

NORTHWESTERN COUNSELING & SUPPORT SERVICES



2015 OUTCOMES REPORT

PREVENTION

WELLNESS

INTEGRATION

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PREVENTION • WELLNESS • INTEGRATION

Northwestern Counseling & Support Services, Inc. (NCSS) is pleased to share our Outcomes Report for 2015 that covers our three service divisions, Behavioral Health; Children, Youth & Families; and Developmental Services. We began incorporating Results Based Accountability (RBA) to measure outcomes over 13 years ago.

With changes across the State and health care reform the focus on outcomes has become more predominant than ever. NCSS collaborates with community partners in order to improve the health and wellbeing of the population of Franklin and Grand Isle Counties.

Our Integrated Health initiative continues to move at a fast pace with positive results. The initiative includes Social Workers on the Blueprint Community Health Team who are in most of the primary care practices. Plus, we're in the Northern Tier Center for Health (NOTCH) to provide behavioral health services in their primary care practices and they provide primary care services at NCSS as well.

Our commitment to quality is a direct result of our dedicated staff, our passion for collaboration, and our belief in the importance of education and training. These efforts are exemplified by the fact that NCSS is recognized with the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

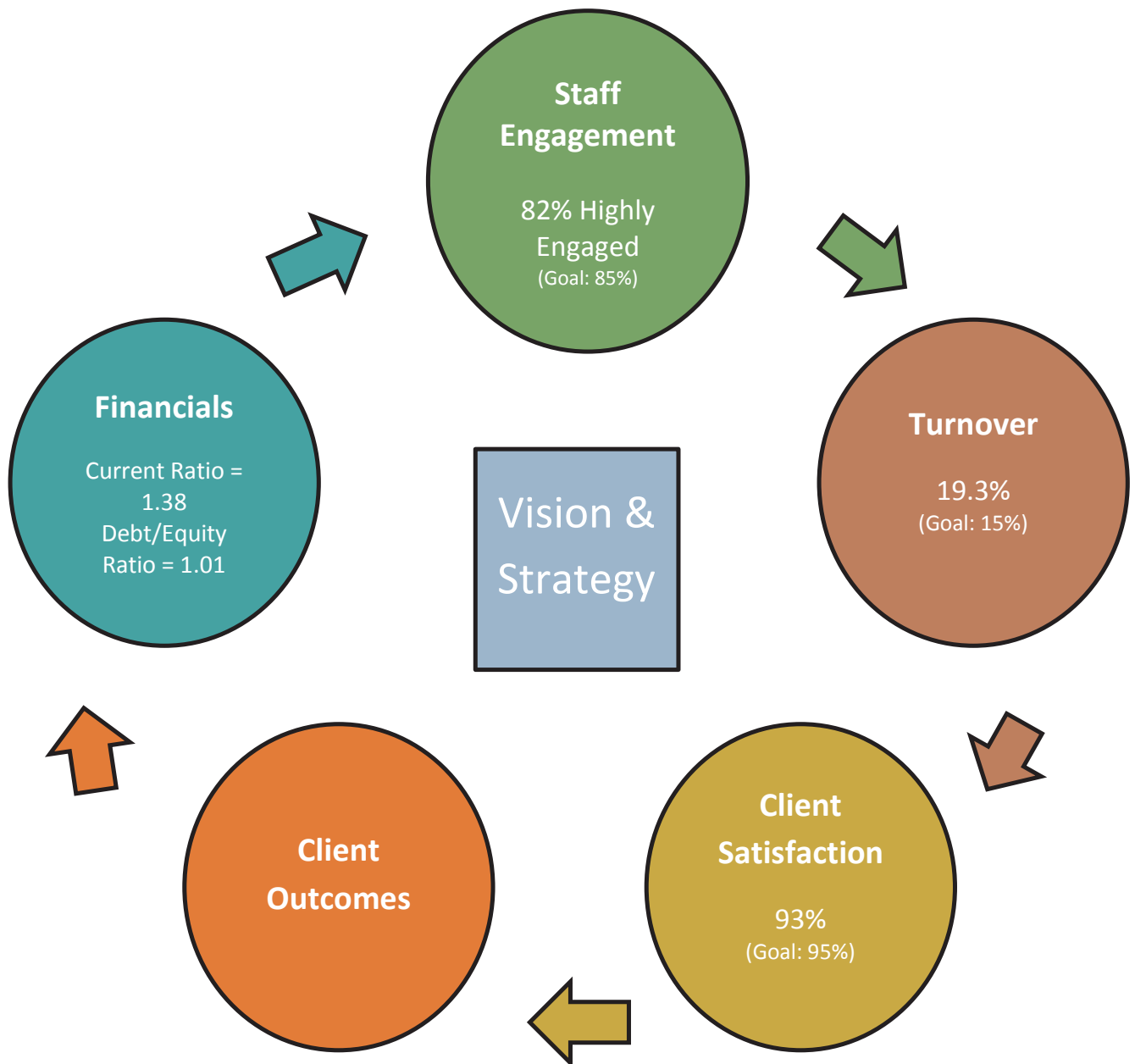
NCSS has distinguished itself as a quality organization by the commitment to our mission...to ensure that the residents of Franklin and Grand Isle Counties have access to high quality services, which promote healthy living and emotional wellbeing.

As you review this report you'll see how our efforts have had a positive impact in our community during the past year. We hope that if you or someone you know needs services, you will come to us knowing that **we're here for you** as an organization that focuses on prevention, wellness, and integration of services. NCSS provides intervention and support to children, adolescents, and adults with emotional and behavioral problems; mental illness; intellectual and developmental disabilities.

Ted Mable, Ed.D.
Executive Director



1 HOW WELL DID WE DO



The Balance Scorecard is a management system that enables our Agency to clarify our vision and strategy and translate them into action. It provides feedback around internal business processes and external outcomes in order to continuously improve strategic performance and results. The Balanced Scorecard provides a clear prescription as to what our Agency should measure in order to “balance” the financial perspective with other very important outcome perspectives.

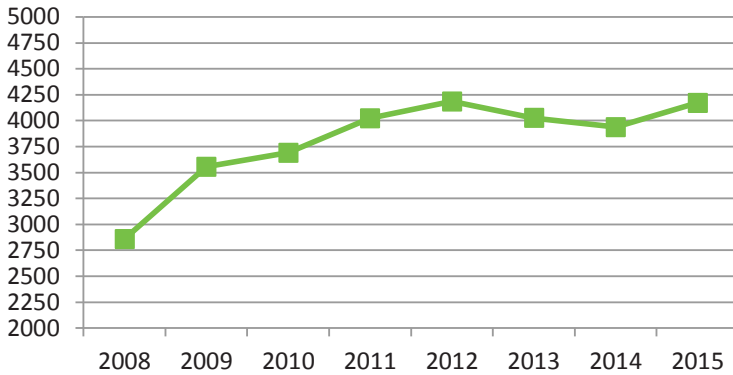
NCSS CLIENTS SERVED

PROGRAM OUTCOME STATEMENT: Clients of NCSS will be satisfied with services that they received

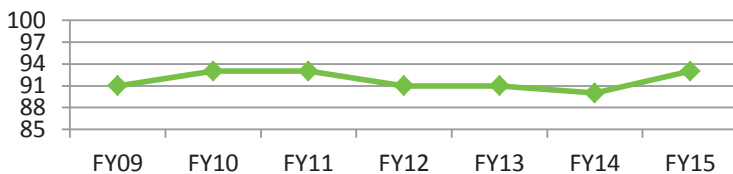
PROGRAM INDICATOR: Residence of Franklin and Grand isle counties will have access to high quality services

Headline Measures:

of Clients Served



% of Clients Satisfied with Services



Story Behind the Baseline Performance:

Our mission is to ensure that the residents of Franklin and Grand Isle Counties have access to high quality services, which promote healthy living and emotional well-being. Our goal is to make sure that the high quality services meet individual needs, make a difference in their lives and that each client is satisfied with their overall care and experience.

In 2013 we designed one agency satisfaction survey that had ten core questions and was administered with the same process across all three divisions. In addition to the process changes, the 2013 survey replaced the 5-point scale to a 7-point scale giving a more accurate picture. This year NCSS served 4,172 people in our offices, in the local schools, in the community, in their home and in their place of work. The agency had a 6% increase of clients served and had a 3% increase in satisfaction.

This past year NCSS focused on improving customer service and worked with the National Council for Behavioral Health on assessing and implementing Trauma Informed Care.

"I believe that NCSS has helped me in every area of my life and has had a great impact on my living and healthy lifestyle. Thank you all."

~ 2015 Client Satisfaction Survey

91%

Reported that the services they received made a difference

Proposal to Improve Performance:

- Work with individual programs on their survey results
- Increase client support with filling out the survey

Action Plan:

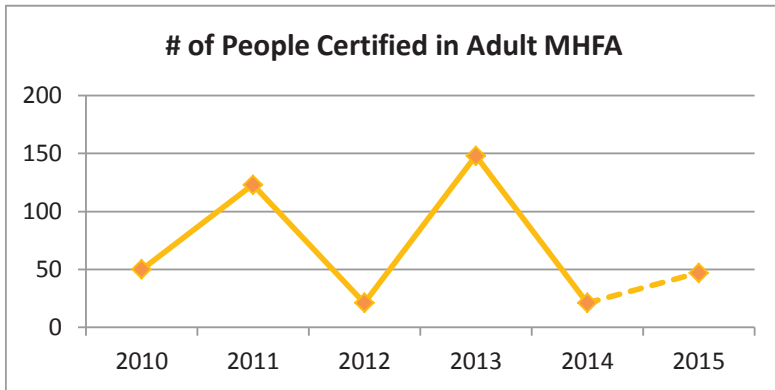
- Have each team do a Bend the Curve exercise and create an action plan for FY16
- Continue to work with the Vermont Care Partners with having a standard survey questions and process throughout the Designated Agencies in Vermont

MENTAL HEALTH FIRST AID

PROGRAM OUTCOME STATEMENT: People will be certified and reduce stigma around mental health conditions

PROGRAM INDICATOR: Neighbors, professionals and families will be given the tools and knowledge of supporting a person experiencing a mental health crisis

Headline Measures: Is anyone better off?

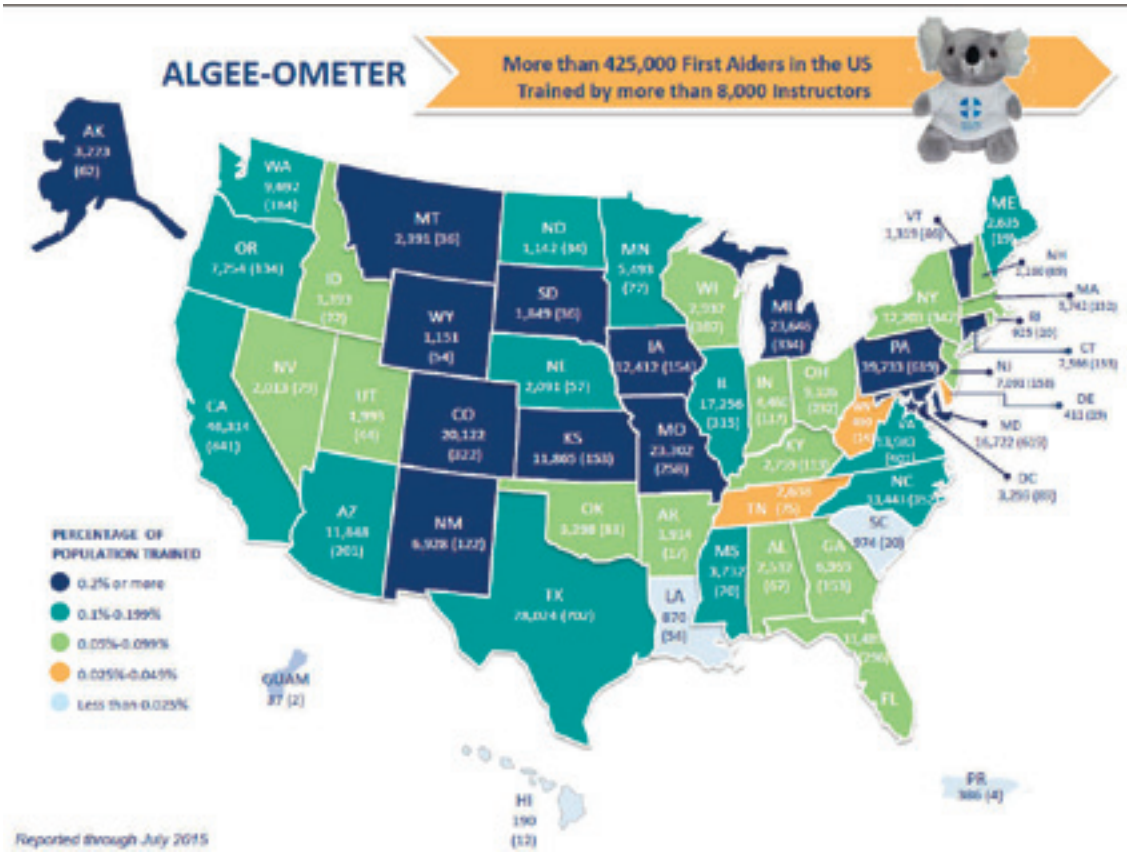


Story Behind the Baseline Performance:

In the State of Vermont there are 1,319 people certified in MHFA in the Adult, Youth, Law Enforcement, and the Veteran’s curriculum. Out of the 1,319, NCCSS trained 787 in Franklin and Grand Isle Counties. In 2013 we had an increase in trainings that included the Developmental Services Division. In 2014 there was only one Adult community training, with more of a focus on starting our Youth trainings. We are projected to have 47 individuals certified in the Adult curriculum in 2015.

What Works:

Our trainings have helped bring awareness of mental illness, have built strong working relationships with community partners and has helped the community understand local issues.



Community Partners:

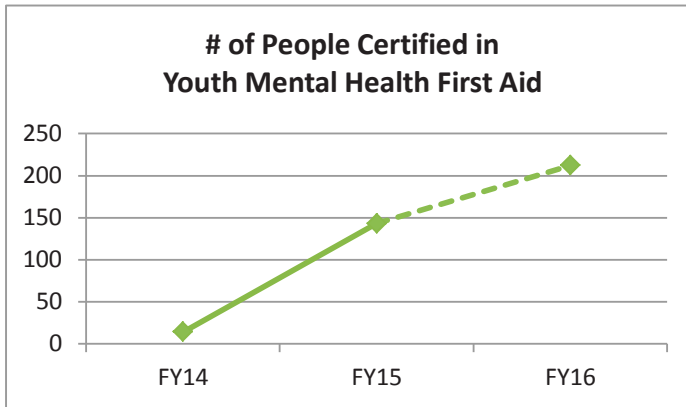
- Community Neighbors
- NOTCH - Healthcare Practice
- Abenaki Tribal Council
- Franklin Northwest and Northeast Supervisory Unions
- State Police, Swanton Police, St. Albans Police and Milton Police Departments

YOUTH MENTAL HEALTH FIRST AID

OUTCOME STATEMENT: Strengthen our community by increasing awareness and understanding of mental challenges facing youth. To increase knowledge of available treatments for young people while reducing stigma within our community through education, compassion, and understanding.

INDICATOR: Increase community awareness of mental health challenges facing youth, which increases the ability to accept, appropriately support, and refer youth struggling with mental illnesses.

Headline Measures – How much are we doing?



Story Behind the Baseline Performance:

Northwestern Counseling & Support Services is a leader in the Youth Mental Health First Aid (YMHFA) initiative within the State of Vermont, training more individuals in YMHFA in FY15 than any other designated agency in the state.

What Works:

Raising awareness of the YMHFA program has increased NCSS' presence in the community through outreach, education, and increasing knowledge of services available to youth.

YMHFA trainings have allowed us to hear our community's needs and have led to various community outreach opportunities including community health events, student YMHFA trainings in schools, and numerous mental health presentations at area schools and with community partners.

Community Partners:

- Franklin Northwest Supervisory Union
- St. Albans Recreation Department
- Northwestern Technical Center
- Franklin Northeast Supervisory Union
- Abenaki Tribal Council
- Cold Hollow Career Center

Proposal to Improve Performance: We will focus on broadening our community partnerships, specifically the engagement of youth serving agencies, supervisory unions, and community leaders to broaden the scope and long term sustainability of the Youth Mental Health First Aid program within our community.

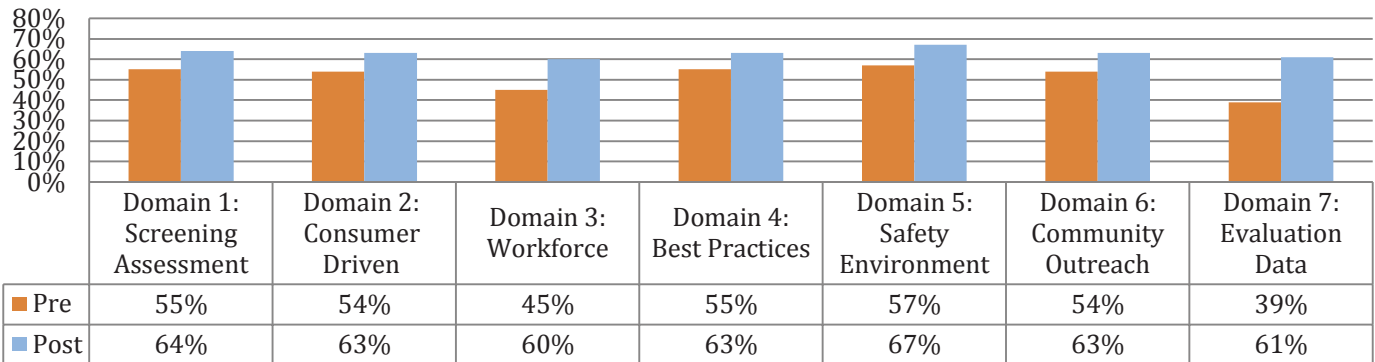
Action Plan: YMFHA outreach and training in FY 2015 largely focused on engaging individual community members. Future outreach will focus on increasing engagement with youth serving agencies including schools, law enforcement, and the Department of Children and Families. In our effort to broaden early intervention and community outreach, NCSS collaborated with Vermont Care Network to co-write a three year SAMHSA grant that will build a statewide YMHFA infrastructure to provide no cost trainings to educators, emergency responders, and community members. This project is modeled directly upon the success that NCSS has experienced with YMHFA programming within Franklin and Grand Isle Counties. SAMHSA is expected to notify award recipients in September 2015.

TRAUMA INFORMED CARE

PROGRAM OUTCOME STATEMENT: Transform organizational culture through trauma informed care implementation process developed by the National Council for Behavioral Health

PROGRAM INDICATOR: Demonstrate increased trauma informed care by showing movement in baseline scores in areas of focus

2014-2015 Agency Wide Pre and Post Combined Summary of Organizational Self Assessment for Trauma Informed Care



Story Behind the Baseline Performance:

NCSS has been participating in a yearlong demonstration project with assistance from the National Council for Behavioral Health to implement a process for improving trauma informed care. NCSS completed requirements for the yearlong project and will continue to develop on our action plan. This project allowed for all divisions to examine practices and needs for developing a stronger trauma informed culture. Pre-Post data illustrates improvement in all areas using a national survey instrument.

What Works:

NCSS was able to develop on an existing strong team development model across all divisions to implement key activities. Increased involvement of peers with lived experience in planning has been helpful in identifying concerns providers were unaware of. Implementing a Trauma 101 facilitated broader discussions on needs and resources to meet those needs. Viewing trauma informed care as a continuing process for improvement in essential.

“The visit to NCSS is always a good one, lots of smiles and very friendly people.”

~ 2015 Client Satisfaction Survey

Community Partners:

- Cross Division Implementation Team
- Primary Care Providers
- Northwestern Medical Center
- Department of Mental Health, Department of Aging and Independent Living

Proposal to Improve Performance:

Continue to identify ways to increase Trauma Informed Care domain scores in all areas, which should result in improved screening & assessment, consumer driven or peer services, systematic approach for workforce development, broader application of evidenced based practices across programs, safer work settings, increased outreach to the community, and trauma specific evaluation data for measuring success.

Action Plan:

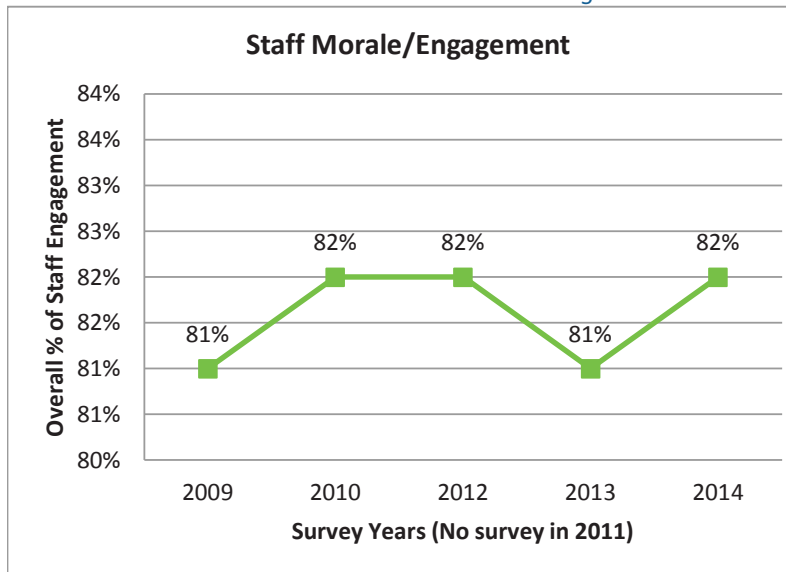
- Maintain an Implementation Team with a common vision with representation from all divisions and peers
- Identify additional baseline score areas as action plans are modified
- Implement action plans in priority domain areas
- Collect data related to each goal by maintaining Performance Monitoring Tool

Human Resources: Staff Climate and Engagement

Program Outcome Statement: Engaged staff believe they perform meaningful, important and interesting work, and are committed to NCSS

Indicator: Staff fully embracing the agency’s mission will breed enthusiasm and positive energy

Headline Measures – How much are we doing?



Story Behind the Baseline Performance:

After taking a 1-year detour from administering our historical 12 question employee engagement survey, (developed by Gallup) we returned to the tried and true method; continuing to use a 7 point scale.

Last year’s deviation from the shorter survey wasn’t for not however; by asking a new set of questions we gleaned some useful information into understanding levels of our staffs’ engagement and desires. In the end deciding - we did not have to ask a lot of questions, just the right questions - to truly measure the internal environment of NCSS!

An important point to make is that even through times of programmatic and regulatory changes, combined with very challenging resources in many cases, the survey data continues to indicate morale and staff engagement are high.

What Works:

The HR Department firmly believes that in order for staff to deliver high quality client care, they need to feel connected to the organization. A fundamental understanding of the perceptions, feelings and attitudes of our employee’s is as important as understanding the strategic direction of the Agency.

Taking a survey is merely the thermometer used to measure the temperature; paying attention to the details is what’s important. On the fun side of things, we regularly run staff morale boosters such as BBQ’s, treats & raffles and provide many incentives, like employee discounts and onsite health & wellness activities.

What Employees had to say about working at NCSS:

- *“This is my first year with NCSS and I love working here. I feel that my Team Leader, Division Director and Ted are supportive!”*
- *“I have never felt as valued and supported as I do at NCSS!”*
- *“The team I am on is there for me both professionally and personally. My team leader is always very helpful and a compassionate and caring individual to staff and consumers as well.”*

Community Partners:

- | | | |
|---------------------------------|---------------------------------|-----------------|
| • Epic Wellness | • BCBS | • Aflac |
| • Collins Perley Sports Complex | • Fidelity Investments | • Danform Shoes |
| • Dukes Fitness | • Employee Wellness instructors | • AT&T |
| • The TrainStation | • Center for Health & Wellness | • Verizon |
| • Unicare EAP | • NMC | |

Proposal to Improve Performance:

- Successfully completing an organizational structure review, which addressed employee’s desires for “room to grow”, resulted in the development of a career ladder to foster employee growth and retain quality staff. Currently we’re reviewing our overall employee benefits strategy to ensure happy staff, while meeting future federal regulations.

Action Plan:

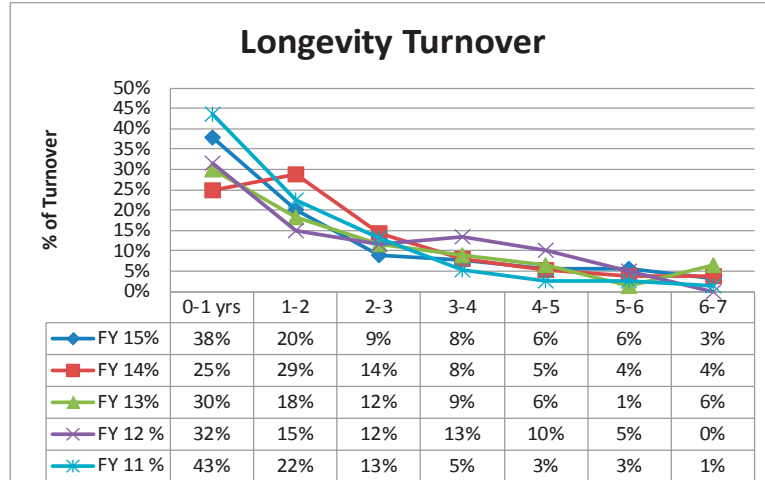
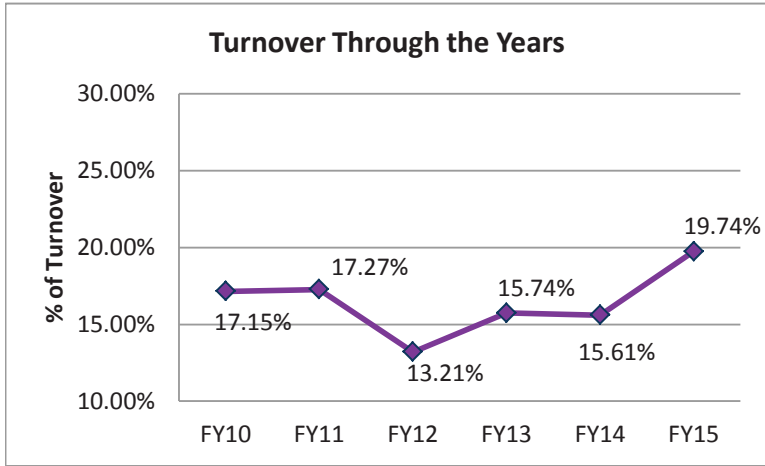
- Implement a benefits enrollment system to ensure compliance with the Affordable Care Act coupled with enhancing department efficiencies, while offering employee’s easy access and choice.
- Expand our employee health & wellness program to include data measures to track progress. Research indicates healthy employees make happy, more engaged employees!

HUMAN RESOURCES - STAFF TURNOVER

PROGRAM OUTCOME STATEMENT: Our goal is to partner with our Divisions in support of our most valuable asset – our employees – to facilitate a strong and stable workforce delivering quality services to our stakeholders.

INDICATOR: Create a captivating experience for all employees, which attributes to a healthy turnover rate

Headline Measures – How much are we doing?



Story Behind the Baseline Performance:

As a whole, Vermont’s Designated Agency system has experienced a high turnover rate average of 27% for the past 3 years. As indicated by our current turnover data NCSS is not immune. Leading factors that impact turnover are the low unemployment rate, shortage of qualified candidates, and our inability to compete financially with competitors due lack of funding. While much of this is out of our control, we do have a “hire hard” philosophy to ensure we find and retain the highest quality staff to serve our clients.

What Works:

Knowing the majority of turnover happens in the first 12 months, we implemented a “Hiring for Attitude” approach, believing we can help employees obtain skill and knowledge, but they come with an attitude. The new scorecard helps identify those with the right attitude!

Other areas of enhancements include our onboarding process to provide “out of the gate” training and support for new staff. Employee referral incentives have become our #1 hiring source; 30% of our new hires were referred by our staff.

Community Partners:

- Social media
- Employee referrals & Internal promotions
- Career fairs
- Websites (NCSS & external)
- Direct Mailing
- Newspapers
- Radio
- Social media

Proposal to Improve Performance:

- We will continue to focus on recruiting as there is a direct connection between hiring the right employees and turnover.
- Further enhance our internship and mentor programs to include more outreach and partnering, both internal and external.

Action Plan:

- Hire an additional HR Department staff to evaluate our recruiting strategies to effectively hire and retain star employees that fit our culture.
- Re-evaluate our Benefits and Compensation strategies in an effort to retain high quality staff.
- Focus on passive applicants, employed elsewhere, and make them want to work at NCSS!

2 DEVELOPMENTAL SERVICES

Our vision in Developmental Services is that all individuals with developmental disabilities have access to opportunities that promote person-chosen comprehensive inclusion. Our services support our vision by providing community-based support to adults, children and their families. The range of services creates employment opportunities, facilitates independent life skills, while optimizing natural supports. We do this in partnership with individuals, professional peer advocacy, friends, their families and the community. The direction of our services is, in many ways, decided by those we support through the use of forums and groups where there is active involvement and idea exchange. The Developmental Services staff assists individuals to exercise their citizenship in a number of ways.

~ Kathy Brown, Director of Developmental Services

Josh's Story

Josh is a Peer Support self-advocate and has been receiving services since 2001. Coming out of high school Josh was having difficulty finding work, establishing friendships, and building the skills required to be a contributing member of his community. Like so many young adults without support and guidance, he struggled with making the right decisions in his young life. Josh found himself hanging out in the park and being easily influenced by others. After a few years of struggling he found himself in trouble with the law, this began the turning point in his life. Josh was assigned to the Therapeutic Community Integration Team and was housed in our 24 hour residential program in 2010. Three years later 2013, Josh transitioned from the supervised residential setting into a shared living provider model. Josh is successfully participating in his services and community, working for the first time in his adult life. Josh has worked hard over the past several years to turn his life around and now is mentoring others on what it means to gain independence, work, find self-value and pride, and build long-lasting relationships. Josh is one of the voices that come through loud and clear, demonstrating the "Abilities" of those with "Disabilities."



Developmental Services Division Profile

How Much Did We Do?

1. 319* Clients Were Served = 26% Decrease from the 2010 Baseline
2. 245,351 Hours of Care Provided = **13.2% Increase** from the 2010 Baseline

**duplicated number, clients can be served in more than one division*

How Well Did We Do It?

1. **96%** of our clients felt staff treated them with respect
2. 88% of our clients said they would refer a friend or family member to NCSS

Is Anyone Better Off?

1. **93%** of our clients felt they recieved the help they needed
2. 92% of our clients felt the services they recieved made a difference
3. 88% of our clients recieved the services that were right for them

Results



Meaningful Program Outcomes

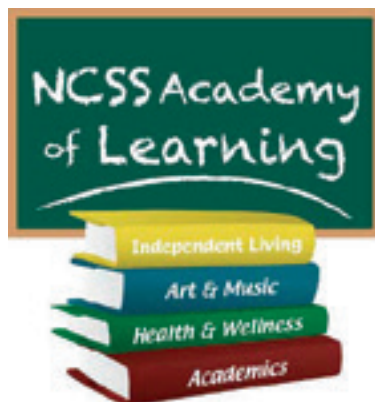
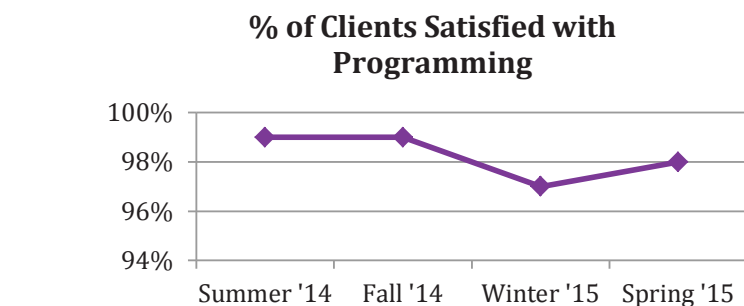
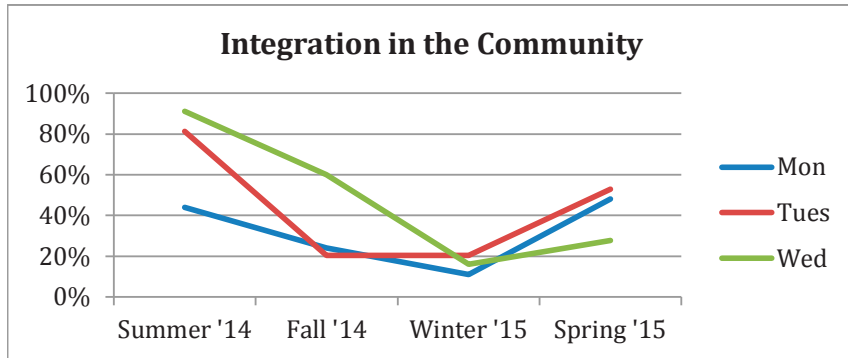
Access + Responsiveness + Efficiency Measures + Effectiveness Measures
= Results Based on Accountability

DEVELOPMENTAL SERVICES: THE ACADEMY OF LEARNING

PROGRAM OUTCOME STATEMENT: Programs address the increasing needs of individuals with disabilities and families to provide skill building, training, academics, and practical community based programming to increase independent living

PROGRAM INDICATOR: Individuals and families will be satisfied with the programming and make progress to community integration

Headline Measures – How well are we doing?



Story Behind the Baseline Performance:

The Academy of Learning runs three days a week with a different theme day each day. On Mondays the clients focus on Independent Living Skills, on Wednesdays the clients learn skills to help foster their Health and Wellness skills and on Thursdays the group focuses on Academic skills. 97.5% of clients are satisfied with programming at the Academy of Learning for content and class selection. Along with satisfaction in the skills being taught, the % of integration into the community runs from 10% - 91% during 4 semesters; while the winter semester involves more community partnering at the AOL site. The programming at the Academy of Learning focuses on community integration in order to foster and promote these skills in the community setting so individuals can utilize these skills at any time. This hands-on learning in the community helps clients learn about their community, practice skills and work on socialization skills in a safe setting.

What Works:

The Academy of Learning provides educational and personal enrichment through a diverse learning environment that provides opportunities for continued learning and skill building. Curriculum is taught on location, on average 45% of the time these skills are represented assuring the ability to generalize in community settings.

Community Partners:

- Local Schools
- Local Business Owners
- Benefits Counseling
- Meals On Wheels

Proposal to Improve Performance:

- Improve its curriculum and utilize Independent Living Assessments to demonstrate the effectiveness
- Continue to grow and track the integration into community

Action Plan:

- Work on representation on the transitional services team to assure that all individuals improve their skills for a more improved quality of life.
- 25% of class curriculum taught will be practiced in community settings

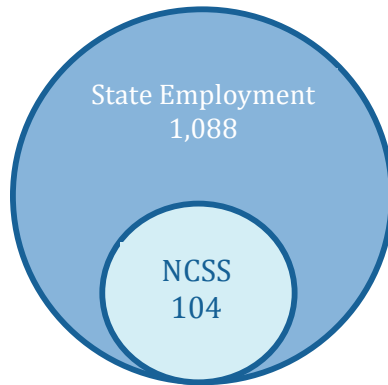
DEVELOPMENTAL SERVICES: COMMUNITY EMPLOYMENT SERVICES

PROGRAM OUTCOME STATEMENT: Assist persons seeking employment to choose, obtain and retain competitive integrated employment in the community

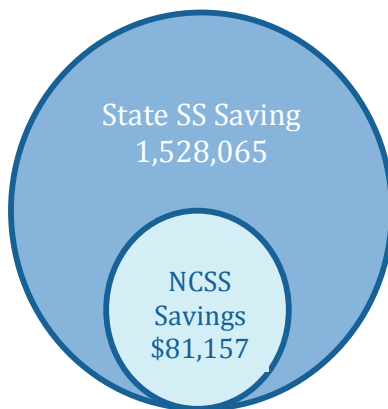
PROGRAM INDICATOR: Develop meaningful job placements, maintain job placement and increase social security savings

Headline Measures – How much are we doing?

Number of
Developmental
Services Clients
Employed In
2015



Social
Security
Savings in
2015



Story Behind the Baseline Performance:

In the last fiscal year, we have 104 job placements of 141 eligible participants. We exceeded the State's expectation of 7 new job placements to 11 exceeding grant expectations. The Department of Aging and Independent Living reported that NCSS did an excellent job matching individuals to the right job, helping to support long-term employment. In NCSS, employment service participants received 524 hours of job development supports.

What Works:

We provide supportive employment by building natural supports on the job site, through independent employment, and job carving. We support skill development to help encourage individuals working to be as independent as possible on the job with natural supports in place. This approach increases a person's self-esteem. We work in many settings throughout Franklin and Grand Isle Counties, such as schools, maintenance/janitorial positions, agricultural, self-employment, convenience stores, office buildings, hospitals, restaurants, grocery stores, and manufacturing environments.



Community Partners:

- Creative Workforce Solutions
- VocRehab
- Local Businesses
- Local Schools

Proposal to Improve Performance:

- Continued partnership with the schools for the new PETS initiative
- Making sure that 'job fit' continues to be the priority in placements utilize annual work plan to assess level of independence on the job

Action Plan:

- Work with service provider teams to establish and review work goals annually
- Engage in the new PETS job development program within the schools in Franklin & Grand Isle
- Working with public relations to assist with educational marketing material for individuals served

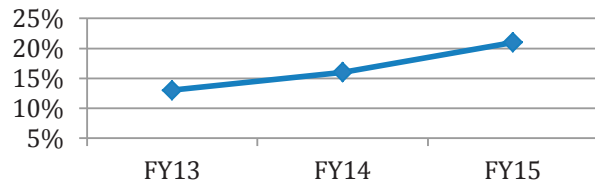
DEVELOPMENTAL SERVICES: SPECIALIZED SERVICES - PROGRAM FOR ADAPTIVE AND EXPRESSIVE ARTS (PAEA), DEAF SERVICES TEAM, DEVELOPMENTAL SERVICES COMMUNICATION COMMITTEE

PROGRAM OUTCOME STATEMENT: Specialized Services offers Therapeutic & recreational Music, Art and Sensory Exploration experiences as well as support in total communication for people with developmental disabilities and community supports for individuals in the deaf and hard of hearing community who receive Disability services

INDICATOR: Individuals will obtain ease of access to specialized services, move toward attaining individual goals and experience increased access to communication through training of NCSS staff and community members

Headline Measures – How much are we doing?

% of Clients Involved in PAEA Activities



18:16

Staff to client Ratio with ASL Communication
Currently, there is 26 staff attending ASL classes.

53%

18% of the clients served in FY15 were identified as potentially benefiting from having a Communication Plan, 53% of those identified have a Communication Plan in place.

Story Behind the Baseline Performance:

In 1999 NCSS instituted the Adaptive Music Program based on consumer requests and a perceived need for specialized services in the local community. PAEA focuses on three general goals: socialization, communication and participation. The sessions and activities are tailored to the individuals needs in these areas.

In 2007, NCSS developed a Deaf Services Team focusing specifically on the needs of individuals in the Deaf & Hard of Hearing Community who receive disability services. NCSS increases the individual's access to the community by providing support staff and home providers with ASL training. In the course of providing services, NCSS was made aware of the need for increased access to American Sign Language Education and alternative communication modalities. Individuals with ANY communication deficit: receptive (ie deaf/hh) or expressive (autistic, CP, speech impediment) receive planning support to meet their individual need. Communication plans are developed collaboratively to provide appropriate support & training and monitored by the Communications Committee. The Committee also identifies and makes referrals to communication resources and trainings.

Community Partners:

- Speech Language Pathologists
- Franklin and Grand Isle Schools
- Church of the Rock – free access to venue
- Franklin County Home Health Agency
- Vermont Developmental Disabilities Council
- Vermont Communication Task Force

What Works:

- PAEA provides individual and group music art and sensory activities at NCSS and in local community settings
- Deaf Services Team provides community integration support
- Developmental Services Communication

Proposal to Improve Performance:

- Increased number of individuals working toward socialization, participation and communication goals
- Increased number of trained staff in ASL and alternative forms of communication
- Increased number of consumers with communication support plans

Action Plan:

- Monitor the performance of socialization, participation and communication goals through semi-annual review
- Continued growth in available classes in ASL and alternative forms of communication by monitoring number of attendees in ongoing classes and number of new classes developed
- Weekly Communication Committee Meetings to review progress in communication planning & support

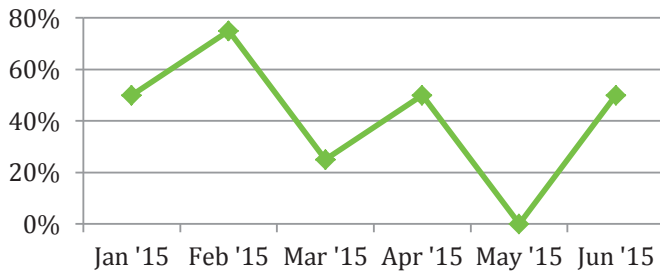
DEVELOPMENTAL SERVICES: PEER SERVICES TEAM

PROGRAM OUTCOME STATEMENT: Programs that employ paid and volunteer Peer Advocates to create support systems and learning cultures that help individuals achieve self-directed, satisfying lives

PROGRAM INDICATOR: Increase options to develop independent living skills, healthy relationships, community connections, meaningful employment, and life-long learning.

Headline Measures – How well are we doing?

Programming Integrated with the Community



Story Behind the Baseline Performance:

- The Learning for Living Program (LFL) utilized the expertise of community partners for about 40% of its lesson plans. Guest speakers and field trips offered individuals the real-life experience to explore resources, problem solve and apply practical independent living skills.
- Peer Advocates were invited to 63 client meetings during a six month period. By providing individuals with mediation and emotional support, Peer Advocates enhance the Person-Center planning process.
- To be part of the dialogue to improve developmental services and disability rights for Vermonters, Peer Advocates participated in 35 venues. They worked on advocacy boards, DS committees, trainings, conferences, peer support activities and legislative events.



What Works:

The Peer Services Team relies on Peer Advocates taking a prominent role in the delivery of Developmental Services and programs. We believe that the shared experience of living with a disability helps individuals to speak up for themselves, define their goals and achieve greater independence in their lives. In addition, Peer Advocates are active in the shaping of policy that impacts the lives of families and individuals. There is an expectation that the shift from reliance on Developmental Services to receiving support from Peer Advocates, could reduce the need for clinical and crisis interventions well as the cost of services.

Community Partners:

- Local Businesses
- Schools and Colleges
- Legislative and Government Agencies
- Emergency Providers
- Hospitals and Health Care Providers
- Public Benefits Agencies
- Housing Specialists
- Legal Agencies and Advocacy Groups

Proposal to Improve Performance:

- Increase enrollment in Learning for Living Program including transitional youth
- Partner with schools to promote principles of self-advocacy to staff and students

Action Plan:

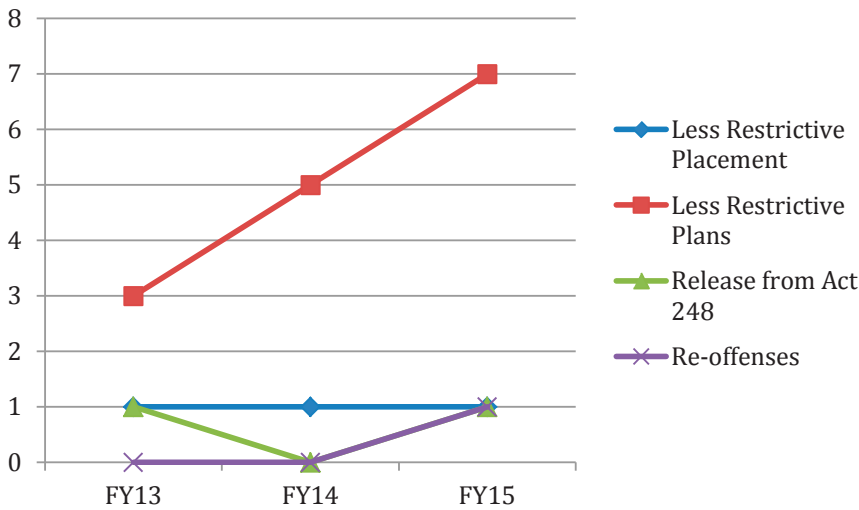
- Increase number of trained Peer Advocates on team to meet increased number of client requests and LFL enrollment
- Track independent living assessments to tailor the LFL curriculum for individuals skill-building needs

DEVELOPMENTAL SERVICES: THERAPEUTIC INTERVENTIONS

PROGRAM OUTCOME STATEMENT: Three phase programming designed to facilitate the development of respectful, responsible, & reasonable behavior. Residents face the challenges of their daily life in a structured, supportive, & therapeutic environment.

PROGRAM INDICATOR: Reduction of negative behaviors resulting in incidents of health & safety protocols; increase in positive behavior that is respectful, responsible, & reasonable; increase of individuals transitioning to less restrictive support plans and placements.

Headline Measures – How much are we doing?



Story Behind the Baseline Performance:

In 2013-2014, the program supported over 31 individuals funded under Public Safety criteria, in the community and residential settings to reduce recidivism. Over the past three years there has been one case of re-offense for the total number served.

NCSS services have helped many individuals with Intellectual Disabilities who were victims of trauma and abuse. Services have helped to prevent individuals assessed for high risk from inappropriate incarceration. 96% of individuals report that NCSS treats them with respect; more than 50% have been released from Act 248 restrictions. Over 50% of individuals served by the Therapeutic Community Integration Team with court ordered restrictions have completed or are in transitional step down planning without reoffending.

What Works:

The Team provides 24-hour residential programming and community based programming. Supports are geared toward helping individuals with behavioral challenges, many with juvenile or adult criminal histories, Act 248 dispositions, and offender registry restrictions. Through community settings with role model based training individuals gain the skills required to achieve personal goals and become contributing members of the community.

Community Partners:

- Public Safety
- Probation & Parole
- Community Based Support Groups
- Department of Corrections

Proposal to Improve Performance:

- Quarterly reviews and assessments of individual’s progress towards goals and reduction of negative behaviors.
- Continue implementation of appropriate training and introduction of evidence based and therapeutic interventions.

Action Plan:

- Implementation of quarterly reviews and assessments for Berkshire residents.
- Results tracking of progress towards goals and goal attainment.



3 CHILDREN, YOUTH & FAMILY SERVICES

FY15 was a very exciting year within the Child, Youth, & Family Services Division (CYF). We successfully completed our first full year of Integrating Family Services; we expanded DCF partnerships, enhanced school collaborations, increased adolescent substance programming, and promoted population health throughout our community. All of these changes led to a 13% increase in the numbers of children and their families served during FY15. Stronger community partnerships and integration of care across a multiple settings was key to achieving this level of success.

Providing comprehensive holistic support to the child and family in the context of their home and community has not only produced meaningful program outcomes, it has also built strong community partnerships that have led to better integration of care, improved efficiency, and greater effectiveness. Aligning goals across the children's system of care has helped to assure coordination and improve efficiency and has created multiple points of access by partnering with academic institutions to embed services directly within schools.

The CYF Division will continue to work with local and state partners to identify needs within our community and align resources to support our most clinically acute children. The Division will also promote population health and community wellness.

~ Todd Bauman, Director of Children, Youth and Family Services

Billy's Story

Billy was a 17 year old senior at a local high school. Billy's school team was worried about him noting that his grades had slipped in recent months and he seemed more disconnected from friends and school activities. Billy's Mom was also increasingly concerned noting that Billy was spending less time doing activities that he typically enjoyed and more time alone in his room. He was referred to Laura, a school based substance abuse clinician, following the discovery of marijuana in his school locker. Laura assessed Billy's level of need and, after discussing the results, Billy agreed to start regular substance abuse treatment with Laura. In addition to Substance Abuse treatment provided by Laura within the school setting, Billy also accessed other programs at NCSS including the JOBS program which helped him to secure employment and the Transitional Living Program which helped Billy to acquire the skills needed to successfully transition towards independence.

The comprehensive approach, including partners from the School, NCSS, Worksite, and the family, has helped Billy to successfully graduate from High School and transition into the adult world.

*** Some information has been changed to assure confidentiality*

Children, Youth, & Family Services* Division Profile

How Much Did We Do?

1. 1,924** Clients Were Served = **87% Increase** from the 2010 Baseline
2. 101,048 Hours of Care Provided = **12% Increase** from the 2011 Baseline

***duplicated number, clients can be served in more than one division*

How Well Did We Do It?

1. **96%** of our clients felt staff treated them with respect
2. **94%** of our clients said they would refer a friend or family member to NCSS

Is Anyone Better Off?

1. **91%** of our clients felt they recieved the help they needed
2. **88%** of our clients felt the services they recieved made a difference
3. **88%** of our clients recieved the services that were right for them

Results



Meaningful Program Outcomes

**services include IFS and other children's programs*

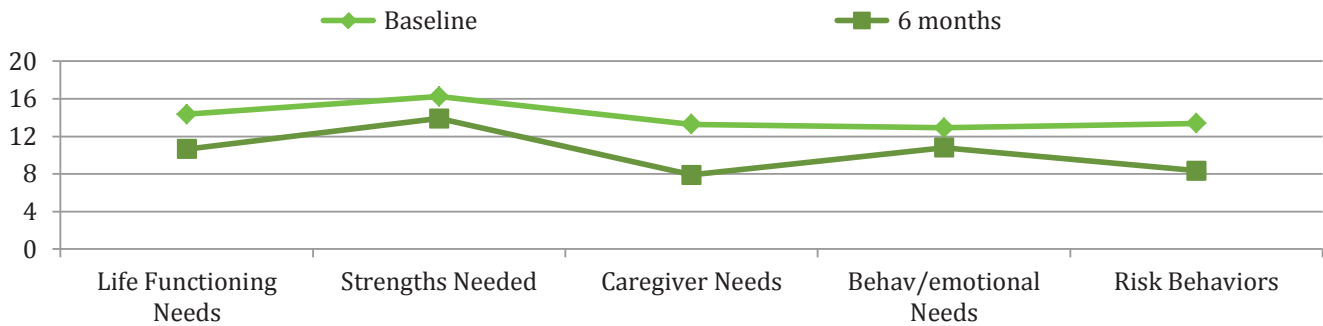
**Access + Responsiveness + Efficiency Measures + Effectiveness Measures
= Results Based on Accountability**

CHILDREN, YOUTH & FAMILY DIVISION: INTEGRATING FAMILY SERVICES

OUTCOME STATEMENT: Children and families will be safe and successful

INDICATOR: Children will show improved functioning across 5 life domains as evidenced by a standardized tool

Headline Measures – Is anyone better off?



The Child, Adolescent, Needs, and Strengths tool (CANS) is designed to assess how a child’s level of functioning across 5 life domains. This tool allows clinicians to assess a child’s progress in the context of their family and community. Children are assessed upon admission (Baseline) and again after 6 months of care (6 months). For this measure, a lower score from at 6 Months is indicative of progress. This tool was selected by our state partners late in FY15. Consequently, data above is reflective of a small sample size. We are working closely with our Community and State partners to operationalize the CANS across all IFS program which will greatly increase our sample size for FY16.

In addition to the CANS as a standardized tool to assess child progress and service delivery effectiveness, families are also asked directly to share their perspective on the quality of services received within the IFS Program. These anonymous surveys indicated that 88% of families served believed that the services they received made a difference.

Story Behind the Baseline Performance:

Integrating Family Services (IFS) is a bold initiative designed to streamline the entire child & family system of care. IFS offers greater flexibility with our funding which has allowed us to develop innovative programming better suited to the unique needs of children and families within our community. IFS’ primary tenet is to encourage efficiency and effectiveness of services by allowing teams to focus on unique child and family outcomes through strength-based and family-centered work. Over this last year, we have realigned our service delivery structure to reflect the innovative and flexible culture encouraged by IFS.

FY15 was our first complete pilot year of Integrating Family Services.

What Works:

- Family centered services that build on the intrinsic strengths within families and children
- Community partnerships that align service delivery goals across the children’s system of care
- Community structures to assure that specific services are aligned with community needs and relevant to the families of Franklin and Grand Isle Counties

Community Partners:

- Department of Children and Families
- Regional Special Education Directors
- Northeastern Family Institute
- Building Bright Futures
- VT Federation of Families for Children’s Mental Health
- Health Department
- Home Health
- Child Protection Team
- Parent Child Center
- Economic Services
- Local Schools
- Parent Partner Team
- Primary Care / Pediatricians
- Department of Mental Health

Proposal to Improve Performance:

Develop a structure to assess child progress and effectiveness of care by implement the Child Adolescent Needs and Strengths (CANS) assessment tool across all of IFS

Action Plan:

- Train clinicians in CANS data collection and data interpretation across all of IFS.
- Work with local partners to identify community needs and develop family strength based models of care to help families achieve their goals.

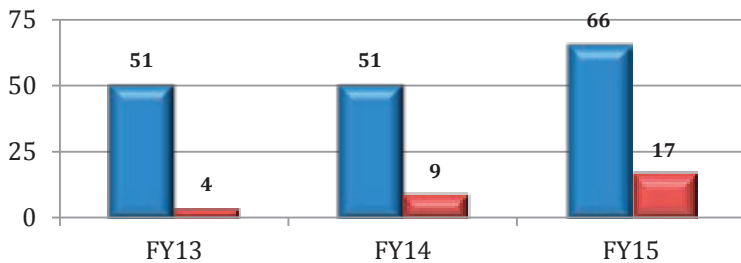
CHILDREN, YOUTH & FAMILY SERVICES DIVISION: JUMP ON BOARD FOR SUCCESS (JOBS)

OUTCOME STATEMENT: Increase the number of youth steadily employed in Franklin and Grand Isle Counties

INDICATOR: Number of youth maintaining 90 days of employment

Headline Measures – Is anyone better off?

■ # Youth Served ■ # of Youth Maintaining 90 Days of Employment



The NCSS JOBS Programs provides employment services and other appropriate services, to reduce obstacles to employment. We focus on out-of-school youth ages 16 – 21 with severe emotional disturbance, who have graduated or left school, and who are at high risk for involvement with corrections, substance abuse, homelessness, abusive behaviors, or other concerning behaviors. NCSS Staff develop positive trusting relationships with youth, integrating employment supports with mental health/case management services, and supporting the youth through all phases of employment.

NCSS works closely with Vocational Rehabilitation (VocRehab) who recognizes 90 days of continuous employer paid work as a success. The NCSS JOBS Program has a state set goal of 7 youth reaching this goal. Our team surpassed that goal in FY15 with a total of 17 youth reaching the 90 day milestone. Many youth go on to hold their jobs beyond this milestone, but reaching the 90 day mark is a celebration of success. Many more youth benefit from work experiences and employer paid jobs that do not reach the VocRehab standard of 90 days of continuous employment; these experiences are however supportive of the youth advancing employment skills.

Story Behind the Baseline Performance:

The JOBS Team along with other employment teams at NCSS has been recognized as having one of the best employment collaborative in the state, thanks in part from regular meetings held with community partners to try and find the best job opportunities for individuals seeking employment. All JOBS team members have at least a bachelor’s degree and employ the Transition to Independence Process (TIP) system and guidelines along with Motivational Enhancement.

JOBS Staff develop work placements that fit the needs and interests of the young adults that we serve. Job placements vary from industries such as: Food Service; Retail Positions; General Labor/Factory Work to more long-term employment interests such as Small Business Plan Development; Plumbing and Electrical Apprenticeships; and Licensed Nursing Assistants.

What Works:

- Progressive employment provides a supportive work environment for youth to increase engagement with job sites and build job skills.
- Employment provides income and supports independence and transition to adulthood, while helping young adults to feel accomplished, connected to their community and good about themselves.
- We work closely with Creative Work Force Solutions to share job leads in order to screen and identify qualified candidates in making job matches.

Community Partners:

- Vocational Rehabilitation
- Creative Work Force Solutions
- Vermont Department of Labor
- Vermont Adult Learning
- Local Employers/Temp Agencies
- Department of Children and Families



Proposal to Improve Performance:

- Expand services to reach more young adults in need of employment support.
- Identification of new businesses for job development and continued use of progressive employment practices including job shadows, short-term training placements, on-the-job training and temp-to-hire arrangements.

Action Plan:

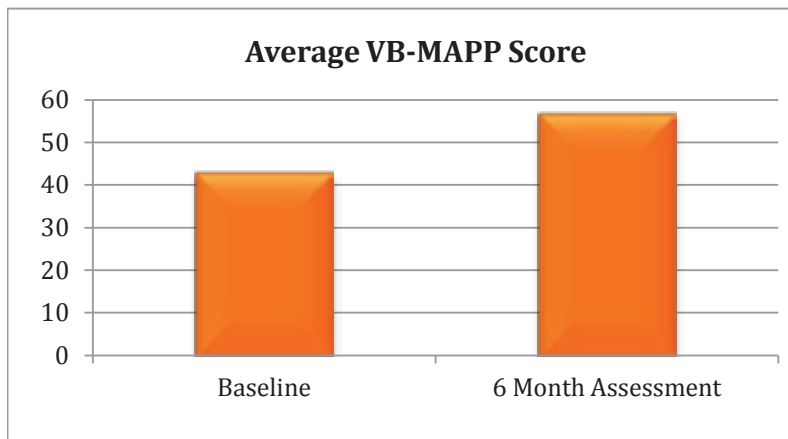
- Expand services to provide employment support to youth up to age 27.
- Work with Creative Workforce Solutions to increase job sites for competitive and progressive employment.

CHILDREN, YOUTH & FAMILY DIVISION: AUTISM: APPLIED BEHAVIOR SERVICES TEAM

OUTCOME STATEMENT: To help children gain the skills necessary to lead more independent and productive lives within our community

INDICATOR: Children will acquire and retain new skills utilizing the VB-MAPP

Headline Measures: Is anyone better off?



Data was collected for 34% of children being served by the Applied Behavior Services team. These children have been receiving Applied Behavior Analysis (ABA) services for 6 months. Programming consists of communication, social, imitative, and play skills based off of the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP).

The total score possible on the VB-MAPP is 170. The average baseline score for children that were assessed using the VB-MAPP was 43 and increased to an average score of 57, **an improvement of 33% over baseline**, after 6 months of intensive teaching strategies based in ABA techniques.

Story Behind the Baseline Performance:

The Applied Behavior Services team began in November of 2014. Since November the team has grown and is made up of 7 Behavior Specialists, 2 Behavior Consultants, and a Team Leader. Three staff on the team have recently completed their Master's in ABA and are working toward becoming Board Certified Behavior Analysts.

Since November of 2014 the Applied Behavior Services team has expanded to serving 35 children within the home and community settings in Franklin and Grand Isle Counties.

What Works:

Research supports the effectiveness of Applied Behavior Analysis for children diagnosed with Autism Spectrum Disorder and other developmental disabilities. Further research supports that ABA techniques can produce improvements in communication, social relationships, self-care, and play skills. Studies have shown intensive early ABA intervention can significantly help children improve skills and independence in those areas leading to improved functioning in school, home, and community settings.

Since the team began we have worked to provide services to children in home, community, and here at NCSS. Providing transportation for clients to receive ABA services has been successful in allowing services to take place within the environment that works best for each family. Staff have worked to provide parent trainings in home regarding principals of ABA and how to apply them within the home settings to help promote generalization of skills being taught.

The ABS team continues to work to provide more service hours of ABA to clients and families that have seen success with programming.

Community Partners:

- Local Schools
- Franklin County Home Health Agency
- Children's Integrated Services
- Local Child Care Providers
- Mousetrap Pediatrics and Local Physicians
- Vermont Child Development Clinic

Proposal to Improve Performance:

- Enhance our team's overall expertise in ABA.
- Continue to bring awareness of ABA to the community.
- Continue to track both individual outcomes and group outcomes through data collection.

Action Plan:

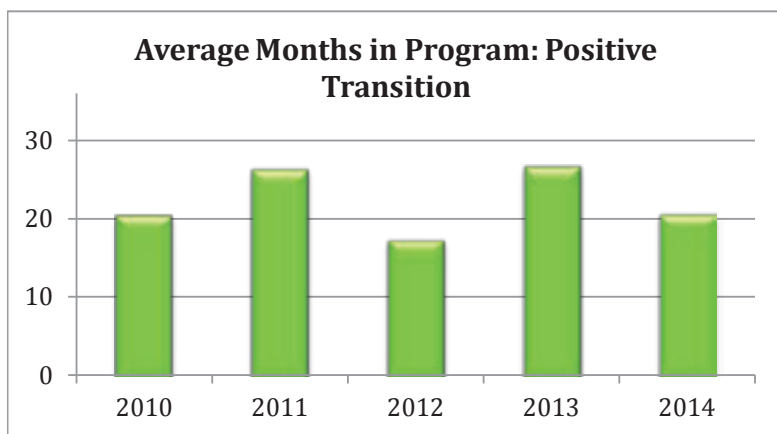
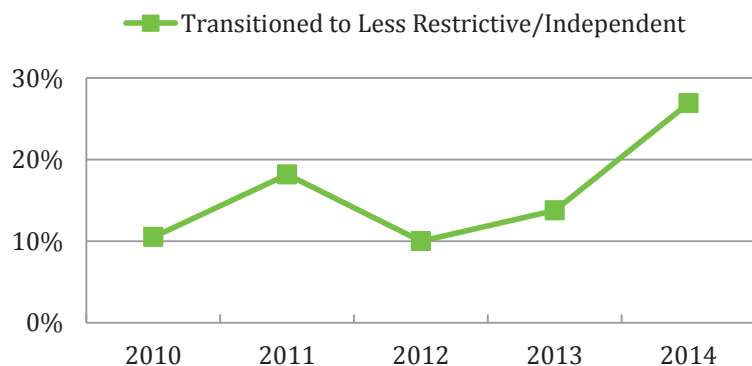
- Increase ABA knowledge through frequent trainings and review of recent research in the field of ABA.
- Four team members are currently working toward BCBA certification.
- Develop a parent training group to help bring awareness to ABA within our community.
- Develop a more streamlined data system to report overall team outcomes.

CHILDREN, YOUTH & FAMILY SERVICES: COLLABORATIVE ACHIEVEMENT TEAM

OUTCOME STATEMENT: Children will successfully access their public school education

PROGRAM INDICATOR: Children will acquire skills/knowledge and achieve the behavioral goals

Headline Measures: Is anyone better off?



During the 2014-2015 school year the CAT program served 26 students in 15 different local schools, providing over 20,000 hours of individualized supports. Four students were successfully transitioned to be independently accessing their education with another three transitioned to a less intensive intervention. Those students had engaged in CAT supports for a range of 15-29 months.

Community Partners:

- In the Past Year, the Collaborative Achievement Team has partnered with 68% of the area public schools.
- The Collaborative Achievement Team actively partners with the Department of Children and Families and the Northeastern Family Institute to provide comprehensive care to the students we support.

Proposal to Improve Performance:

- Continue to enhance our team's overall expertise in Applied Behavioral Analysis
- Support schools in educating their staff on Applied Behavioral Analysis and how they can use that evidence based practice to better support children's behavioral needs.

Story Behind the Baseline Performance:

Team Leader, Amy Irish, passed the Behavior Analysis Certification Board Exam and is now a Board Certified Behavior Analyst (BCBA). Behavior Consultants Meghan Sweeney and Julia Callan are currently completing their supervision hours and plan to sit for the examination in the fall of 2016.

Behavior Interventionists (BIs) are trained to meet the Department of Mental Health & Department of Education Minimum Standards for Behavioral Interventionist. Beyond that, BI's are trained in the Attachment, Self-Regulation, and Competency (ARC) Framework and a 12 week graduate course to be certified in Life Space Crisis Intervention© in order to enhance the ability to provide trauma informed care. Beyond that, 71% of the CAT Behavior Interventionists have completed or are actively enrolled in Applied Behavior Analysis I (ABA) with many of them pursuing further ABA graduate work.

What Works:

The Collaborative Achievement Team provides one-on-one behavioral supports to students who struggle to regulate their emotions and behaviors in the classroom and broader community. Using practices grounded in Applied Behavior Analysis, we work with students, their families, and schools to identify the circumstances in which children tend to engage in challenging behaviors. Behavior change interventions are individualized to fit each child's needs and include a strength based positive approach. We provide daily behavioral support and skill instruction to teach students and the adults who work with them specific inventions that will support and maximize student functioning. It is the goal of the program to provide the child with direct intensive support to achieve skills and behaviors necessary for self-sufficiency and success within their prospective school setting.

Action Plan:

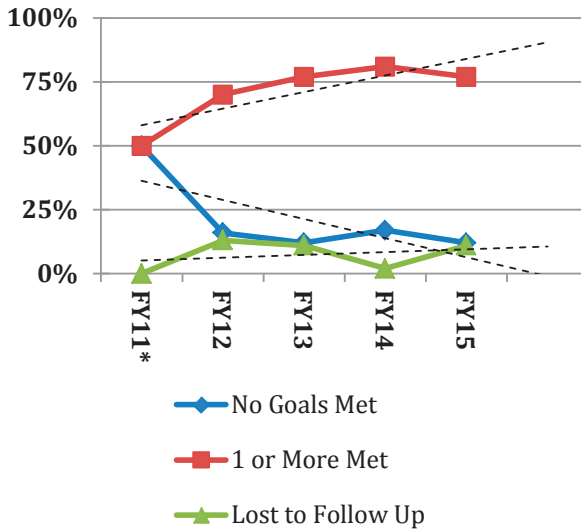
- We have begun a new PBIS School Based Consultation model in one local school; we will look to enhance this is offer this level of support to other schools.
- 8 Staff are currently enrolled in graduate level ABA coursework.
- We added an additional Senior Behavior Interventionist and are transitioning in an additional Behavior Consultant to the team.

OUTCOME STATEMENT: Pregnant Women and Young Children Thrive

INDICATOR: Families in Franklin/Grand Isle are referred to Children’s Integrated Services and meet identified goals

Headline Measures: Is anyone better off?

Plan Achievement by Annual Review or Exit



Story Behind the Baseline Performance:

Children’s Integrated Services are part of a coordinated continuum of care across multiple types of providers and settings. Our goal is to provide services to pregnant/postpartum women, children and their families to support them through a systematic referral and intake process that leads to successful interventions. Treatment plans are written collaboratively with families in an effort to identify specific goals and meet the particular needs of the individual or family. Referrals received by the CIS Coordinator have decreased over the course of the fiscal year. This can be attributed to an increase in referrals received by our Family Assessment Specialists and expanding our no wrong door policy. Although our lost to follow up with clients has increased slightly, we continue to see a high percentage of clients who are reaching one or more goals and a consistently low percentage of clients who are not reaching any goals. In the coming year we will be diligent in ensuring contact is made with families who are interested in services while helping all children to reach one or more goals.

What Works:

Our Children’s Integrated Services program ensures that we see improved health and well-being of pregnant/postpartum women, infants and children through connections with high quality health care and community support services. Open communication between service providers and families around goals and resources creates an environment that fosters successful goal implementation and interventions.

Community Partners:

- Vermont Department of Health
- Franklin County Home Health Agency and Visiting Nurse Association of Chittenden and Grand Isle Counties
- Department for Children and Families and Child Development Division
- Pediatricians and physicians
- Supervisory Unions
- Champlain Valley Head Start
- Residents of Franklin and Grand Isle Counties



“My son thrives thanks to the services that he receives. Thank you!!”

~ 2015 Client Satisfaction Survey

Proposal to Improve Performance:

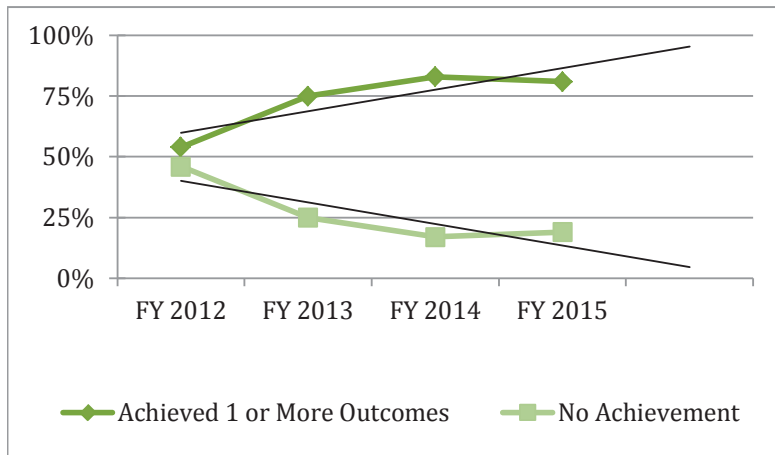
- Continue and expand outreach efforts regarding Children’s Integrated Services (CIS)
- Maintain “no-wrong door” referral policy for families and community partners
- Continue to work collaboratively with families to ensure goals are consistent with family’s needs
- Continue to follow up with families through various methods to avoid lost contact

Action Plan:

- Conduct outreach on array of early childhood services with Franklin County Home Health Agency and Vermont Department of Health
- Utilize our Electronic Medical Record to collect data on all goals and objectives met to produce a more detailed timeline for each individual

Headline Measures: Is anyone better off?

Outcome Achievement at Annual Review or Exit



Story Behind the Baseline Performance:

Early Childhood and Family Mental Health is an early intervention and prevention program that provides services to families and their children birth to age six in Franklin and Grand Isle counties. Services in the home and community are designed to improve the social-emotional development of young children and improve school readiness. In April 2014, some clinicians were reassigned to Integrating Family Services (IFS), and the new intake addressed previous concerns with wait times for assessments. Yet IFS staffing changes, as well as hiring difficulties, resulted in a fewer number of families served through this targeted program. The percentage of families that achieved one or more goals/outcomes upon annual review or exit from services remains similar across fiscal years, although smaller in total number. At this time the program strives to create a clearer sense of specialized services to outcome achievement at the program level vs. individualized plans for families.

Community Partners:

- Child care providers
- Local educators and Champlain Valley Head Start
- Pediatricians
- Franklin County Home Health Agency
- Vermont Department of Health
- Champlain Valley Office of Economic Opportunity
- Department for Children and Families
- Residents of Franklin and Grand Isle Counties

What Works:

Early Childhood and Family Mental Health has developed a niche in working with young children and families with more acute clinical needs. The program prioritizes offering support in child care and classroom settings, as well as intensive services to children with challenges in foster care placement, to support success and prevent expulsions or removal from the community. In depth home visiting and behavioral planning is provided for children with more acute needs identified through screening and assessment. The team is exploring group curriculums to teach and support a wider range of caregivers, both biological and foster.

Proposal to Improve Performance:

- Enhance consultation services in early care education settings to address concerns such as expulsions
- Enhance intensive services to children in foster care facing instability in placements due to mental health needs
- Develop measurement tools to identify acute referrals and track progress

Action Plan:

- Enhance on-site consultation services to child care centers, programs, and school classrooms as part of a family’s individual plan of care, and coordinate with existing consultation with all Champlain Valley Head Start classrooms and teachers
- Participate in development of coordinated intensive services for children in foster care
- Develop and implement Early Childhood Child and Adolescent Needs and Strengths (CANS) to identify children and families with acute needs and report more specific outcomes

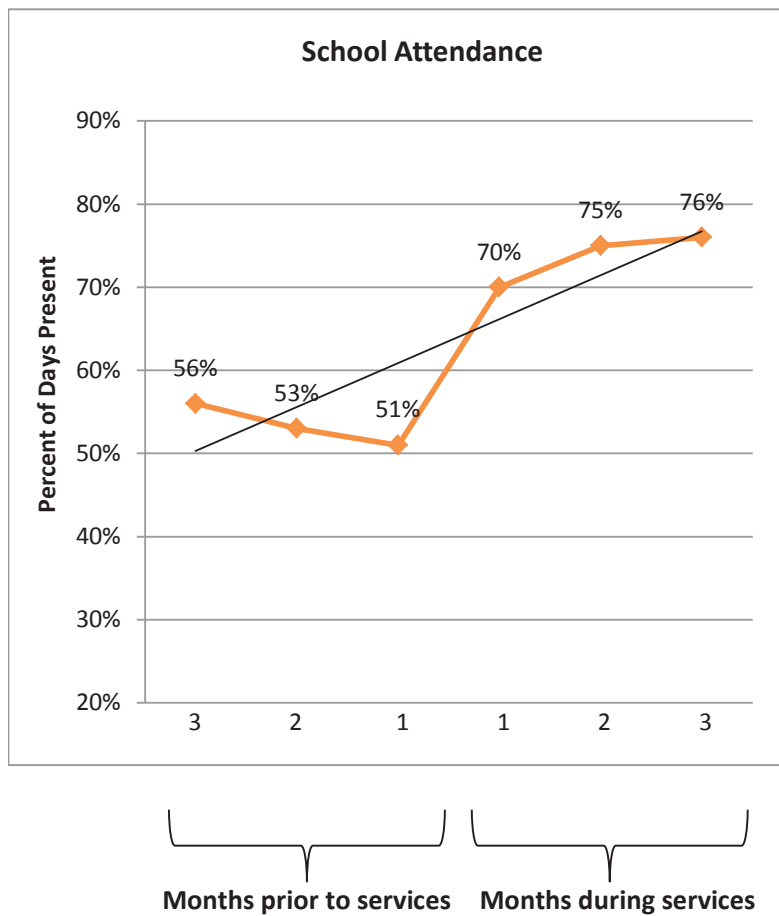


CHILDREN, YOUTH & FAMILY DIVISION: Truancy Specialist

OUTCOME STATEMENT: Promote social-emotional well-being through education for children & families served

INDICATOR: Children will demonstrate increased school engagement and attendance as outlined in Individual Plans of Care

Headline Measures – How much are we doing?



Story Behind the Baseline Performance:

The current Truancy Specialist (TS) began working to support individuals and families in January of 2015. Thus far in 2015, TS services have supported individuals in increasing their attendance by 19% within the first month of service and by 25% at 3 months. More than half of the individuals served had reached 20 absences prior to services; by focusing future services on individuals beginning at 15 absences, the TS predicts even better outcomes.

What Works:

The Truancy Specialist (TS) works to support children who have missed 15 or more school days in a year. The TS works with children and caregivers to develop individual plans of care that meet both the individuals’ needs and strengths. Through targeted interventions in the community, home and school, the TS works to address the multiple risk areas contributing to the individual’s poor school engagement and attendance. The TS works with community partners to establish consistent truancy protocol, attain referrals, track outcomes, coordinate services and plan transitions to ensure continued success for clients and families. Frameworks used are but not limited to:

- Motivational Interviewing
- Solution Focused
- Cognitive Behavioral Therapy
- ARC

Community Partners:

- Public Schools and Supervisory Unions
- Department for Children and Families
- Franklin Grand Isle Restorative Justice Center
- Franklin County Truancy Intervention Panel

“Have been encouraged and supported through all stages and needs. Great collaboration family support.”

~ 2015 Client Satisfaction Survey

Proposal to Improve Performance:

- Work in collaboration with community partners to develop consistent truancy response protocol through a tiered approach.
- Develop a clear process to: 1) assess risk areas contributing to truancy, and 2) target interventions based on those identified risk areas.
- Identify trainings for staff that continue to build staff expertise and ability to meet the community’s needs.

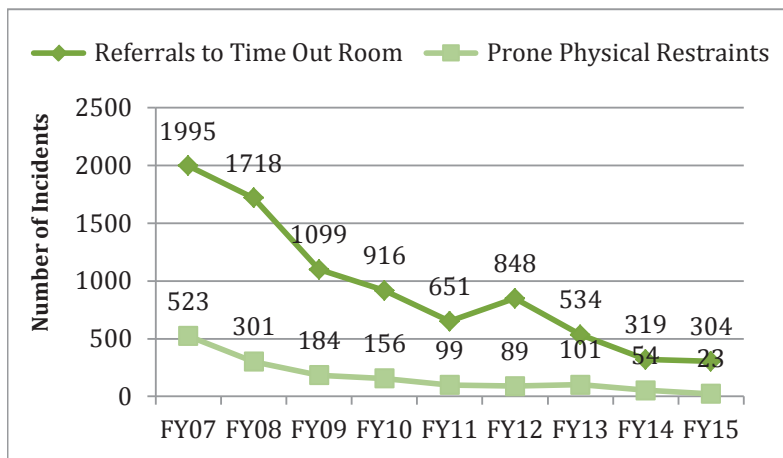
Action Plan:

- Continue to track outcomes of clients served and further analyze these outcomes to inform services.
- Work with supervisory union and school staff around implementation of consistent, easy-to-follow protocol. This will lead to an increase in referrals for Truancy Specialist services.

OUTCOME STATEMENT: Students will successfully transition back to public school

INDICATOR: Behavioral & academic success. Successful transitions to public school

Headline Measures – Is anyone better off?



Soar Learning Center has implemented Life Space Crisis Intervention and Handle With Care as intervention models. Annual data shows a decrease in both restraints as well as referrals to the Time Out room. Additional analysis shows over a 50% decrease from FY14 and a 77% decrease from FY 13. Overall since FY07 there has been a 500% decrease in Prone Physical Interventions.

Soar Learning Center’s primary goal is to successfully transition students to the public school in their community. Over the past seven years, the program has transitioned 77 students to the public school system with only 4 students returning within a six month period, indicating a 94% success rate as of June 30th, 2015.

Story Behind the Baseline Performance:

The mission of Soar Learning Center is to provide children and youth with high quality educational opportunities and personal growth experiences in a safe, supportive and respectful environment. By integrating academic, behavioral, and clinical services within the framework of a typical school structure and setting, the school is able to assist students in achieving success in their public school and community.

What Works:

- Individualized educational and behavioral supports through differentiated instruction, small classroom size and personalized behavioral supports
- Utilization of alternative educational approaches including experiential, adventure based, vocational and interdisciplinary programs of study
- Effective intervention models including trauma informed care (ARC), applied behavior analysis, Responsive Classroom, and positive behavior intervention
- On site clinicians providing individual and group counseling as well as support to students on such topics as bullying, stress management, social skills and other areas of personal development
- Home-School Coordination

“Soar’s program does such an excellent service that it could be expanded across the state or national level.”

~ Kathy Smith, CARF Administrative Surveyor

Community Partners:

- Local Schools
- Pediatricians
- Department of Children and Families
- Department of Corrections Probation and Parole Office

Proposal to Improve Performance:

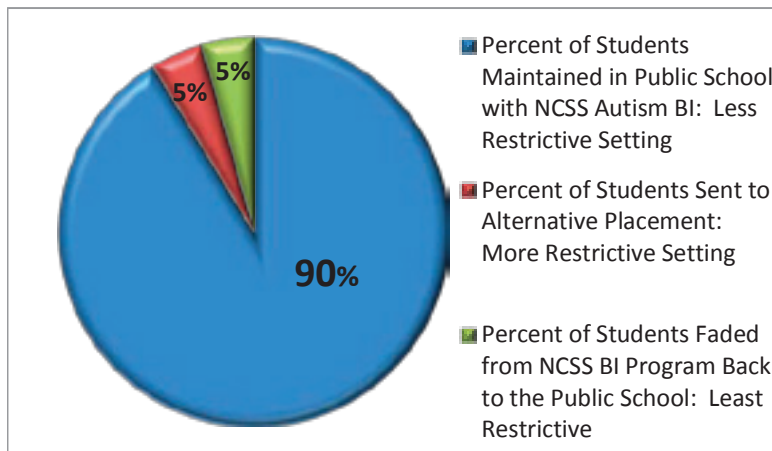
- Help students to achieve academic success
- Successfully transition students back to their public school

Action Plan:

- Develop supports to assist students once they have returned to public school
- Integrate agrarian themes and hands on learning opportunities



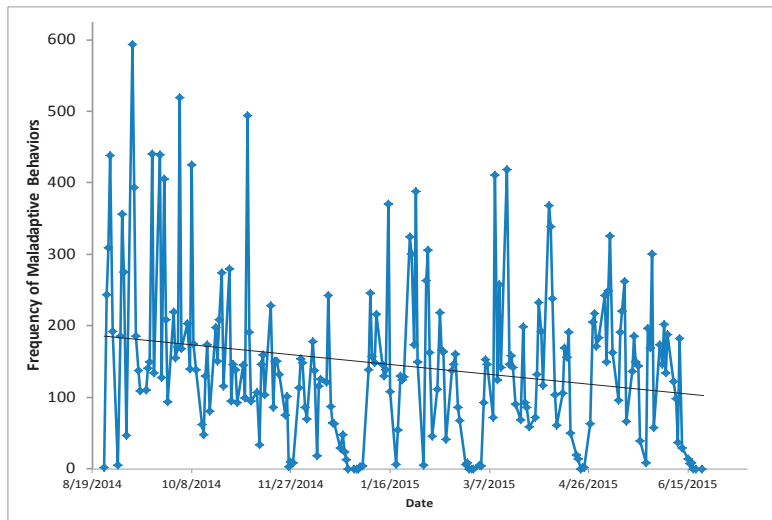
Headline Measures – Is anyone better off?



Story Behind the Baseline Performance:

Every community partner/public school differs in the ultimate goal of the School Based Autism Program. The student’s functioning level plays a part to our service delivery goals for each student. Some schools are looking for our Program to support students for their entire academic career to help develop and implement a behavior plan to decrease maladaptive behaviors (i.e. aggression, noncompliance, tantrums, property destruction, bolting, flopping, etc.) and/or needs alternative programming such as life skills on a continuous basis. Other schools and/or a higher functioning child may look for skills teaching socially and/or behaviorally. The School Based Autism Program will then build on the school’s capacity to support the student towards a goal of returning the student to mainstream supports.

Aggregate Maladaptive Behaviors of All Students Served: Aggression, Noncompliance, & Property Destruction



The top chart denotes that students served were maintained within their public schools/least restrictive environment. The addition of a 1:1 Behavioral Interventionist and Behavior Consultation were the two primary services provided to the student, family, and educational team. The bottom graph denotes aggregate data of maladaptive behaviors of aggression, property destruction, and noncompliance frequency of occurrence from all students served (21). Typical referrals strive to decrease aggressive behaviors so students can remain in public school, access their education and learn coping skills. In FY15, the School Based Autism Program served 21 students in 11 public schools.

What Works:

Our Team helps schools to provide effective, strengths based interventions with individualized programming for students diagnosed with Autism Spectrum Disorder, Intellectual and Developmental Disabilities, Genetic Disorders, and/or Down Syndrome. The program supports schools, students, and their families by providing a trained Behavior Interventionist to work one on one with identified children, with Behavior Analysts and Autism Specialists developing all behavior programming and providing supervision and ongoing training. Additionally, Behavior Analysts and Autism Specialists provide support to schools through a consultative model. The program tenets are based on Applied Behavior Analysis (ABA), along with other evidence based practices, to assure teams and students are provided with the treatment and support they need. Typical students in this program have behavioral, social, communication, academic and/or daily living challenges. We believe that students, regardless of their abilities, belong in their local community schools. Our services are student centered where the child and ongoing collected data drive programmatic decisions.

Community Partners:

The School Based Autism Program (SBAP) has partnerships with 50% of area public schools; and works with 80% of the supervisory unions.

Proposal to Improve Performance:

- Enhance Team’s expertise in Applied Behavioral Analysis, environmental modifications, and broaden clinical expertise to better serve a more diagnostically diverse student population.
- Educate the community as to the scope of services provided beyond students diagnosed with Autism.

Action Plan:

- Continue to support staff with Board Certification in Behavior Analysis (BCBA) supervision to increase skilled staffing. Educate the community via media and other sources to outreach to more people on our target populations.

4 BEHAVIORAL HEALTH

The Behavioral Health Division serves children, adolescents, adults and families. Psychiatry and Nursing services operate out of this Division and also serve the Children's, Youth & Family Services and Developmental Services Divisions. Services within the Behavioral Health Division include Crisis Services, Outpatient, Integrated Health and services for adults with severe and persistent mental illness (Community Rehabilitation and Treatment Program). Due to the Hurricane Irene and the closing of the Vermont State Hospital, Mobile Outreach services have been established for those who might not seek care. These services have been developed to improve access, decrease hospitalizations, prevent unnecessary arrests, and prevent suicides. Our staff is more engaged with law enforcement and other community partners throughout the communities we serve. Health Care reform has created an opportunity to be a partner with primary care through the Blueprint initiative where providers work in primary care settings as well as our partnership with the region's Federally Qualified Health Center, the NOTCH. We are in a continuing process of modifying the services we provide to meet community needs. The process of evaluating the impact of our services is also an ongoing process and one we are excited to describe to you in this report.

~ Steve Broer, Director of Behavioral Health Services

Sarah's Story

Sarah is a 39 year old woman who has been receiving mental health treatment since she was a youth. Much like the 90 % of individuals served in designated public mental health agencies, Sarah experienced a very difficult and traumatic childhood. Over the years her engagement in services has been very difficult, sporadic and she was very unwilling to participate in a meaningful treatment plan. NCSS providers would often get calls from her Primary Care Office asking to support her. When attempts were made to schedule appointments at NCSS, she would keep some of her appointments and then begin to not keep any of her appointments. In her most recent course of treatment, once again she was not keeping appointments with her outpatient therapist so she was referred to a new program designed to meet the needs of individual who might not benefit for more traditional forms of care. The adult case management team is part of our Mobile Outreach Services. Based on a different approach to care, Sarah responded and developed a routine and kept scheduled appointments with her case management team. The team's encouragement and direct support on evening and weekends supported Sarah's perseverance towards recovery and wellness, which ultimately helped her to increase her participation in a more meaningful treatment plan. She has been able to work to reduce the medications she was taking and build additional coping and survival skills. Sarah has been able to identify that she no longer needs long term support because she has the skills that she needs to manage her life. She contacts the case management team when she feels the need for additional support with a challenge. Most of her current support needs relate to stresses in her environment. Sarah now experiences a quality of life she has desired for years. For the first time she is in charge of her life ~ as opposed to her mental health symptoms controlling her. She is now gainfully employed and doing well.

*** Names and some information has been changed to assure confidentiality*

Behavioral Health* Division Profile

How Much Did We Do?

1. 2,659** Clients Were Served = **16% Increase** from the 2010 Baseline
2. 18,237 Hours of Care Provided = **121% Increase** from the 2010 Baseline

***duplicated number, clients can be served in more than one division*

How Well Did We Do It?

1. **99%** of our clients felt staff treated them with respect
2. **95%** of our clients said they would refer a friend or family member to NCSS

Is Anyone Better Off?

1. **95%** of our clients felt they recieved the help they needed
2. **93%** of our clients felt the services they recieved made a difference
3. **95%** of our clients recieved the services that were right for them

Results



Meaningful Program Outcomes

**services include CRT, Adult and Child Outpatient, Psychiatry and Crisis*

**Access + Responsiveness + Efficiency Measures + Effectiveness Measures
= Results Based on Accountability**

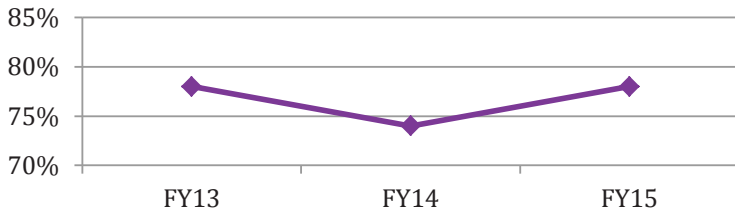
BEHAVIORAL HEALTH: CRISIS PROGRAM

PROGRAM OUTCOME STATEMENT: Support community options for persons experiencing crisis

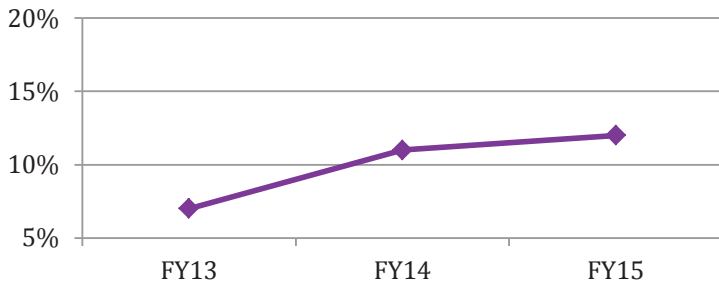
INDICATOR: Reduce Inpatient psychiatric hospitalization through increased access

Headline Measures – Is anyone better off?

% of Face to Face Who Were Discharged Home



% of Face to Face that Resulted in Inpatient Psychiatric Admission



“Very happy with all the help and services we have received. Grateful!”

~ 2015 Client Satisfaction Survey



Story Behind the Baseline Performance:

In 2011 the Vermont State Hospital was destroyed due to a devastating flood associated with Hurricane Irene. Act 79 increased funding to enhance our capacity to reduce inpatient psychiatric admissions and provide access to a wider range of services to maintain community living for those in crisis. One of the services developed was the ability to provide outreach services to adults who were not previously eligible. There are times when persons served need to be hospitalized for their own safety. However, NCSS has been able to maintain a relatively low number of inpatient psychiatric hospitalizations. While increasing demands and severity of symptoms has influenced an increase of inpatient admissions, additional mobile outreach resources is preventing a higher rate of admissions.

What Works:

Our experience with Mobile Outreach is proactive addressing a range of needs influences a lower hospitalization rate. Having this available support has allowed an increased number of clients who may have historically been hospitalized to be able to go home with a stronger community plan. We also know the use of natural supports and community support increase outcomes for recovery and wellness.

Proposal to Improve Performance:

- Proactive outreach to individuals following a crisis
- Proactive outreach to individuals recently discharged from inpatient psychiatric hospitals

Action Plan:

- Embed clinician in local emergency department to assist with mental health needs
- Embed Mobile Outreach within Police Departments
- Increase Mobile Outreach Team’s adult case management capacity
- Increase community awareness for services before issues become acute by engaging with community partners

Community Partners:

- NMC Emergency Department
- St. Albans City Police Department
- Vermont State Police
- Swanton Police
- Franklin & Grand Isle County Sheriff

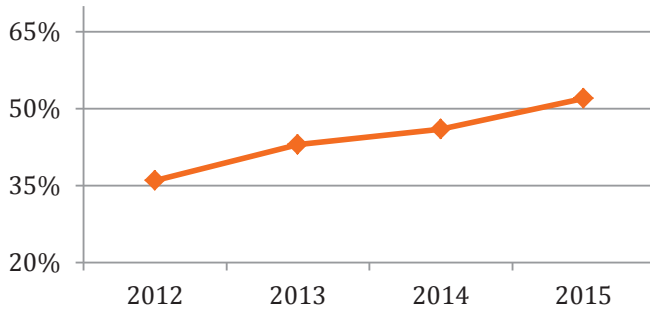
BEHAVIORAL HEALTH: CRISIS PROGRAM

PROGRAM OUTCOME STATEMENT: Support community options for persons experiencing crisis

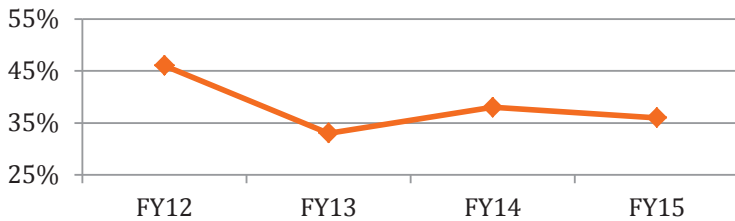
INDICATOR: Increase collaboration with Northwestern Medical Center’s Emergency Department to decrease overutilization and improve outcomes and demonstrate cost savings across systems

Headline Measures – How much are we doing?

Services Provided Face to Face



% Face to Face Contacts that NCSS Providers Believed Prevented Need for ED Services



Story Behind the Baseline Performance:

The graph illustrates an increasing trend of direct face to face contact for our crisis services. When we look more closely at data related to preventing unnecessary utilization of NMC Emergency Department by persons serviced, we observe a trend between 2012 and 2015 of preventing unnecessary use of Emergency Department by 15 to 20%. In 2016 we anticipate a more dramatic impact on unnecessary Emergency Department Utilization due to the implementation of an embedded position within the Emergency Department through our Mobile Outreach Service. We anticipate this proactive approach, combined with other strategies, to assist in reaching goals to improving outcomes for persons served.

Embedding a position in NMC Emergency Department is expected to build on a strong partnership with NMC and intervene with complicated factors associated with high Emergency Department utilization.

What Works:

It is important that we remove the stigma associated with mental health issue. This embedded position within the Emergency Department has the potential to improve outcomes and demonstrate cost saving across systems.

Community Partners:

- Northwestern Medical Center
- Primary Care Providers
- Blueprint for Health Project
- Regional Clinical Performance Council
- Unified Community Collaborative

Proposal to Improve Performance:

- Embedded position at NMC Emergency Department to improve outcomes.
- Developing shared protocols to improve collaboration and meet identified goals.

Action Plan:

- Regularly scheduled collaboration meeting with Leadership from Emergency Department, Primary Care and others to improve practices, track data and outcomes.
- Enhance collaboration through crisis and psychiatry services for persons serviced.

5% Goal

In partnership with NMC and other community partners, our local Emergency Department reached the targeted goal to reduce avoidable visits.

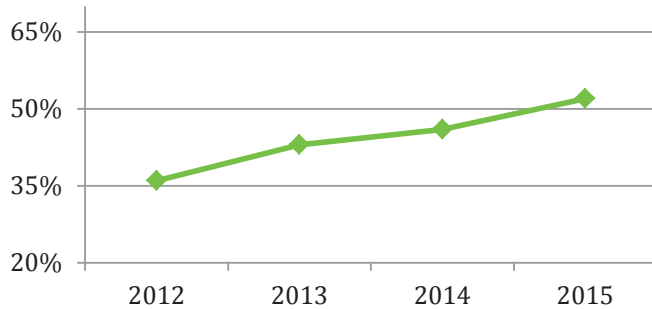
BEHAVIORAL HEALTH: CRISIS PROGRAM

PROGRAM OUTCOME STATEMENT: Support community options for persons experiencing crisis

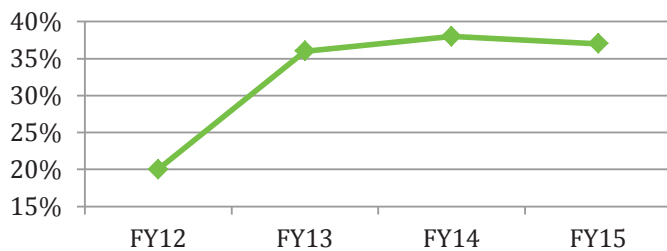
INDICATOR: Increase in Law Enforcement Collaboration to improve outcomes and demonstrate cost savings across systems

Headline Measures – How much are we doing?

Services Provided Face to Face



% of Contacts with Police that were on Scene



Story Behind the Baseline Performance:

The graph illustrates an increasing trend of direct face to face contact for our crisis services. When we look more closely at law enforcement contacts within this overall trend, an increase in law enforcement contacts is observed between 2012 and 2015 with 20% in 2012 to 37% in 2015. In 2016 we anticipate a more dramatic increase in law enforcement contacts due to the implementation of an embedded position within law enforcement through our Mobile Outreach Service. There are many instances when law enforcement is asked to be involved with a person who may be struggling with mental health symptoms. We know at times this unintentionally escalates the situation and can lead to unnecessary arrests and incarcerations. Our goal is to increase our collaboration with law enforcement through direct face to face contacts when appropriate.

What Works:

In the last two years we have increased our collaboration with law enforcement through mutual trainings and increased availability to responding to calls together. We are in the next phase where Mobile Outreach to law enforcement through our embedded position is expected to improve outcomes and increase awareness of other resources for support. Such collaboration is likely to influence change in responses to situations and improve a range of outcomes and demonstrate cost savings across systems.

Community Partners:

- St. Albans City Police Department
- Vermont State Police
- Swanton Police
- Franklin & Grand Isle County Sheriff
- Lamoille County Sheriffs
- Homeland Security

Proposal to Improve Performance:

- Embedded Mobile position in police department(s) to enhance coordinated response with law enforcement.
- Developing mutual trainings and shared protocols to improve collaborative response to community needs.

Action Plan:

- Mental Health First Aid class for law enforcement to support more effective intervention strategies.
- Coordination meetings with leadership from law enforcement and mental health services to improve response practices.



“I love NCSS they have always been there for myself and my family. A great group of people.”

~ 2015 Client Satisfaction Survey

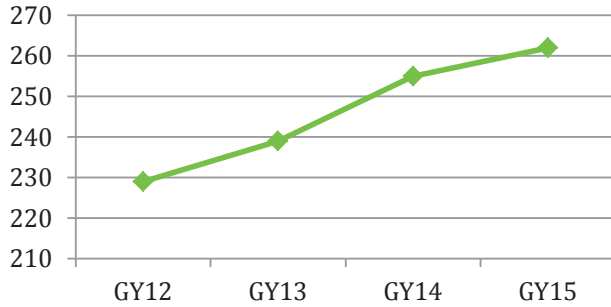
BEHAVIORAL HEALTH: BAY VIEW CRISIS CARE CENTER

PROGRAM OUTCOME STATEMENT: To decrease psychiatric hospitalization rate by offering community based supports and resources to increase symptom management and independent living

INDICATOR: Community Crisis stabilization through The Bay View Crisis Care Center

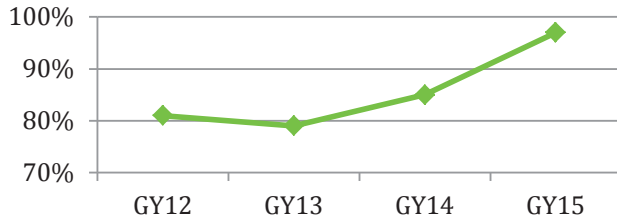
Headline Measures – How much did we do?

Clients Served at Bay View

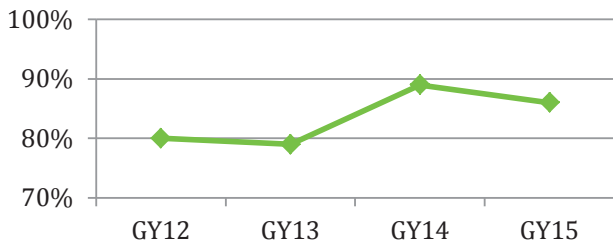


Is anyone better off?

Clients Who Reported a Hospitalization Was Avoided



Clients Who Reported Stabilization



Story Behind the Baseline Performance:

The Bay View Crisis Care Center is a community recovery resource designed to prevent inpatient psychiatric hospitalization for adults who may be experiencing acute stress or a serious mental illness. Bay View provides a safe setting with comprehensive crisis stabilization supports. The program is also a resource to reduce the cost of hospitalization by serving as a step down discharge option for those who are not ready for entry into the community without intensive support. Bay View served 262 individuals in 2015, a 13% increase from the first year of operation in GY12. In GY15, 86% of clients who stayed at Bay View reported stabilization & 97% of clients felt the stay helped avoid a hospitalization. This is a 12% increase from grant year 2014.

What Works:

Bay View is continually developing programs to support the statewide goal of reducing the hospitalization rate and promotion of community options for those in crisis. Of all admissions, 97% reported that they believed that psychiatric hospitalization was avoided due to having a safe, recovery based place to stay. This finding has significant implications for quality of life and systems cost savings.

Community Partners:

- Local Primary Care Physicians and medical providers
- NMC
- Local mental health private practices
- Psychiatric Hospitals
- Other Designated Agencies

92%

Utilization Rate

Proposal to Improve Performance:

- Enhance clinical program offerings to directly address crisis stabilization needs.

Action Plan:

- Develop a process to systematically train staff on administration of the BSI and LOCUS to maintain reliability and fidelity to scoring.

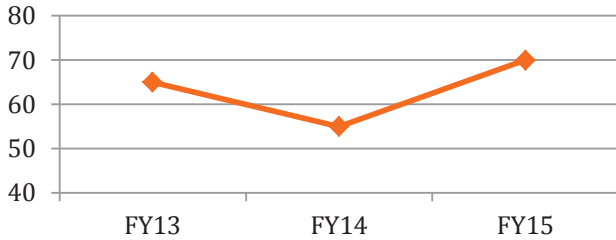
BEHAVIORAL HEALTH: COMMUNITY REHABILITATION AND TREATMENT – INTENSIVE CASE MANAGEMENT PROGRAM

PROGRAM OUTCOME STATEMENT: To decrease psychiatric hospitalization rate by offering community based supports and resources to increase symptom management and independent living

INDICATOR: Demonstrate improvement through transfers to a lower level of care and reduce cost

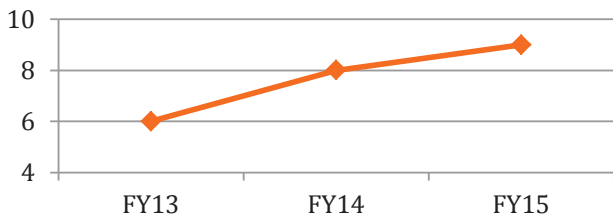
Headline Measures – How much are we doing?

Average # of Hours of ICM Services Provided per Client



Is anyone better off?

of clients Transitioned out of ICM



Story Behind the Baseline Performance:

On the Intensive Case Management (ICM) team in 2015 there were 24 clients receiving services with two - three staff providing support and one to two vacancy. Nine clients transitioned off of ICM services during 2015 due to improved functioning. More clients engaged in treatment due to relationships that were developed with NCSS provider.

The average number of hours of services per month increased even though there were one to two vacancies on the Intensive Case Management Team. However, considering more individuals were served in 2015, the number of hours of services only slightly increased, which suggests the Intensive Case Management team was able to stabilize more clients in 2015.

What Works:

- Relationship between client and Intensive Case Manager & Psychiatrist
- Medication deliveries
- Evidence Based Practices/Recovery focused groups
- Collaboration with Community Partners

Community Partners:

- Local Primary Care Physicians and other medical providers
- Home Health Services
- Care Partners
- Champlain Valley Office of Economic Opportunity
- Vocational Rehabilitation
- Designated Psychiatric Hospitals
- Champlain Housing Trust

Proposal to Improve Performance:

- Support individual recovery through Evidence Based Practices

Action Plan:

- Increase the number of clients transitioning from ICM
- Continue using the current hiring practices for ICM vacancy
- Increase training for staff in Evidence Based Practices and Recovery Focused groups



“The care I get is excellent and I couldn’t ask for better care.”

~ 2015 Client Satisfaction Survey

we're here for you

Our Office Locations

Main Office

107 Fisher Pond Road
St. Albans, VT 05478
(802) 524-6554

The Family Center

130 Fisher Pond Road
St. Albans, VT 05478
(802) 524-6554

Academy of Learning

27 Lower Newton Street
St. Albans, VT 05478
(802) 782-8694

Soar Learning Center

178 McGinn Drive
St. Albans Bay, VT 05481
(802) 527-7514

Bay View

6 Home Health Circle
St. Albans, VT 05478
(802) 524-5863

Satellite Location in NOTCH Building

8 Industrial Park Road
Alburgh, VT 05440
(802) 393-6591

Residential Site

22 Upper Welden Street
St. Albans, VT 05478
(802) 524-0568

Residential Site

174 North Main Street
St. Albans, VT 05478
(802) 524-2421

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our services at
www.ncssinc.org



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