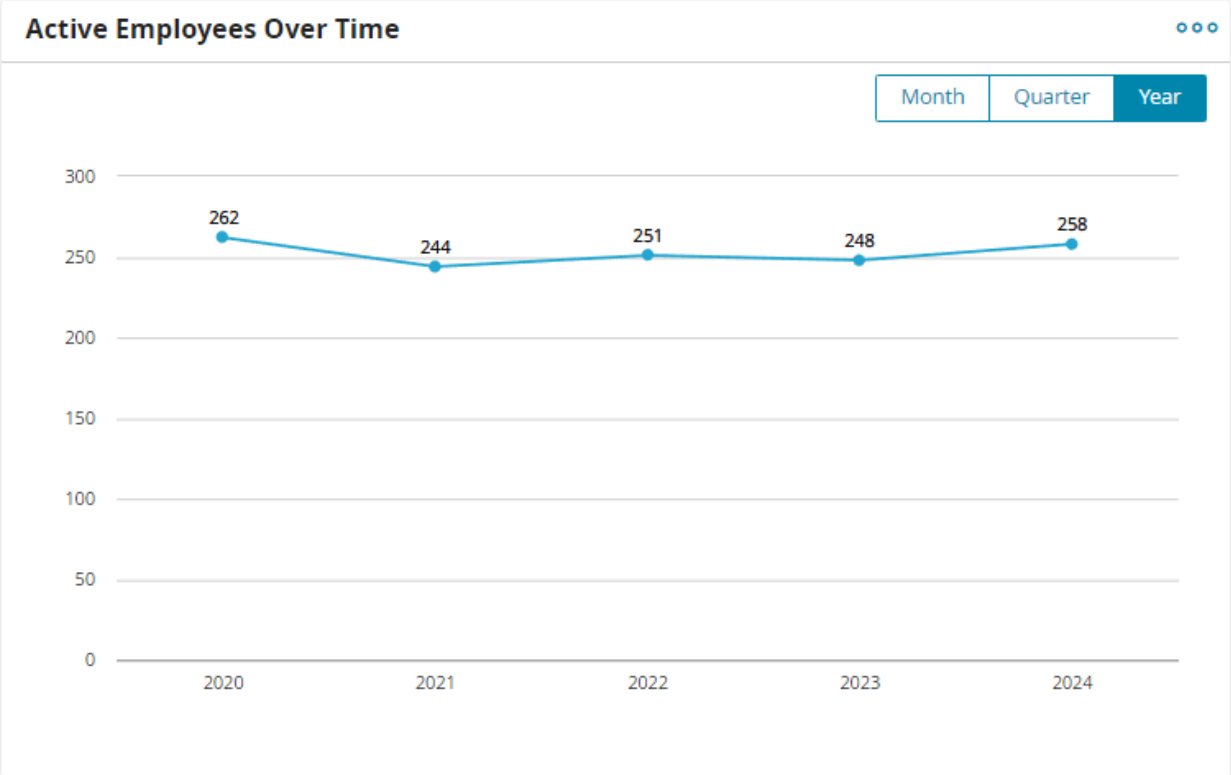
CSAC Fee schedule as of July 1, 2023

Code	Description	FY2024 Fee Scale	
	Clinical Services		
1112	*Emergency Care Service	Hour	$ 335.00
90875	Interactive Complexity	Visit	$ 23.00
90791	Psychosocial Evaluation	Hour	$ 185.00
90792	Psychiatric Evaluation w/Medication Review (APRN/MD only)	Hour	$ 237.00
90832	30 Minutes Individual Therapy (Including RNs)	Visit	$ 115.00
	30 Minutes Individual Therapy (APRN/MD only)	Visit	$ 133.00
90834	45 Minutes Individual Therapy (Including RNs)	Visit	$ 162.00
	45 Minutes Individual Therapy (APRN/MD only)	Visit	$ 180.00
90837	60 and Over Minutes Individual Therapy (Including RNs)	Visit	$ 208.00
	60 and Over Minutes Individual Therapy (APRN/MD only)	Visit	$ 226.00
90846	Family/Couples Therapy without client present (Including RNs)	Visit	$ 185.00
	Family/Couples Therapy without client present (APRN/MD only)	Visit	$ 203.00
90847	Family/Couples Therapy with client present (Including RNs)	Visit	$ 185.00
	Family/Couples Therapy with with client present (APRN/MD only)	Visit	$ 203.00
90853	Group Therapy (Including RNs)	Visit	$ 116.00
	Group Therapy (APRN/MD only)	Visit	$ 122.00
90858	Multiple Family Group Therapy	Visit	$ 116.00
	Multiple Family Group Therapy w/APRN/MD	Visit	$ 122.00
99202	Medication Review of a new client- expanded problem focused history & exam, straightforward medical decision making	Visit	$ 122.00
99203	Medication Review of a new client- detailed history & exam, medical decision making of low complexity	Visit	$ 173.00
99204	Medication Review of a new client - comprehensive history & exam, medical decision making of medium complexity	Visit	$ 260.00
99205	Medication Review of a new client - comprehensive history & exam, medical decision making of high complexity	Visit	$ 312.00
99211	Medication Review of an established client - problem focused history & exam, straightforward medical decision making	Visit	$ 35.00
99212	Medication Review of an established client- expanded problem focused history & exam, straightforward medical decision making	Visit	$ 72.00
99213	Medication Review of an established client- detailed history & exam, medical decision making of low complexity	Visit	$ 122.00
99214	Medication Review of an established client - comprehensive history & exam, medical decision making of medium complexity	Visit	$ 173.00
99215	Medication Review of an established client - comprehensive history & exam, medical decision making of high complexity	Visit	$ 231.00
	Community Support Services		
1422	Specialized Rehabilitation	Hour	$ 139.00
1426	Group Specialized Rehabilitation	Hour	$ 64.00
5341	Case Management	Hour	$ 139.00
535	Discharge Planning	Hour	$ 139.00

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

- About 40 positions (incudes Developmental Services) out of approximately 310 total positions have consistently been vacant over the last two years. **That's about a 13% vacancy rate.**
- Overall, we have seen some recovery from the worst vacancy rates in our adult mental health and youth and family programs from during and shortly after COVID, but our

developmental service division continues to deal with acute shortages and a 30% vacancy rate.



- Which positions are most often vacant?
  - Our Direct Service Professionals (DSPs) in the Developmental Services division have the highest number of open positions.
  - BCBA clinicians are super tough to find.
  - We can't hire subs – we used to have a whole pool of them.
  - At any given time, there is almost always a Service Coordinator vacancy, an E-team clinician vacancy, a SBC vacancy, and a vacant position in a couple of the residential programs.

- Which has highest rate of turnover?
  - Our highest turnover rate overall is for employees who have been with the organization for less than 2 years.
  - DSPs, residential staff, and school-based staff are the highest turnover groups

2a. Number of staff with less than 1 year tenure	25.00
number who left in FY 23	11.00
Turnover Rate	44.00%
2b. Number of staff with 1-2 years tenure	43.00
number who left in FY 23	7.00
Turnover Rate	16.28%
2c. Number of staff with 2-5 years tenure	37.00
number who left in FY 23	4.00
Turnover Rate	10.81%
2d. Number of staff with above 5 years tenure	140.00
number who left in FY 23	4.00
Turnover Rate	2.86%

Last 12 months	Current headcount	Total Separations	% turnover
DSP	25	5	20%
CRT residential	13	2	15%
SBC	14	3	21%

The cost of health insurance is a constant challenge. With the recent increases in hospital charges, the costs of our medical plan for each procedure have skyrocketed. These increases mean that the agency pays more, and we have no choice but to also ask employees to pay more. High health insurance costs can hurt our retention and discourage new hires.

The unpredictability of funding means that we don't have a stable pool of funds for staff pay increases. One year we might have a moderate increase, but most years are very lean.

This year, with no increase in our funding planned as the budget passes the House, staff who stay employed here may lose money as they must pay more for gas and groceries, without any corresponding increase in their wages.

Increases Provided to Staff over previous 5 years:

Fiscal Year	CPI	CSAC Raise
2023	3.40%	5.00%
2022	6.50%	3.00%
2021	7.00%	2.00%
2020	1.40%	2.00%
2019	2.30%	2.00%

What is your most effective recruitment strategy and why?

- Employee referrals have been very effective. We offer $300 to existing staff who refer someone who is hired into a regular full-time position. Occasionally we increase that amount for a short period to re-activate people's interest.
- Our internship program is also one of our greatest recruitment strategies. Aspiring clinicians come to us to meet their master's level internships requirements, and many decide to stay on as clinicians – at least until they meet their supervision hours for licensure, at which point they may have better-paying positions available elsewhere.

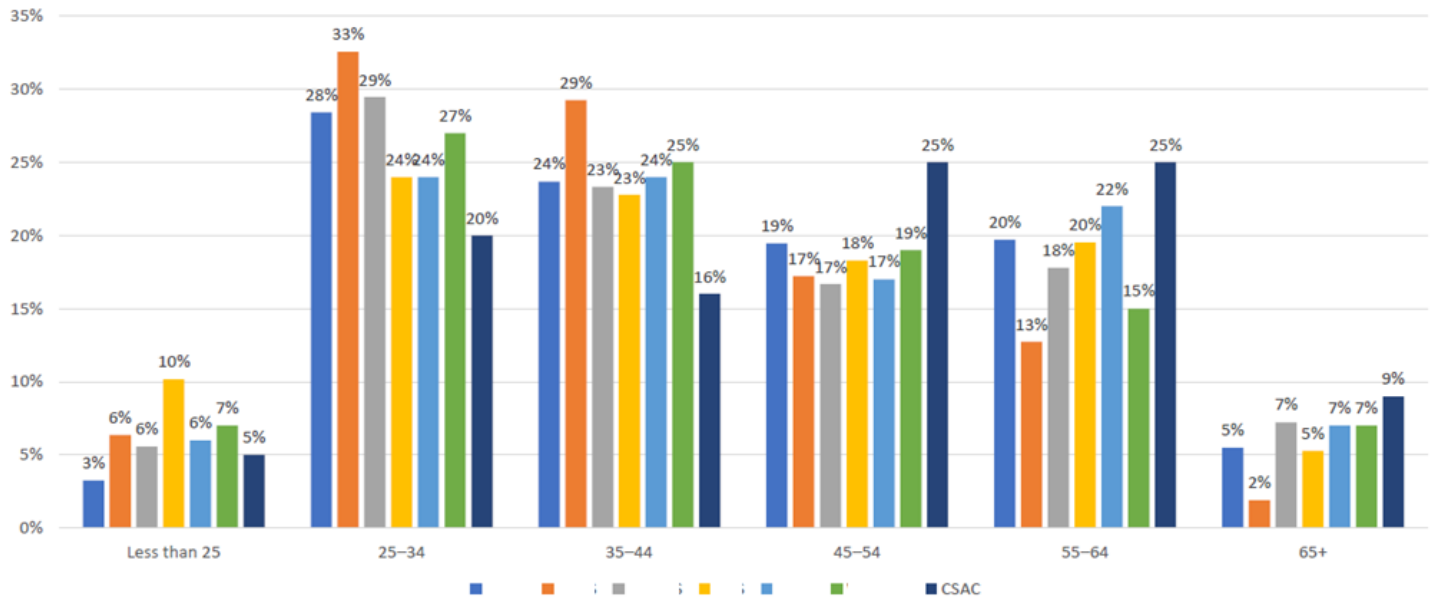
What is one innovative retention tactic you want to share?

- One innovative retention tactic that has proven effective for our organization is the implementation of foundational principles that may be perceived as traditional, yet they are time-tested and impactful. We prioritize robust and supportive supervision, providing employees with opportunities to engage in decision-making processes that directly influence their work, and maintaining policies that underscore equity and fair treatment while offering the necessary flexibility to address individual circumstances. This approach, while seemingly straightforward, requires thoughtful execution. Our employee engagement surveys have consistently reflected a positive response to this method, particularly highlighting the quality of supervision as a key factor in their job satisfaction and retention.

Staff Engagement Results - Year over Year				
	2020	2021	2022	2023
I would recommend CSAC to a friend or family member who needed services.	91%	87%	80%	80%
I would recommend CSAC to a friend or family member who was looking for a job	80%	81%	72%	76%
My job is important to CSAC's mission	91%	91%	87%	92%
I feel driven to help the organization succeed.	87%	89%	80%	87%
Most days, I look forward to coming to work	74%	77%	77%	70%
I know what is expected of me at work	94%	87%	88%	87%
I feel supported at my job	79%	75%	68%	70%
I feel a sense of belonging at CSAC		82%	65%	72%
I am satisfied with my benefits.	57%	65%	61%	59%
My pay is similar to other similar jobs in the non-profit community.	29%	22%	28%	34%
I meet with my supervisor regularly	79%	78%	75%	80%
My supervisor is helpful	83%	84%	79%	84%

- We've also been grateful for the various financial incentives that we've gotten over the last couple years to help with retention – like tuition / loan reimbursement and retention pay grants. Those are helpful in increasing employee compensation to a more livable level so they can afford to stay employed here. However, the impact of these programs would be magnified if they were more predictable. The one-time or year-by-year nature of the funding mean that staff can't rely on these benefits or plan for them in future years.

- CSAC has one of the oldest employee populations of the Designated Agency systems. We are a great place to retire. Older clinicians, especially, tend to gradually decrease their hours, working part-time for years. It's a great system – we get the benefit of experienced, skilled staff and the retiring staff person gets to choose which duties and responsibilities they want to continue, often retaining only the things they like most.



What EHR are you using?

Credible

Which payers are you working with?

- Medicare, Wellcare
- United Healthcare, United Behavioral Healthcare/Optum, BC/BS Medicare, MVP Medicare (Medicare advantage plans)
- Medicaid
- Blue Cross Blue Shield
- MVP
- Cigna
- Tricare, Martins Point
- Harvard Pilgrim
- Victims Compensation
- Self-Pay
- Misc. insurance plans – AETNA, CBA Blue, Mutual of Omaha, etc.

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