



# Franklin and Grand Isle County Community Needs Assessment 2024

This community needs assessment (CNA) report explores the Mental Health (MH), Substance Use (SUD), and Intellectual and Developmental Disability (IDD) needs in our community, with a special focus on identifying strengths, challenges, and opportunities for improvement.

Prepared by Jesse Sieger-Walls, PhD, MSW, LCSW  
[jesse@wellbeing-in-action.com](mailto:jesse@wellbeing-in-action.com)

 [Wellbeing in Action](https://www.wellbeing-in-action.com)

Trisha Ketchum, MBA  
*Northwestern Counseling and Support Services*



# What is the Purpose of this Report?

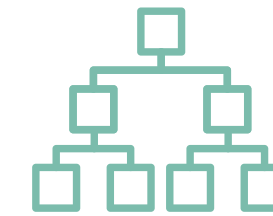
The purpose of this CNA is to find and focus on the biggest service challenges in our community. By looking at the resources we have, listening to input from stakeholders, and interpreting quantified data, this report will help NCSS (Northwestern Counseling & Support Services) and its partners to:



**Create evidence-based policies** that tackle the most urgent mental health, substance use, and developmental needs;



**Design services** that specifically improve access and outcomes for those who are currently underserved; and



**Make staffing decisions** that strengthen our ability to meet the most important needs, helping fulfill our Mission of creating a stronger community one person at a time.

## Where did this information come from?

The CNA used multiple types of information to make conclusions:



### Stakeholder interviews and focus group discussions:

- NCSS clients - individuals with lived experience in the community
- NCSS clinical staff
- NCSS Board of Directors and Local Standing Committees
- Community members
- Partner organizations knowledgeable about the community's needs



### Document review, including:

- NCSS's strategic plan and data reports
- Annual reports
- Client satisfaction surveys
- Staff SWOT Analyses
- Other local needs assessments



### Information from the U.S. Census, public health monitoring



### Service data analysis, including information on client demographics, service patterns, and outcomes



## What is the Purpose of this Report?

### Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

### The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

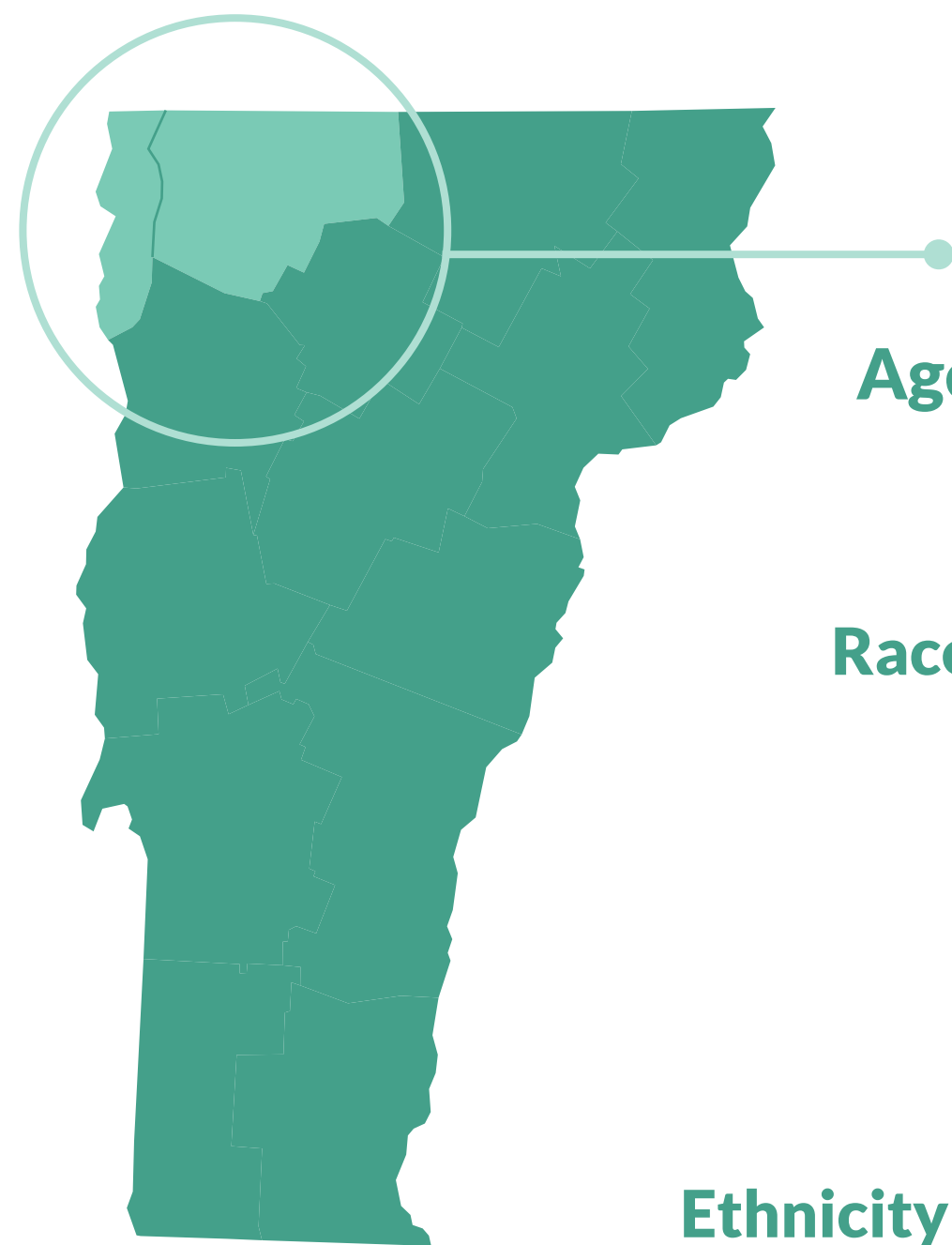
Stakeholder List

## Glossary



# Franklin and Grand Isle Counties

Franklin and Grand Isle Counties in Vermont offer natural beauty, rural charm, and cultural diversity, where agricultural communities meet quaint small towns. Highlighting rich Abenaki heritage, residents can enjoy Lake Champlain’s shores, Missisquoi National Wildlife Refuge, and historic sites like St. Albans. With local flavors from farms and traditional Abenaki crafts, these counties provide a diverse Vermont experience that celebrates the confluence of agriculture, small-town life, nature, and culture.



## Total population

**57,500**



**Ethnicity** 1,210 (2.1%) Hispanic or Latino

When estimating population counts for specific age ranges that do not align with broader Census categories, a methodology is used that involves directly summing populations from Census data where there is complete overlap between the age ranges, while also making proportional distribution assumptions to estimate populations for ages that span or fall outside the provided categories. This involves dividing the total population equally across the years covered in each broader Census category, multiplying by the number of years in the specific age range needed, and summing estimates across multiple categories if needed. However, this approach relies on assumptions of even distribution across years and equal birth rates, has accuracy limited by the granularity of the Census categories, and only provides rough approximations, especially compared to more precise data required for critical planning and policy decisions.

## What is the Purpose of this Report?

### Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

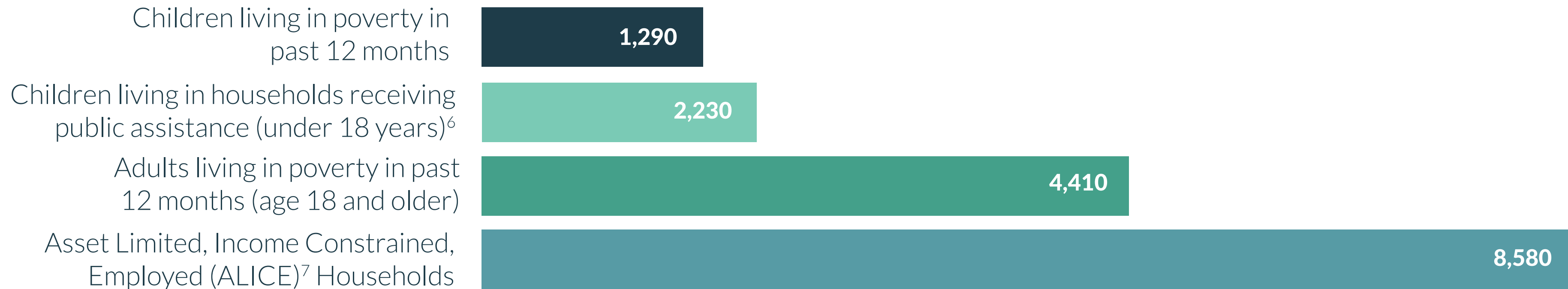
Acceptability

Realized Access

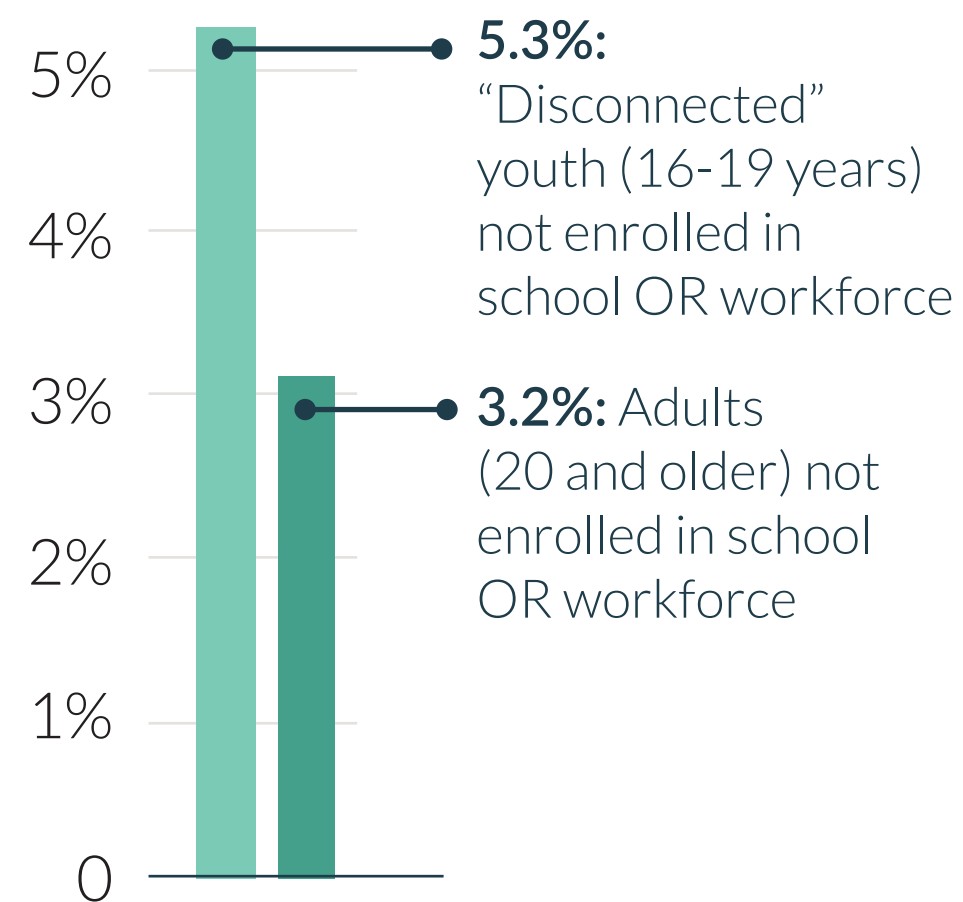
Stakeholder List

## Glossary

## Poverty



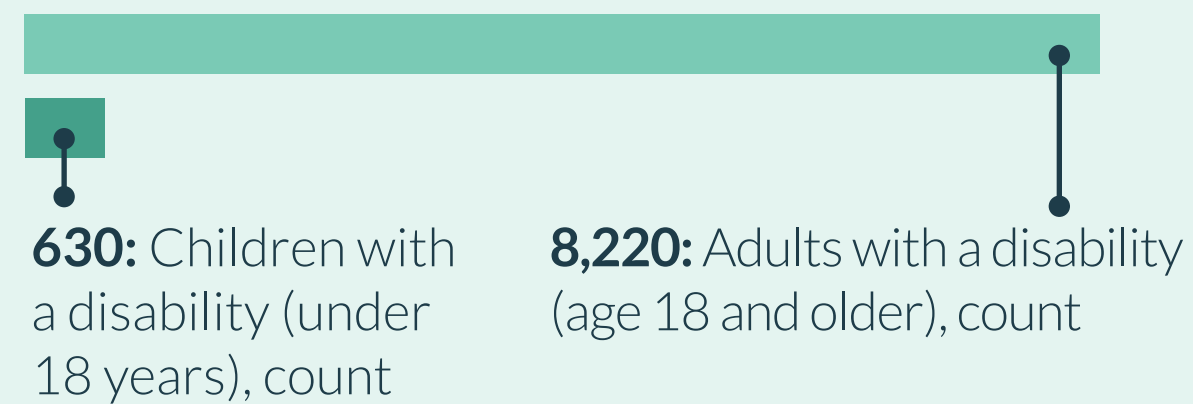
## Education and employment



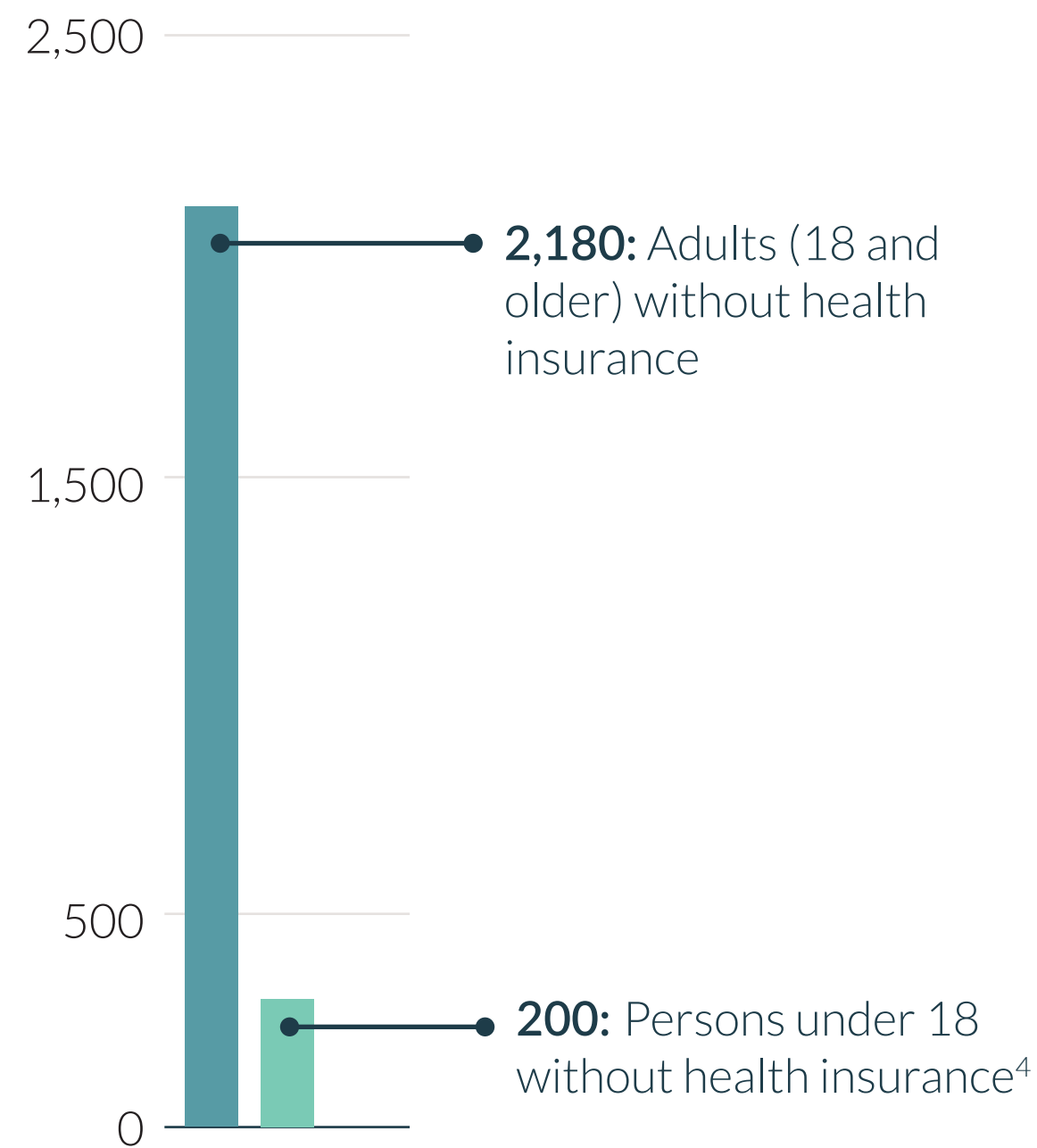
## Homelessness



## Disabilities



## Insurance status



For detailed data sources and methodology, contact Trisha Ketchum at [Trisha.Ketchum@ncssinc.org](mailto:Trisha.Ketchum@ncssinc.org).

## What is the Purpose of this Report?

### Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

# Social Determinants of Health (SDOH) challenges

Social determinants of health are the conditions in which people are born, grow, live, work, and age that influence their overall health and well-being.



More than **4,400** adults and about **1,300** children and youth lived in poverty in the past 12 months.



More than **2,000** adults are uninsured, and more than **1,400** are unemployed.



More than **5%** of youth (ages 16-19) are “disconnected” and not enrolled in school or the workforce, which increases the risk of mental health and substance use issues. Many children and youth also face challenges like adverse childhood experiences (ACEs), including exposure to abuse, involvement with the juvenile justice system, and living in single-parent households.



**Substantial investments** are necessary in disability services, education re-engagement programs, healthcare access for uninsured youth, anti-poverty initiatives, and public assistance programs.



## Voices from the community:

Community members emphasize the need for affordable **housing**, healthy **food**, **healthcare** services, and **transportation**.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

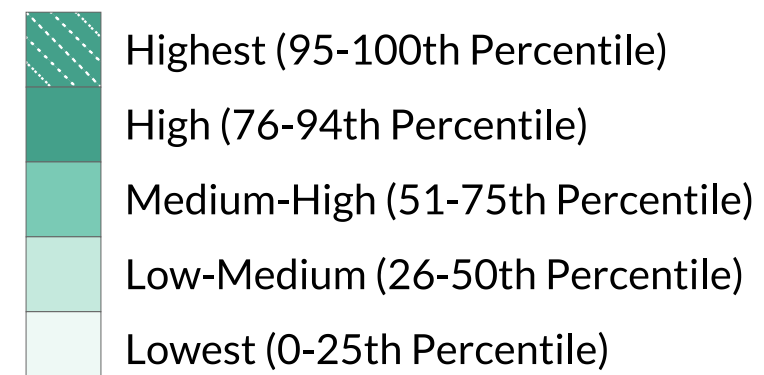
Glossary

## Social vulnerability

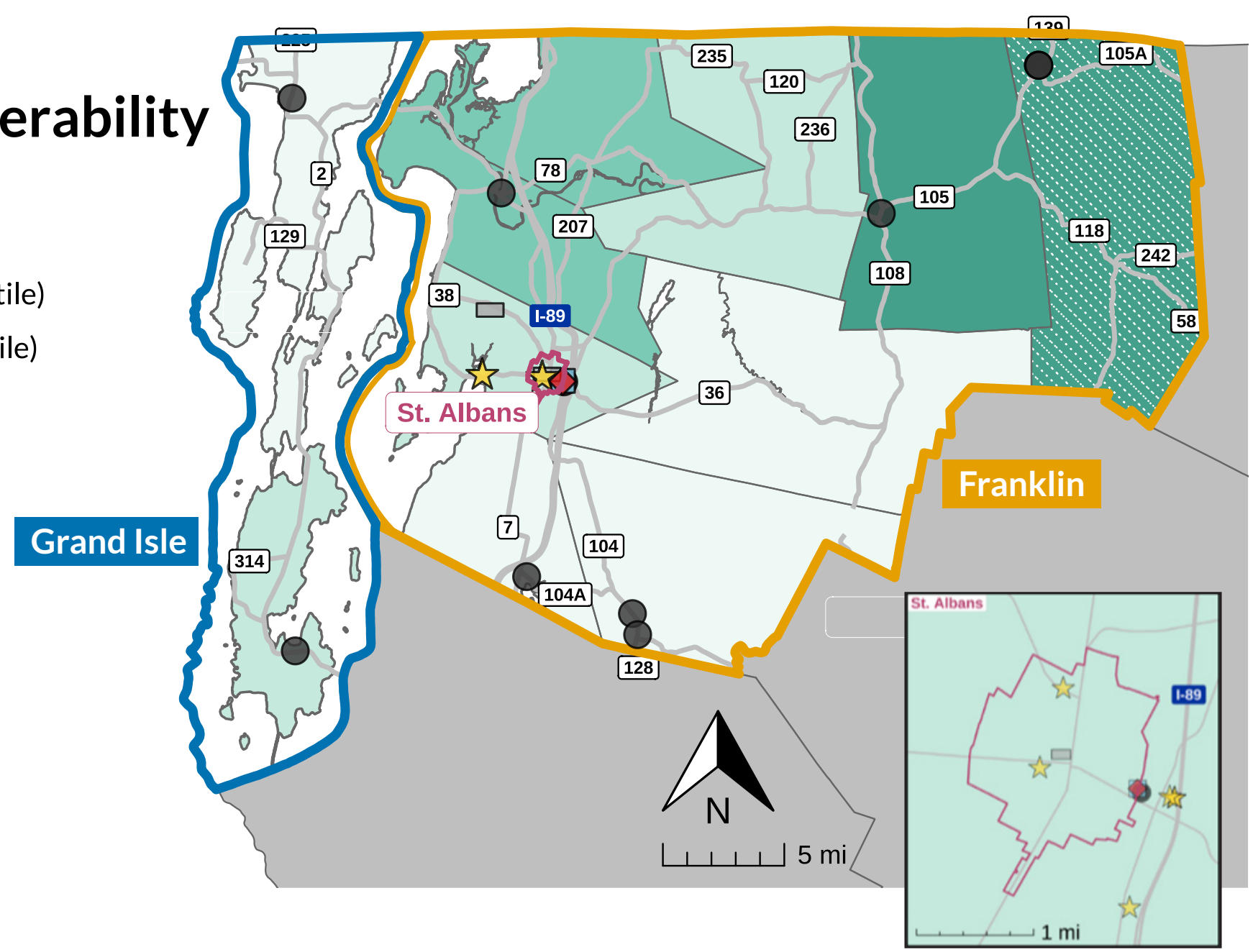
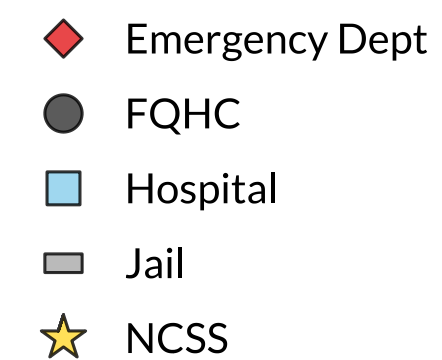
The Social Vulnerability Index (SVI) is a tool to find communities that need extra help. It looks at U.S. Census information such as income, family size, disabilities, race, language, housing, and

transportation. The SVI ranks each area to see how vulnerable it is compared to others in Vermont. This helps planners and local leaders prepare for and respond to public health problems.

### Overall Social Vulnerability



### Key Facilities



The areas with the highest vulnerability are mainly in Eastern and northern Franklin County.

While most NCSS service locations are close to vulnerable neighborhoods in St. Albans, those living in the region's rural areas may face significant geographic barriers to accessing needed services.

## What is the Purpose of this Report?

### Franklin and Grand Isle Counties

#### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

# Housing

Strengths

Challenges

Opportunities to improve



NCSS provides some supportive housing services and partners with key housing organizations like Champlain Housing Trust. However, the main housing-related finding was about significant gaps and challenges rather than strengths. NCSS continues to invest in residential and therapeutic living communities for people with higher-level needs.



What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

**Housing**

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

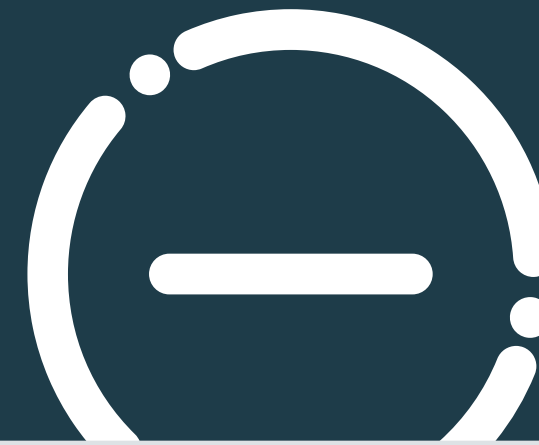
Glossary

# Housing

Strengths

Challenges

Opportunities to improve



**Affordable housing stock** is lacking, specifically for people with high and moderate MH/SUD needs. Regardless of mental health needs, the region faces a severe shortage of affordable housing, with about 30% of households struggling to afford their housing costs – this rises to 47% among renters. Moreover, the lack of affordable housing limits NCSS’s ability to hire and retain staff because many cannot afford to live in the community even with their professional wages.



**Increase in Unhoused Residents.** Homelessness has more than doubled in Vermont since 2020, and local emergency shelters (like Tim’s House, with only 16 beds) cannot meet the growing need.



**Families and specific age groups are particularly vulnerable.** The current housing crisis mainly affects families with children, older adults, and young people transitioning to independence.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A’s of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary



# Housing

Strengths

Challenges

Opportunities to improve

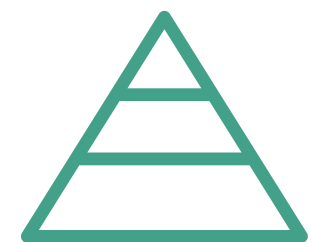


**NCSS is encouraged to develop more skill-building programs** (e.g., stage-matched daily living skills, social skills, and emotional regulation) tailored to transition from youth into adulthood and for people transitioning into older adulthood.



**NCSS is encouraged to expand housing navigation coordination services recovery and supportive housing options to help people:**

- Find and maintain stable housing;
- Connect with rental assistance programs; and
- Access support services they need to stay housed.



**The system of care is encouraged to advocate at the state level for:**

- More funding for affordable housing development;
- Better policies to support housing programs; and
- Resources to create more specialized housing options for people with complex needs.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

**Housing**

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

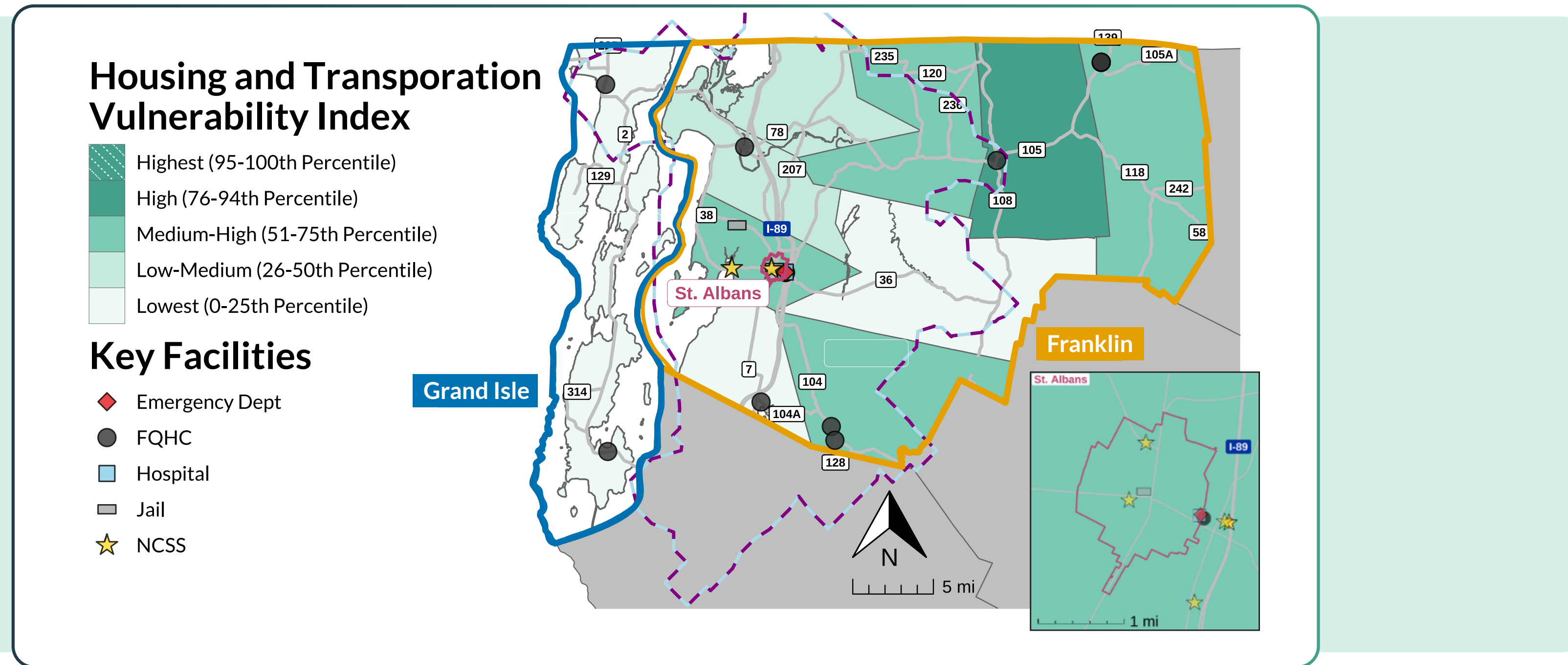
Realized Access

Stakeholder List

Glossary

# Transportation

The areas with the highest housing and transportation needs are outside Franklin & Grand Isle Counties



What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Transportation

- Strengths
- Challenges
- Opportunities to improve



To help diminish transportation challenges, NCSS has tried to improve access by offering some services in community settings and schools.



## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

## Needs Assessment Domains

- Social determinants of health (SDOH)
- Social vulnerability
- Housing
- Transportation**
- Care coordination and partnership building
- Analytic capability
- Workforce and leadership development
- Mental health, substance use, and disabilities
- The A's of Access
  - Availability
  - Accessibility
  - Affordability
  - Accommodation
  - Acceptability
- Realized Access
- Stakeholder List

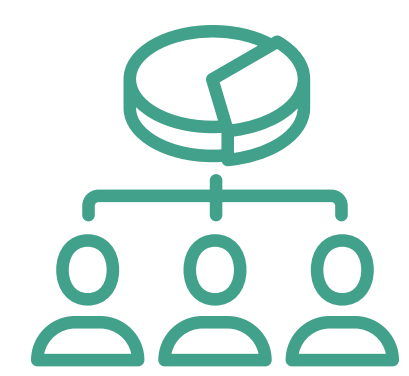
## Glossary

# Transportation



**Existing public transportation supports need to be improved and more reliable.** Most residents must rely on driving alone and face long commute times, which is especially difficult for those who don't have reliable access to a car. Limited public transportation options make it particularly hard for people to:

- Get to medical and mental health appointments;
- Access support services; and
- Maintain regular treatment.



**Stakeholders indicate that transportation problems are getting worse in our rural region, not better** — the number of residents who feel public transportation meets community needs dropped from 63% in 2022 to less than one-third in 2024. About 10% of residents say they can't access mental health services because:

- Transportation isn't available;
- Services are too far away; or
- Long commute times are a barrier.



**Rural areas, especially in Grand Isle County,** face the biggest transportation barriers in reaching services.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

### Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

### The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

# Transportation

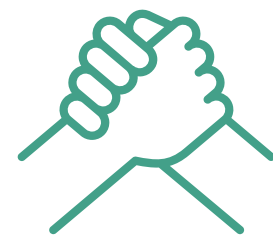
- Strengths
- Challenges
- Opportunities to improve**



**Provide centralized information on** community transportation resources and address transportation when offering services.



**Explore innovative solutions** to bring services closer to clients, such as a mobile unit and more co-services settings.



**Explore partnerships** between NCSS and community organizations to expand non-emergency medical transportation services.



**Continue the strategy** of bringing services closer to people by:

- Offering more services in community settings and expanding services in healthcare centers throughout the region, and
- Co-locating services in residential areas.



**Work with state-level partners** to address transportation as a broader system issue, since this challenge requires support beyond what local organizations can provide alone.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

**Transportation**

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

## ① Care coordination and partnership building

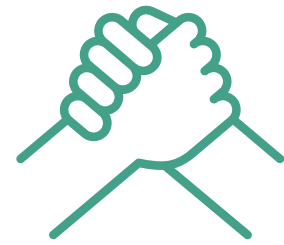
Strengths

Challenges

Opportunities to improve



NCSS has a strong history of building partnerships and has a strong commitment to being a good community partner.



**NCSS has built valuable partnerships with embedded professionals across many sectors, including:**

- Healthcare providers like Northwestern Medical Center
- Local schools and educational programs
- Law enforcement agencies
- Primary care offices
- Social service organizations



**NCSS shows several strengths in coordinating care by...**

- Using dedicated case managers to help people navigate complex services;
- Bringing together different types of professionals to provide complete care;
- Offering nursing staff who help connect medical care with mental health services; and
- Using modern electronic health records to share information efficiently.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

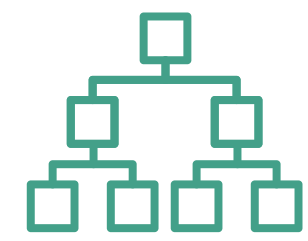
Acceptability

Realized Access

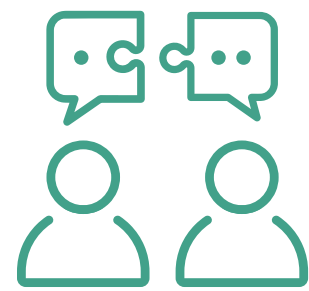
Stakeholder List

Glossary

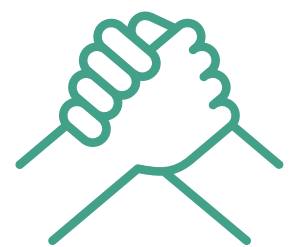
# ① Care coordination and partnership building



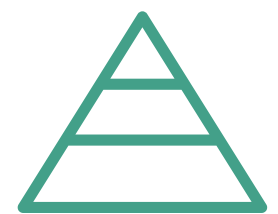
**Staffing shortages and vacancies have impacted coordination and partnerships.** High staff turnover and nearly 100 vacant positions make it difficult to provide consistent care and maintain strong community partnerships, particularly affecting school-based services where the need is great.



**Communication Gaps:** NCSS faces internal communication challenges across departments, evidenced by coordination gaps between youth and adult services, unclear partner service information, and delayed psychiatric consultation responses for medical providers in the community.



**Some of NCSS's partnerships require attention to repair and strengthen across multiple fronts,** including Abenaki Community relations, DCF collaboration challenges, and support to some schools and school districts.



**System-Level Issues:** The mental health, substance use, and developmental disabilities care systems face structural barriers, including burdensome documentation requirements, fragmented funding streams, and insufficient regional acute care beds, all of which impede effective service delivery.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

## ◎ Care coordination and partnership building

Strengths

Challenges

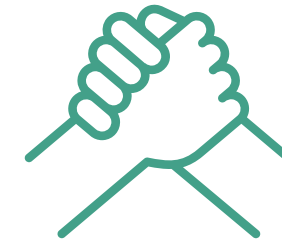
Opportunities to improve



### Internal Care Coordination Improvements

**Strengthen Youth-to-Adult Service Transitions:** NCSS needs to create seamless pathways between youth and adult services, focusing specifically on transition planning and structured support systems for young adults moving between service levels.

**Enhance Cross-Program Communication:** NCSS can improve internal coordination and referral processes between departments, particularly in integrating mental health and substance use disorder services.



### External Partnership Opportunities

**Schools and Education Partners:** NCSS is encouraged to address critical staffing shortages while improving communication and coordination with school districts to serve high-needs students better.



### Department for Children and Families (DCF)

NCSS is encouraged to enhance communication and coordination around the challenges with the Integrated Family Services model, and consider reestablishing the High-Fidelity Wraparound program, if possible.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary



## ① Care coordination and partnership building

Strengths

Challenges

Opportunities to improve



### Healthcare Partners

NCSS needs to restore direct provider-to-psychiatrist communications and implement automated systems for medical information exchange to improve the efficiency of psychiatric consultations. If possible, expand its clinical offerings by adding comprehensive testing and evaluation services, particularly for autism and ADHD assessments.



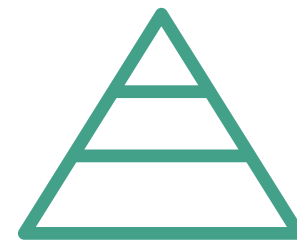
### Abenaki Community

Building trust through consistent engagement, culturally appropriate services, support and expansion of non-traditional treatment, wellness and support services, and meaningful inclusion of Abenaki voices in decision making will strengthen this essential community partnership.



### Law Enforcement

NCSS is encouraged to expand the embedded clinician program.



### System-Level Changes

**Healthcare System Coordination:** Vermont's severe shortage of psychiatric beds creates extended emergency department (ED) wait times, particularly impacting vulnerable populations like children and the elderly. Better coordination between the ED and mental health services is essential to address these critical gaps in care.

**Policy and Funding Reforms:** Vermont's state agencies operate in silos that create barriers to comprehensive care, suggesting a need for braided or blended funding approaches. Streamlining administrative requirements while improving inter-agency coordination would enhance service delivery and reduce bureaucratic burden.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

## 📍 Analytic capability

Strengths

Challenges

Opportunities to improve



Organizational analytic capability relates to NCSS’s abilities to use information to identify and address community needs, measure outcomes, and adapt services to evolving



**Strong Talent Management:** The organization excels in attracting and retaining analytics talent, establishing position requirements, sourcing talent, and performance management.



**Data Storage Infrastructure:** NCSS has advanced data storage and management capabilities in place, as reflective in its data repository, and possesses the tools needed to move toward more advanced analytic projects.



**Solid Foundational Capabilities:** The organization has consistent mid-level capabilities across several key areas including:

- Analytic opportunity identification and project selection
- Analytic communication and community engagement
- Basic data visualization and reporting capabilities
- Data standards and procedures needed for its current analytic portfolio

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

## ⦿ Analytic capability

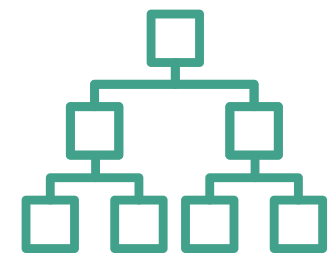
Strengths

**Challenges**

Opportunities to improve



**Fragmented Systems & Integration:** NCSS (and community healthcare provider) data exist in multiple disconnected systems, making it difficult to get a complete picture of operations and client care. This is complicated by poor system interoperability and challenges coordinating with partner organizations.



**Staff Capability Gaps:** There's significant variation in data skills across the organization, from seasoned managers needing more analytic skills to overtaxed data team analysts.



**Strategic & Cultural Barriers:** Many analytic opportunities are characteristically reactive rather than being strategic approaches to data use, with some staff viewing data collection and use as administrative burdens rather than valuable tools for improving care. This can lead to misaligned data requests and underutilized analytics capabilities.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

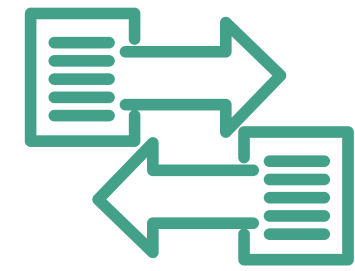
Glossary

## ● Analytic capability

Strengths

Challenges

Opportunities to improve



**Data Management & Governance:** NCSS is encouraged to focus on analytic capabilities closely related to foundational elements that ensure consistent data practices across the organization, including formalizing its:

- Data Management Strategy
- Data Governance Model
- Data Quality Framework and Assurance
- Data Management Lifecycle



**Workforce Resource Management:** Despite strong talent acquisition capabilities, NCSS is encouraged to:

- Better align workforce resource allocation with organizational analytic needs, and
- Develop a more systematic expectations of analytic practices across its staffing approach.



**Proactively select analytic projects** that align with state-level initiatives; for example, conduct exploratory analyses of the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) data to assess population health management and inform programming.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

## Workforce and leadership development

Strengths

Challenges

Opportunities to improve



NCSS maintains an established staffing structure of more than 500 employees strategically distributed across departments, including a 59-person administrative team that manages billing, EMR support, facilities, and technology; clinical teams comprising more than 100 staff in community mental health and developmental services, respectively; and nearly 200 professionals in early childhood and school-based services. Additionally, NCSS is fully staffed with psychiatric care support through its contract with a highly respected psychiatric outpatient services firm. Substance use services in the region are provided through several organizations across the region, including many providers delivering care through Vermont’s Hub and Spoke model- a comprehensive system for treating opioid use disorder (OUD) that consists of regional Hubs providing intensive daily support for complex addictions. The State of Vermont has designated Howard Center as the preferred provider of adult substance use disorder (SUD) treatment, serving about 600 clients across the region. At the same time, NCSS is the state-designated preferred provider for adolescent SUD treatment services, serving about 50 youth.



What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A’s of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

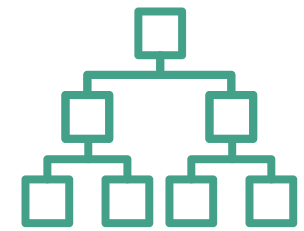
Glossary

## Workforce and leadership development

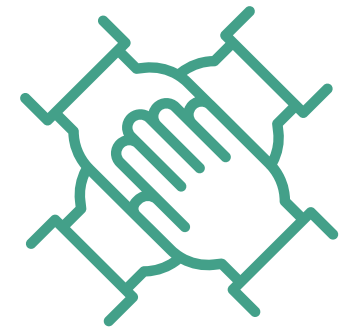
Strengths

Challenges

Opportunities to improve



**Staffing Crisis:** NCSS faces critical staffing needs with a 17% vacancy rate, hitting school-based and residential programs particularly hard, where turnover rates reach as much as 27%, and the persistent shortage of licensed clinical positions threatens program stability.



### Training and Skill Gaps

- **Clinical Practice Skills:** Staff seek enhanced capabilities in trauma treatment, treatment planning, boundary setting, difficult conversations, and discharge planning to serve clients better and effectively.
- **Evidence-Based Practices:** Staff indicated a desire for more training in key therapeutic approaches including DBT, EMDR, specialized CBT variations (for insomnia, chronic pain, trauma, and anxiety), to ensure evidence-based care delivery.
- **Cultural and Population-Specific Competencies:** There is a critical need to enhance staff understanding and competency in serving specific populations, particularly the Abenaki community, veterans, aging individuals, and youth with co-occurring disorders.
- **Organizational Knowledge:** Staff require a better understanding of NCSS's internal programs, community resources, funding mechanisms, and scope of practice to improve service coordination and referral processes.
- **Health Integration Skills:** There is a need to further enhance organizational attention to physical health and wellness promotion and support life transitions to deliver more comprehensive integrated care.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

## Workforce and leadership development

Strengths

Challenges

Opportunities to improve



**Administrative Burden:** Staff find the heavy weight of documentation requirements and complex intake processes having a poor impact on direct client care time, creating a frustrating cycle where staff need help to balance paperwork demands with actual service delivery.



**Competitive Challenges:** NCSS is at some disadvantage in workforce retention against better-funded competitors, particularly schools with union-backed compensation while managing declining program funding where Medicaid rates fall short of cost and the inherent challenges of serving a rural population.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

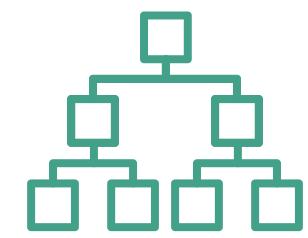
Realized Access

Stakeholder List

Glossary

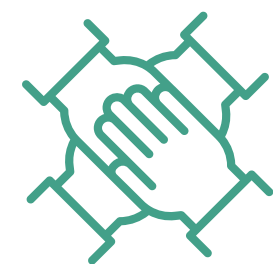
# Workforce and leadership development

- Strengths
- Challenges
- Opportunities to improve**



## Staffing Plan Considerations

- The organization must strengthen its internal infrastructure through enhanced staff training, improved care coordination between programs, better analytics capabilities, and expanded service capacity for non-Medicaid populations.
- Critical staffing expansion is needed across multiple disciplines, particularly in substance use treatment, peer support, crisis response, behavioral intervention, geriatric care, and transportation/housing navigation.



## Training Needs

- A comprehensive training strategy must be implemented to enhance evidence-based practices, cultural competency, specialized population service delivery, integrated care approaches, clinical skills, and organizational knowledge while strengthening recovery-oriented approaches.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

**Workforce and leadership development**

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary



# Mental health, substance use, and disabilities in Franklin & Grand Isle Counties

Estimates and stakeholder input indicate there is an urgent need for focused resources and support services for the growing mental health (MH), substance use disorder (SUD), and disability needs in Franklin and Grand Isle Counties.

Policymakers, public health officials, healthcare providers, and community organizations in Franklin and Grand Isle Counties must work together to tackle these issues through prevention, harm reduction, treatment, and recovery support.

Medical conditions like obesity, metabolic syndrome, and type 2 diabetes are common among adults with MH or SUD conditions, especially those with serious mental illness (SMI).

There are significant **Mental Health (MH)** needs among children, youth, and adults:

More than 15,000 people live with any mental illness (AMI).

Nearly 450 children live with a serious emotional disturbance (SED).

More than 3,500 adults live with a serious mental illness (SMI).

## Co-occurring MH/SUD conditions are prevalent

About 3,800 adults have both an SUD and AMI.

About 1,300 adults have an SUD and SMI.

About 200 youth have SUD and have had a major depressive episode.

## Substance Use Disorder (SUD)

SUD impacts thousands of people

Almost 11,000 people have a diagnosable SUD

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

## The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

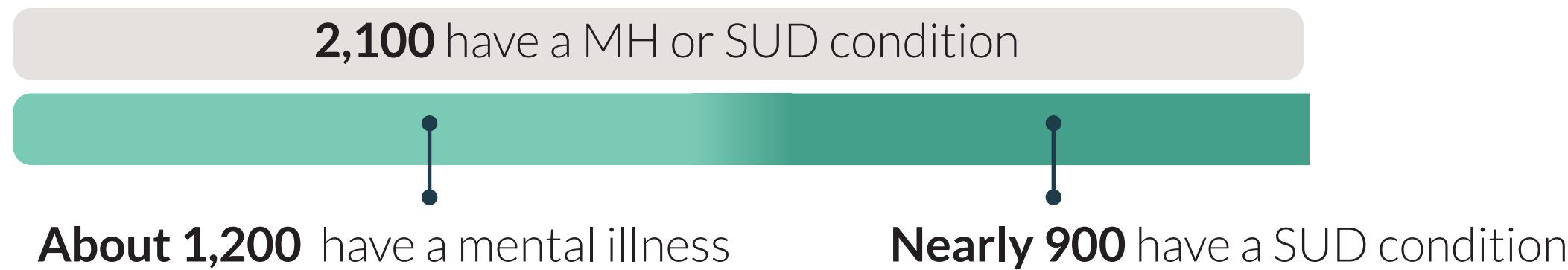
## Glossary

# Special Populations



## Older Adults

Vermont's older adult population (65 years and older) is growing faster than in many other areas, so it will be very important to address the complex needs of older adults with co-occurring MH/SUD conditions with more emerging physical health needs.



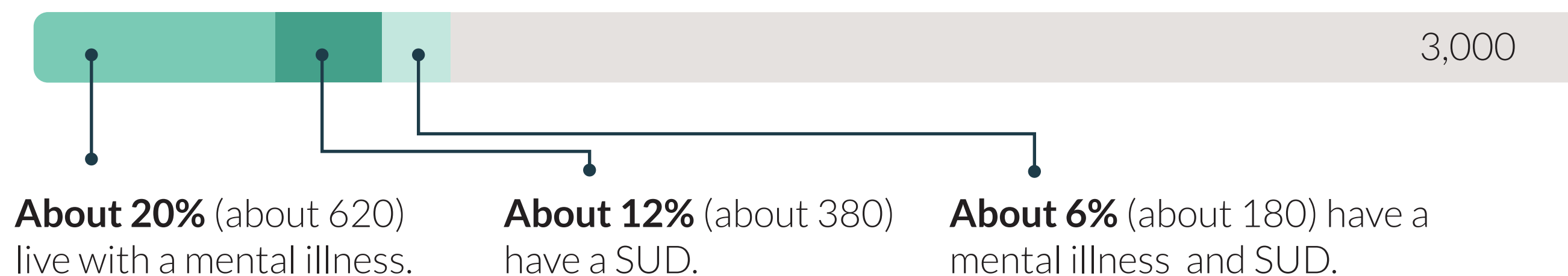
## People with Disabilities

Substantial investments are necessary in disability services, education re-engagement programs, healthcare access for uninsured youth, anti-poverty initiatives, and public assistance programs.



## Veterans

Community health agencies must serve veterans and military-involved, as they often face unique MH and SUD challenges that require specialized care and support.



### What is the Purpose of this Report?

### Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

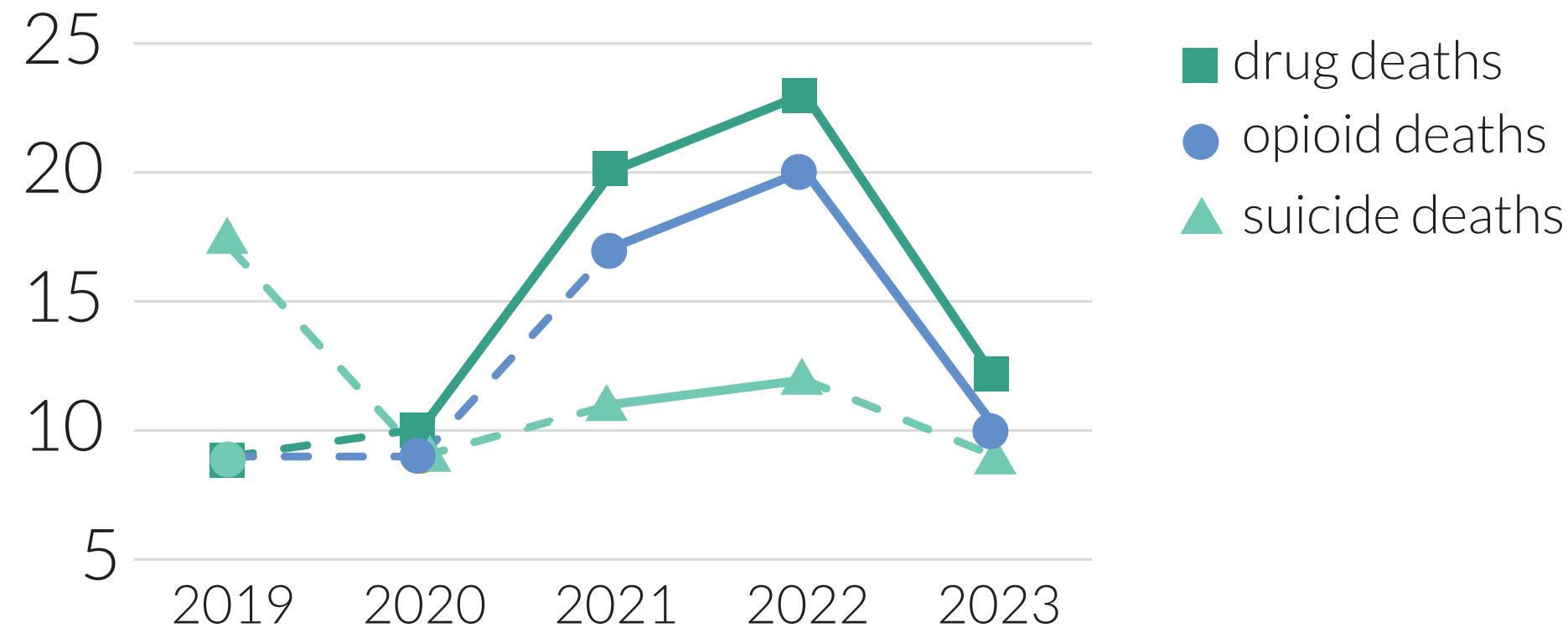
Stakeholder List

### Glossary

# Many people are experiencing a MH/SUD crisis

Drug overdose deaths sharply increased from 2019 to 2021. Although they declined in 2022, they remain higher than in 2019.

The end of the COVID-19 pandemic and increased availability of the emergency overdose treatment Narcan may have contributed to the decrease in overdose deaths.



## Emergency care

The Northwestern Medical Center Emergency Department (ED) has limited capacity for acute psychiatric needs. About 2,000 clients used ED services last year (averaging five individuals daily), with 1,047 requiring inpatient care.

- Frequent Mental Health and Substance Use Crises.** An estimated 7 to 8 daily crises require mobile response, reflecting high community need for immediate mental health and substance use interventions.
- Bottlenecks in Crisis Response.** Extended ED wait times are common, with some patients waiting weeks or months for psychiatric beds due to state-level shortages.
- Challenges in Crisis Stabilization.** Limited crisis stabilization resources, like the Tomlinson Center’s two-bed facility, are often insufficient to meet demand, leading to ED overcrowding.
- Embedded Crisis Response Initiatives.** NCSS has embedded clinicians in police departments and emergency settings, but gaps in coverage remain, particularly in rural areas.
- Need for Expanded Crisis Services.** Additional crisis beds, mobile units, and co-responder programs are needed to alleviate ED strain and improve crisis response effectiveness.

### What is the Purpose of this Report?

### Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

### Glossary



# The A's of Access

The healthcare delivery field has increasingly focused on the degree to which clients have access to care — this means the right support in the right way, at the right time.

We can think of Access in several different ways.

- Availability**  
The right mix of providers and services to meet community needs.
- Accessibility**  
The services are in the right place at the right time.
- Affordability**  
People aren't prevented from getting the right care because of their ability to pay for services.
- Accommodation**  
The right services are based on client's needs, preferences, and cultural factors.
- Acceptability**  
Services are delivered in a way that respects clients, and they recognize they are at the center of their care team.

**Realized Access**  
Determining whether the people that needed specific types of care received them. This factor reflects the outcomes of the A's of Access — if all A's are working, there should be an indication that utilization trends reflect people are getting the right type of care.

▶ Next is a summary of the A's of Access framework applied to NCSS. Each factor covers NCSS's strengths, challenges, and ways to improve.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

- ### Needs Assessment Domains
- Social determinants of health (SDOH)
  - Social vulnerability
  - Housing
  - Transportation
  - Care coordination and partnership building
  - Analytic capability
  - Workforce and leadership development
  - Mental health, substance use, and disabilities

<b>The A's of Access</b>
Availability
Accessibility
Affordability
Accommodation
Acceptability
Realized Access
Stakeholder List

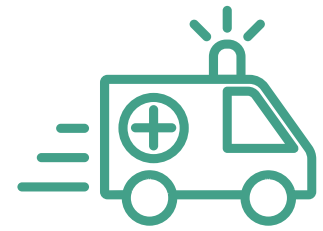
## Glossary

# Availability

Strengths

Challenges

Opportunities to improve



**Comprehensive Crisis Response:** NCSS operates a robust crisis system with 24/7 mobile crisis teams and embedded clinicians in law enforcement, ensuring rapid, community-based interventions to reduce ED visits and enhance crisis management.



**Extensive School-Based Behavioral Health Programs:** Through partnerships with local schools, NCSS provides integrated therapeutic services and behavioral support, effectively addressing children’s mental health needs directly within educational settings.



**Diverse Outpatient and Developmental Services:** The agency offers a wide range of outpatient therapy, case management, and intensive community support for children, adults, and those with developmental disabilities, promoting accessible, community-oriented care.



**Integrated Psychiatric and Nursing Care:** NCSS delivers comprehensive psychiatric evaluations, medication management, telehealth options, and Transcranial Magnetic Stimulation (TMS), ensuring holistic care for mental and physical health needs.



**Alignment with CCBHC Standards:** NCSS’s programs align closely with Certified Community Behavioral Health Clinic (CCBHC) criteria, offering integrated, person-centered services across crisis response, school-based interventions, and specialized programs to improve access and outcomes for underserved populations.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A’s of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

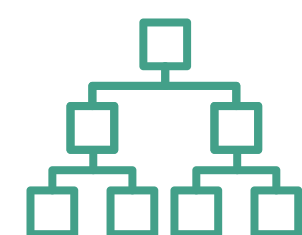
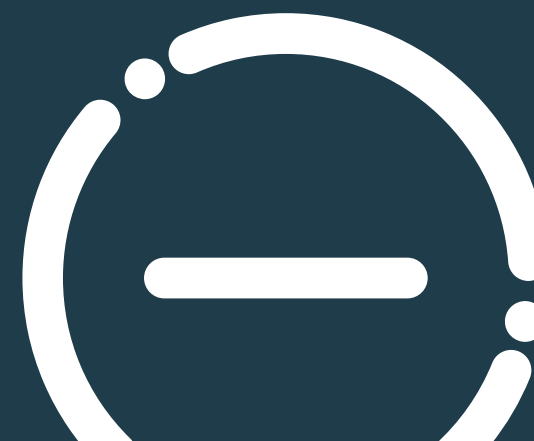
Glossary

# Availability

Strengths

Challenges

Opportunities to improve



**Staffing Shortages:** NCSS currently has about 100 vacant positions and high turnover, particularly in school-based and residential programs, which disrupts service delivery and client care continuity.



**Inadequate Intensive Community-Based Services:** Stakeholders report gaps in specialized services, particularly the absence of High-Fidelity Wraparound (HFW) and Assertive Community Treatment (ACT), which limits support for individuals with severe and complex mental health needs.



**Insufficient Substance Use and Integrated Dual Disorder Treatment:** The region lacks adequate substance use treatment services and integrated dual disorder treatment (IDDT), which are crucial for addressing co-occurring mental health and substance use conditions comprehensively.



**Gaps in Universal Primary Care Screening and Referral:** There are limited systems in place for universal screening and referral to behavioral health services within primary care settings, hindering early identification and timely intervention for clients with emerging needs.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Availability

Strengths

Challenges

Opportunities to improve



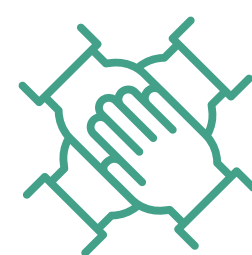
**Advocate for better public financing:** In efforts to support sustainable financing models for designated agencies, encourage the state to conduct local, targeted compensation analysis instead of using national data paired with a comprehensive cost analysis of designated agencies.



**Establish well-defined levels of care** that outline the expected treatment phases for clients. Create criteria for matching clients to the appropriate mental health treatment stage, and establish a higher level of intensive outpatient care, such as Assertive Community Treatment or High-Fidelity Wraparound, to ensure clients with the greatest needs receive the right level of care.



**Further advocate for state-sponsored and standardized peer-run services and supports.**



**Implement a team-based approach for integrated MH/SUD treatment,** including training all agency staff on screening, assessment, and treatment for both MH and SUD conditions.



**Advocate for changes to the state funding structure** to ensure that clients who move to lower levels of care can still access the community-based support they need to maintain their recovery.



**Increase Primary Care Integration:** Expand the embedding of clinicians within primary care settings and Federally Qualified Health Centers to improve universal screening and referrals, ensuring early detection and intervention of physical health conditions, as well as enhanced data sharing protocols, using multi-agency releases.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

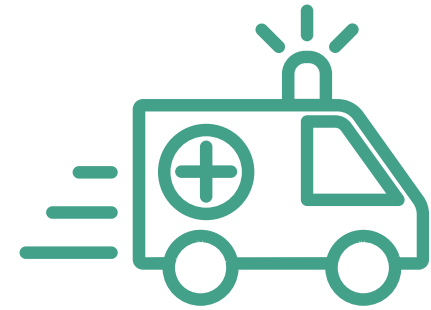


# Accessibility

Strengths

Challenges

Opportunities to improve



**Mobile Crisis Response:** NCSS operates a **24/7 mobile crisis team** that responds to clients wherever they are, which helps overcome geographic barriers, especially in rural areas.



**Community-Based and School-Based Services:** NCSS has established services in community settings and schools, which increases accessibility by bringing services closer to where people live and learn.



**Telehealth Options:** NCSS offers telehealth services, allowing clients to access care remotely, which is especially beneficial for those in more isolated areas.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

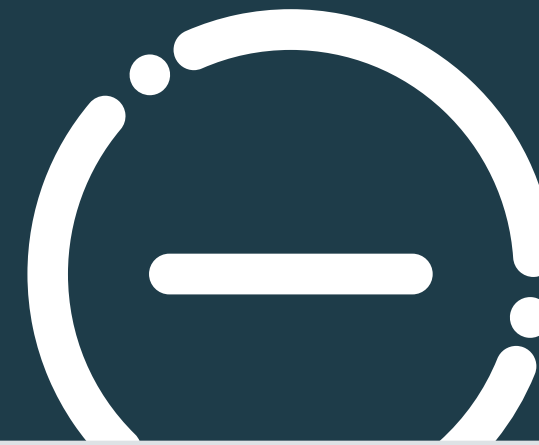
Glossary

# Accessibility

Strengths

Challenges

Opportunities to improve



**Geographic Barriers in Rural Areas:** Clients in rural regions, particularly in Grand Isle County, face significant travel distances to reach services, and this is compounded by limited public transportation options.



**Transportation Issues:** Lack of reliable public transit was identified as a major barrier, with more than 10% of survey respondents indicating that transportation challenges make it difficult to access mental health services.



**Long Wait Times:** Due to staffing shortages, there are long wait times for appointments, particularly in children's services, which affects timely access to care.



**Limited Evening and Weekend Availability:** Many services are only available during regular business hours, making it challenging for clients who work or attend school during the day.



**Intake and documentation processes burden:** Extensive paperwork and lack of a standardized referral system lead to rigid scheduling and treatment delays. NCSS staff describe the intake process as burdensome and disconnected from the full scope of available services. Managers report challenges with timely documentation, which compromises the quality of care and impedes effective care coordination.

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

### Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

## Glossary

# Accessibility

Strengths

Challenges

Opportunities to improve



**Address Transportation Barriers:** Collaborate with community organizations to develop transportation solutions, such as non-emergency medical transport services, to help clients reach appointments.



**Work with the Department of Mental Health and the Division of Substance Use** to streamline the intake process and improve documentation practices by standardizing intake protocols and referral systems and speeding up documentation processes.



**Make a comprehensive information systems plan**, including using a modern accessibility platform, such as a secure client portal, to allow clients to access their health records and to communicate better with their clinical team.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use,  
and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Affordability

Strengths

Challenges

Opportunities to improve



## Strengths

**Flexible Payment Models:** For some children, NCSS can leverage the State’s bundled payments through the Integrated Family Services funding approach to provide more flexible services, particularly for adult outpatient clients transitioning between programs.

## Challenges

**Limited Services for Non-Medicaid Clients:** There are significant gaps in access for clients with private insurance or without Medicaid, particularly for intensive services like Community Rehabilitation and Treatment (CRT) and integrated care.

**High Out-of-Pocket Costs:** Clients with private insurance often face high co-pays and out-of-pocket expenses, which can be a barrier to accessing consistent care, and typically don’t cover high-value community-based supports.

**Challenges with TRICARE:** The complex nature of TRICARE coverage and coordination requirements creates barriers for veterans and military families seeking to fully access services.

## Opportunities to Improve

- **Expand Services for Non-Medicaid Populations:** Establish an internal task force to explore ways to expand services to private insurance holders and TRICARE beneficiaries, ensuring more equitable access.
- **Enhance Financial Assistance Programs:** Develop more robust financial support options for underinsured clients, including expanding sliding scale programs and exploring additional grant funding.
- **Advocate for Policy Changes:** Work with state and federal partners to advocate for increased funding and reimbursement rates, particularly for non-Medicaid services, to reduce financial barriers for all clients.
- **Increase Awareness of Available Supports:** Conduct outreach to better inform clients about financial assistance programs and insurance options, ensuring they understand how to access affordable care.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A’s of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Accommodation

Strengths

Challenges

Opportunities to improve



## Strengths

**Client-Centered Scheduling and Flexibility:** NCSS prioritizes individualized treatment plans and accommodates clients' schedules as much as possible, which helps align services with clients' needs and preferences.

**School and Community-Based Programs:** By offering services directly in schools and community settings, NCSS makes it easier for clients to access care without disrupting their daily routines.

## Challenges

**There is a growing need for serving older adult clients** with increased medical and physical health needs.

**Inconsistent Response Times for Crisis Services:** Some community partners have reported inconsistent response times and staffing issues, particularly during peak demand periods, which can impact crisis interventions.

**Cultural Competency Gaps:** There are noted gaps in cultural competency, particularly in serving specific populations such as the Abenaki community and veterans, which affects the acceptability of services.

## Opportunities to Improve

- **After-Hours Services:** Strategically introduce evening and weekend hours to accommodate clients who have difficulty accessing services during standard hours. Establish a task force to examine the feasibility of expanding hours of operation across outpatient programs.
- **Enhance Cultural Competency Training:** Invest in specialized training for staff to better serve diverse populations, particularly focusing on military culture, Indigenous communities, and other underrepresented groups.
- **Improve Communication and Outreach:** Strengthen communication strategies to provide clearer information on service availability, wait times, and scheduling options, helping clients navigate services more effectively.
- **Implement Open-Access Scheduling:** Explore open-access scheduling models that allow for same-day or walk-in appointments,

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Acceptability

Strengths

Challenges

Opportunities to improve



## Strengths

**High Client Satisfaction:** The 2023 Client Satisfaction Survey shows that 96% of clients feel respected by staff, and 93% feel they received the help they needed, reflecting strong client-provider relationships.

**Person-Centered Care Approach:** NCSS emphasizes individualized treatment planning and client involvement in care decisions, enhancing the acceptability of services and fostering trust.

## Challenges

**Trust Issues with Specific Populations:** There are noted trust barriers between NCSS and the Abenaki community, partly due to perceived unmet commitments and cultural misunderstandings, which impact service acceptability.

**Negative Experiences in Psychiatric Inpatient Care:** Clients have reported that experiences in external psychiatric inpatient settings were less respectful and of lower quality, which can negatively affect perceptions of overall behavioral health services.

**Accepting the recovery-oriented approach to treatment:** The primary challenge in recovery-oriented care at NCSS is the lack of a graduated system that allows clients to transition to less intensive levels of

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Acceptability

Strengths

Challenges

Opportunities to improve



## Opportunities to Improve

- **Enhance Cultural Competency and Sensitivity:** Implement targeted training programs to increase staff awareness and sensitivity when working with the Abenaki community, veterans, and other special groups.
- **Leverage Client Feedback for Continuous Improvement:** Further explore how the standing committee can provide insights through their involvement of driving client-led evaluation.
- **Expand Peer Support and Recovery-Oriented Programs:** Strengthen peer support services and adopt a recovery-oriented approach to empower clients and enhance their comfort level with NCSS services, through training and more recovery-oriented programming for non-CRT clients.
- **Serve as a conduit to communicate clients' needs to other system organizations.** Utilize NCSS' relationship with medical centers, hospitals, clinics, and other providers to convey client feedback and concerns when there is a need for improvements in client-centered experiences or care quality.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Realized Access

Strengths

Challenges

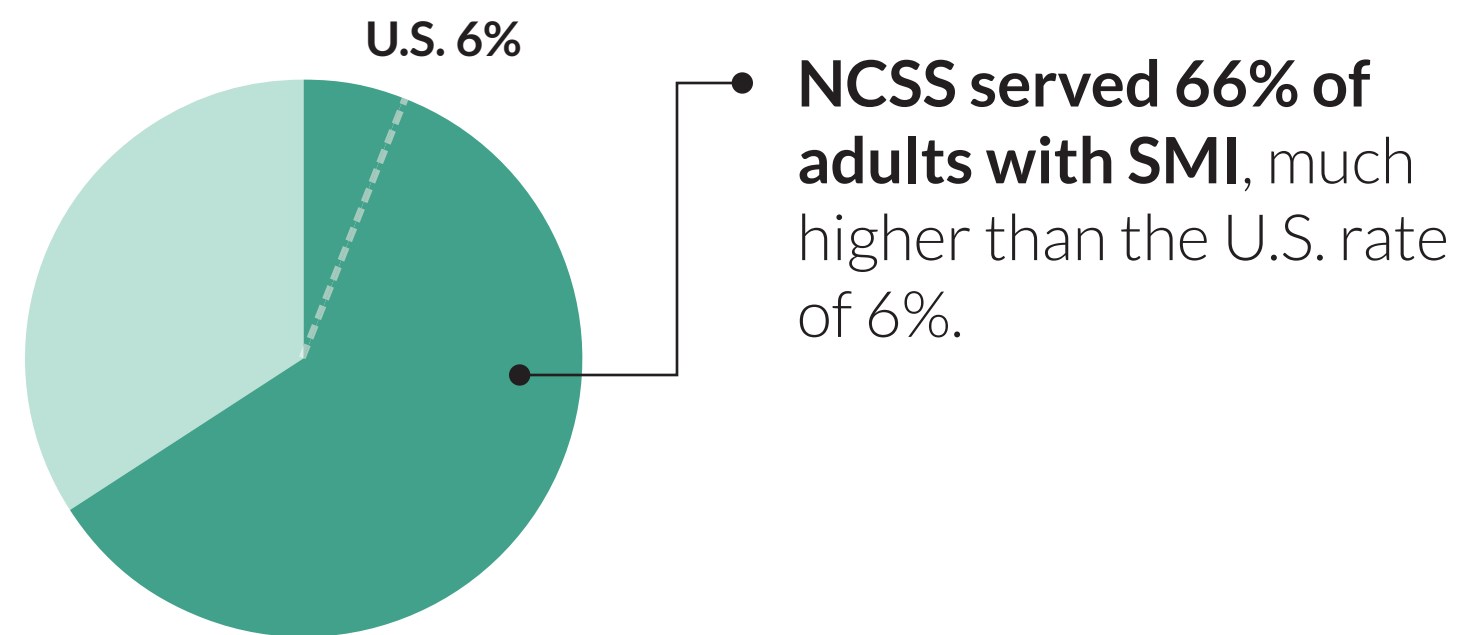
Opportunities to improve



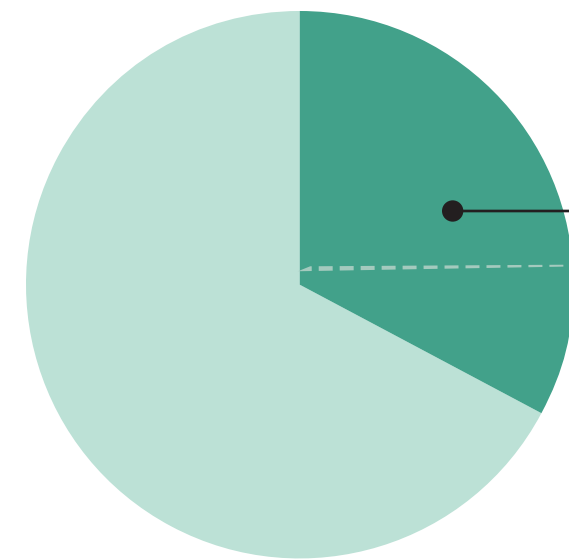
## Strengths

NCSS has strongly committed to serving adults with SMI and children/youth with SED.

The agency's reach for people with SMI or SED is excellent and higher than the overall U.S. rate through the publicly-funded system:



NCSS served all children/youth estimated to have SED in the community, which is higher than the U.S. rate of 20%.



Only about one-third of people with SMI received psychosocial rehabilitation services. This rate was close to 25% for clients with SED.



For detailed data sources and methodology, contact Trisha Ketchum at [Trisha.Ketchum@ncssinc.org](mailto:Trisha.Ketchum@ncssinc.org).

What is the Purpose of this Report?

Franklin and Grand Isle Counties

## Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

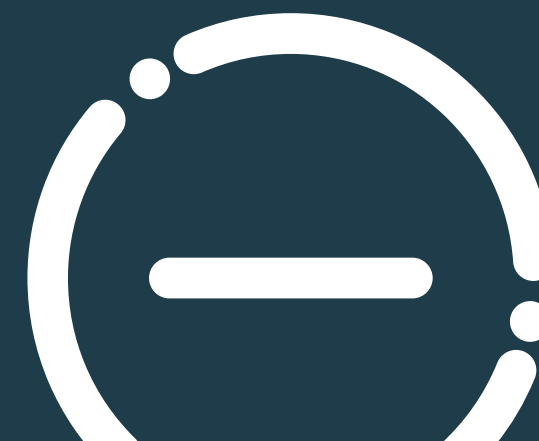


# Realized Access

Strengths

Challenges

Opportunities to improve



## Challenges

**Over-Reliance on Emergency Services:** Despite these efforts, there is still a high rate of ED visits and inpatient admissions, indicating gaps in realizing access to regular outpatient services that could prevent crises.

**Insufficient Analysis of Utilization Disparities:** There are challenges in fully examining utilization disparities across core services and among key subpopulations, such as veterans and the Abenaki community.

**Most people with SU conditions receive inadequate treatment or no treatment at all:**

An estimated 11,000 people have a diagnosable SUD, but more than 8,000 are not getting any or enough treatment. This may be even less in NCSS' services region, as Howard Center only serves 600 people with SUD treatment Services.

**Relatively few people with co-occurring conditions (SMI/SED and SUD) are treated...**

While an estimated 1,300 adults have co-occurring disorders, and relatively few receive dual disorder treatment.

## Opportunities to Improve

**NCSS can improve its reach with the community's most vulnerable populations by:**

- **Leveraging Data for Better Utilization Monitoring:** Utilize enhanced data analytics to track service utilization patterns and identify gaps in all CCBHC core services, enabling more proactive interventions to reduce ED room dependency.
- **Improving co-occurring disorder treatment,** implementing Integrated Dual Disorder Treatment or other Evidence-based practices to help establish a comprehensive approach.

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary

# Stakeholder List

The community needs assessment process gathered insights from diverse stakeholders across Franklin and Grand Isle Counties. Participants represented sectors crucial to community health and well-being, including healthcare, mental health, social services, education, law enforcement, and housing. The key informants participated in individual interviews or focus groups. Notably, 15 clients or caregivers participated in interviews or focus groups, ensuring direct input from service users.

## Schools

- Franklin Northeast Supervisory Union (Enosburgh-Richford Unified Union School District)
- Maple Run Unified School District

## Child Welfare Agencies

- Vermont Department for Children and Families (DCF)
- NFI (Northeastern Family Institute Vermont, Inc.)

## Healthcare Providers

- Northwestern Medical Center (NMC)
- NOTCH (Northern Tier Center for Health)
- Brattleboro Retreat
- Champlain Islands Community Health Centers
- Monarch Maples Pediatrics
- Specialty providers, including those who prescribe medications for the treatment of opioid and alcohol use disorders
  - o Howard Center
  - o BAART (Bay Area Addiction Research and Treatment Center)
  - o SaVida Health

## Veterans and Military Services

- VT National Guard
- Vermont Air National Guard (VTANG)

## Indian Health Service or other tribal programs

- Abenaki Nation of Missisquoi
- Director of Indian Education – Missisquoi Valley School District

## Homeless shelters

- Samaritan House
- Laurie’s House – Voices Against Violence

## Housing agencies

- Champlain Housing Trust

## Services for older adults, such as Area Agencies on Aging

- Agewell
- Department of Disabilities, Aging, and Independent Living (DAIL)

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

### Needs Assessment Domains

**Social determinants of health (SDOH)**

**Social vulnerability**

**Housing**

**Transportation**

**Care coordination and partnership building**

**Analytic capability**

**Workforce and leadership development**

**Mental health, substance use, and disabilities**

**The A’s of Access**

**Availability**

**Accessibility**

**Affordability**

**Accommodation**

**Acceptability**

**Realized Access**

**Stakeholder List**

## Glossary

# Stakeholder List

## State and local health departments and behavioral health and developmental disabilities agencies

- Vermont Department of Health
- Vermont Department of Mental Health
- Developmental Disabilities Services Division of the Department of Disabilities, Aging, and Independent Living (DAIL)

## Substance use prevention and harm reduction programs

- Franklin-Grand Isle Tobacco Prevention Coalition

## Criminal and juvenile justice, including law enforcement, courts, jails, prisons, and detention centers

- Franklin County Sheriff's Office
- Grand Isle County Sheriff's Office
- VT State Police
- Franklin Grand Isle Restorative Justice Center

## Peer-Operated Organizations

- National Alliance on Mental Illness (NAMI) Vermont
- Green Mountain Self-Advocates (GMSA)

## Organizations focused on social services, human services, and specialized care providers

- United Way's Mental Health Initiative
- United Way's Working Bridges Program
- Champlain Valley Office of Economic Opportunity (CVOEO)
- Voices Against Violence
- Pride Center of VT
- St. Albans Pride Corps
- Turning Point of Franklin County (Recovery Coach program)
- VNA (Visiting Nurse Association)

## What is the Purpose of this Report?

## Franklin and Grand Isle Counties

## Needs Assessment Domains

**Social determinants of health (SDOH)**

**Social vulnerability**

**Housing**

**Transportation**

**Care coordination and partnership building**

**Analytic capability**

**Workforce and leadership development**

**Mental health, substance use, and disabilities**

**The A's of Access**

**Availability**

**Accessibility**

**Affordability**

**Accommodation**

**Acceptability**

**Realized Access**

**Stakeholder List**

## Glossary

## Glossary:

- **AMI** – Any mental illness
- **CCBHC** – Certified Community Behavioral Health Clinic: A new approach to caring for people with Mental Health (MH) and Substance Use Disorders (SUD). CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.
- **CCBHC** – Certified Community-Based Integrated Health Center
- **CNA** – Community needs assessment
- **CSP** – Community Support Program
- **DAIL** – Department of Disabilities, Aging, and Independent Living
- **DCF** – Department for Children and Families
- **DMH** – Department of Mental Health
- **IDD** – Intellectual/developmental disability
- **IDDT** – Integrated dual disorder treatment
- **MH** – Mental health
- **SAMHSA** – Substance Abuse and Mental Health Services Administration
- **SED** – Serious emotional disturbance
- **SMI** – Serious mental illness
- **SU** – Substance use
- **SUD** – Substance use disorder
- **NCSS** – Northwestern Counseling & Support Services
- **WIA** – Wellbeing in Action

We would like to thank all key informants, the NCSS Board of Directors, the NCSS Standing Committee, and NCSS executive leadership for their valuable contributions to this report.

For detailed data sources and methodology, contact Trisha Ketchum at [Trisha.Ketchum@ncssinc.org](mailto:Trisha.Ketchum@ncssinc.org).

What is the Purpose of this Report?

Franklin and Grand Isle Counties

Needs Assessment Domains

Social determinants of health (SDOH)

Social vulnerability

Housing

Transportation

Care coordination and partnership building

Analytic capability

Workforce and leadership development

Mental health, substance use, and disabilities

The A's of Access

Availability

Accessibility

Affordability

Accommodation

Acceptability

Realized Access

Stakeholder List

Glossary