

Designated and Specialized Service Agencies

Providing an indispensable community-based system supporting mental health, substance use, and intellectual and developmental disability needs across Vermont



**VERMONT
CARE
PARTNERS**






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There are 16 agencies in the Vermont Care Partner Network:

AGENCY	TYPE	SERVICES
Champlain Community Services (CCS)	Specialized Service Agency	Developmental Services
Clara Martin Center (CMC)	Designated Agency	Mental Health, Substance Use Provider
Counseling Service of Addison County (CSAC)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Families First in Southern Vermont (FFSV)	Specialized Service Agency	Developmental Services
Green Mountain Support Services (GMSS)	Specialized Service Agency	Developmental Services
Health Care and Rehabilitation Services (HCRS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Howard Center (HC)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Lamoille County Mental Health Services (LCMHS)	Designated Agency	Mental Health, Developmental Services
Lincoln Street, Inc. (LSI)	Specialized Service Agency	Developmental Services
NFI Vermont, Inc. (NFI)	Specialized Service Agency	Children, Youth, and Family Mental Health Services
Northeast Kingdom Human Services (NKHS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Northwestern Counseling and Support Services (NCSS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider (Children/Youth)
Rutland Mental Health Services / Community Care Network (RMHS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
United Counseling Service (UCS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider
Upper Valley Services (UVS)	Designated Agency	Developmental Services
Washington County Mental Health Services (WCMHS)	Designated Agency	Mental Health, Developmental Services, Substance Use Provider



An Indispensable Public Community-Based System

	Created by statute (18 V.S.A. § 8907)
	Designated Agencies are responsible for ensuring needed services are available through program/service delivery, local planning, service coordination, and outcome monitoring in each geographic region of the state (11 DAs all in the VCP network)
	Specialized Service Agencies can operate in more than one geographic area of the state and provide a distinctive approach to service delivery and coordination (7 SSAs/5 in the VCP network)
	Grounded in the philosophy that everyone benefits when people receive community-based -- rather than institutional -- care
	A hallmark of our model is coordinated care in the community and integrated at the system, program, individual and family level

AGENCY SERVICES



Children's Mental Health

Children's mental health programs provide therapeutic services to children and their families. These services include individual, group and family counseling in addition to a variety of supports that promote children's stability in the communities, schools, and homes. The vast majority of these services occur in the homes, communities, public school, and independent school environments.



Adult Mental Health

Our Adult Outpatient Mental Health Programs offer a range of prevention and intervention services, to help individuals, families and groups cope during times of stress and crisis, as well as to address emotional and behavioral difficulties. For adults with serious mental illness, our CRT /CSP programs provide an array of therapeutic, day, and residential services. Our services promote community, independence and recovery to minimize the need for inpatient and custodial care. CRT Intake Contacts



Emergency Services

We are available 24 hours a day, seven days a week in every community in Vermont. Services are intensive and time-limited, focused on resolving or stabilizing adults, families and children who are in acute mental health crisis.



Intellectual and Developmental Disability

Community-based supports are provided for children and adults with intellectual and developmental disabilities, which occur before age 18. We provide residential, and vocational services as well as services that support stability in the community, respite and flexible family supports.



Substance Use Disorder

A variety of substance use disorder services are provided by eight of the network agencies. These services include prevention and education programs in the schools, outpatient counseling, intensive outpatient programs, family and group counseling services, and services that support stability in the community.



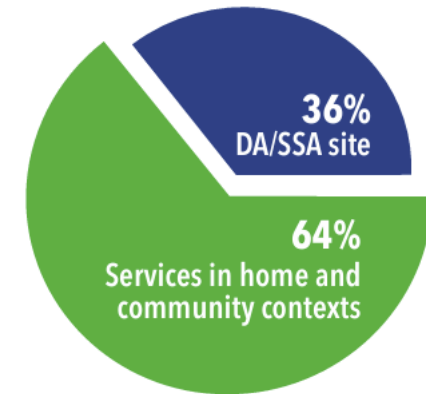
Community Outreach and Education

We provide communities with a variety of public awareness and training opportunities to increase their understanding of issues that are core to the network's mission, to reduce stigma and to improve care delivery

In FY24, network agencies provided

3,315,476

unique services.





Universal strategies to promote mental health, wellness, and resilience. Examples include:

- Housing
- Employment services
- Food assistance
- Anti-poverty initiatives
- School based & afterschool programming
- Psychoeducation
- Wellness programs
- Home based supports
- Education & training
- Outpatient supports
- Peer-driven initiatives
- Community outreach
- Disaster response

Recognizing the warning signs. Examples include:

- Screening
- Case management
- Community support
- Respite
- Emergency services
- Early childhood intervention
- Harm reduction & overdose prevention
- Urgent care
- Mobile crisis
- 988/crisis lines

Evidence-based services for children, adults, and families. Examples include:

- Assessment
- Service planning & coordination
- Therapeutic services
- Medication management & medication assisted therapy
- Crisis stabilization
- Residential treatment
- Transitional & crisis beds

Services, often community- and-peer based. Examples include:

- Supportive housing
- Peer-based supports
- Peer-based residential programming
- Support groups
- Case management
- Recovery-oriented education



For the Community, by the Community:

- Agency Board** – made up of local community members
- Local Standing Committee** – individuals and families with lived experience
- Staff** - local community members
- Community Partners** – robust partnerships with service sector, local businesses, developers, etc.

Designated Services Provided

Community Rehabilitation Treatment (CRT)

Children Youth & Family Services

Emergency Services

DS Waiver Services

CLIENT SATISFACTION OUTCOMES



reported
"I/we receive the
services that we
needed."



reported
"The services I/we
received made a
difference."

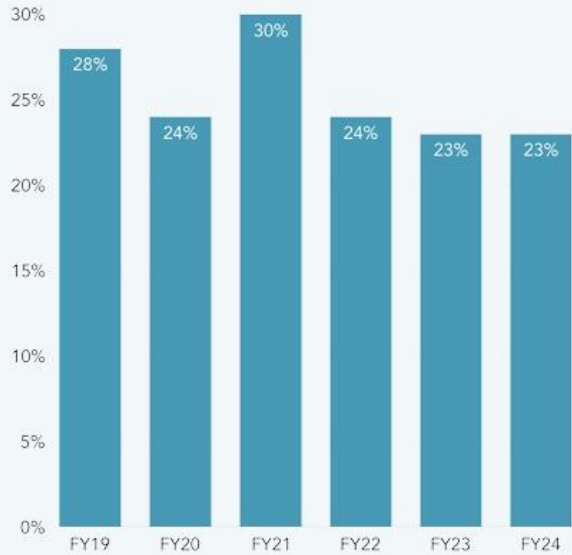


reported
"Staff treated me/us
with respect."



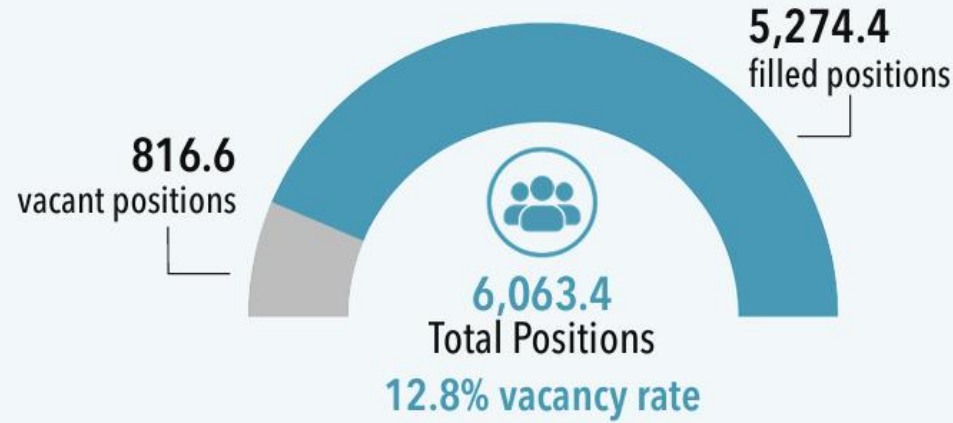
VCP Average Statewide Turnover FY19-24

The current turnover rate is 23%, which has trended lower over the past 5 years.



Vacancy Rates

The average vacancy rate on July 1, 2024, across all VCP member agencies was **12.8%**, with 816.6 positions out of 6,063.4 open. The vacancy rates by agency ranged from a low of 5% to 23.3%.



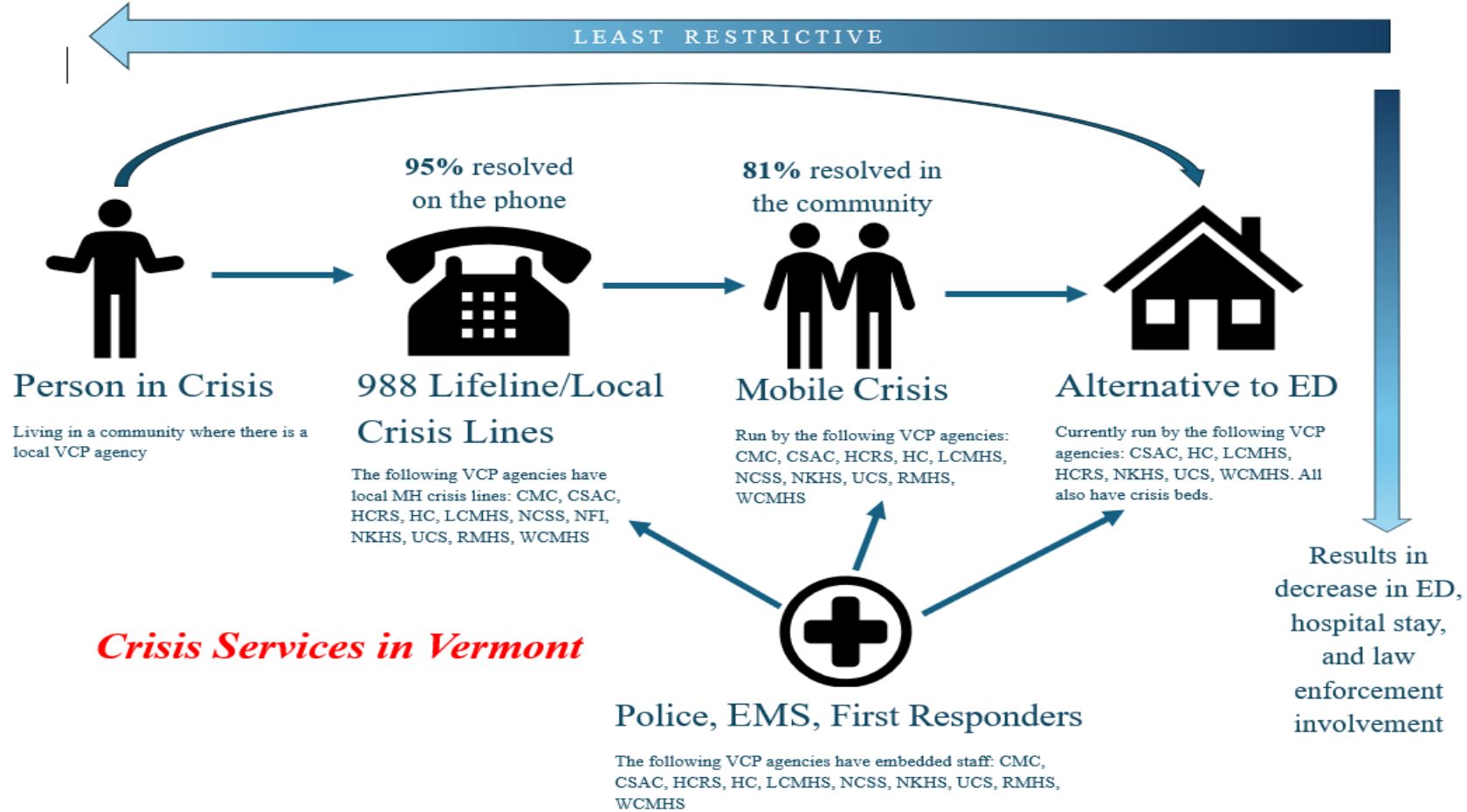
★ The staff are the reason we exist, they make the difference by providing direct community care. In FY24, network agencies implemented numerous policies that have resulted in increased rates of hire.



Variables that impact vacancy rates:

- Wages
- Burnout
- Childcare Access
- Food Deserts
- Available Transportation
- Affordable Housing Stock

Vermont's Crisis Continuum

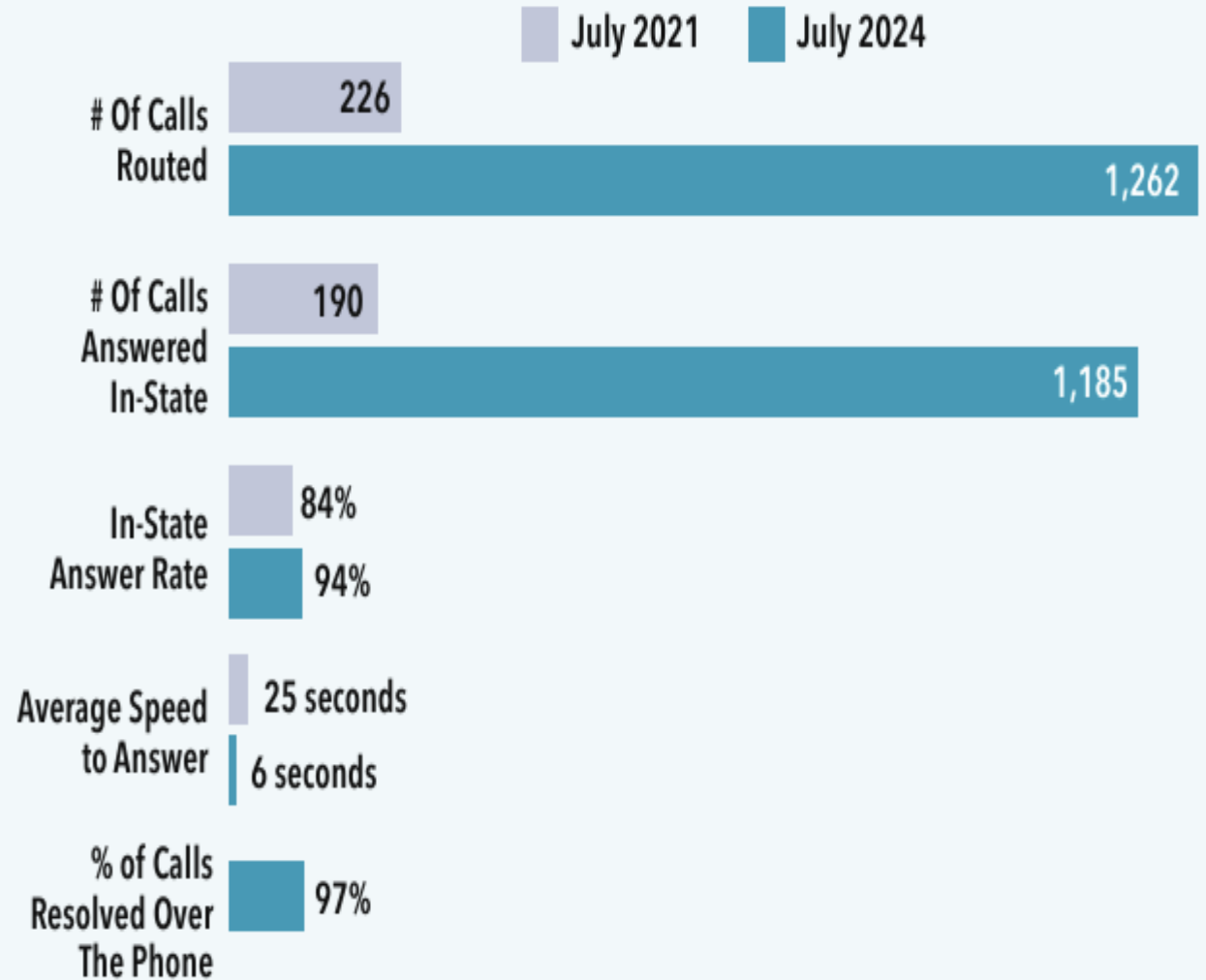


This is the crisis continuum of care within the context of the entire mental health system. In Vermont, someone experiencing a mental health crisis can seek treatment at any point of access.



9-8-8 Suicide Prevention Line

Run by two VCP agencies, the **9-8-8 Suicide Prevention Line** in Vermont is a vital resource offering immediate support to people in crisis. Available 24/7, this confidential service connects callers with trained crisis counselors who provide compassionate listening, guidance, and resources. By promoting mental health awareness and facilitating access to help, the 9-8-8 line plays a crucial role in preventing suicides and supporting the well-being of Vermonters.



Mental Health Urgent Care Programs



Counseling Service of Addison County's Interlude for adults is a mental health crisis alternative space for adults that offers a voluntary, home-like trauma-sensitive space.



United Counseling Service's Hope House includes both their Psychiatric Urgent Care for Kids program that serves children up to age 18 and an Intensive Outpatient Program for elementary school children.



Health Care and Rehabilitation Services harm reduction and crisis stabilization program is an alternative to emergency department use for teens ages 12-18 experiencing mental health crisis.



Washington County Mental Health Services Access Hub is a program to support adults in crisis with immediate, accessible, and flexible services.



Northeast Kingdom Human Services Front Porch Mental Health Urgent Care opened in July, 2024. Open seven days a week, it provides a sanctuary for those experiencing a mental health challenge and seeking immediate care.



Howard Center's Mental Health Urgent Care, in partnership with Community Health Centers, Pathways Vermont, and the University of Vermont Medical Center, just opened October 28, 2024.



Lamoille County Mental Health Services Emergent Psychiatric Intervention for Children (EPIC) Program helps youth ages 6-18 who are experiencing a mental health crisis.

Over 370 people were seen across the state.

Mental Health Urgent Care programs experienced significant growth in FY24. Even more expansion is anticipated in FY25.



Embedded Clinicians: Local and State Police

AGENCY	TOTAL EMBEDDED POSITIONS	STAFF LOCATIONS
Counseling Service of Addison County (CSAC)	1	Vermont State Police New Haven
Howard Center (HC)	12	Throughout Chittenden County / local Vermont State Police
Health Care and Rehabilitation Services (HCRS)	11	Vermont State Police Westminster Vermont State Police Royalton Bellows Falls / Windsor Police Department Hartford Police Department Springfield Police Department Brattleboro Police Department Wilmington Police Department
Lamoille County Mental Health Services (LCMHS)	2	Morrisville Police Department Vermont State Police Williston
Northwestern Counseling & Support Services (NCSSS)	4	St. Albans Police Department Vermont State Police St. Albans
Northeast Kingdom Human Services (NKHS)	5	Newport Police Department Vermont State Police St. Johnsbury Vermont State Police Derby
Rutland Mental Health Services / Community Care Network (RHMS)	3	Rutland City Police Department Vermont State Police Rutland
United Counseling Service (UCS)	2.5	Vermont State Police Shaftsbury Bennington Police Department
Washington County Mental Health Services (WCMHS)	3	Barre Police Department Montpelier Police Department

Enhanced Mobile Crisis: 2-Person Response



In six months, agencies provided over 1,000 mobile crisis responses and over 700 follow-up services statewide for youth and adults combined.

DA/SSA Services and Support in Vermont - Where we are now



Investment in ALL
Parts of the System
is Essential...

DA/SSA Services and Support in Vermont - Where we are headed



Challenges Agencies are Facing

- **Complexity and acuity** of client presentations and layering of psychosocial needs
- Eligibility **criteria changes**
- **Aging population** with complex medical needs
- Need for long-term, stable supported **housing options** for individuals with mental health, medical, and behavioral support needs
- **Increase in referrals** from families with commercial insurance for in-home family work — often not reimbursable under their insurance programs
- **Chronic homelessness and economic challenges**; difficult to be well with focus on meeting basic needs
- School systems are struggling to meet the **needs of our students** with the most intense challenges
- **Limited childcare and afterschool programming** for children with challenging behaviors
- Need for predictable, flexible, and sustainable **funding**
- **Reimbursement rates** that do not match cost to provide services
- **Workforce and recruitment challenges** across program—some programs more challenging to recruit 24/7 residential; crisis; interventionists
- Clinical staff leaving for private practice due to **compensation and administrative burden**
- Administrative burden of **paperwork**: demographics, outcomes, documentation; extremely difficult when client in crisis
- Lack of available **housing** for both clients and new staff

Workforce Barriers & Impacts

WAGE

- Salaries need to empower people to meet their basic needs
- Reluctance in taking positions that cannot guarantee any kind of predictable increase.
- There is an imbalance between workload and compensation

BURNOUT

- Jobs in the mental health, substance use, and I/DD field are difficult and demand a lot
- burnout and empathy fatigue are real - people who care for others need to be cared for
- When other staff leave often the workload is shifted to already maxed out staff.

ADMINISTRATIVE BURDEN

Studies consistently show that physicians [and mental health workers] spend twice as much time on electronic documentation and clerical tasks compared to time providing direct patient care. - Colicchio et al., 2019, Shanafelt et al., 2016

Unintended Consequences of Underfunding A Critical System of Public Care

Staffing Shortages	Impact
Reduced staff capacity for community-based wraparound supports	Increased risk of homelessness and need for acute services such as ED utilization, inpatient, and private residential
Reduced residential bed capacity	Increased risk of homelessness and need for inpatient care
Reduced crisis bed capacity	Increased ED use, longer wait times, larger burden on emergency services
Reduced school-based community integration and family respite staff	Increased referrals for therapeutic schools and/or out-of-state residential placements and ED usage

THE ENVIRONMENT: SYSTEMS REFORM AND TRANSFORMATION

ACT 167: WYMAN REPORT

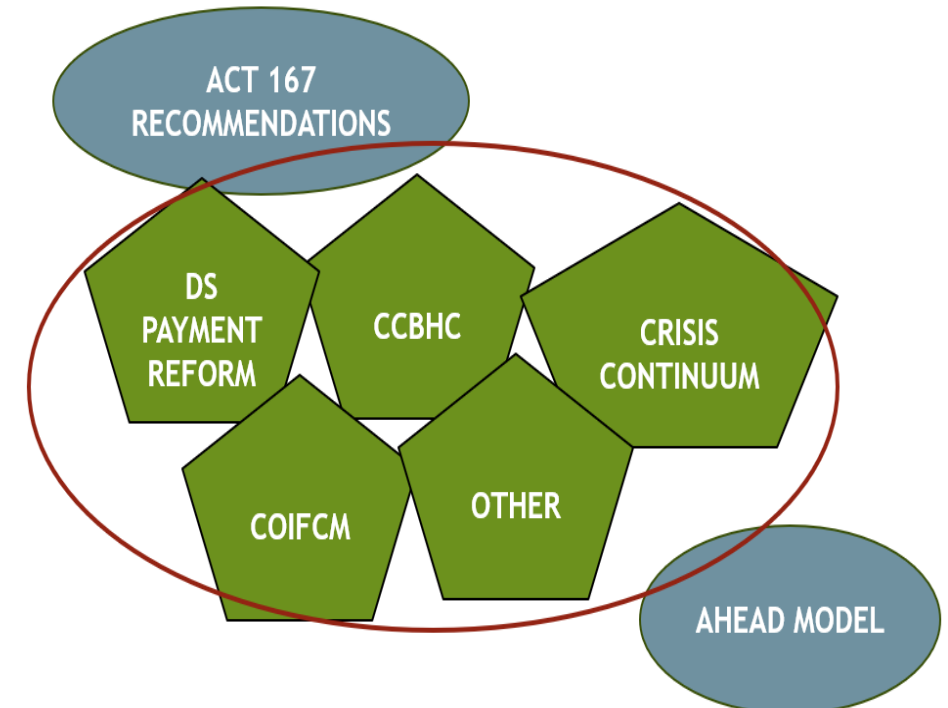
AHEAD MODEL

CONFLICT OF INTEREST FREE CASE MANAGEMENT

DS PAYMENT REFORM

CCBHC

CRISIS CONTINUUM: ENHANCED MOBILE CRISIS, URGENT CARE,
988



CCBHC

Agencies:

- Clara Martin (July 2025)
- RCMHS (July 2025)
- NKHS (July 2026)
- HCRS (July 2026)
- NCSS (July 2026)
- Howard (July 2026)
- The remaining orgs will submit applications during the next open round

Decreased wait for services

Increased patient-centered treatment options

Care coordination activities

Expanded services

Expanded evening/weekend hours

EHR Development

HIT
Interoperability with healthcare providers

Focus on evidence-based practices

Projected competitive market rate salaries

Community needs assessments

The 9 Required CCBHC Services

Directly or through formal partnership, CCBHCs provide:

1. Crisis Services
2. Outpatient Mental Health and Substance Use Services
3. Person- and Family-Centered Treatment Planning
4. Community-Based Mental Health Care for Veterans
5. Peer Family Support and Counselor Services
6. Targeted Care Management
7. Outpatient Primary Care Screening and Monitoring
8. Psychiatric Rehabilitation Services
9. Screening, Diagnosis and Risk Assessment

Collaborative EXAMPLES: Agencies Working Together to Drive Affordability

SHARED SERVICES

- ARIS
- UEMR (UCS, LCMHS, NCSS, WCMHS) and Credible Agencies
- Financial Shared Services (LCMHS, NCSS)
- IT Shared Services (WCMHS and LCMHS)
- Shared crisis coverage
- All-agency collaboration through Directors' groups
- Partnerships to provide Success Beyond Six in different catchment areas
- Partnerships to provide substance use services in different catchment areas (e.g., Howard and NCSS)
- The network is exploring possibilities for enhanced data collection and outcomes development and the expansion of additional shared services.

WORKFORCE DEVELOPMENT

- Working collectively work with universities and colleges to formalize internship tracks.
- Network implemented the VCP Leadership Academy supporting current and up and coming leaders.

OTHER PARTNERSHIPS throughout the network including:

- Collaboration around training: continued expansion of teen, youth, and adult Mental Health First Aid statewide instructor pool and provision of statewide trainings; work toward enhanced training for co-occurring mental health and I/DD supports, Team Two, Resource Parent Curriculum, and more